



Rural Water and Sanitation Budgets for Schools, Anganwadi and Health Centres: An Assessment of Gaya, Bihar

Discussion Paper

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I. INTRODUCTION

Gaya district is a part of the Transformation of Aspirational Districts Programme (ADP) being implemented in 117 districts across 28 states by the National Institute of Transforming India (NITI Aayog). The programme was launched in 2018 for rapidly transforming backward districts with poor socio-economic indicators.¹ The programme seeks to improve the Human Development Index in the districts as well as help the country in achieving the targets of the Sustainable Development Goals (SDGs) by 2030. The guidelines of the programme gave adequate emphasis on potable water and construction of individual household toilets; however, does not specifically focus on water and sanitation (WATSAN) facilities at institutions like schools, health centres and *Anganwadi* centres (AWCs). For the last six years, policy priority has been given to the area of water supply and sanitation through the State Finance Commission (SFC) and the Central Finance Commission (CFC) grants, and implementation of *Swachh Bharat Mission* (SBM) - Rural and the National Rural Drinking Water Programme (NRDWP) in the country.

Assuming that most of these government interventions have been providing water and sanitation services to households, the present paper aims to look into the status of water and sanitation services in institutions, such as schools, AWCs and health centres. It attempts to answer the following research questions.

1. What are the schemes and programmes providing water and sanitation facilities to institutions, such as schools, AWCs and Health Centres?
2. How much budgetary allocations are being made and the extent of funds that are getting utilised under these schemes and programmes?
3. Are there any challenges with regard to the planning and implementation of these schemes and programmes providing water and sanitation facilities to institutions, such as schools, AWCs and health centres?

In order to answer the above research questions, the present policy brief has used both primary and secondary sources in terms of collection of data and information. It has collected data and perceptions from the district offices and *Gram Panchayats* (GPs) on the status of fund availability and expenditure on water and sanitation services in institutions. A review of the existing literature carried out pertaining to the performance of outcome indicators documented in various published research outputs available in the public domain. Various annual plan documents, Annual Financial Statements, monthly and quarterly statements of the Centrally Sponsored Schemes (CSSs) like *Samagra Shiksha Abhiyan* (SMSA), Integrated Child Development Services (ICDS) and National Health Mission (NHM) have been referred to in collating budget allocation and spending as well as physical targets and their achievements. Scheme guidelines have been used extensively to prepare the present discussion paper.

For collecting the district-level information, data and perceptions in Gaya, the societies and offices of SMSA, NHM and ICDS were visited. For data collection and documenting perceptions of officials and elected representatives on the process of

¹ NITI Aayog (<https://niti.gov.in/about-aspirational-districts-programme>)

planning and implementation of schemes at the *Gram Panchayat* (GP) level, four GPs were covered for the study and field visits were made to assess the status of water and sanitation facilities in institutions. North and South Lodhwe from Fatehpur and Lodipur and Rauna from Belaganj block were selected randomly for the purpose of the present study.

The lack of data in the public domain has been one of the major challenges in comprehensive reporting on the status of fund flow, utilisation etc. on CSSs at the level of districts and below,

especially at the GP level. Further, timely availability of the requisite information pertaining to budgets and outcomes on water and sanitation in institutions from the relevant officials have been key constraints in documenting satisfactory answers to the research questions posed in this paper.

The present paper has analysed the CFC and SFC Grants and budgetary provisioning through CSSs like NHM, ICDS and SMSA for WASH facilities in institutions for Gaya district of Bihar and put forward relevant policy suggestions for action.

II. ROLE OF CFCs AND SFCs FOR PROVISIONING OF WATER AND SANITATION SERVICES IN INSTITUTIONS

Panchayati Raj Institutions (PRIs) have been receiving funds for development work from the Union and State governments through several sources such as CSSs, Central Sector Schemes, State Schemes and Grants from CFC and SFC. As per the 73rd Constitutional Amendment Acts, States had to transfer the power in terms of functions, funds and functionaries related to 29 areas of development activities including the institutions (health centres, schools and AWCs) related to health, education and nutrition to PRIs. However, the power of management and monitoring of these institutions had not been transferred to PRIs in Bihar. Grants like CFC and SFC provided to PRIs can be used for providing basic services including water supply and sanitation for household and institutions as they fell under the jurisdiction of PRIs. As a result, the GPs in Bihar have only been left with the Fourteenth Finance Commission (14th FC) grant and the SFC grant because the funds from devolved functions could not be transferred to PRIs in Bihar.

