

Har Ghar Jal
Jal Jeevan Mission

Building Partnerships
Changing Lives

100 Days

**Campaign to Provide Piped Water Supply in
Anganwadi Centres, Ashramshalas and Schools**

Jal Jeevan Mission

Har Ghar Jal



सत्यमेव जयते

Government of India
Ministry of Jal Shakti
Department of Drinking Water and Sanitation
National Jal Jeevan Mission
New Delhi

2nd October, 2020



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I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will it lead to swaraj [freedom] for the hungry and spiritually starving millions? Then you will find your doubts and your self melt away.



Mahatma Gandhi
Father of the Nation

[One of the last notes left behind by Gandhi in 1948, expressing his deepest social thought.
Source: Mahatma Gandhi - The Last Phase, Vol. II (1958), p.65]



Har Ghar Jal Jal Jeevan Mission



...Jal Jeevan Mission is going to start a campaign from this 2nd October on Gandhi Jayanti. It is a special 100 day campaign during which safe piped water will be ensured in every anganwadi and school in the country. I wish this campaign great success and appeal to the States to make best use of this campaign to ensure provision of potable piped water supply in these public institutions...



Narendra Modi

Prime Minister of India

[Excerpt from the address of the Prime Minister on the occasion of unveiling Jal Jeevan Mission (JJM) - Har Ghar Jal 'logo' and releasing 'Margdarshika' for Gram Panchayats and Paani Samitis for implementation of JJM on 29th September 2020, New Delhi]



गजेंद्र सिंह शेखावत
Gajendra Singh Shekhawat

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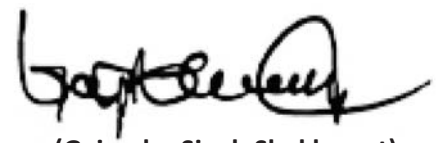
Foreword

On 29th September 2020 on the occasion of unveiling Jal Jeevan Mission - Har Ghar Jal 'logo' and releasing 'Margdarshika' for Gram Panchayats and Paani Samitis for implementation of JJM, Hon'ble Prime Minister gave a 'Call to Action', especially calling upon State Governments/ UT Administrations to ensure assured tap water supply to every anganwadi centre, ashramshala and school in the country in the next 100 days.

As you are aware, JJM's objective is to end the drudgery faced by women of travelling long distances to collect drinking water for their daily household needs by providing piped water supply in adequate quantity and of prescribed quality on regular and long-term basis. I am sure that this move will also improve the attendance of girls in schools. Provision of piped water supply in these institutions is not just our responsibility but also a priority because constant use of contaminated water leads to water-borne diseases like typhoid, diarrhea, dysentery and cholera which greatly impacts the health and development of children.

I appeal to all the State Governments to reach out to officials and other stakeholders, viz. engineers of PHE/ RWD department, education department, woman and child development department, SC/ ST welfare department, Gram Panchayats, VWSCs, Paani Samitis, local community, non-government organizations and self help groups to join the movement in providing safe piped drinking water supply to all anganwadi centres, ashramshalas and schools in a time-bound campaign-mode manner in the next 100 days so that when the schools reopen after CoVid-19 pandemic and activities begin in these institutions, safe water is available for purposes of drinking, cooking mid-day meals, handwashing and in toilets. I assure all necessary financial, managerial and technical support of the Union Government for this noble cause.

I wish that this campaign truly becomes a *Jan Aandolan* bringing smiles on the face of every child. The States may lead this campaign in providing drinking water to all the anganwadi centres, ashramshalas and schools in the country in the next 100 days. This will be our befitting tribute to Gandhi ji, the Father of the Nation on his 151st birth anniversary. I am sure that this document will be very useful in ensuring safe water to every child in anganwadi centres, ashramshalas and schools, thus helping in their overall development.



(Gajendra Singh Shekhawat)

Contents

1. Background	2
2. Water, Sanitation & Hygiene (WASH) in Anganwadi Centres, Ashramshalas and Schools	2
3. Rationale	4
4. Objectives	4
5. Components	5
6. Planning and Implementation	6
7. Capacity Building	8
8. Jan Andolan – Making Water Everyone’s Business	8
9. Water Quality Monitoring & Surveillance	9
10. Convergence	11
11. Integration with Village Action Plan (VAP)	12
12. Roles and Responsibilities	12
13. Monitoring and Reporting	14
14. CoVid-19 Preventive Protocols	14
15. Moving Forward	15
Annex-I: Planning and Implementation	16
Annex-II: Inter-Departmental Convergence	17
Annex-III: Monitoring Template	20

100 Days

Campaign to Provide Piped Water Supply in Anganwadi Centres, Ashramshalas and Schools

1. Background

New-age India is aspirational. The focus is to improve quality of life of people and enhance their 'ease of living' by way of access to homes, toilets, gas connections, electricity, digital connect, social security, healthcare, access to financial services, etc. Assured tap water supply to every home under Jal Jeevan Mission - Har Ghar Jal is a step towards such a transformation.

On 15th August 2019 from the rampart of Red Fort, in his address to the nation, Prime Minister announced Jal Jeevan Mission (JJM) with an aim to provide 'Har Ghar Jal' (Functional Household Tap Connection) to every home in India. Since then, National Jal Jeevan Mission (NJJM), Department of Drinking Water & Sanitation (DDWS) along with State Governments, has been working to ensure that each household gets functional tap water connection providing assured water supply in adequate quantity and of prescribed quality on a regular and long-term basis.

JJM also aims at providing piped water supply to village level public institutions, viz. anganwadi centres, schools, ashramshalas (tribal residential hostels for children), health centres, wellness centres, Gram Panchayat buildings, community centres, community toilets, etc. JJM envisages creating an enabling environment wherein the community plans, implements, manages, operates and maintains the in-village water supply systems and greywater while giving priority to the well-being of children by providing safe water in anganwadi centres, schools, ashramshalas, etc.

2. Water, Sanitation & Hygiene (WASH) in Anganwadi Centres, Ashramshalas and Schools

The physical environment and cleanliness of anganwadi centres, ashramshalas, schools, etc. have profound impact on the health, capacity to learn and well-being of children.



