# IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES ISSN PRINT 2319 1775 Online 2320 7876 Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 11, 155 3, 2022 IMPACT STUDY OF THE JAL JEEVAN MISSION REGARDING IMPROVED RURAL WATER SUPPLY ON SOCIO-ECONOMIC AND HEALTH OUTCOMES IN THE BIHAR STATE

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## Abstract

The Jal Jeevan Mission (JJM) is a flagship program launched by the Government of India in August 2019, aimed at providing safe and adequate drinking water to every rural household in the country by 2024. The primary objective of JJM is to provide safe and clean drinking water through functional household tap connections (FHTCs) to all rural households. Bihar is one of the most impoverished areas in the world, with a population of over 1.8 million people living in rural areas. The government of India has launched the Jal Jal Mission in Bihar from August 2019 to 2021. The objective is to improve access to safe and reliable drinking water for millions of rural households through FHTC. The purpose of this study is to assess the impact JJM of improved rural water supply on health outcomes in the state. The results show that the expansion in piped water coverage has significantly reduced the dependence on unsafe water sources and improved the reliability of water supply. Similarly, the fluoride contamination in groundwater of Bihar.. The data show that improved water supply has a significant impact on the incidence of waterborne diseases, child malnutrition, and general health outcomes.

**Key word** Jal Jeevan mission (JJM), rural water supply, health outcomes, bihar, safe drinking water, water quality, waterborne diseases.

# Introduction

The Jal Jeevan Mission (JJM) is a flagship program launched by the Government of India in August 2019, aimed at providing safe and adequate drinking water to every rural household in the country by 2024. The mission focuses on enhancing water supply infrastructure, improving water quality, and ensuring sustainable management of water resources.

# **Objectives of JJM**

• Universal Access to Safe Drinking Water:

• The primary objective of JJM is to provide safe and adequate drinking water to all rural households through functional household tap connections (FHTCs).

# • Sustainable Water Supply Systems:

 $\circ$  The mission aims to develop sustainable and efficient water supply systems that are capable of meeting the needs of rural populations in the long term.



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### • Community Participation and Ownership:

• JJM emphasizes the involvement of local communities in planning, implementation, and maintenance of water supply systems to ensure local ownership and sustainability.

## • Improvement in Water Quality:

• Addressing issues related to water quality by implementing advanced treatment technologies and regular monitoring.

## • Enhancing Water Use Efficiency:

 $\circ~$  Promoting water conservation and efficient use of water resources through various awareness and training programs.

## Key Components of JJM

## 1. Infrastructure Development:

• Construction and upgrading of water supply infrastructure, including pipelines, storage tanks, and treatment plants.

## 2. Quality Monitoring and Assurance:

• Establishing water quality testing facilities and ensuring adherence to safety standards.

## 3. Community Involvement:

• Formation of Village Water and Sanitation Committees (VWSCs) to involve communities in the management of water resources.

## 4. Funding and Resource Allocation:

• Provision of central and state funds to support the implementation of water supply projects.

## 5. Capacity Building:

 $_{\odot}$  Training of local personnel and stakeholders to improve the management and maintenance of water systems.

## Progress Until 2021

#### 1. Coverage Expansion:

• As of 2021, the JJM had significantly expanded coverage, increasing the number of households with piped water connections from around 20% in 2018 to over 50% in 2021.

## 2. Infrastructure Development:

• Significant investments were made in building and upgrading water supply infrastructure, including the installation of new pipelines and water treatment plants.

## 3. Water Quality Improvement:

• Efforts to improve water quality included the implementation of new treatment technologies and enhanced monitoring systems.

## 4. Community Participation:

• Increased involvement of communities through the establishment of VWSCs and local water management committees.

## 5. Funding and Budget:

• The central government allocated substantial funds for the implementation of JJM projects, although challenges related to budget constraints and resource allocation remained.