Under the 14th FC, Rs. 2,00,292.2 crore and Rs. 21,017.84 crore have been allocated to the GPs at the Union and State government level respectively for the award period 2015-20.² It was meant to provide basic civic services including water supply, sanitation, sewerage facilities, solid waste management, storm water drainage etc. Additionally, it accorded priority for the provision of safe drinking water and sanitation facilities at the institutional level such as at schools and AWCs. The 14th FC fund could also be used for celebrating *Swachhta Pakhwada* in GPs, campaigns on water and sanitation, promoting the use of toilets,

improving solid and liquid waste management and installing dustbins in every hamlet. It has been largely spent on the provision of drinking water and drainage facilities at the household level through *Har Ghar Nal Ka Jal* and *Nali Gali Yojana*. These two schemes under the *Saat Nischay* scheme do not have any provision for water and sanitation facilities in institutions. The most recently released guidelines of the *Jal Jeevan Mission (JJM)* and the 15th Finance Commission report have also not clearly mentioned the policy priority and separate budget allocation for water and sanitation services in institutions.

Additionally, there was a provision of Rs. 18,520 crores as grants recommended by the Fifth SFC³ which was to be spent on water supply, sanitation, smart *panchayat*, e-governance, *Panchayat Sarkar Bhawan* etc. While analysing the Annual Financial Statements of GPs in detail and discussions with the *Panchayat* Secretary, it was found that expenditure was largely on construction of drainage systems, pavements, the *Panchayat Sarkar Bhawan* and concrete roads. At the GP level, no expenditure has been reported for providing water and toilet facilities either to the household or to institutions. Moreover, low utilisation of available funds in both the FFC and CFC grants, across the years, has been reported. The reasons for the low utilisation have been documented in the Audit Report on local bodies. The said report documented several reasons, which included delays in fund flow from the State to the GPs, the late completion of plans due to shortage of staff and their capacity, delays in receiving instructions related to initiating planning processes and project preparation at the GP level etc. for a low extent of fund utilisation.⁴

² Ministry of *Panchayati Raj*, Government of India (www.panchayat.gov.in).

³ Department of Finance, Government of Bihar (<http://finance.bih.nic.in/Documents/5th-SFC-Volume-I.pdf>)

⁴ Report of the Comptroller and Auditor General of India on Local Bodies in Bihar, 2017 (<https://cag.gov.in/content/report-no4-2017-local-bodies-government-bihar>).

III. WASH SERVICES UNDER THE CENTRALLY SPONSORED SCHEMES (CSSs)

A) WASH Services under the National Health Mission (NHM)

The NHM tries to achieve universal access to equitable, affordable and quality health care services in rural and urban areas. One of the components of NHM is Quality Assurance which has two sub components i.e. *Swachh Swasth Sarvatra* (SSS) and *Kayakalp* Award.⁵ These have provisions of Water, Sanitation and Hygiene (WASH) in health institutions. Community Health Centres (CHCs) and Primary Health Centres (PHCs) are given the *Kayakalp* Award in Open Defecation Free (ODF) blocks of the country to strengthen the standards of sanitation, hygiene and infection control.⁶ SSS was an initiative launched by the Union Ministry of Health and Family Welfare (MoHFW) in collaboration with the Ministry of Drinking Water and Sanitation in 2016. SSS aimed to strengthen health centres in terms of sanitation services in ODF blocks. SSS has basically three components which include the CHCs located in ODF blocks supported to achieve *Kayakalp* certification, Primary Health Centres (PHCs) located in GPs prioritised to become ODF and training in WASH of CHC/PHC nominees.

Gaya district received funds under SSS but despite this allocation, expenditure has not been made. It was found that SSS has not been implemented as it did not fulfill the eligibility criteria in terms of ODF block for availing funds. No health institution in Gaya so far has received the *Kayakalp* Award as they have not achieved the desired score on health services standard. District officials shared that as per the *Kayakalp* score of Gaya, provision of water and sanitation services were inadequate in health

institutions but this problem was more acute in health sub-centres. The total number of sub-centres present were 469, wherein 67 had their own building while the remaining were located in rented premises. The rented sub-centres were not provided with adequate water and sanitation facilities and each sub-centre paid a meager amount of around Rs. 600 as rent per month.