Poor sanitation, water scarcity, use of contaminated water and inappropriate hygiene behaviour are major causes of child morbidity and mortality, particularly among infants and young children. In 2015, it was estimated that India lost approximately 1,17,300 children annually, or 320 children each day, due to diarrhoeal disease which could be prevented



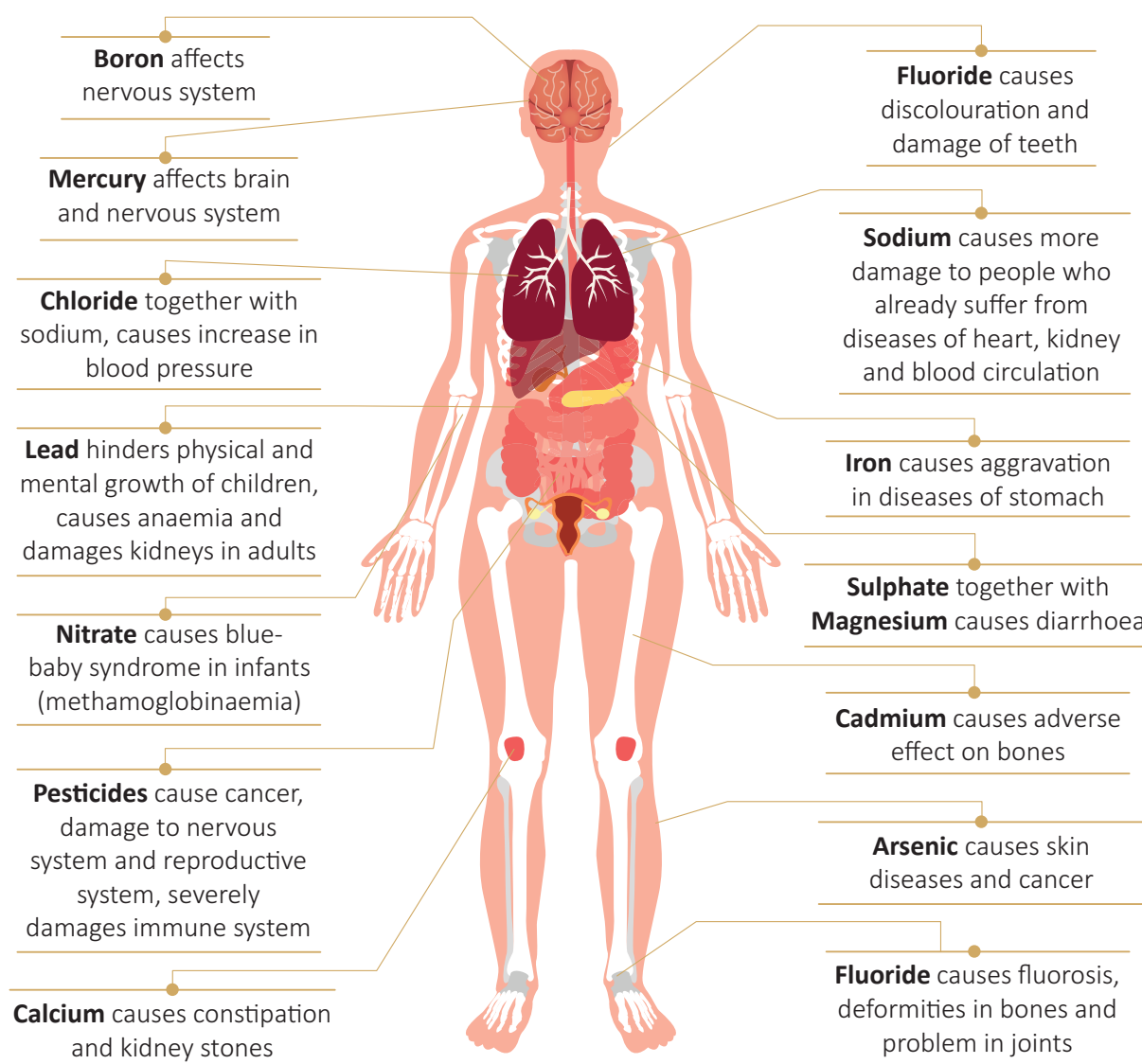


with adequate sanitation, water supply and hygiene - WASH (UNICEF, 2016). Such deprivation is furthermore detrimental to the health of school-aged children, who spend long hours in anganwadi centres, schools including ashramshalas/ tribal residential hostels, etc.

Most anganwadi centres, ashramshalas, and schools in the country would have a source of drinking water. However, the issue of quality, quantity and assured availability of drinking water is critical. Ensuring the functionality of water, sanitation and hygiene facilities remains a challenge due to inadequate institutional arrangements for regular operation and maintenance of water supply systems. Lack

of functional water supply system in anganwadi centres, ashramshalas, and schools compromises hand washing with soap practices and toilet use.

Given the centrality of WASH in protecting human health, its importance is further accentuated in current CoVid-19 pandemic situation. Ensuring good WASH behaviour and practices in anganwadi centres, ashramshalas, and schools and communities will help a great deal to prevent human-to-human transmission and contain the spread of SARS-CoV-2 virus causing CoVid-19. Many of these institutions have acted as CoVid-19 care centres. Ensuring sanitation and improving the infrastructure and facilities is a priority.



To know if water is potable or not, get it tested in a laboratory

Figure 1: Adverse effects of drinking water with chemical contamination



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The 100 days campaign essentially highlights water, sanitation and hygiene issues and its interplay with children's well-being and their long-term development.

3. Rationale

While releasing the 'Margdarshika' for Gram Panchayats and Paani Samitis for implementation of JJM to provide water supply to every rural home and unveiling of JJM 'logo' on 29th September 2020, Prime Minister spoke about launching '100 Day Campaign' on 2nd October 2020 to ensure piped water supply in anganwadi centres and schools across the country. Prime Minister also appealed to the State Governments/ UT Administrations to make best use of this campaign to ensure provision of assured piped water supply in these public institutions of critical importance to the well-being and holistic development of children.

Ensuring safe water to children is a priority, as they are most vulnerable to water-borne diseases. Provisions have been made under JJM for ensuring safe water through tap water connection in anganwadi centres, ashramshalas, and schools and other public institutions. During this campaign, concerted efforts will be made to ensure piped water supply in all anganwadi centres, ashramshalas, and schools.

During this period, *Gram Sabhas* will be convened to discuss the resolution for providing safe water in all schools, *anganwadi* centres, *ashramshalas* and other public institutions in coming 100 days.



Thereafter, rapid action will be initiated by water supply department/ agency in the village to provide piped water connections to these institutions.

This demands focused efforts in the form of a time-bound campaign involving Public Health Engineering/ Rural Water Supply departments/ agencies/ Gram Panchayats/ Village Water & Sanitation Committees (VWSCs), local communities, sector partners, NGOs, Self-Help Groups, etc. so as to make it a true '*Jan Andolan*' for the well-being of children.

4. Objectives

The 100 days campaign has the following objectives:

- i.) discuss and bring awareness among rural community, anganwadi workers, school teachers, school management committees, etc. about the importance of WASH and assured availability of safe water to children for their overall development;
- ii.) plan & achieve overall water security in all anganwadi centres, ashramshalas and schools for purposes of drinking, cooking mid-day meals, handwashing and toilet use;
- iii.) improvement in toilet use, water supply and hygiene practices in anganwadi centres, ashramshalas, and schools;
- iv.) provide piped water supply in all GP buildings, health centres, wellness centres, community centres, community toilets, etc. and plan for their long-term regular up-keep, operation and maintenance;
- v.) support children with fully integrated life skills education, focusing on key hygiene behaviours - overall water security and safety, safe



handling and storage of drinking water, hand washing with soap, personal and community hygiene, etc.;

- vi.) engage school children, teachers, school management committees (SMCs) in outreach activities for families and the wider community, to promote safe hygiene practices and generate demand for functional household tap connections;
- vii.) bring focus of water supply providers for providing safe water to anganwadi centres, ashramshalas, and schools on priority;
- viii.) ensure holistic planning for piped water supply on long-term basis in villages and institutions as part of Village Action Plans (VAPs);
- ix.) improve awareness on water quality and surveillance of water sources and/ or water supplied to ensure potability of water within anganwadi centres, ashramshalas and school premises;
- x.) build mechanisms for greywater treatment & reuse to address the issue that may arise due to provision of PWS;
- xi.) make arrangements for rainwater harvesting for source sustainability; and
- xii.) to make water 'everyone's business' by forging effective partnerships with all stakeholders.

