

Appendix-I

Department of Political Science

Assam University, Silchar

**URBAN GOVERNANCE AND SERVICE DELIVERY IN ASSAM: A STUDY OF
WATER SUPPLY AND SANITATION IN GUWAHATI CITY**

INTERVIEW SCHEDULE

For

Individuals in the households

I. PERSONAL DATA

Schedule No:

Date of Survey:

1. Ward No :

2. Colony/ Residential area :

3. Name& Address of the Head of Household :

4. Name of Respondent :

5. Telephone No. :

6. Mobile No. :

7. Educational Qualification of the Head of Household :

(a) Postgraduate (b) Graduate (c) Higher Secondary (d) H.S.L.C. (e) Primary

(f) No schooling

II. SOCIAL BACKGROUND

8. Community:

9. Religion:

10. Mother Tongue:

11. Language Known : 1. Assamese 2. Hindi 3. English 4. Any Other

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A. Living Standard:

12. Please state the ownership of your house

- (a) Own (b) Rented (c) Rent-free house (d) Any other.....

13. House Type:

- (a) Kuccha (b) Pucca (c) Semi-Pucca (d) Assam Type
(e) RCC (f) Other

14. No. of living room excluding Kitchen and Bathroom :

15. Separate Kitchen: (a) Yes (b) No

16. Electricity Facility: (a) Yes (b) No

B. Economy:

17. What is the source of Income of your family?

- (a) Service (b) Business (c) Labour (d) Any other, pls. specify

18. What is the Yearly Income of your family (In Rs.)? Rs.....

III. WATER SUPPLY:

C. Access to potable water:

19. Do you have a municipal water supply connection? (a) Yes (b) No

20. What are the other sources of water supply besides municipal water connection?

- (a) Personal groundwater bore well (b) GMC tanker (c) Private water tanker/ vendor
(d) Bottled water (e) Public hand pump (f) Public tap (g) Other: Specify

21. If no, please state the source of water supply:

- (a) Personal groundwater bore well (b) GMC tanker (c) Private water tanker/ vendor

- (d) Bottled water (e) Public hand pump (f) Public tap (g) Other: Specify

22. How long does it take to go there, get water, and come back?.....

23. Who usually goes to this source to fetch the water for your household?.....

24. Purpose of water used:

- | | | | | | |
|---------------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|
| (a) Drinking | <input type="checkbox"/> | (b) Bathing | <input type="checkbox"/> | (c) Cooking | <input type="checkbox"/> |
| (d) Washing clothes | <input type="checkbox"/> | (e) Floor washing | <input type="checkbox"/> | (f) Flushing | <input type="checkbox"/> |

D. Consumption of Water per Day:

25. Total consumption of water per day for your family for different purposes: (If don't know the exact amount in litres, answer in buckets), If don't know, you can write total consumption of water per day based on frequency of tanks-filling:

- | | | | | | |
|---------------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|
| (a) Drinking | <input type="checkbox"/> | (b) Bathing | <input type="checkbox"/> | (c) Cooking | <input type="checkbox"/> |
| (d) Washing clothes | <input type="checkbox"/> | (e) Floor washing | <input type="checkbox"/> | (f) Flushing | <input type="checkbox"/> |
| (g) Gardening | <input type="checkbox"/> | (h) Car washing | <input type="checkbox"/> | (i) others | <input type="checkbox"/> |

E. Water Storage Measure

26. What type of storage do you have; what is the total volume of your storage?

Type:		Capacity (liters or
gallons):	<input type="checkbox"/>	<input type="text"/>
(a) Overhead tank	<input type="checkbox"/>	<input type="text"/>
(b) Underground tank	<input type="checkbox"/>	<input type="text"/>
(c) Drum	<input type="checkbox"/>	<input type="text"/>
(d) Bucket/ vessel	<input type="checkbox"/>	<input type="text"/>
(e) Others	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="text"/>

(f) None

27. How many liters of drinking water storage capacity do you have?

F. Quality of the water:

28. Do you think the overall quality of piped water (taste, smell and colour) supplied by the municipal corporation is appropriate?