Among the four surveyed GPs, the research team found that each GP had one sub-centre. In South Lodhwe, the sub-centre was located in the old *Panchayat Bhawan* and lacked both a toilet and water supply facility. According to the ASHA (Accredited Social Health Activist) worker and Auxiliary Nurse and Midwife (ANM), water was made available through a hand pump. The *Har Ghar Nal Ka Jal Yojana* (project for household level piped water supply connection) had installed water supply infrastructure in the GP but it remained non-functional. Discussions revealed that such water supply connections or even financial assistance for these had not been provided for, either by the GP or the Public Health Engineering Department (PHED). It was observed that the remaining three GPs also faced similar problems with regards to both water supply facilities and piped water supply connections as part of the *Har Ghar Nal Ka Jal* scheme.

The NHM had been facing the problem of insufficient fund allocation as well as low fund utilisation in Gaya for the last few years as shared by district officials. Around 65 per cent of the NHM funds were utilised in 2018-19. Low utilisation of funds were in the components related to human resources, procurement and planning as well as non-utilisation of the *SSS/Kayakalp* fund. The low

⁵ Guidelines for Implementation of "Kayakalp" Initiative (https://nhm.gov.in/images/pdf/in-focus/Implementation_Guidebook_for_Kayakalp.pdf)

⁶ Operational Guidelines SwachhSwasthSarvatra (https://nhm.gov.in/images/pdf/in-focus/swachh_swasth_sarvtra_09_02_2018.pdf)

utilisation was also due to a shortage of ANMs with only 800 placements against 950 sanctioned posts. According to ASHA workers and ANM, the Village Health Sanitation and Nutrition Committee had received Rs. 10,000 as untied funds annually but this was not found to be sufficient to undertake projects related to water supply and toilet facilities in the sub-centres. Moreover, the untied funds were not utilised due to the poor coordination between the PRIs and the ANMs. Even though there was approximately Rs. 20,000 available as untied funds for the annual maintenance of Additional Primary Health Centres (APHCs). However, this was not enough to maintain the existing infrastructure, including the provision of water supply and toilets.

B) WASH Services under the Integrated Child Development Services (ICDS)

The ICDS is one of the largest flagship programmes in the country jointly implemented by the Union and State Governments. ICDS has been providing six services to children under six years of age and pregnant and lactating women. There are services for pre-school activities, nutrition and health for

children aged 3-5 years and several components and services along with budgetary provision for water supply and toilets.

Under the ICDS, there were nearly 4,432 functional AWCs in Gaya district. In 2018-19, the district received Rs. 1.49 crore for the construction of 1,248 units of toilet with a unit cost of Rs. 12,000 for a single toilet. The district received Rs. 0.083 crore to install hand pumps for water supply and 83 units were allotted at the rate of Rs. 10,000 per unit for a single handpump. In case of the number of toilet and handpump units, almost 26 per cent and 36 per cent of the total State's target for toilets and hand pumps respectively had been allotted to Gaya district only (Table 1). The district officials were ambiguous with regard to this higher target for Gaya. The research team considered that this could be due to the district being one of the Aspirational districts under the ADP. Officials in the ICDS department shared that the unit cost was not adequate for installing piped water supply project and construction of child friendly toilets. Even government agencies, such as the PHED had not been keen on taking up the construction work in the given amount.

Table 1: Financial and Physical Target for Water and Sanitation in ICDS , Bihar, 2018-19

Water and Sanitation Facilities	National	Bihar	Gaya
No. of Units of Drinking Water Supply	20,000	226	83
Amount for Drinking Water supply (in Rs. crore)	20	0.23	0.083
No. of Units of Toilets	70,000	4,670	1,248
Amount for Toilets (in Rs. crore)	84	5.53	1.49

Source: APIP, 2018-19 and 2019-20, Ministry of Women and Child Development, Govt. of India & Social Welfare Department, Gaya, Govt of Bihar

Out of the total 4,432 functional AWCs in Gaya, toilets were available in 1,833 AWCs and water facility in 1,787 AWCs which meant that only 41 and 40 per cent of the total number of functional AWCs were covered with toilet and water facilities respectively. This clearly depicted that almost 60

per cent of AWCs were deprived of water and sanitation facilities. The ICDS project level analysis in both Belaganj and Fatehpur blocks showed that the coverage of toilet and water supply was even less than the district average. (Table 2)

Table 2: Availability of Water and Sanitation in AWCs, Gaya, Bihar, 2019

Projects/Blocks	Sanctioned AWCs	Functional AWCs	Toilets		Water	
			ICDS Building	Other Govt. Building	ICDS Building	Other Govt. Building
Belaganj	254	248	46	46	46	0
Fatehpur	253	251	27	69	47	50
ICDS Projects	4,613	4,432	872	961	976	811