5. Components

Key components of the campaign are as below:

- i.) provision of piped water supply for anganwadi centres, schools including ashramshalas/ tribal residential hostels;



- ii.) provision of piped water supply to other public institutions, viz. GP buildings, community centres, wellness centres, health centres, community toilets, etc.;
- iii.) availability of water supply for toilets within premises and for cooking mid-day meals;
- iv.) safe water supply infrastructure – source augmentation/ intake structure, service reservoir, pumping, pipeline, water treatment unit, functional tap connection, etc.;
- v.) greywater treatment and reuse to ensure & promote improved environmental sanitation;
- vi.) rainwater including storage structures within premises, especially in drought-prone, desert, forested, hilly, water-stressed areas, and areas with apprehension where water table may fall deeper due to provision of PWS;
- vii.) human resource development for operations and maintenance so that children continue to get assured clean water supply;
- viii.) inculcating effective hygiene behaviour among students;
- ix.) water supply usage monitoring system including planning for sensor-based water measurement and monitoring system or meter to be installed in future;
- x.) water quality monitoring at delivery point within institutional premises;
- xi.) strengthening and developing a system for water quality testing in higher secondary schools having chemistry labs;





- xii.) water quality surveillance in anganwadi centres, ashramshalas, and schools;
- xiii.) engaging with partners for making it a '*Jan Andolan*'.

6. Planning and Implementation

Planning is important as this is an action and specific output-oriented time-bound 100 day campaign. Currently, villages across the country are at different stages of planning and finalization of their Village Action Plans (VAPs) and Gram Panchayat Development Plans (GPDs). Districts are in the process of finalizing their District Action Plans (DAPs). The States/ UTs have already planned and finalized their timelines, within which they will provide piped water supply of adequate quantity and of prescribed quality to all households in the States/ UTs.

Providing safe piped water to anganwadi centres, ashramshalas, and schools as well as to GP buildings, health centres, wellness centres, community buildings, community toilets, etc. is expected to be part of such action plans at village, district and State levels. Hence planning for this 100 day campaign should not be done in isolation but as part of the big picture of 'providing safe water to all'. **(Annex-I)**

At the same time, this planning should incorporate important aspects of long-term functionality, i.e. management, operation & maintenance of water supply system to provide safe water on regular basis in anganwadi centres, ashramshalas and schools. It should also incorporate provision of piped water to other institutions in the village. It may also include rainwater harvesting especially in arid, semi-arid, hilly, forested, desert, drought-prone and water-stressed areas; greywater treatment and reuse; and water quality monitoring & surveillance.

It is important that higher secondary schools with chemistry labs are involved in water quality monitoring & surveillance. This will help in sensitizing students on various aspects of 'safe water' as well as build capacities in rural areas in ensuring safe water to all.

The indicative implementation strategies to provide piped water supply with tap water connections for various possible field situations are as follows:

- i.) **institutions which already have functional tap water connections:** provision of adequate and safe water to be ensured on regular and long-term basis, extra focus on long-term





- functionality of the system and regular up-keep, operation and maintenance;
- ii.) **institutions where piped water supply (PWS) exists but defunct:** existing piped water supply to be retrofitted and/ or augmented for providing safe drinking water through tap connection on regular and long-term basis;
 - iii.) **institutions in villages where PWS schemes exist, but tap connections not provided to anganwadi centres/ ashramshalas/ schools:** retrofitting/ augmenting existing PWS ensuring safe drinking water through tap water connection on regular and long-term basis;
 - iv.) **villages with new upcoming PWS this year:** functional tap water connection to all anganwadi centres, ashramshalas and schools within village to be covered in the proposal and connection to be provided on priority;
 - v.) **institutions in villages with no proposed PWS this year/ PWS in planning stage:** provision of standalone water supply schemes such as tubewell/ borewell with required purification systems to be made for permanent PWS for institutions along with planning for 100 % functional tap water connections to respective village/ habitation;
 - vi.) **institutions in sparse settlements like hilly/ forested/ desert/ tribal areas with no PWS:** solar powered stand-alone water supply systems covering the entire hamlet/ habitation alongwith anganwadi centres, ashramshalas, and schools;
 - vii.) all water supply assets built in schools/ anganwadi centres and other educational institutions under 'Jalmani' must be re-assessed for their functionality. Wherever repair/ restoration is possible, the same to be taken up and completed on priority to provide safe water for drinking and cooking mid-day meals;
 - viii.) for drinking purposes, wherever required, especially in water quality-affected habitations, if piped water supply is not possible by 31st December 2020, community water treatment plants may be installed to provide safe water in adequate quantity;
 - ix.) in addition, plan to be made to provide tap water connections to the toilets in support to hygiene practices and improve the functionality in anganwadi centres, ashramshalas, and schools. Also, wherever possible, a tap water connection may be provided in the kitchen area to facilitate preparation of mid-day meals;
 - x.) treating greywater in-situ and reusing in raising plant nurseries, watering plants as part of larger environmental education and sanitation, and appropriate resource use;
 - xi.) rainwater harvesting provisions to be made in water-stressed, drought-prone, hilly, forested, and desert areas to ensure overall water security;
 - xii.) sharing information/ knowledge about 'potable' water and parameters to ascertain quality of water;



xiii.) drinking water source strengthening by convergence with funds available under MGNREGS, 15th Finance Commission grants, SBM(G), DMDF, CAMPA, community contribution, CSR funds, MP/ MLA Local Area Development Fund, etc.;

xiv.) It is to note that if power supply is already available in the anganwadi centre, ashramshala or school, piped water supply should be provided based on the same and not go for solar-powered water pump.

7. Capacity Building

This includes sensitization of critical service providers to work together with anganwadi centres, ashramshalas, and schools on one hand and other Government departments and local GPs/ VWSCs/ Paani Samitis and local communities to provide tap water to these institutions in time-bound manner and long-term regular operation and maintenance of these systems, notably:

- i.) **State level:** SWSM;
- ii.) **District level:** District Collector, Chief Executive Officer - Zilla Parishad, PA-ITDA/ ITDP/ District Social Welfare Officer, Chief District Medical Officer, District Education Officer, etc. The DWSM will hold regular meetings and take necessary action to ensure 100% convergence;
- iii.) **Sub-district level:** Block Development Officers, Assistant Engineers, Junior Engineers, Child Development Project Officer, Block Education Officer, Medical Officer, etc.;
- iv.) **Gram Panchayat level:**
 - PRIs, village pump operators;
 - Members of VWSC/ Paani Samiti/ Gaon Kalyan Samiti/ Village Health and Nutrition Committee, etc.;
- v.) **Institution level:**
 - Anganwadi centres: Workers and helpers;
 - Ashramshalas: Wardens, supervisors, superintendents;
 - Schools: Teachers, members of SMCs/ PTAs;
 - Primary health care centres: workers like ASHA, ANM, etc.;
- vi.) **Sector partners & Implementation Support Agencies (ISAs).**

This can be achieved through online orientation programmes at the State/ district/ sub-district level.

