

CHAPTER-2

Output-Outcome Framework of Jal Jeevan Mission

This Chapter presents an assessment of the State's progress under JJM across key areas such as priority coverage, village certification, monitoring systems, and community engagement.

2.1 Functional Household Tap Connections to be provided to every rural households (HHs) by 2024

The primary output envisioned under the JJM was to ensure Functional Household Tap Connection (FHTC) to every rural Household (HH) by December 2024. This output can be measured by:

- Number of FHTCs provided and
- The functionality of those connections in delivering water in adequate quantity and of prescribed quality.

Audit observed that the progress in providing FHTCs to rural HHs remained slow. Further, even in focus areas identified by the GoI, implementation was lagging.

This issue is further discussed in the succeeding paragraphs.

2.1.1 State lagging behind in Jal Jeevan Survekshan

Department of Drinking Water and Sanitation, GoI conducts Jal Jeevan Survekshan every month for all the States and UTs implementing the JJM. The states are then assigned national ranking based on their performance in FHTCs coverage. Out of the five categories¹, the State of Rajasthan consistently ranked in the second lowest category and from October 2022 to March 2024, the State ranked in the range of 30th to 34th position out of total of 34 State and UTs. The low FHTC coverage was mainly due to delay in awarding of works, delay in completion of Regional Water Supply Schemes (RWSS) and low utilisation of available funds, *etc.* as discussed in the succeeding Chapters.

This reflects very poor performance of the State in comparison to other States/UTs in achieving FHTC coverage under JJM.

The State Government, while accepting the facts, stated (November 2025) that this was due to inordinate increase in the price of materials caused by Russia-Ukraine war, non-participation of bidders and slow work by the contractors. The reasons mentioned in the reply are not tenable as the low FHTC coverage was mainly due to delay in awarding of works, delay in completion of RWSS and low utilisation of available funds, *etc.*

¹ (i) Aspirants (0 per cent to less than 25 per cent), (ii) Performers (25 per cent to less than 50 per cent), (iii) Achievers (50 per cent to less than 75 per cent), (iv) High Achievers (75 per cent to less than 100 per cent) and (v) Front Runners (100 per cent).

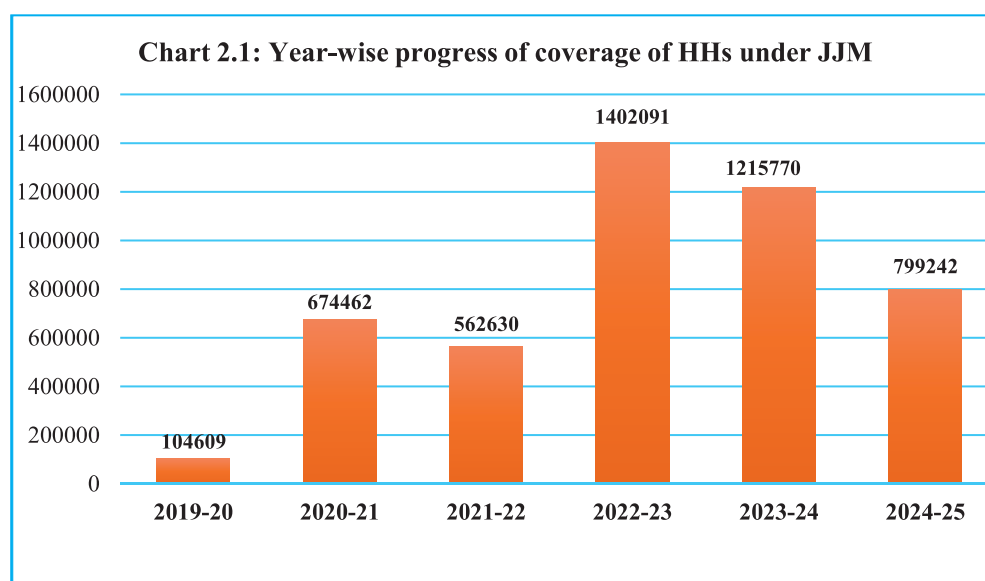
2.1.2 Coverage of FHTCs

At the launch of the JJM on 15 August 2019, there were 1,07,75,281 rural households in Rajasthan. Of these, 11,68,553 households (10.84%) already had tap water connections, according to JJM reports.