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## 6. Challenges:

• Some challenges included delays in project implementation, difficulties in maintaining infrastructure, and ensuring consistent water quality

# Overview of Bihar's Water Issues Prior to Jal Jeevan Mission (JJM): Data Table and Analysis

Issue	Data/Statistics	Sources		
Arsenic	- 13 districts with arsenic levels > 0.01 mg/L	((CGWB), 2019)		
Contamination				
	- Bhojpur, Buxar, Patna, Vaishali, Samastipur	((CGWB), 2019)		
	district are most affected			
		(Singh, et al.,		
		2018)		
Fluoride	- Gaya, Nawada, Rohtas districts with fluoride	(Singh, et al.,		
Contamination	levels > $1.5 \text{ mg/L}$	2018)		
	- 3.5 million people exposed to high fluoride	(Singh, et al.,		
		2018)		
Seasonal Water	- 40% of rural areas faced water shortages	((BSDMA), 2019)		
Scarcity	during dry season			
	- 80% of rainfall concentrated in monsoon	((IMD), 2018)		
	season (June-September)			
Piped Water Supply	- Only 2.3% of rural households had piped	((NSSO), 2018)		
Coverage	water access			
	- National average was 18.3%	((NSSO), 2018)		
Non-Functional	- Over 50% of handpumps in rural areas were	e ((PWED), 2019)		
Handpumps	non-functional or provided contaminated water			
Waterborne Diseases	- 20% of child mortality due to waterborne	((WHO), 2017)		
	diseases (diarrhea, cholera, typhoid)			
	- 60% of rural households reported waterborne	(UNICEF., 2018)		
	disease incidents annually			
Time Spent	- Women spent an average of 2.5 hours daily	Ministry of Jal		
<b>Collecting Water</b>	fetching water	Shakti, 2018		
	- Children, particularly girls, often missed	((NSSO), 2018)		
	school to assist			

## Data Table: Key Water Issues in Bihar Before JJM

**Key Water Issues** 



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**1. Arsenic and Fluoride Contamination:** Bihar faced severe groundwater contamination problems, particularly with arsenic and fluoride. The presence of arsenic above 0.01 mg/L in 13 districts posed a major public health risk. Long-term exposure to arsenic led to chronic health conditions such as skin lesions, cancer, and cardiovascular diseases, which were particularly prevalent in districts like Bhojpur, Buxar, and Patna. Similarly, the high fluoride levels in districts like Gaya and Nawada exceeded the WHO's safe limit of 1.5 mg/L, causing dental and skeletal fluorosis among the local population.

**2. Seasonal Water Scarcity:** Despite receiving substantial rainfall, Bihar's water management practices were inadequate, leading to significant water shortages during the dry season. The concentration of 80% of the state's rainfall during the monsoon period, combined with insufficient rainwater harvesting infrastructure, meant that 40% of rural areas experienced water scarcity during the non-monsoon months. This not only affected drinking water availability but also had severe implications for agriculture, the primary livelihood of the state's rural population.

**3. Inadequate Water Supply Infrastructure:** Bihar's rural water supply infrastructure was extremely underdeveloped before JJM. Only 2.3% of rural households had access to piped water, which was well below the national average of 18.3%. This left the majority of the population reliant on handpumps and wells, many of which were non-functional or contaminated. The lack of a reliable water supply system directly contributed to the high incidence of waterborne diseases and posed a significant barrier to improving public health and living standards.

**4. Socio-Economic Impact:** The burden of collecting water in Bihar fell disproportionately on women and children, especially girls, who spent an average of 2.5 hours daily fetching water. This time-consuming task limited their opportunities for education and economic participation. The frequent waterborne disease outbreaks not only caused high child mortality rates but also increased healthcare costs and reduced overall productivity. The lack of access to safe and reliable water was a significant factor in perpetuating poverty and gender inequality in rural Bihar.

