Three interesting features of this case

- Investment in quality infrastructure ensures service delivery. People are willing to pay when they see a transformative change in the services received.

- High level of financial transparency and accountability of the water committees built confidence among the villagers about good spending of the collected tariff.

- The Sector Wide Approach (SWAp) to rural water supply has allowed a systematic programme to be implemented, especially in 'role model' villages, which has inspired over 500 villages now.

Key data on the Punjab context

All India data for reference in parenthesis
Water supply coverage: 97% (96%)
GDP per capita: $5,268 ($4,243)
HDI: 0.605 (0.467)
Devolution Index rank: 19 out of 24

Community Water Plus, a research project, has investigated twenty case studies of successful community managed rural water supply programmes across 17 states in India. Through these case studies, the research has gained insight into the type and amount of support to community organisations that is needed, and the resources implications of this ‘plus’ – in terms of money, staffing, and other factors. In this document we capture the inputs that contributed in improving water supply to households and an assessment of cost approximation by the Punjab Rural Water Supply and Sanitation (PRWSS) Project in Punjab.

Even though Punjab is one of the most prosperous states of India, household piped water supply in rural areas is barely 35%. The World Bank funded Punjab Rural Water Supply and Sanitation (PRWSS) Project, executed by the Department of Water Supply and Sanitation (DWSS), is making drastic changes. Service levels have improved markedly, with communities taking full ownership and responsibility.

This case study presents the way in which DWSS transformed from an engineering body focused on building infrastructure to one committed to delivering good water supply services, and provides evidence on services from 4 villages.

Photo: Benjamin Harris
Enabling support environment

To implement the PRWRSS project, the DWSS created a new project cell at the state and district level that had responsibility for managing the project and overseeing change within the DWSS. Responsibility for implementing the water supply systems rested with the existing operations wing of the DWSS - that is the familiar structure of Junior, Assistant and Executive Engineers in conjunction with the Gram Panchayat Water and Sanitation Committee (GPWSC), the local body that would eventually also be responsible for managing the water supply scheme.

During the operation and maintenance phase, the DWSS keeps on providing support to the GPWSC in several ways:

- The DWSS monitors each GPWSC and regularly tests water samples to ensure quality.
- A Junior Engineer provides technical support to GPWSCs, advising them on the purchase of new equipment. He also audits the accounts.
- DWSS intervenes when conflict arises, and seeks to moderate the conflicts.
- Providing training to GPWSCs. After being trained themselves, villagers train new operators in other villages.
- The Information, Education and Communication cell of PRWSS and some NGOs are engaged to create awareness.

Community service provider

The Gram Panchayat Water and Sanitation Committee (GPWSC) is responsible for the day to day operation and maintenance of the services, and thus fulfils the role of the service provider. To do so, each village constitutes a GPWSC as a formal sub-committee of the Gram Panchayat, although it is a separate, legal entity with its own bank account, having proprietorship and operating rights of the water supply system.

The composition of the GPWSC depends on the village. But normally there are 11 members and constitutes all the sections of the village including women (1/3), landless (1/3), Scheduled Castes (1/3) besides technical staff. To add a degree of professionalization, the Sarpanch, Secretary and Junior Engineer are accountable for all the expenditures in the GPWSC to ensure judicious spending and financial transparency.
Service received by households

The changes in services are evidenced by experiences in 3 villages where the programme worked and a control village. All four villages have a deep borehole with three-phase electric motor, simple treatment (either in-line chlorination or silver ionisation), a 50,000-litre service reservoir and local distribution network. Special emphasis has been given to providing household connections, and in all four study villages the number of such connections increased significantly.

The level of services in four villages was classified as high, with almost all households receiving large quantities of water, of good quality, easily accessible and continuous. Storage capacity varied, but this being lower among Scheduled Castes, the reason being the lack of internal fittings and relying on a single yard tap.

Almost all villagers registered very high satisfaction with the service they received, especially on the quality of water, hours of operation, available pressure and the level of involvement of GPWSC. Even in the control village the results indicate acceptability of the service provided.

The costs

Capital costs - of a total of 4336 INR/person - are largely done by the external support entities, the World Bank in this case, in the study area. The state government covers around 4% costs and the community contributions to the initial implementation costs are minor around 6%, but still higher than the state contribution. Of all the capital costs, around 7% is for software support (the cost of information and education campaigns, training). In terms of recurrent costs, of the 879 INR/person/year, communities contribute around 54%, the state contributes 19% and the World Bank 26%.

At community level, financial transparency is ensured with all GPWSCs having a ‘transparency board’. This lists all the financial information for the last month (tariff collected, money expended, total savings) and is displayed outside the pump-house. High level of financial transparency and accountability of the water committees builds confidence among the villagers about spending the tariff money, and likely to contribute accordingly.

Figure 2: Financial flows for capital and recurrent costs
Conclusions

This case study has shown that in the PRWSS areas, people are receiving a high level of service, through household connections with 24x7 supply. This has been achieved by having well-prepared GPWSCs that have clear and direct accountability to local people, whilst employing specific individuals to carry out tasks such as maintenance or bookkeeping. This model sits on the continuum of community-managed supplies as what can be seen as professionalised community management.

Achieving this has been due to the changes in the way in which DWSS works, by not only building the infrastructure but by providing support after the completion of works. PRWSS represents the best of what community management of water can achieve. A genuinely reflective and engaged water committee is able to deliver a high quality water service that is financed by users themselves. This model serves as an example that people can aspire for not simply ‘good enough’, but ‘excellent’ supplies of water.

About this note

This is a summary of a full case study as part of the Community Water Plus project. The original case study was written by Benjamin Harris, Dr Urmila Brighu and Rajesh Poonia, and the summary was prepared by Ruchika Shiva. The full case study can be downloaded http://www.ircwash.org/projects/india-community-water-plus-project.

The project has investigated successful community-managed rural water supply programmes and approaches across India, and drawn out lessons on the support needed to make community-management successful. The project is funded by Australian Aid and is being implemented by a consortium of partners, including: the Administrative Staff College of India (ASCI), the Centre of Excellence for Change (CEC), Malaviya National Institute of Technology (MNIT), the Xavier Institute of Social Service (XISS) and IRC with overall project coordination provided by Cranfield University.

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