This left 96,06,728 households to be provided with FHTCs under JJM by December 2024. As of 6 January 2025, the State has provided 47,58,804 FHTCs, which covers only 49.54 *per cent* of the households identified which was less than half of the target.'

Despite a clearly defined baseline and a five-year implementation window under the JJM, Rajasthan achieved tap water connections for only about half of the identified rural households as of January 2025. The shortfall of nearly 50 *per cent* against the intended universal coverage target by December 2024 indicates substantial delays in implementation, reflecting inadequate progress towards achieving the mission's objective within the prescribed timeframe.

The year-wise progress of providing FHTCs to rural households of the State is depicted in the **Chart-2.1** below:



Source: JJM Reports and Dashboard available on www.ejalshakti.gov.in (as on 07 January 2025)

The State Government, while accepting the facts, stated (August 2025) that the progress of tendering and execution is being expedited, and all efforts are being made to ensure that the targets under JJM are achieved at the earliest. The Government further communicated (November 2025) that there has been incremental progress of more than two lakh FHTCs after the audit.

2.1.3 Har Ghar Jal Certification

JJM envisages Har Ghar Jal (HGJ) certification through Gram Sabhas for all villages where 100 *per cent* coverage is reported. The certification process is

designed to ensure community ownership and obtain confirmation from the community regarding both the coverage and functionality of tap connections.

As of 07 January 2025, it was observed that 100 *per cent* villages of only one block (Bijoliya of Shahpura District) out of 302 blocks in Rajasthan had achieved HGJ certification.

Further, out of 11,239 Gram Panchayats (GPs) and 42,327 villages in Rajasthan, only 400 GPs (3.56 *per cent*) and 4,254 villages (10.05 *per cent*) had been certified as achieving HGJ, as depicted in the **Chart-2.2** below:

Chart-2.2: Status of Certification as HGJ of GPs/Villages



Rajasthan fell significantly short of achieving universal rural tap water coverage under the JJM within the stipulated timeframe, as only about half of the identified households were provided with FHTCs by January 2025. This substantial gap against the committed target reflects delayed and inadequate implementation, undermining the mission's objective of ensuring timely and universal access to potable water in rural areas. The low certification rate not only indicated non-coverage of all HHs, schools and aanganwadis of the village but also the lack of willingness of the GPs to take over the scheme for further O&M of the projects.

The State Government, while accepting the facts, stated (November 2025) that as on date 05 blocks out of 358 (01.40 *per cent*), 508 GPs out of 11,238 (04.52 *per cent*) and 5,047 villages out of 42,327 (11.92 *per cent*) have been certified with HGJ. It was also stated that all the PRIs are directed to get HGJ certificate during special gram sabha to be organised in financial year 2025-26.

2.1.4 Significant shortfall in achieving the target of providing FHTCs to HHs located in prioritised habitations.

As per the objectives of JJM, priority was to be accorded in providing FHTCs in HHs located in habitations such as water quality affected habitations, *Sansad Adarsh Gram Yojana* villages, etc.

As per the guidelines/GoI's subsequent directions, the Anganwadi centres, GP buildings, Health centres, Wellness centres and other public institutions, habitations of Particularly Vulnerable Tribal Group, Aspirational Districts and Districts covered under Mission Utkarsh were also to be prioritised under JJM.

Audit noticed that there was significant shortfall in covering these habitations as detailed in the following paragraphs:

2.1.4.1 Water quality affected habitations

Water quality affected areas were designated as a priority under JJM. Further, the National Jal Jeevan Mission (NJJM), while approving (July 2021) the AAP for 2021-22, also advised to focus on covering such habitations. As on 01 April 2019, Rajasthan had 17,516 Quality Affected (QA) habitations. By 01 April 2024, only 8,514 habitations were covered under JJM. The remaining 9,002 habitations (51.39 *per cent*) were still to be covered and hence, still do not have access to safe drinking water, as detailed in the **Table 2.1** below:

Table 2.1: Water Quality affected habitations and coverage thereof

S. No.	Type of contaminant	No. of affected habitations as on 01 April 2019	Status of coverage of habitations as on 01 April 2024	
			Covered	Yet to be covered (<i>per cent</i>)
1.	Fluoride affected	4,349	4,239	110 (2.53)
2.	Iron affected	5	1	4 (80.00)
3.	Salinity affected	12,247	3,780	8,467 (69.14)
4.	Nitrate affected	915	494	421 (46.01)
Total		17,516	8,514	9,002 (51.39)

Source: JJM Reports available on www.ejalshakti.gov.in

The **Table 2.1** above shows that:

1. Even after five years of JJM implementation, only 8,514 out of 17,516 water-quality-affected habitations (48.61 *per cent*) were covered by 01 April 2024, leaving a majority (51.39 *per cent*) still without safe drinking water solutions.
2. Fluoride-affected habitations show relatively better outcomes, with 97.47 *per cent* coverage, indicating focused intervention in this category. In contrast, salinity-affected habitations, which form the largest group (nearly 70 *per cent* of total affected habitations), recorded coverage of only 30.86 *per cent*, representing the most critical gap.
3. Coverage of nitrate-affected habitations stood at just 53.99 *per cent*, leaving nearly half still exposed to health risks, while iron-affected habitations showed negligible progress, with 80 *per cent* remaining uncovered, albeit on a small base.
4. The data suggest that implementation efforts were not adequately aligned with the scale and complexity of contamination, particularly in

salinity and nitrate-affected regions, which require more capital-intensive and technically robust solutions.

The State Government, while accepting the facts, stated (August 2025) that the QA habitations would be covered under surface water-based projects amounting to ₹ 71,674 crore. Of this, the work orders amounting to ₹ 31,000 crore have already been issued, and the remaining are under process. The Government further informed (November 2025) that as of October 2025, only 7,817 QA habitations (44.62 *per cent*) remain to be covered under JJM.

2.1.4.2 *Habitations located in Aspirational Districts and Sansad Adarsh Gram Yojana villages*

According to the Clause 3.6.1 of Operational guidelines of JJM, priority was to be given to provide FHTCs to cover Aspirational Districts and *Sansad Adarsh Gram Yojana (SAGY)* villages by March 2021. However, these targets were not achieved within the stipulated timeframe. Subsequently, while approving AAP for the year 2022-23 in June 2022, the NJJM once again emphasized that the top-most priority must be given for covering Aspirational Districts, with a revised deadline of 31 December 2022.

Despite this directive, progress in Rajasthan remained suboptimal. Out of 8,97,549 rural households across the five Aspirational Districts, only 4,24,305 households (47.27 *per cent*) were provided with FHTCs as of 02 January 2025. This implies that a significant 52.73 *per cent* of households in these districts were still awaiting access to tap water under JJM, as depicted in **Table 2.2** and **Chart 2.3** below:

Table 2.2: Total FHTC coverage in five Aspirational Districts

S. No.	District	Total Households	Status of tap connection (as on 15 August 2019)	FHTCs provided (as on 02 January 2025)	FHTC coverage (<i>per cent</i>)
1.	Baran	2,37,642	14,149	83,034	34.94
2.	Dholpur	1,81,980	3,798	80,809	44.41
3.	Jaisalmer	1,22,944	2,442	49,773	40.48
4.	Karauli	1,67,877	10,054	1,03,799	61.83
5.	Sirohi	1,87,106	38,080	1,06,890	57.13
Total		8,97,549	68,523	4,24,305	47.27

Source: JJM Reports available on www.ejalshakti.gov.in

Key insights from **Table 2.2**:

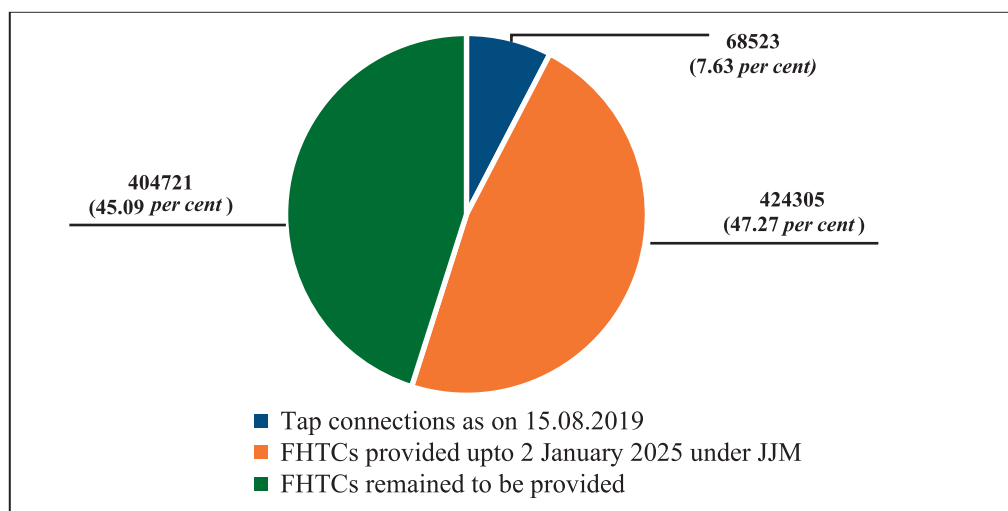
1. Despite explicit provisions in the JJM Operational Guidelines (Clause 3.6.1) and repeated directions by the NJJM to accord top-most priority to Aspirational Districts, Rajasthan could not achieve the stipulated targets within both the original (March 2021) and revised (December 2022) timelines.
2. As of January 2025, only 4.24 lakh out of 8.98 lakh rural households (47.27 *per cent*) in the five Aspirational Districts had been provided with

FHTCs, leaving a majority (52.73 *per cent*) still without tap water access.

3. Coverage levels ranged sharply from a low of 34.94 *per cent* in Baran District to 61.83 *per cent* in Karauli District. Three districts-Baran, Dholpur, and Jaisalmer, remained below 45 *per cent* coverage, indicating uneven implementation and weak convergence in districts that were intended to receive focused attention.
4. The initial status as of August 2019 shows that these districts already had very low tap water coverage, underscoring the need for accelerated intervention. The modest gains achieved over more than five years suggest insufficient scaling-up of planning, execution, and monitoring efforts in high-need Districts.
5. The continued lag in Aspirational Districts, despite repeated prioritisation, points to implementation deficits that undermine the equity-focused design of JJM. The failure to fast-track these Districts dilutes the mission's objective of bridging regional and developmental disparities in access to safe drinking water.

The status of coverage is also depicted in the **Chart-2.3** given below:

Chart: 2.3: FHTC coverage under JJM



In addition, data from the IMIS revealed that out of 188 GPs identified as SAGY villages in Rajasthan, only 33 GPs had achieved full FHTC coverage as of 02 January 2025. This data highlights a significant gap in achieving JJM targets in high-priority areas.

The State Government, while accepting the facts, stated (November 2025) that the Department is intensifying its efforts to accelerate coverage in these Districts and is committed to achieve 100 *per cent* FHTC coverage at the earliest.

2.1.4.3 Particularly Vulnerable Tribal Group habitations

The Ministry of Tribal Affairs, Government of India, launched the *Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan* (PM-JANMAN) in November 2023, aimed at the targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) that may have been left out of mainstream schemes. The scheme focuses on 11 critical interventions, including the provision of safe drinking water to the underserved PVTG habitations.

In line with this, the Department of Drinking Water and Sanitation (DDWS), GoI issued an advisory (11 December 2023) to all States, for tagging all PVTG villages/ habitations in the IMIS by 22 December 2023 and to award the pending works related to supply of drinking water by 31 December 2023.

In Rajasthan, only one PVTG District (Baran) was identified, consisting of 399 PVTG habitations with a total of 26,155 households (as of December 2023). Of these, 361 PVTG habitations were mapped in IMIS (August 2024).

However, the Status Report on FHTCs in PVTG habitations, generated on 09 August 2024, revealed that:

- Only 90 habitations (22.56 *per cent*), covering 7,571 households (28.95 *per cent*), were planned to be covered.
- Out of these 7,571 HHs, 153 HHs (0.58 *per cent* households of PVTG habitations) had actually received FHTCs.

This indicates a critical gap in providing FHTCs in PVTG areas, despite clear directives and policy prioritization.