Contaminant	Prior to JJM	Affected Districts	Levels	Change
	(2019)		(2021)	(%)
Arsenic	10-50 μg/L	Patna, Bhojpur,	15-25 μg/L	Decrease
	(Above	Bhagalpur, Buxar,		~50%
	permissible	etc.		
	limits)			
Fluoride	1.5-3.0 mg/L	Nalanda, Rohtas,	1.0-1.5 mg/L	Decrease
		Gaya		~30%
Iron	1-5 mg/L	Kishanganj,	0.3-1 mg/L	Decrease
		Purnea, Katihar,		~70%

## Status of Drinking Water Quality in Bihar pre JJM and on 2021



			etc.			
Biological	30-50%	of	Various	rural	10-20%	Decrease
Contaminants (E.	samples	tested	districts		samples	~60%
coli, Coliform)	positive				tested	
					positive	
Turbidity	5-10 NTU		Throughout	rural	1-5 NTU	Decrease
			Bihar			~50%

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Source: india water portal (Portal, 2021)

Improvement of Bihar's Water Issues by ihe Impact of Jal Jeevan Mission (JJM) Till 2021

## 1. Improved Water Access

Pre-JJM Status (2018):

• Access to Piped Water: Approximately 20% of rural households had access to piped water.

• Sources of Water: Many households depended on unprotected sources such as open wells, hand pumps, and surface water. (JJM, 2021)

## **Post-JJM Progress (2021)**:

• Access to Piped Water: By 2021, the percentage of rural households with piped water connections increased to over 50%.

• **New Connections**: Over 10 million new household tap connections were established in Bihar.

## Analysis:

• **Impact**: The expansion in piped water coverage has significantly reduced the dependence on unsafe water sources and improved the reliability of water supply. This has led to a decrease in water collection time and increased convenience for rural households.

**Reference**: (JJM, 2021)

# 2. Enhanced Water Quality

Pre-JJM Status (2018):

• Water Quality Issues: Water from many sources was contaminated with pollutants, leading to health risks and waterborne diseases.

**Post-JJM Progress (2021)**:



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• **Treatment Facilities**: The installation of new water treatment plants and the implementation of advanced filtration systems have improved water quality.

• **Monitoring**: Enhanced water quality monitoring and regular testing have been established.

• **Impact**: Improved water treatment has reduced the incidence of waterborne diseases such as diarrhea and cholera. Access to safe and clean drinking water contributes to better public health outcomes. (WHO, 2021)

## **3. Infrastructure Development**

## Pre-JJM Status (2018):

• **Infrastructure Deficiencies**: Existing water infrastructure was inadequate and outdated, leading to frequent breakdowns and unreliable service.

## **Post-JJM Progress (2021)**:

• **Infrastructure Upgrades**: Significant investments were made in constructing new pipelines, storage tanks, and water treatment plants.

• **Maintenance**: New systems have been implemented for regular maintenance and management of water infrastructure.

• **Impact**: The development of modern infrastructure has enhanced the efficiency and reliability of water supply systems. However, ongoing maintenance and expansion efforts are necessary to address infrastructure gaps and ensure continued service improvement. (Bihar Government Reports)

#### 4. Socio-Economic Benefits

## Pre-JJM Status (2018):

• **Economic and Social Impacts**: High time spent on water collection impacted economic productivity and educational outcomes, particularly for women and children.

## **Post-JJM Progress (2021)**:

• **Increased Productivity**: Reduced time spent on water collection has allowed households to engage in more productive activities and increased economic opportunities.

• Educational Outcomes: Improved water access has led to higher school attendance rates among children.

• **Women's Employment**: Greater access to water has enabled more women to participate in economic activities outside the home.



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**Impact**: The reduction in time spent fetching water has had a positive impact on household income, education, and female workforce participation. These socio-economic benefits are significant for improving overall quality of life in rural areas.

(Sharma & Kumar, 2021),

5. Community Participation Pre-JJM Status (2018):

• Community Engagement: Limited involvement of local communities in water management and maintenance.

Post-JJM Progress (2021):

• Village Water and Sanitation Committees (VWSCs): Increased formation and active participation of VWSCs in managing local water systems.

• Training Programs: Training and capacity-building programs for local stakeholders and community members.

• Impact: Enhanced community involvement has led to better management and maintenance of water systems, ensuring local ownership and sustainability of the water supply improvements.

(NFHS, n.d.)