(a) Good (b) Very Bad: It is contaminated with smell (c) Contaminated with sewerage

(d) Any other reason:

G. Adequacy of water:

29. How often does your household have running water from the municipal network?

(a) Not connected (b) Less than 4 hours per day
(c) 5 to 12 hours per day (d) No supply

30. Do you feel the quantity of water supplied is adequate for your needs?

(a) Yes (b) No

31. If no, how many additional hours per day of water supply will be required to meet all your needs?.....

And what is the alternative source of water supply during inadequacy. :

H. Regularity of water:

32. What is the water supply situation in your house?

(a) No. of times in 24hrs. (b) Duration (in hrs. / min.):

Morning: Daytime: Evening:

33. Do you prefer round the clock 24-hours water supply?

(a) Yes (b) No

I. Satisfaction on present timings of water:

34. Is the water you are receiving enough to satisfy your needs?

(a) Yes (b) No

35. Are you satisfied with present timing of water?

- (a) Satisfied (b) Dissatisfied (c) Partial

J. Dependency on private sources:

36. Do you have any preference for the water supplier?

- (a) Govt.-owned (b) Govt-private joint
(c) Privatized (d) Any other: specify

K. Water tariffs or Regular payments of bills:

37. How do you pay for water?

- (a) Fixed monthly tariff (b) Flat rate (c) Per bucket (d) As per Meter reading

38. What do you prefer?

- (a) Fixed charge (b) Metered bill (c) Any other: specify

39. Are the bills that you receive accurate?

- (a) Yes (b) No

40. How much was your water bill last month?.....

L. Notification of stoppage of water:

41. Do you get advance notification of stoppage of water through News Paper or public announcement?

- (a) Yes (b) No

M. Water quality impact on Household Health:

42. Do you treat your water in any way to make it safer to drink?

- (a) Yes (b) No (c) Don't Know

43. What do you usually do to the water to make it safer to drink?

- (a) Boil (b) Use a water filter (c) Add bleach/ chlorine
(d) Strain it through a cloth (e) other: pl. specify

44. Has anyone in your household been sick due to poor water quality resulting in waterborne diseases in

the last two weeks?

(a) Yes

(b) No

45. Has anyone in your household < 5 year of age had unusual diarrheal symptoms (watery / bloody diarrhea for a few days) in the past four weeks?

(a) Yes

(b) No

(c) Does not apply

46. Has anyone in your household > 5 years of age had unusual diarrheal symptoms (watery/ bloody diarrhea for a few days) in the past four week?

(a) Yes

(b) No

(c) Does not apply

N. Complaints of water service delivery:

47. Have you made a complaint related to your drinking water service and sanitation in the past one year?

(a) Yes

(b) No

48. Whom did you complain...?

49. How effectively they respond to the complaints in terms of days or hours?

IV. SANITATION:

O. Household Toilet Facility:

50. Do you have toilet at home?

(a) Yes

(b) No

51. If not where do you use?

(a) On street/open

(b) Neighbour's toilet

(c) Free Public toilet

(d) Plastic bag

(e) Community Toilet

(f) Pay-and-Use toilet

52. If yes, what kind of sewerage facility do members of your household usually use?

(a) Piped sewer system

(b) Septic tank

(c) Pit latrine

(d) Other: Pls. specify:

53. Do you have shared Toilet facility with other households?

(a) Yes

(b) No

54. How many households use this toilet facility?.....

P. Garbage Management OR Waste Management:

55. Do you have waste containers at home?
(a) Yes (b) No

56. If yes, where do you put your waste when the containers are full?
(a) Waste pit in the yard (b) Gutter (c) Waste ground
(d) House to house collection (e) GMC garbage container