The State Government, while accepting the facts, stated (August and November 2025) that the progress in Baran district has been slow due to the delay in the sanctioning of a major project (Parwan Akawad Water Supply Project) and the Department is intensifying its efforts to accelerate coverage in PVTG districts.

2.1.4.4 Implementation of JJM in Districts identified under Mission Utkarsh

Mission Utkarsh is an initiative of Niti Aayog aimed at achieving saturation of schemes by various Departments in the Districts in mission mode, in convergence with all stakeholders. Under JJM, ten districts² were selected for rapid improvement and saturation in providing FHTCs to all rural households. In line with this, the DDWS, GoI requested (November 2022) all the States to review the planning and implementation of JJM in these ten Districts identified under Mission Utkarsh.

² Kiphire (Nagaland), Gadchiroli (Maharashtra), Udham Singh Nagar (Uttarakhand), Nayagarh (Odisha), Dantewada (Chhattisgarh), Giridih (Jharkhand), Baran (Rajasthan), Panna (Madhya Pradesh), South Salmara Mankachar (Assam) and Shravasti (Uttar Pradesh)

In Rajasthan, Baran district was identified for implementation under Mission Utkarsh. The position of coverage of habitations of Baran district under JJM is given in **Table 2.3** below:

Table 2.3: Coverage of habitations of Baran district under JJM

Total No. of HHs to be covered under Mission Utkarsh (as on 02 January 2025)	Details of existing FHTCs (as on 15 August 2019)	No. of remaining HHs to be covered under JJM	HHs covered through JJM (as on 02 January 2025)
2,37,642	14,149 (5.95 per cent)	2,23,493	68,885 (30.82 per cent of remaining HHs)

Source: JJM Reports available on www.ejalshakti.gov.in

Despite the focused attention and convergence efforts under Mission Utkarsh, the progress in the Baran district remained suboptimal. As of January 2025, only around 29 per cent of the total targeted households (68,885 out of 2,37,642) were provided with FHTCs. This indicates a significant implementation gap, especially considering the mission's objective of achieving full saturation.

The State Government, while accepting the facts, stated (August and November 2025) that the progress in Baran district has been slow due to delay in the sanctioning of a major project (Parwan Akawad Water Supply Project) and the Department is intensifying its efforts to accelerate coverage. As of October 2025, the coverage of 86,150 FHTCs (36.25 per cent) has been achieved in the District.

2.1.4.5 Schools, Anganwadi Centres and other Public Institutions with FHTCs

A nationwide campaign was launched on 2 October 2020 under JJM to focus on the public health dimensions of young children, with the critical intervention of coverage of schools and *anganwadi* centres with safe and assured potable water supply. Guidelines highlighting roadmap for implementation of this campaign were issued to the States.

Further, recognizing the critical role of clean drinking water in promoting child health, hygiene, and school attendance, the NJJM, while approving the Annual Action Plan (AAP) for 2022-23, advised (June 2022) States to ensure full coverage of all schools, *anganwadi* centres, and *ashramshalas* within the next few months.

The directive was reiterated during a joint review meeting in February 2024 between the Minister of Jal Shakti, GoI and the Chief Minister, GoR, wherein it was noted that the State lagged behind the national average in FHTC coverage of all schools, *anganwadi* centres, and *ashramshalas*.

The status of coverage in Rajasthan, as on 27 January 2025, is presented in **Table 2.4** below:

Table 2.4: progress of providing FHTC in Public institutions

Particulars	Total numbers	Covered with FHTC	Coverage (in per cent)
Schools	86,217	35,453	41.12
Anganwadi centres	53,179	23,826	44.80
Health centres	15,151	11,164	73.68
Panchayat Ghars/ GP buildings	11,136	9,718	87.27
Ashramshalas	500	330	66.00
Total	1,66,183	80,491	48.44

Source: JJM Reports available on www.ejalshakti.gov.in

Key Insights from Table 2.4:

1. As of January 2025, only 48.44 *per cent* (80,491 out of 1,66,183) of public institutions in Rajasthan were covered with FHTCs, indicating that more than half of the institutions continued to function without assured potable water supply.
2. Coverage of schools (41.12 *per cent*) and *anganwadi* centres (44.80 *per cent*) was particularly low, despite repeated national directives to prioritise these child-centric institutions, thereby diluting the intended public health and hygiene outcomes of JJM.
3. Administrative and service institutions such as Panchayat Ghars/GP buildings (87.27 *per cent*) and health centres (73.68 *per cent*) recorded substantially higher coverage than schools and *anganwadis*, suggesting uneven prioritisation in implementation.
4. *Ashramshalas*, which cater to residential students, achieved only 66 *per cent* coverage, reflecting incomplete adherence to the directive for time-bound universal coverage of such institutions.