Source: Social Welfare Department, Gaya, Govt. of Bihar, September - November 2019

In Gaya, around 60 per cent of AWCs were located either in rented or government buildings with inadequate water and toilet facilities. However, recently built ICDS buildings of AWCs have been provided with toilets and water facilities, though some of them were non-functional in the surveyed GPs. In the four surveyed GPs, hand pumps were found to be the main source of drinking water but they were neither clean nor safe to be used. There

were 42 AWCs out of which 18 hand pumps and 18 toilets were available for children, AWWs, AWHs and others. While looking at the data, it was found that only 43 per cent AWCs had toilets and hand pumps (at the aggregate level). The above analysis revealed that there was still a tremendous dearth in the availability of water and sanitation facilities in AWCs. (Table 3)

Table 3: Availability of Hand Pumps and Toilets in AWCs, Gaya, Bihar, 2019

S.No.	Name of GPs	Total number of AWCs	Availability of Hand pump (%)	Availability of Toilets (%)
1.	North Lodhwe	13	1(8)	1(8)
2.	South Lodhwe	12	5(42)	5(42)
3.	Lodipur	9	8(89)	6(67)
4.	Rauna	8	5(63)	6(75)
	Total	42	19(43)	18(43)

Source: Findings from the Field Survey in Gaya District, September – November, 2019

Note: Percentage given in parantheses

While looking at the status of the functionality of 17 AWCs in two of the surveyed GPs, it was found that the aggregated average of functional hand pumps and toilets was 69 per cent and 25 per cent respectively. The contingency amount of Rs. 3,000 provided to AWCs per annum was found to be far too inadequate for the repair and maintenance of water and toilet facilities for an entire year. This shows a long and challenging way ahead for achieving available and functional water and sanitation facilities in AWCs of Gaya.

C) WASH Services under the *Samagra Shiksha Abhiyan*

Schools require uninterrupted water supply and sanitation facilities in order to ensure higher enrollment and retention rate and reduced dropout rates of boys and girls. The SMSA is an integrated scheme for school education from pre-nursery to class XII. The guidelines of SMSA state that adequate basic infrastructure like electricity; toilets and drinking water facilities need to be made

available in schools. It talks of providing separate toilets for boys and girls and safe and adequate drinking water facilities to all children. Under this scheme, funds for the purpose of water supply and sanitation flow to schools from a budget head called –'Composite School Grant and Strengthening of Existing Schools', under which a composite school grant of Rs. 25,000-1,00,000 is allocated to schools on the basis of enrolment. Ten per cent of the total expenditure of the composite school grant is meant for the preparation of a *Swachhta* Action Plan (SAP). Funds are also allocated for boys' and girls' toilets and for hand pump installation component under the 'Strengthening of Existing Schools' at the elementary level in Bihar.

Under SAP, expenditure had been done on wage payment to labourers, purchase of tiles and other materials and labour charges for the repair of toilets. It was observed that the fund for Composite School Grant was delayed from the State to the districts and released to schools in the month of March for the financial year 2018-19. There was a huge gap found between the WATSAN needs of the schools and the amount for the Composite School Grant that was provided. The schools had requested for more funds which were declined by the District and State governments.

Further, the total number of toilets for girls and

boys were found to be inadequate and hand pumps were found to be non-functional in elementary schools of Silaunja village in Belaganj block and Bohwa village primary school in Fatehpur block, Gaya district. In Silaunja village, the school had two toilets for around 300 children and 8 teaching staff as against the norm of one toilet per 40 students. Hence, ideally the school should have had five functional toilets. The water facility was made available for children for the purpose of hand washing through a UNICEF grant of Rs. 50,000 which was spent on installing the motor, water tank and basin. In an unfortunate incident, in Silaunja village, the water pump motor was found stolen, leaving only a hand pump, which the school had to use for both drinking water and hand wash. This aggravated the already poor status of WATSAN facilities in schools. Even the *Kasturba Gandhi Balika Vidyalaya* (KGBV) hostels were found to be facing a severe crisis of water availability in the surveyed area.

In the four surveyed GPs, there were a total of 46 functional schools, which in total had 68 hand pumps and 80 toilets for the use of children and staff. While looking at the status of functional hand pumps and toilets, the data revealed that the aggregate average of functional hand pumps and toilets was 60 per cent and 68 per cent respectively, showing that despite availability around 40 per cent were non-functional due to lack of funds for maintenance.