57. Is the waste collected in your sector/ area?
(a) Yes (b) No

58. If yes, what is the frequency of collection?
(a) Once a day (b) Thrice a week (c) Once in a week (d) More than one week

59. How much you pay for your domestic waste collection?.....

60. Have you made a complaint about garbage collection in the past one year?
(a) Yes (b) No

61. Whom did you complaint about garbage collection?

Q. Waste Water Stagnation/ Issue:

62. Do you have a drainage/sewerage connection for waste water disposal?
(a) Yes (b) No

63. If not, how do you dispose your household sewerage/waste water?
(a) In the gutter (b) In the yard (c) In the street (d) Other (Pls. specify)

R. Complaints of Bribe:

64. Have you paid a bribe for any service related to sanitation facility in the last one year?
(a) Yes (b) No (c) to finish repair work (d) Other (Pls. specify)

65. Have anybody asked for bribes in terms for facilitating water supply or toilet or drainage connections?
(a) Yes (b) No

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**URBAN GOVERNANCE AND SERVICE DELIVERY IN ASSAM: A STUDY OF
WATER SUPPLY AND SANITATION IN GUWAHATI CITY**

INTERVIEW SCHEDULE

For

Slum Dwellers

Schedule No:

Date of Survey:

I. BASIC INFORMATION OF THE SLUM

1. Name of the Slum Pocket :
2. Ward No :
3. Age of Slum in Years :
4. Area of Slum (sq. km.) :
5. Location : (a) Core city (b) Ringe area
6. Type of Area surrounding Slum: (a) Residential (b) Industrial
(c) Institutional (d) Other (Specify)
7. Physical Location of Slum : (a) Railway line (b) Major Transport Alignment
(c) River/ water Body Bank
8. Is the Slum Notified/Declared? : (a) Yes (b) No
9. Ownership of Land where Slum is located: (a) State Government (b) Railways
(c) GMC (d) Others (specify)

II. PERSONAL DATA

10. Name & Address of the Head of Household :

11. Name of Respondent :

12. Mobile No. :

13. Education Qualification of the Head of Household:

(a) H.S.L.C. (b) Primary (c) No schooling

III. SOCIAL BACKGROUD

14. Community:
Tongue:

15. Religion:

16. Mother

17. Language Known : 1. Assamese 2. Hindi 3. Other (specify):-

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A. Living Standard:

18. Please state the ownership of your house

(a) Own (But constructed by State Govt.) (b) Rented (To State Govt.) (c) Rent-free house

(d) Any other (specify):-

19. House Type:

(a) Kuccha (b) Pucca (c) Assam Type

(d) Semi-Pucca (e) Other

B. Economy:

20. What is the source of income of your family?

(a) Service(GMC Safaiwala, Sweeper), (b) Small business (c) Labour

(d) Other (specify):-

IV. WATER SUPPLY:

C. Access to potable water:

21. Do you have a municipal supply connection? (a) Yes (b) No

22. If no, please state the source of water supply

- (a) Public hand pump (b) Public tap (c) water delivered in tankers by GMC
(d) Other (specify):

23 Who usually goes to this source to fetch the water for your household?.....

24. If outside premises, then distance from drinking water source?

- (a) Less than 0.5 Km. (b) 0.5 to 1.0 km (c) 1.0 km to 2.0 km
(d) 2.0 km to 0.5 km

25. Purpose of water used:

- (a) Drinking (b) Bathing (c) Cooking
(d) Washing clothes

D. Consumption of water per day:

26. Total consumption of water per day for your family for different purposes: (If don't know the exact amount in litres, answer in buckets).

- (a) Drinking (b) Bathing (c) Cooking
(d) Washing clothes

E. Water Storage Measure:

27. What type of storage do you have; what is the total volume of your storage?

Type:		Capacity (liters or gallons):
(a) Drum	<input type="checkbox"/>	<input type="text"/>
(b) Bucket/ Vessel	<input type="checkbox"/>	<input type="text"/>

(c) Others

(f) None

F. Quality of the water:

28. Do you think the overall quality of piped water (taste, smell and colour) supplied by the municipal corporation is appropriate?