8. Jan Andolan – Making Water Everyone’s Business

With approximately 14 lakh anganwadi centres and 15 lakh schools across the country, ensuring provision of piped water supply to every institution is the first step. But even more critical is to ensure that the water supply systems remain functional and properly managed, and provide potable water as per BIS:10500 standard in adequate quantity and regularly on long-term basis.

Providing safe drinking water requires more than just an engineering solution. It greatly depends on awareness and demand amongst the population for the need of such services and the rights of the children to receive such water supply. This calls for a ‘Jan Andolan’, with behaviour change taking place across societies and communities.

Sector partners such as UNICEF, Tata Trusts, Water-Aid, The Aga Khan Foundation, Water, Sanitation and Hygiene (WASH) Institute, Water Supply and Sanitation Collaborative Council (WSSCC), etc. and Implementation Support Agencies (ISAs) in various States/ UTs can support in creating content of capacity building and communication tools; IEC campaigns; and monitoring and reporting.

Non-government organisations, civil society organisations, self help groups (SHGs), youth groups, etc., to be encouraged to participate in this campaign, especially in:

- i.) planning and rolling out of the campaign;
- ii.) creating localised content for sensitizing the local community about the need for effective





and proper management practices to provide assured safe water;

- iii.) organizing awareness campaigns to sensitize local communities on their role and responsibilities in ensuring safe water to children;
- iv.) bringing out good practices and promoting learning through exchange of successes and failures.

To make water ‘everyone’s business’, there is need to focus on children to bring awareness on different aspects of handling of water. Teachers have an important role in leading this movement in schools. Beyond the classroom, there are many more opportunities to sensitize children about water in a participatory manner. The topic of water conservation can be made interesting and important so as to make children ‘JJM champions’.

Some activities that can be taken up are:

- i.) sensitizing children on different limited source(s) of water and water cycle;
- ii.) identifying possible sources of water wastage/ leakage and mechanisms to fix it;
- iii.) inculcating responsible behaviour to prevent non-contamination/ non-pollution of water bodies
- iv.) creating kitchen garden (recycling kitchen wastewater for gardening purposes);
- v.) conducting simple water quality testing using testing kits like pH meter, H₂S vials, chlorimeter, etc.; and
- vi.) engaging in conversations and conducting quizzes on rainwater harvesting and water conservation leading to activities like water budgeting, etc.

9. Water Quality Monitoring & Surveillance

The quality of drinking water supply is a powerful environmental determinant of the health of a community especially children. Prolonged consumption of contaminated water has adverse impacts as indicated in **Figure-1** and children are more susceptible to various water-borne diseases.

Hence, water quality monitoring and surveillance is critical in ensuring safe water in anganwadi centres, ashramshalas, and schools. To achieve this goal, two-pronged strategy can be adopted:

I. Water quality testing:

- i.) PHE/ RWS department must ensure to put in place protocols for regular testing, not just at source but also at delivery points in anganwadi centres, ashramshalas, and schools;
- ii.) each water source must be tested twice a year (pre and post-monsoon) for bacteriological contamination and once a year for chemical contamination. This information should be displayed prominently at these anganwadi centres, ashramshalas, and schools;





- iii.) a board displaying details of contact person/ helpline so that timely complaint registration of contaminated water, if any, is done followed by prompt action.

II. Water quality surveillance:

- i.) testing for select chemical and bacteriological parameters using Field Test Kits (FTKs) and H₂S vials at anganwadi centres, ashramshalas, and schools;
- ii.) the chemical parameters that are advised for testing using FTKs include pH, turbidity, TDS, chloride, total alkalinity, total hardness, residual chlorine;
- iii.) regular testing of water for bacteriological contamination in anganwadi centres, ashramshalas, and schools and remedial measures, as applicable. In quality-affected areas, Iron, Fluoride, Arsenic, Salinity, heavy metals, etc. tests can be carried out;
- iv.) timely provision of FTKs and H₂S vials at GP level from fund provided under JJM;
- v.) every GP and/ or its sub-committee to identify and train five women in each village for surveillance activities, preferably anganwadi/ ASHA workers, teachers, etc.;
- vi.) in higher secondary schools having chemistry laboratory facilities, water quality testing on any of the 13 parameters given in Annex-II may be taken-up to disseminate greater knowledge amongst students and teachers. These laboratories can also accept water samples from the village for testing and may be funded under 2% JJM allocation earmarked for the purpose of WQM&S. These labs need to be mapped and brought under the ambit of laboratory network;
- vii.) the GP and/or its sub-committee along with SMC to undertake sanitary inspections to identify, evaluate and intervene, as required, on aspects of water supply, viz. source strengthening through rain water harvesting and recharge, water supply, greywater treatment and re-use, operations & maintenance, etc.;
- viii.) the GP and/or its sub-committee to also ensure that teachers and student representatives are made aware and trained for water quality sampling and testing using FTKs and H₂S vials;
- ix.) all positively tested water samples (test results beyond permissible limits as per **Table-1**) should be sent to the nearest district/ block/ sub-divisional water quality testing laboratory

Table-1: 13 Basic Water Quality Parameters

S. No.	Characteristic	Unit	Requirement (Acceptable Limit)	Permissible limit in absence of alternate source
1.	pH value		6.5-8.5	No relaxation
2.	Total dissolved solids	mg/ l	500	2,000
3.	Turbidity	NTU	1	5
4.	Chloride	mg/ l	250	1,000
5.	Total alkalinity	mg/ l	200	600
6.	Total hardness	mg/ l	200	600
7.	Sulphate	mg/ l	200	400
8.	Iron	mg/ l	1.0	No relaxation
9.	Total arsenic	mg/ l	0.01	No relaxation
10.	Fluoride	mg/ l	1.0	1.5
11.	Nitrate	mg/ l	45	No relaxation
12.	Total coliform bacteria	Shall not be detectable in any 100 ml sample		
13.	E.coli	Shall not be detectable in any 100 ml sample		



for confirmation. This information to be shared with District Health Officer regularly and put up to DWSM for long-term solution;

- x) necessary corrective measures to be put in place immediately by concerned PHE/ RWS department so that the school children are provided with safe drinking water;
- xi.) a protocol for action to be taken on positively tested samples must be issued from State level for adherence by all. The protocol should clearly mention directions for remedial measures and prompt action.