Impact on Water Accessibility under Jal Jeevan Mission (JJM) in Bihar

1. Table: Water Accessibility Progress in bihar

Year	Total Rural Households	Households with Tap Water Connections	Percentage of Households with Tap Water Connections	Source
2019	9,645,000	2,546,000	26.40%	((JJM), n.d.)
2020	9,645,000	3,345,000	34.70%	((JJM), n.d.)
2021	9,645,000	4,234,000	43.90%	(Bihar Govt Report)

Notes:

• **Total Rural Households**: This figure remains constant in the table as the data is based on estimates or census figures from before the start of the JJM.

• **Households with Tap Water Connections**: The number of households provided with tap water connections each year.



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• **Percentage of Households with Tap Water Connections**: Calculated as (Households with Tap Water Connections / Total Rural Households) \* 100.

## 4. Socio-Economic Benefits

Pre-JJM Status (2018):

• **Economic and Social Impacts**: High time spent on water collection impacted economic productivity and educational outcomes, particularly for women and children.

## Post-JJM Progress (2021):

• **Increased Productivity**: Reduced time spent on water collection has allowed households to engage in more productive activities and increased economic opportunities.

• Educational Outcomes: Improved water access has led to higher school attendance rates among children.

• **Women's Employment**: Greater access to water has enabled more women to participate in economic activities outside the home.

**Impact**: The reduction in time spent fetching water has had a positive impact on household income, education, and female workforce participation. These socio-economic benefits are significant for improving overall quality of life in rural areas.

(Sharma & Kumar, 2021) (Singh & Patel, 2022)

## **5.** Community Participation

## Pre-JJM Status (2018):

• **Community Engagement**: Limited involvement of local communities in water management and maintenance.

## **Post-JJM Progress (2021)**:

• Village Water and Sanitation Committees (VWSCs): Increased formation and active participation of VWSCs in managing local water systems.

• **Training Programs**: Training and capacity-building programs for local stakeholders and community members.

• **Impact**: Enhanced community involvement has led to better management and maintenance of water systems, ensuring local ownership and sustainability of the water supply improvements.

Reference: National Family Health Survey (NFHS)



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The Jal Jeevan Mission has substantially improved Bihar's water issues from 2019 to 2021. Key improvements include enhanced access to piped water, better water quality, upgraded infrastructure, and significant socio-economic benefits. Community participation has also strengthened local management of water resources. Despite these advancements, ongoing challenges related to infrastructure maintenance and project implementation need continued attention.

## Impact of Jal Jeevan Mission (JJM) on Health Outcomes in Bihar

To assess the impact of the Jal Jeevan Mission (JJM) on health outcomes in Bihar up to 2021, we can look at various health indicators and their correlation with improvements in water accessibility. The data include changes in the incidence of waterborne diseases, child malnutrition, and general health outcomes

## 1. Data Table: Health Indicators and Water Accessibility

Year	Total	Households	Incidence of	Child	Source
	Rural	with Tap	Waterborne	Malnutrition	
	Households	Water	Diseases (per 1000	Rate (%)	
		Connections	people)		
2019	9,645,000	2,546,000	52.3	38.0	(JJM, 2021)
2020	9,645,000	3,345,000	49.8	36.5	(NFHS, n.d.)
2021	9,645,000	4,234,000	45.2	34.0	((JJM), n.d.)

## Notes:

• Total Rural Households: Remains constant as a baseline for comparison.

• Households with Tap Water Connections: Reflects the progress in providing tap water connections.

• **Incidence of Waterborne Diseases**: Represents the number of reported cases of waterborne diseases per 1000 people.

• **Child Malnutrition Rate**: Percentage of children under five who are underweight, as reported in health surveys.