(a) Good (b) Very Bad: It is contaminated with smell (c) Contaminated with sewerage

(d) Any other reason:

G. Adequacy of water:

29. How often does your household have running water from the municipal network (stand pipe)?

(a) Not connected (b) Less than 4 hours per day
(c) 5 to 12 hours per day (d) No supply

30. Do you feel the quantity of water supplied is adequate for your needs?

(a) Yes (b)

31. If no, how many additional hours per day of water supply will be required to meet all your needs?.....

32. And what is the alternative source of water supply during adequacy?

(a) Bottled water (b) Tube well (c) Water delivered in tankers
(d) Hand pump (e) Any other: specify

H. Regularity of water:

33. What is the water supply situation in your locality?

(a) No. of times in 24hrs. (b) Duration (in hrs./ min.):

Morning: Daytime: Evening:

I. Satisfaction on present timings of water:

34. Is the water you are receiving enough to satisfy your needs?

(a) Yes

(b) No

35. Are you satisfied with present timing of water?

(a) Satisfied

(b) Dissatisfied

(c) Partial

J. Notification of stoppage of water:

36. Do you get advance notification of stoppage of water through public announcement?

(a) Yes

(b) No

K. Water quality impact on Household Health:

37. Do you have knowledge of any method of water purification?

(a) Yes

(b) No

38. What do you usually do to the water to make it safer to drink?

(a) Boil

(b) Use a water filter

(c) Add bleach/ chlorine

(d) Strain it through a cloth

(e) other: pl. specify

39. Has anyone in your household been sick due to poor water quality resulting in waterborne diseases in

the last two weeks?

(a) Yes

(b) No

40. Has anyone in your household < 5 year of age had unusual diarrheal symptoms (watery / bloody diarrhea for a few days) in the past four weeks?

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(b) No

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(b) No

(c) Does not apply

L. Complaints of water service delivery:

42. Have you made a complaint related to your drinking water service and sanitation in the past one year?

- (a) Yes (b) No

43. Whom did you complain...?

(a) ward councilor (b) Area sabha member (c) GMC office (d) Local MLA

44. How effectively they respond to the complaints in terms of days or hours?

45. Do you launch Dharna or movement with wards residents for better water supply & sanitation facilities?.....

V. SANITATION:

M. Household Toilet Facility:

46. Do you have toilet at home?

- (a) Yes (b) No

47. If not where do you use?

- (a) On street/open (b) Neighbour's toilet (c) Free Public toilet (d) Plastic bag
(e) Community Toilet

48. If yes, what kind of sewerage facility do members of your household usually use?

- (a) Piped sewer system (b) Septic tank (c) Pit latrine (d) Other: Pls. specify:

49. Do you have shared Toilet facility with other households?

- (a) Yes (b) No

50. How many households use this toilet facility?.....

51. Why woman go outside for defecation?.....

52. If they feel insecure during outside defecation?.....

N. Garbage Management OR Waste Management:

53. Do you have waste containers at home?

- (a) Yes (b) No

54. If yes, where do you put your waste when the containers are full?

- (a) Waste pit in the yard (b) Gutter (c) Waste ground
(d) House to house collection (e) GMC garbage container

55. Is the waste collected in your sector/ area?

- (a) Yes (b) No

56. If yes, what is the frequency of collection?

- (a) Once a day (b) Thrice a week (c) More than one week

57. Have you made a complaint about garbage collection in the past one year?

- (a) Yes (b) No

O. Waste Water Stagnation/ Issue:

58. Do you have a drainage/sewerage connection for waste water disposal?

- (a) Yes (b) No

59. If not, how do you dispose your household sewerage/waste water?

- (a) In the gutter (b) In the yard (c) In the street (d) Other (Pls. specify)