10. Convergence

Jal Jeevan Mission - Har Ghar Jal provides a unique opportunity to invest and consolidate on existing water supply infrastructure that have been created over the years under different schemes and programmes. The fundamental strategy adopted to maximise the reach of the 100 days campaign is to prioritise 'low-hanging fruits' by way of retrofitting, augmentation, source strengthening and providing tap water connection from existing piped water supply systems. This will enable provision of tap water connections to all households and institutions in a timely and cost-effective manner. Inter-departmental coordination as detailed in **Annex-II** is critical to the success of this special campaign.

- i.) During the campaign, villages having piped water supply systems will be prioritized by focusing on strengthening and expanding the existing networks and providing tap connections to anganwadi centres, ashramshalas, and schools;
- ii.) States/ UTs are advised to utilize JJM funds available with them. These activities must be integrated into the overall State JJM plan;
- iii.) It is advised to dovetail provisions available under various schemes/ programmes for School Education & Literacy, Women and Child Development (WCD), New & Renewable Energy, Tribal Affairs, Development of North Eastern Region (DoNER), Minority Affairs, etc;
- iv.) Further, funds available under 15th Finance Commission Grants to PRIs, MGNREGS, District Mineral Development Funds, SBM(G), CSR funds, etc. can be utilized for rainwater

harvesting and greywater treatment and reuse within the institutional premises;

- v.) Provisions for operations and maintenance like electricity bills, repairs, etc. may be met either out of School Management Committee (SMC) contribution, GP contribution, State budgetary grant or any other fund available at the State level including 15th Finance Commission grants to PRIs as per guidelines issued by respective States/ UTs;
- vi.) Activities related to capacity building, community mobilization, stakeholder engagement, IEC activities in anganwadi centres, ashramshalas, and schools, documentation, etc. to be carried using the 5% support fund under JJM available with States/ UTs;
- vii.) For water quality monitoring and surveillance activities including procurement of FTKs, supply of reagents/ refills, H₂S Vials, training of at least 5 identified women members in every village, sensitization campaigns in anganwadi centres, ashramshalas, and schools, etc., 2% WQM&S fund under JJM available with States/ UTs may be used, along with setting up of water quality testing facilities in chemistry labs of higher secondary schools;
- viii.) Source strengthening by rainwater harvesting and tubewell/ borewell recharge structures. Plenty of fund is available under MGNREGS and 15th FC grants to PRIs;
- ix.) Keeping with the spirit of partnership that is central to JJM, it is intended to mobilize financial resources from private entities to implement Jal Jeevan Mission in their native or preferred villages. For this purpose, Rashtriya Jal Jeevan Kosh (RJK), registered under The Indian Trusts Act, 1882, has been setup. Activities such as development of drinking water sources, R&D and innovative projects, greywater management, capacity building of communities, skill development of identified personnel, IEC, etc. can also be financed from this fund. Interested individuals, corporates, philanthropic organizations, donors can contribute to RJK through NEFT/ debit card/ credit card/ BHIM-UPI using the link: <https://jalshakti-ddws.gov.in/rashtriya-jal-jeevan-kosh> or by cheques/ Demand Draft in



favour of Rashtriya Jal Jeevan Kosh, New Delhi. National Jal Jeevan Mission (NJJM), in turn, would transfer the funds to the respective SWSMs/ DWSSMs for implementation activities at the selected villages/ schools/ anganwadi centres. The progress of work at different locations shall be uploaded by NJJM, and the list of donors will be acknowledged for partnering with Government for changing lives. The contribution made under RJK is 50% exempt from Income Tax (IT) for which the receipt received against the donation made may be attached to claim the benefit during filing of IT Returns.

11. Integration with Village Action Plan (VAP)

The focus of Jal Jeevan Mission - Har Ghar Jal is to provide assured water supply in adequate quantity and prescribed quality regularly to all homes on a long-term basis. To ensure sustainability and functionality for a long period, it is essential that the Gram Panchayat and/ or its sub-committee, i.e. VWSC/ Paani Samiti/ user group, etc. performs the function of a utility in planning, implementing, managing, operating and maintaining the in-village water supply system. To achieve this, GPs need to plan for its overall development and include a dedicated component in the Gram Panchayat Development Plan (GPDP).

In the context of the 15th Finance Commission grant to PRIs, 50% of the funds are tied up for activities related to water supply and sanitation, and can be mobilised for the rolling out of this component. The State Governments have already rolled out enabling provisions and advisories for the same. It is critical to capture the Village Action Plan (VAP) for JJM as part of GPDP.

The campaign aims at bringing focus on assured supply of potable water to anganwadi centres, ashramshalas, schools, health centres, wellness centres, GP buildings, community centres, community toilets, etc. as a 'first' priority. The rapid action to integrate this coverage plan into VAP and GPDP is an important element of the campaign, with due approval of Gram Sabha.

Also, management and O&M of the water supply systems by skilled local level human resource working under the supervision of GP and/ or its sub-committee with standard contracts and performance-based incentives should also be finalized.

12. Roles and Responsibilities

National level:

NJJM, DDWS will lead the campaign and work with respective States/ UTs, who will take up the following activities on priority:

- i.) finalization of State's/ UT's 100 days action plan with fortnightly activities, outputs, resources and expenditure;
- ii.) technical and managerial capacity building of relevant stakeholders;
- iii.) development and making available IEC materials;
- iv.) coordination with sector partners to work on the campaign; and
- v.) regular monitoring and review.

Area officers of NJJM, DDWS will coordinate with respective States/ UTs.

State level:

Chief Secretary as chairperson of State Water & Sanitation Mission (SWSM) will lead the campaign with Additional Chief Secretary/ Principal Secretary/ Secretary of Public Health Engineering/ Rural Water Supply Department of States/ UTs as nodal officer in collaboration with departments of Education, Women & Child Development, Panchayati Raj, Rural Development, Tribal Welfare, etc. Some indicative responsibilities at the State level are:

- i.) State level meeting of SWSM for rolling out of the campaign and inter-departmental convergence as indicated in **Annex-II**;
- ii.) provide policy guidelines on mobilizing and convergence of funds/ resources, especially with Poshan Abhiyan, Samagra Shiksha Abhiyan and SBM-G (2.0);
- iii.) baseline assessment of anganwadi centres, ashramshalas, and schools on availability of functional tap water supply;



- iv.) make plan for prioritizing and covering all institutions in Aspirational districts without fail;
- v.) plan for barrier-free & improved access for divyang children and teachers in anganwadi centres, ashramshalas, and schools and sensitization of students/ staff;
- vi.) ensuring DWSM to take up this in a campaign-mode and complete achievement in 100 days;
- vii.) online orientation of all stakeholder departments and districts about the campaign and State plan for the same;
- viii.) setting milestones with timelines for ensuring 100 days target of achieving 100% WASH access in anganwadi centres, ashramshalas, and schools;
- ix.) making institutional arrangement for O&M on a long-term basis;
- x.) ensuring Gram Sabha in the States to discuss and resolve safe piped water supply to all anganwadi centres, ashramshalas, and schools;
- xi.) online training for all engineers of Public Health Engineering Department (PHED), employees of Department of Women & Child Development (DWCD), Samagra Shiksha Abhiyan (SSA), SBM-G (2.0), Poshan Abhiyan on WASH in Schools' technical and behaviour change aspects;
- xii.) engagement of ISAs and sector partners;
- xiii.) developing IEC material on WASH and its dissemination;
- xiv.) establishing State level control rooms/ systems for monitoring the progress;
- xv.) administrative and technical sanctions of all works with construction progress review format;
- xvi.) protocols of action to be taken on positively tested samples at points of use using field test kits (FTKs);
- xvii.) timely procurement and supply of FTKs including FTKs for Arsenic areas (wherever applicable) and H₂S vials;
- xviii.) capacity building plan for water quality monitoring and surveillance activities;
- xix.) facilitate documentation of best practices.