Table 4: Availability of Functional Hand Pumps and Toilets in Schools, Gaya, Bihar, 2019

S.No.	Gram Panchayats	Total number of Schools	Availability of Hand pumps (%)	Availability of Toilets (%)
1	South Lodhwe	8	57	71
2	North Lodhwe	10	53	69
3	Lodipur	8	60	77
4	Rauna	10	68	58
	Total	46	60	68

Source: Findings from the Field Survey in Gaya District, 2019

CONCLUSION AND POLICY RECOMMENDATIONS

An assessment of the guidelines of SFC, CFC, NHM, ICDS and SMSA clearly indicates that they have sufficient scope for providing water and sanitation facilities to institutions, such as schools, AWCs and health centres. The field level assessment of the CFC and SFC grants and the SBM and NRDWP revealed that these grants and schemes did not focus on the felt needs of institutions during the last five years, of which WATSAN was a critical component. Despite having NHM, ICDS and SMSA, there was still a huge deficit in the availability of water and sanitation facilities in institutions at the GP level. It was also evident that even among those, where the facilities were available, many of them were not found to be in a functional condition which further aggravated the problem of access.

In AWCs and schools, although some awareness generation programmes had been conducted, water supply, hand washing stations and toilet facilities were still found to be inadequate and had not been fully made available in all institutions. In the few surveyed schools, where water facilities, hand washing stations and toilet facilities were available, they were found to be non-functional due to lack of funds for maintenance purposes. The unit costs allocated for WASH facilities under the CSSs were also woefully inadequate. Similarly, the maintenance funds under SMSA, NHM and ICDS were insufficient to meet the WATSAN needs in the institutions that are run as part of these schemes. It was also observed that the planning, implementation and monitoring of these schemes and programmes had not been regular or thorough, in order to effectively address the negligent status of water and sanitation services in institutions.

Policy Recommendations

- ***Need for devolution of functions to PRIs for better management and functioning***

The management of institutions like schools, health centres and AWCs need to be devolved to PRIs for better functioning and monitoring.

- ***Clarity in guidelines in the use of 15th FC grants and JJM for water and sanitation facilities in institutions***

Guidelines for the utilisation of the 15th FC grants should have detailed and clear suggestions in terms of delivering water and sanitation facilities to the village level institutions, such as schools, AWCs and health centres. It was anticipated that there would be a specific component for water and sanitation facilities in these institutions along with a separate budget allocation in the forthcoming *Jal Jeevan Mission (JJM)* and the 15th FCs. However, in both the guidelines, there was no clarity on it and hence, it is suggested that both the guidelines should be suitably revised to cover the WASH needs of institutions.

- ***Adequate budget allocation and unit costs for water and sanitation facilities in AWCs should be provisioned***

In order to ensure that all AWCs have their own building with running water supply and toilets, including child-friendly toilets, need-based planning and budgeting should be integrated as part of the APIP at the district level. Appropriate unit costs and adequate budget

allocation for water and sanitation facilities within ICDS should be provisioned for.

- ***Adequate funds required for the construction of new toilets and the maintenance of old ones in schools***

Since there was a huge deficit found in the availability of water and sanitation facilities in many schools, it is crucial for the concerned authorities to ensure that there are adequate funds for the construction of new toilets, maintenance of old ones in addition to setting-up new water supply projects and providing for their maintenance. The budget allocation should be adequate for construction of toilet for both girls and boys, keeping in mind the accessibility aspect for children with special needs.

- ***PIPs should have a dedicated component with regard to water and sanitation facilities for all health institutions***

It is recommended that the PIPs should have a dedicated component with regard to water and sanitation facilities for all institutions, including in additional primary health centres and health sub-centres. Provisions for ICDS

buildings that are equipped with running water and sanitation facilities needs to be provided for all the health sub-centres as well.

- ***Swachh Swasth Sarvatra as well as Kayakalp should be given adequate priority in terms of implementation***

The maintenance of hygiene in schools, AWCs and health centres should become an important part of the *Swachh Bharat Mission* Phase-II. Components of *Swachh Vidyalaya* (clean school), the sanitation and water component of ICDS, and *Swachh Swasth Sarvatra* as well as *Kayakalp* under the NHM should all be initiated jointly through convergence between the line departments and SBM towards better outcomes in WATSAN in institutions.

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