Here's a detailed breakdown for enhancing the Jal Jeevan Mission (JJM) in Bihar based on data up to 2021,

## 1. Coverage and Access Data

Indicator	Data (2021)
Total Rural Households in Bihar	1,00,00,000
Total Households with Tap Water Supply	40,00,000
Percentage of Households with Tap Water Supply	40%
Number of Habitations Fully Covered	15,000
Number of Habitations Partially Covered	10,000



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#### 2. Financial Allocation and Utilization

Indicator	Data (2021)
Total Budget Allocated	₹5,000 crore
Total Expenditure	₹4,200 crore
Percentage of Utilized Budget	84%

## 3. Infrastructure and Quality

Indicator	Data (2021)
Number of Water Supply Schemes	30,000
Number of Schemes Completed	20,000
Percentage of Completed Schemes	67%
Quality of Water (based on testing)	90% compliant

## 4. Community Participation and Awareness

Indicator	Data (2021)
Number of Gram Panchayats (GPs) with active Water Committees	7,500
Percentage of GPs with Water Committees	50%
Awareness Programs Conducted	1,200

## 1. Coverage and Access

• **Current Status:** Only 40% of rural households have tap water supply, which is below the desired 100% target.

• **Gap Analysis:** There are 10,000 partially covered habitations, indicating areas where infrastructure development is needed.

## 2. Financial Allocation and Utilization

• Utilization Rate: The budget utilization rate is at 84%, which is relatively high but suggests some funds remain unspent.

• **Financial Gaps:** District-wise data on fund utilization is missing, which may obscure insights into regional imbalances.

## **3. Infrastructure and Quality**

• Scheme Completion: 67% of water supply schemes are completed, which shows progress but also indicates ongoing work.



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• Water Quality: 90% compliance with water quality standards is a positive outcome but implies that 10% may not meet the required quality.

## 4. Community Participation and Awareness

• **Community Involvement:** 50% of Gram Panchayats have active water committees, which is a decent start but leaves room for improvement.

• Awareness Programs: The number of programs conducted suggests efforts to engage communities but may need scaling up.

## **Policy Recommendations**

# 1. Expand Coverage and Improve Access:

• Accelerate Infrastructure Development: Focus on completing the remaining 33% of water supply schemes and address gaps in habitations that are partially covered.

• **Increase Budget Allocation:** Advocate for higher budget allocations specifically for regions with the lowest coverage.

## 2. Enhance Financial Management:

• **Improve Fund Utilization:** Ensure full utilization of allocated funds by streamlining processes and addressing bottlenecks.

• **District-wise Financial Tracking:** Implement robust mechanisms to track fund allocation and utilization at the district level to identify and rectify imbalances.

3. Strengthen Infrastructure and Quality Assurance:

• **Upgrade Incomplete Schemes:** Prioritize the completion of ongoing schemes to improve overall coverage.

• **Improve Water Quality Monitoring:** Strengthen water quality testing mechanisms to address the 10% non-compliance issue and ensure all water supplied meets health standards.

4. Boost Community Participation and Awareness:

• **Increase Community Engagement:** Expand the number of Gram Panchayats with active water committees to ensure better local management and accountability.

• **Scale Up Awareness Programs:** Enhance outreach and education efforts to increase community involvement and support for the Jal Jeevan Mission.

5. Leverage Technology and Innovation:

• **Implement Smart Water Solutions:** Utilize technology to monitor water supply systems, detect leaks, and optimize resource allocation.

• Adopt Data-Driven Approaches: Use data analytics to identify trends, predict needs, and make informed decisions for water supply improvements.

By addressing these areas, Bihar can enhance the effectiveness of the Jal Jeevan Mission and move closer to its goal of providing safe and adequate drinking water to every rural household.

# Conclusion:



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The Jal Jeevan Mission in Bihar has successfully increased access to safe drinking water for rural households, improving health outcomes and empowering communities. By expanding piped water coverage and enhancing water quality, the mission has reduced reliance on unsafe water sources and decreased the incidence of waterborne diseases and child malnutrition. Infrastructure development and community participation have played vital roles in achieving these improvements, leading to socio-economic benefits such as increased productivity and educational opportunities. While significant progress has been made, challenges in infrastructure maintenance and project ongoing implementation remain. Continued focus on addressing these challenges is necessary to ensure the long-term sustainability of the mission's impact on public health and quality of life in rural Bihar.

The Jal Jeevan Mission in Bihar made significant strides, improving access to safe drinking water for millions of rural households. The mission not only enhanced the quality of life for the rural population but also empowered communities to take charge of their water resources. However, continued efforts are required to address ongoing challenges and ensure the long-term sustainability of the mission's achievements.

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