District level:

District Collector as Chairperson of District Water & Sanitation Mission (DWSM) will lead the campaign and truly make this a people's campaign. People's participation in the campaign is the key strategy for long-term sustainability. The DWSM will also ensure convergence of funds, and together with the CEO-ZP, will coordinate with Gram Panchayats, Block Panchayats and Zilla Panchayats for mobilizing resources available with these institutions. MPs and MLAs will be briefed on the campaign and its objectives to get their support in its roll out. Some indicative responsibilities at district level are:

- i.) district level meeting led by District Collector & chairperson of DWSM for facilitation and district level launch of the campaign;
- ii.) district level trainings of all concerned School Management Committees (SMCs), Panchayati Raj Institutions (PRIs), teachers and anganwadi workers on WASH infrastructure and O&M requirements;
- iii.) integrate the campaign plan in the District Action Plan (DAP);
- iv.) plan for setting up water quality testing facilities in chemistry labs of higher secondary schools;
- v.) plan the financial resources from JJM, dovetail for convergence from other schemes;
- vi.) district level skilling of human resources as masons, plumbers, motor mechanics, electricians, etc.
- vii.) IEC rollout at different levels;
- viii.) contracting professional agencies to operate and maintain the WASH service systems in anganwadi centres, ashramshalas, and schools in its jurisdiction. In case the clusters are formed beyond GP boundaries, this can be done at the Block or district levels. This needs to be publicized to ensure creation of demand for services amongst the population;
- ix.) regular review of progress, monitoring and course-corrections.

Gram Panchayat level:

Gram Panchayat will lead the rollout of the campaign with clear roles and responsibilities. Anganwadi



centre, ashramshala and school functionaries along with members of VWSC/ Paani Samiti/ Gaon Kalyan Samiti/ Village Health & Nutrition Committee, etc. and influential members of the community could be made part of the GP committee. Interested youth groups and Self-Help Groups (SHGs) can be involved and given responsibilities for selected anganwadi centres, ashramshalas, and schools both for overseeing implementation and O&M. Some indicative responsibilities at village level are:

- i.) prepare village action plan (VAP) including provision of piped water supply to all anganwadi centres, ashramshalas, and schools;
- ii.) ensure that the action plan covers provision of piped water supply to other key institutions in the area like health centres, wellness centres, GP buildings, community centres, community toilets, etc;
- iii.) hold Gram Sabha to pledge providing functional tap water connection to all anganwadi centres, ashramshalas and schools in their jurisdiction, with sufficient quantity of water for drinking, toilets, handwashing and preparation of mid-day meals;
- iv.) long-term operations and maintenance of piped water supply systems;
- v.) commit funds under 15th Finance Commission for drinking water with priority to cover anganwadi centres, ashramshalas, schools alongwith in-village infrastructure to cover all households;
- vi.) regularly assess status of tap water connections provided to anganwadi centres, ashramshalas, and schools for drinking water, toilets, hand washing and mid-day meals;
- vii.) water quality monitoring and surveillance using FTKs, holding sanitary surveys and taking corrective actions as per requirement;
- viii.) school and village level celebrations with childrens' participation for 100% WASH compliance.

13. Monitoring and Reporting

Regular monitoring and reporting mechanisms to be put in place at SWSM and DWSM level (**Annex-III**). In addition:

- i.) observers may be designated at State and district level to monitor the district plan, village plan and campaign activities;
- ii.) SWSM to decide a system of inspections to check whether every anganwadi centre, ashramshala, and school is having assured supply of safe & clean water and remedial measures are taken;
- iii.) reports of the campaign are to be sent on dedicated link on IMIS maintained by DDWS;
- iv.) photographs, case-studies, good practices need to be captured at GP, block and district level;
- v.) introducing awareness programmes on WASH in institutions;
- vi.) anganwadi centres, ashramshalas, and schools report card for WASH may be created;
- vii.) innovative dashboards for healthy competition may be adopted.

14. CoVid-19 Preventive Protocols

The 100 days campaign aims to bring together children, communities, Gram Panchayats, non-government organisations, voluntary organisations, community-based organisations, various Government departments, etc. in multiple platforms, where inter-personal and group interactions become a dynamic process. Therefore, it becomes mandatory to observe the CoVid-19 protocols as laid down in the national and respective State level guidelines.

The key CoVid-19 prevention protocols to be followed during the campaign are:

- i.) maintaining safe physical distance;
- ii.) observing obligatory hand washing with soap;
- iii.) maintaining respiratory hygiene such as wearing mask; and
- iv.) avoiding close gathering of students, parents and others during the campaign.

For sensitization and capacity building of various stakeholders, digital meetings and trainings may be organized. Field officials and other water supply service providers are to be sensitized to adhere to the protocols/ advisories issued by Central and respective State Governments during execution of water supply projects.



In this regard, NJJM, DDWS issued two advisories which may be followed:

- i.) Combating CoVid-19 pandemic: piped water supply to rural households under JJM dated 24th April 2020;
- ii.) Advisory on safety precautions for rural Water, Sanitation and Hygiene (WASH) service providers dated 2nd September 2020.

15. Moving Forward

It would be important to consolidate and build upon the gains achieved during the campaign. Some of the key activities to take up in the post campaign period are:

- i.) regular supply of safe water through tap connections provided to anganwadi centres, ashramshalas, and schools to be monitored with a view to identify reasons for slip back in service levels. If required, remedial measures to be taken;
- ii.) at the start of the campaign, baseline data on specific health and hygiene related indicators (e.g. incidence of water-borne diseases, absenteeism rate, attendance of girl-children) to be collected in anganwadi centres, ashramshalas, and schools with no access to

piped water supply. After sometime, evaluation to be conducted to assess the impact of above indicators in anganwadi centres, ashramshalas, and schools that are now covered with piped water supply;

- iii.) mainstreaming water quality testing and surveillance in all anganwadi centres, ashramshalas and schools and regular reporting of the same;
- iv.) GPs and/ or its sub-committees, i.e. VWSCs/ Paani Samitis/ user groups, etc. are expected to function as public water utilities at the village level. One of the initial key priorities of such public utilities shall be to ensure service level expectations are agreed and met in all public institutions starting with anganwadi centres, ashramshalas, and schools;
- v.) documenting success stories as well as lessons learnt from activities undertaken during the campaign;
- vi.) regular and continuous investment on children by enabling these anganwadi centres, ashramshalas, and schools to inculcate right WASH behaviour in children.