The continued shortfall across key categories, even after multiple advisories and review meetings, points to weaknesses in planning, monitoring, and follow-up under JJM, limiting achievement of its public health-oriented objectives in the State.

The absence of clean drinking water in such critical institutions poses health risks, undermines hygiene initiatives, and potentially impacts school attendance and early childhood development.

The State Government, while accepting the facts, stated (November 2025) that the efforts are being intensified to achieve 100 *per cent* coverage in public institutions.

2.1.5 Most backward blocks

As part of a focused effort to improve access to drinking water in underserved regions, the DDWS, GoI, identified the 100 most backward blocks across the country based on critical development indicators such as socio-economic vulnerability, poor infrastructure, and lack of access to basic services. These

blocks were mapped in the IMIS on 17 October 2023, with the objective of accelerating the implementation of the JJM in a mission mode. Out of these, 24 blocks across nine³ Districts pertained to Rajasthan. The progress of providing FHTC to households of these most backward blocks of Rajasthan is given in **Table 2.5** below:

Table 2.5: Progress of providing FHTC in the most backward blocks

No. of households in most backward blocks (as on 02 January 2025)	Details of existing FHTCs as on 15 August 2019	No. of remaining households to be covered under JJM	Households covered through JJM (as on 02 January 2025)
5,55,626	9,333	5,46,293	63,646 (11.65 per cent of remaining habitations)

Source: JJM Reports available on www.ejalshakti.gov.in

It can be seen from **Table 2.5** above that only 11.65 per cent of households in the most backward blocks of Rajasthan had been provided with FHTCs under JJM. This leaves a significant gap of 88.35 per cent households still without tap water connectivity, despite these areas being flagged for accelerating implementation of the JJM in a mission mode.

Notably, no household was provided with FHTCs in Panyala Kala block of Balotara District and Bapini block of Phalodi District, while in 16 out of the 24 blocks, the coverage remained below 10 per cent as of 7 September 2024.

The State Government, while accepting the facts, stated (November 2025) that the Department is intensifying its efforts to accelerate coverage in the most backward blocks, and a special focus is being given to the Panyala Kala block of Balotara. It was also informed that incremental progress has been achieved after the audit, and 95,212 FHTCs (17.12 per cent) have been provided in such blocks.

2.1.6 Flow meters/HH meters were not installed to assess functionality of tap connections.

Adequate quantity of water supply is an essential aspect of FHTC. As per JJM Operational Guidelines, in Rajasthan, the norm of minimum drinking water supply is 55 Litres Per Capita Daily (LPCD). The quantity of potable water supply can be measured by installing flow meters at certain points of in-village infrastructure and household meters at the premises of households.

However, it was observed that the State had not made any provision for installing HH meters under the JJM. Consequently, there is no mechanism to monitor the actual quantity of water supplied to households.

Further, during the field study conducted between September and December 2024 of 28 selected in-village infrastructure, it was noticed that the flow meters

³ Balotara (1), Banswara (4), Barmer (9), Dausa (2), Dungarpur (1), Phalodi (2), Pratapgarh (2), Sanchore (1) and Udaipur (2).

were not installed at Village Transfer Chambers (VTC) in the 14 villages. While in another six villages, though the flow meters were installed, they were found to be non-functional.

In the absence of household meters and with non-installation or non-functionality of flow meters at critical in-village infrastructure, the State lacks a reliable mechanism to monitor whether FHTCs are delivering the prescribed norm of 55 LPCD. This deficiency compromises the assessment of functionality of tap connections, raises the risk of reporting mere connectivity as coverage, and limits assurance that households are receiving adequate and sustained potable water, thereby undermining the effectiveness and outcome orientation of the JJM. This also constitutes non-compliance with JJM Operational Guidelines, which emphasise accurate measurement as a key indicator of service delivery.

During the beneficiary survey of 560 households in the selected villages, 389 beneficiaries (69.46 *per cent*) reported receiving water at the prescribed minimum quantity of 55 LPCD, while the remaining 171 beneficiaries (30.54 *per cent*) stated that the supply was below the prescribed norm. The State Government, while accepting the facts, stated (November 2025) that household meters are not installed in single village schemes and multi village schemes in rural areas as per the policy of the State, and the measurement of water supply in the village is being done through meters installed in the pump houses and OHSRs.

The reply regarding the installation of meters is not tenable as at VTCs of most of the selected villages, the flow meters were either not installed or were non-functional.

2.2 Outcomes

JJM, besides the primary output of providing FHTCs to rural HHs, also strived to achieve four key measurable outcomes, such as improved health conditions of rural communities; reduction in drudgery faced by women and girls and empowerment of women; reduced school dropout rates of upper primary level girls; and increase in employment opportunities for rural communities. These outcomes can be assessed through an evaluation study/functionality assessments and social audit. Scrutiny of records of CE (JJM) and selected PHED divisions revealed the following irregularities:

2.2.1 Evaluation study to assess the envisioned outcomes not conducted

As per Clause 5.2 of the Operational Guidelines of JJM, evaluation studies were to be undertaken by the Executive Committee of the State Water and Sanitation Mission (SWSM). Additionally, Clause 8.6 mandated annual action research and concurrent evaluation studies by SWSM to enable evidence-based policy interventions for rural water supply management.

In its meeting held in February 2021, the Executive Committee of SWSM resolved to prepare an agenda note to take up evaluation studies, impact

assessment and research and development activities as per the provisions, and to ensure that the matter was taken up in every subsequent meeting.

However, even after nearly four years, no evaluation study was conducted by the SWSM for the impact assessment of JJM on health conditions of rural communities, empowerment of women, dropout rate of girls from school and increase in employment. Further, the issue related to the evaluation study was not considered in the ensuing meetings of the Executive Committee of SWSM, as the same was decided in its meeting held on 25 February 2021.

This failure to initiate mandatory evaluation studies resulted in the absence of critical feedback loops for assessing progress and improving service delivery under JJM, thereby weakening the State’s ability to adopt evidence-based corrective actions.

A beneficiary survey of 560⁴ rural households (153 SC/ST, 407 OBC/General beneficiaries), out of these 211 were women, was conducted during September to December 2024 for the impact assessment of JJM on beneficiaries. Under the survey, beneficiaries were interviewed through a questionnaire. The results of the survey are elaborated below:

- Before implementation of JJM, the beneficiaries had to spend a lot of time fetching water, as detailed in **Table 2.6** below:

Table 2.6: Time spent in fetching water by the beneficiaries before JJM

S. No.	Time spent in fetching water	No. of beneficiaries who replied (out of 560 beneficiaries)	Percentage of surveyed beneficiaries
1.	Up to one hour daily	169	30.18
2.	More than one hour to two hours daily	160	28.57
3.	More than two to three hours daily	65	11.61
4.	More than three hours daily	20	3.57
5.	Own arrangement of water	145	25.89
6.	Didn’t answer	1	0.18

Source: Beneficiary Survey conducted by the audit

- Likewise, the beneficiaries had to walk long distances before being covered under JJM as detailed in **Table 2.7** below:

Table 2.7: Distance covered for fetching water by the beneficiaries before JJM

S. No.	Distance covered for fetching water	No. of beneficiaries who replied (out of 560 beneficiaries)	Percentage of surveyed beneficiaries
1.	Up to one Km daily	284	50.71
2.	More than one to two Km daily	33	05.89
3.	More than two to three Km daily	34	06.07
4.	More than three Km daily	81	14.46
5.	Not applicable (own arrangement at home)	128	22.86

Source: Beneficiary Survey conducted by the audit

⁴ 20 beneficiaries from each 28 selected villages.