Planning and Implementation

S. No.	Categories	Actions to be taken	Other actions	Water Quality Monitoring and Surveillance activities
1.	Institutions with functional piped water supply	Focus on O&M and functionality	<ul style="list-style-type: none"> Piped water connections to toilets 	<ul style="list-style-type: none"> Regular testing at source by water supply providers
2.	Institutions with piped water supply but defunct	Retrofitting/ strengthening and O&M	<ul style="list-style-type: none"> Greywater treatment and reuse Rainwater harvesting 	<ul style="list-style-type: none"> Water quality monitoring and surveillance by VWSC members along with SMC members using FTKs
3.	Institutions where piped water supply exists in villages but no tap connection	Retrofitting/ strengthening/ electrification/solar back- up with O&M	<ul style="list-style-type: none"> Community water purification plants in quality-affected habitations 	<ul style="list-style-type: none"> School teachers, student representatives, anganwadi workers and helpers to be trained on FTK use
4.	Institutions in villages with ongoing piped water supply or new upcoming piped water supply	Priority of connection with O&M	<ul style="list-style-type: none"> Solar-based water supply in sparse, scattered habitations especially in hilly, forested, tribal, drought-prone and desert areas 	<ul style="list-style-type: none"> In higher secondary schools, chemistry laboratories to be used for water quality testing
5.	Institutions in villages with piped water supply in planning stage	Provision of stand alone scheme for piped connection with O&M	<ul style="list-style-type: none"> Water saving devices like push knob faucets, aerated faucets, water saving flush system, etc. to encourage water efficiency 	
6.	Institutions that were earlier covered under 'Jalmani'	Reassessment of the water supply asset and functionalize the same if required along with O&M	<ul style="list-style-type: none"> specific focus on sensitization and barrier-free & customized access to drinking water facilities for divyang teachers and students 	

Note: Institutions here imply anganwadi centres, ashramshalas, schools as well as GP buildings, health centres, wellness centres, community centres, community toilets, etc.

Inter-Departmental Convergence

Departmental responsibilities

PHE / RWS Department

- i.) Carry out baseline survey for checking status of existing drinking water supply infrastructure in all anganwadi centres, ashramshalas, and schools based on data provided by Education Department and Women & Child Development Department;
- ii.) Develop a cost estimate for supplying piped water to each institution, based on retrofitting/ augmentation / new project requirements;
- iii.) Develop district and block action plans for connecting all anganwadi centres, ashramshalas, and schools in the district with piped water supply for approval by District Committee;-
- iv.) Integrate the 100 days campaign plan clearly in JJM physical and financial planning;
- v.) Carry out orientation of PRIs and other stakeholders on planning, implementing, managing, operating and maintaining in-village water supply systems;
- vi.) Contract out the construction of the scheme and monitor progress while ensuring completion in time bound manner under the campaign;
- vii.) Hand over functional tap connection facility to relevant institution for management;
- viii.) Engage and orient ISAs/ NGOs/ SHGs/ VWSCs/ SMCs to act as O&M service providers;
- ix.) Collaborate with the PRD to include all such plans in the GPDPs;
- x.) Water quality testing at delivery points, finalization of protocols for positively tested samples, timely procurement of kits, training of VWSC members, supply of H₂S vials and FTKs specifically for Arsenic testing (wherever applicable);
- xi.) Reporting, monitoring and regular review as well as course-corrections, if needed;
- xii.) Explore convergence with MGNREGS, 15th Finance Commission, SBM-G (2.0), DMDF, CAMPA, CSR funds, community contribution, etc.

Department of Education

- i.) Provide database of status of water supply in schools;
- ii.) Working with GPs in providing information and technical support related to WASH services in schools to develop GPDP plans;
- iii.) Capacity building of teachers and ancillary workers on water supply and sanitation supply issues in schools;
- iv.) Sensitizing teachers and children on various aspects of WASH and critical role of safe water for the overall development of children;
- v.) Inclusion of water and sanitation service delivery indicators in monitoring systems/ formats while monitoring functioning of schools;
- vi.) Ensuring provision of required budget under the education programme, to support WASH services in schools.

Inter-Departmental Convergence (contd...)

Departmental responsibilities

Department of Women & Child Development

- i.) Provide the database of water supply in anganwadi centres;
- ii.) Working with GPs in providing information and technical support related to WASH services in anganwadi centres;
- iii.) Capacity building of anganwadi workers and anganwadi helpers on water supply and sanitation issues in anganwadi centres;
- iv.) Sensitization of department employees on supervising and monitoring functionality of water and sanitation services in anganwadi centres addressing requirements of children and mothers;
- v.) Inclusion of water and sanitation service delivery indicators in monitoring systems/ formats while monitoring functioning of anganwadi centres in alignment with overall objectives of Poshan Abhiyan;
- vi.) Ensuring provision of required budget under the Integrated Child Development Scheme, to support WASH services in anganwadi centres across state/districts;
- vii.) Integrate WASH practices and outputs with outcomes of Poshan Abhiyan.

Panchayati Raj/ Rural Development Department

- i.) Ensure capacity building of all PRIs especially GP members on the campaign;
- ii.) Preparation of GPDP aligned to 15th Finance Commission grants to PRIs for water supply and sanitation activities;
- iii.) Carry out awareness campaign in all GPs;
- iv.) Ensure conduct of Gram Sabhas on WASH and resolution passed to provide safe water to schools and anganwadis as well as in-situ grey water reuse;
- v.) In Gram Sabhas, criticality of safe water for children and resolution to operate and maintain the system and GPs/ VWSCs/ Pani Samitis to take care of operation and maintenance;
- vi.) Also provide for piped water in all key institutions like health centres, ashramshalas, GP buildings, wellness centres, community centres, community toilets, etc.;
- vii.) Incorporate all aspects of water, sanitation and hygiene in the GPDP like provision of safe drinking water to all houses, safe sanitation, grey water management, rain water harvesting, etc. along with long term operations and maintenance of such systems;
- viii.) Ensure water quality monitoring and surveillance activities in the village level by training local people including women, conducting sanitary surveys, taking remedial action as per requirement;
- ix.) Ensure availability of convergent funding from FFC and MGNREGS for this campaign.

Inter-Departmental Convergence (contd...)

Departmental responsibilities

Department of Health & Family Welfare

- i.) Baseline assessment of all primary health care centres/ community health centres/ wellness centres/ sub-centres, etc. regarding access, availability and functionality of tap water connection and share the same with PHE/ RWS department;
- ii.) Arrangements for mechanisms to be put in place for long-term O&M of tap water supply in health centres;
- iii.) Sensitize medical officers, National Health Mission (NHM) officials and staff, ANM, ASHA, etc. on the importance of safe water supply;
- iv.) Identify dental fluorosis in children in partnership with NPPCF in Fluoride-affected areas;
- v.) Identify responsible staff to be trained in health centres for water quality surveillance using FTKs so that they are aware about water quality contamination;
- vi.) Lay down protocols for safe and responsible WASH practices in health institutions including activities like regular cleaning of water tank, in-situ greywater treatment and reuse, etc.;
- vii.) Build capacity of members of Gaon Kalyan Samitis (GKS) for activities like water quality surveillance, demand for FHTCs, safe household level SLWM, etc.;
- viii.) Carry out water-borne disease surveillance and analyze data for preventive community health;
- ix.) Converge funding under the National Health Mission;
- x.) Devise WASH-based indicators in health care centres.

SC/ ST Development/ Tribal Welfare Department

- i.) Baseline assessment of all SC/ ST residential schools/ hostels regarding availability of piped water supply;
- ii.) Arrangements for mechanisms to be put in place for long-term O&M of tap water supply in ashramshalas;
- iii.) Sensitize hostel superintendents, supervisors, teachers, welfare extension officers, etc. on the importance on safe water;
- iv.) Identify responsible staff to be trained in ashramshalas for water quality surveillance using FTKs so that they are aware about water quality contamination;
- v.) Lay down protocols for safe and responsible WASH practices in ashramshalas including activities like regular cleaning of water tank, in-situ greywater treatment and reuse, etc.;
- vi.) Converge funding under Central Government schemes and State Government programmes for providing piped water supply in adequate quantity and of prescribed quality on a regular and long-term basis in the schools/ hostels;
- vii.) Devise WASH-based indicators in tribal hostels and schools.

Monitoring Template

To enable States/ UTs to have effective monitoring of planning, implementation and monitoring, the suggested monitoring template is given below:

1.	<p>Anganwadi centres, ashramshalas, and schools having functional piped water supply connection</p> <ul style="list-style-type: none"> i.) Whether the supply is adequate as per the enrollment of the children ii.) Whether the toilets have access with the running tap water supply iii.) Whether the running tap water supply is provided to the mid-day meal kitchen iv.) Whether the water is available for handwashing with soap v.) Whether the drinking water is tested periodically vi.) Whether the drinking water is stored in a clean and hygienic container
2.	<p>Anganwadi centres, ashramshalas, and schools where piped water supply exists but are defunct</p> <ul style="list-style-type: none"> i.) Type of renovation/ retrofitting required to make the PWS functional ii.) Type of retrofitting required to provide running water facility to toilets iii.) Whether the running water supply is provided to the mid-day meal kitchen iv.) Whether the water is available for handwashing with soap v.) Availability of storage facility for drinking water
3.	<p>Villages where piped water supply scheme exists but tap connections not provided to the Anganwadi centres, ashramshalas, and schools</p> <ul style="list-style-type: none"> i.) Type of retrofitting required for providing piped water supply to anganwadi centres, ashramshalas, and schools ii.) Type of retrofitting required to provide running water facility to toilets iii.) Whether the running water supply is provided to the mid-day meal kitchen iv.) Whether the water is available for handwashing with soap v.) Availability of storage facility for drinking water
4.	<p>Villages with new upcoming piped water supply during the year</p> <ul style="list-style-type: none"> i.) Type of retrofitting required to provide piped water supply to anganwadi centres, ashramshalas, and schools ii.) Type of retrofitting required to provide running water facility to toilets iii.) Whether the running water supply is provided to the mid-day meal kitchen iv.) Whether the water is available for handwashing with soap v.) Availability of storage facility for drinking water
5.	<p>Villages with no proposed piped water supply this year/ planning stage</p> <ul style="list-style-type: none"> i.) Type of standalone scheme proposed to be provided in the anganwadi centres, ashramshalas, and schools ii.) Type of retrofitting required to provide running water facility to toilets iii.) Whether the running water supply is provided to the mid-day meal kitchen iv.) Whether the water is available for hand washing with soap v.) Availability of storage facility for drinking water

Monitoring Template (contd...)

To enable States/ UTs to have effective monitoring of planning, implementation and monitoring, the suggested monitoring template is given below:

6.	<p>Hilly, forested and tribal areas with no piped water supply</p> <ul style="list-style-type: none"> i.) Solar powered standalone system to be provided ii.) Type of retrofitting required to provide running water facility to toilets iii.) Whether the running water supply is provided to the mid-day meal kitchen iv.) Whether the water is available for handwashing with soap v.) Availability of storage facility for drinking water
7.	<p>Schools covered under 'Jalmani'</p> <ul style="list-style-type: none"> i.) Whether it is functional ii.) Whether repair required to make it functional
8.	<p>System being put in place for long term functionality, operations and maintenance</p> <ul style="list-style-type: none"> i.) Identification and training of responsible people ii.) Source adequacy iii.) Electric power/ solar power iv.) Payment of operation and maintenance charges including cleaning of storage tanks v.) Monitoring of functionality vi.) Grievance/ breakdown response system
9.	<p>Arrangements for greywater treatment and its reuse</p> <ul style="list-style-type: none"> i.) Whether school has a functional soak pit, etc. ii.) Whether school has a kitchen garden where greywater is used iii.) Whether school is raising plant nursery iv.) Whether school is undertaking planting activities, etc.
10.	<p>Arrangements for rainwater harvesting, especially in arid, semi-arid and water-scarce areas</p> <ul style="list-style-type: none"> i.) Whether school has rainwater harvesting system; if not, arrangement to be done
11.	<p>Arrangements for Water Quality Monitoring and Surveillance</p> <ul style="list-style-type: none"> i.) Regular testing at source by water supply providers ii.) Water quality monitoring and surveillance by VWSC members along with SMC members using FTKs iii.) Teachers and students to be trained on use of FTKs iv.) In higher secondary schools, setting up water quality testing labs under chemistry labs
12.	<p>Availability of water supply for purposes other than drinking</p> <ul style="list-style-type: none"> i.) Whether adequate water available for handwashing ii.) Whether adequate water available for usage in toilets iii.) Whether adequate water available for preparation of mid-day meals

Monitoring Template (contd...)

To enable States/ UTs to have effective monitoring of planning, implementation and monitoring, the suggested monitoring template is given below:

13. **Whether piped water supply available to other public institutions**

- i.) In Gram Panchayat buildings
- ii.) In Health Centers
- iii.) In Wellness Centres
- iv.) In Community Centres
- v.) In Community Toilets

Note: If yes, arrangements for ensuring functionality and operations & maintenance. If no, the same strategy to be adopted as in case of water supply provision to anganwadi centres and schools

14. **Total fund required with institution-wise details**

Institution	Fund reqd	Institution	Fund reqd
Anganwadi centres		Health Centres	
Ashramshalas		Wellness Centres	
Schools		Community Centres	
GP buildings		Community toilets	
Others (specify)		Others (specify)	
Total fund required			

15. **Whether incorporated in Gram Panchayat Development Plan (GPDP) or not**

16. **Whether incorporated in Village Action Plan or not**



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Anganwadi Centres, Ashramshalas and Schools**



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