Key Insights from Table 2.6 and 2.7

1. Prior to the implementation of JJM, a large proportion of beneficiaries spent considerable time fetching water. About 43.75 *per cent* of surveyed households spent more than one hour daily, and 15.18 *per cent* spent over two hours daily, indicating a significant daily drudgery burden, particularly for households without their own water arrangements.
2. Nearly 26 *per cent* of beneficiaries had to travel more than one kilometre daily to fetch water, including 14.46 *per cent* who walked over three kilometres, reflecting serious access constraints prior to JJM, especially in water-scarce habitations.
3. Post coverage under JJM, beneficiaries reported elimination of the need to travel long distances and saving of time, indicating that tap connections significantly improved physical access to drinking water and reduced daily drudgery.

Besides, only 27.68 *per cent* of beneficiaries perceived a reduction in water-borne diseases after JJM coverage, while 33.93 *per cent* did not observe any improvement, and 38.39 *per cent* were unsure or did not respond. This suggests that health benefits, though present, were neither universal nor clearly perceptible to a large section of beneficiaries.

While JJM appears to have delivered tangible benefits in terms of access and time savings, the inconclusive beneficiary perception on health outcomes highlights the need for better water quality assurance, sustained supply, and systematic outcome evaluation to establish the mission's broader public health impact.

The State Government, while accepting facts, stated (August 2025) that the UNICEF, along with SWSM, undertakes research studies in selected districts and their evaluations provide inputs for State-level decision making. It was also mentioned that independent evaluation/impact assessment studies would further be conducted through consultants in future to adopt evidence based corrective measures.

2.2.2 Social Audit not conducted

As per Clause 5.4 (xviii) of Operational Guidelines of JJM, social audit was to be undertaken by GP/VWSC to measure envisaged outcomes through active community participation. A social audit is a process whereby the beneficiaries and stakeholders of a programme evaluate its implementation to ensure transparency, accountability, and alignment with community needs.

Audit observed that, despite clear guidelines, the State Government did not institutionalise any mechanism for social audits in villages covered under JJM. Neither any guidelines/instructions were issued, nor any third party/NGO was nominated to conduct social audit.

The absence of a structured mechanism for conducting social audits under JJM curtailed community participation and deprived the programme of an essential feedback and accountability tool at the village level. Without social audits, beneficiaries had limited opportunity to verify coverage, functionality, and adequacy of water supply or to raise issues relating to quality, equity, and sustainability. This weakened transparency and local ownership, reduced the effectiveness of grievance redressal, and constrained the State’s ability to assess whether the envisaged outcomes of the mission were being achieved on the ground.

The State Government, while accepting the facts, stated (November 2025) that the social audit in the post-implementation phase of activities is being carried out by the Implementation Support Agencies (ISAs) and the social audit reports would be compiled, once all the households get the FHTCs. It was also stated that specific objective-oriented social studies are proposed to be incorporated in future planning.

2.3 Summary of Findings

This Chapter revealed persistent gaps in both coverage and functionality of household tap connections, with the State lagging significantly in Jal Jeevan Survekshan rankings and Har Ghar Jal certification. Priority areas such as water quality-affected habitations, aspirational districts, PVTG habitations, and critical public institutions like schools and *anganwadis* remain inadequately covered. The absence of flow meters and household meters has weakened monitoring of service delivery, while mandatory evaluation studies and social audits were not undertaken, limiting transparency and corrective interventions. The beneficiary surveys indicated some improvements and general satisfaction. Overall, the State’s performance under JJM remains far below expectations, jeopardising the mission’s objectives of universal, reliable, and equitable access to safe drinking water.

2.4 Recommendations

- *The State Government may give priority to water quality-affected habitations, PVTG areas, aspirational districts, schools, and Anganwadi centres through a time-bound action plan with periodic review.*
- *The State Government may direct the Executive Committee of the State Water and Sanitation Mission (SWSM) to commission independent evaluation studies at defined intervals, covering health outcomes, reduction in drudgery, school attendance of girls, and livelihood impacts, as envisaged in the JJM Operational Guidelines.*
- *The State Government may ensure installation of functional flow meters/household meters and conduct regular evaluation studies and social audits to improve monitoring and accountability.*
- *The State Government may issue detailed guidelines for the conduct of social audits under JJM, clearly defining the scope, frequency, roles of Gram Panchayats/VWSCs, and reporting formats.*