

# **BASELINE STUDY OF THE KERALA LOCAL GOVERNMENT SERVICE DELIVERY PROJECT**

**Submitted to**

**Kerala Local Government Service Delivery Project  
Government of Kerala**

**July 2013**



**Centre for Socio-economic & Environmental Studies**

Khadi Federation Building, NH By-Pass, Padivattom, Kochi - 682 024, Kerala, India  
Tel: +91-484-2805107, 2805108; email: [csesindia@gmail.com](mailto:csesindia@gmail.com); Url: [www.csesindia.org](http://www.csesindia.org)



**Institute of Social Sciences**

8, Nelson Mandela Road, New Delhi- 100 070  
Tel: +91-11-4315880, 43158801; email: [issnd@vsnl.com](mailto:issnd@vsnl.com) Url: [www.issin.org](http://www.issin.org)

## **STUDY TEAM**

**DR. D. RADHA DEVI**

**DR. K. K. GEORGE**

**DR. N. AJITH KUMAR**

**K. K. KRISHNAKUMAR**

**PARVATHY SUNAINA**

**JAYAN K. M.**

**RAHUL K.P.**

**RATHEESH P.B.**

**JAIKUMAR C.PILLAI**

**JISHA S.**

## **CONSULTANTS TO THE PROJECT**

**DR. M.A.OOMMEN**

**BALASUBRAMANIAM MURALEEDHARAN**

**MARIAMMA SANU GEORGE**

## **ACKNOWLEDGEMENTS**

The Study Team expresses its gratitude to the Kerala Local Government Service Delivery Project (KLGSDP) of the Government of Kerala for granting us this study. We are grateful to Dr.Rajan Khobragade IAS (Secretary, Local Self Government Department, Government of Kerala) and Sri.Ajit Kumar IAS (Former Project Director, KLGSDP) for their unstinted support during the course of the study. The comments and suggestions received from Dr. D.Narayana (Director Gulati Institute of Finance & Taxation) are gratefully acknowledged.

We are also grateful to Mr. Abdu Muwonge (World Bank Task Team Leader), Mr. Anil Das (Consultant, World Bank) for their support. We take this opportunity to thank Dr.V.P.Sukumaran (Deputy Project Director), Shri. R.Jayachandran (Finance Management Specialist) and Shri. K.Vijayakumaran (Procurement Specialist) of the KLGSDP and Ms. Sheeja N. (Decentralisation Analysis Cell) for their cooperation and continuous support.

The project would not have materialized without the support and encouragement provided by Dr. George Mathew (Chairman, ISS) Dr. Ash Narain Roy (Director, ISS) and Sri P.N.Kuttappan (Administrator, ISS). We are grateful to them. We express our sincere gratitude to Dr. U.S.Misra (Associate Professor, Centre for Development Studies) and Dr. P.G.Sankaran (Associate Professor, Department of Statistics, Cochin University of Science & Technology) for their guidance in sampling design and estimation. This Report is the output of a collaborative effort involving the Research Team members and many people outside the Research Team. We are thankful to all the investigators and supervisors for their untiring and dedicated efforts during the field survey. Some of our colleagues who were not in the core team also supported us during different stages of the study. They include Ms. Baishali Goswamy, Ms. Geethu Thulasi, Ms.Jancy Joy, Ms. Ann Paul and Mr. Bibin Thamby. Their support is gratefully acknowledged.

Finally, we are deeply indebted to the citizens of Kerala who spent their valuable time for completing the interviews.

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## **ABBREVIATIONS**

APL	Above Poverty Line
ASHA	Accredited Social Health Activist
BP(s)	Block Panchayats
BPL	Below Poverty Line
CHC(s)	Community Health Centres
CSES	Centre for Socio-economic and Environmental Studies
DAC	Decentralisation Analysis Cell
DLHS	District Level Household Survey
DP(s)	District Panchayats
GIS	Geographic Information System
GP(s)	Grama Panchayats
GPO	Grama Panchayat Office
GS	Grama Sabha
HDC	Hospital Development Committee
ICDS	Integrated Child Development Services
ICMR	Indian Council of Medical Research
IKM	Information Kerala Mission
IP	Inpatient
ISS	Institute of Social Sciences
ITDP	Integrated Tribal Development Programme
KILA	Kerala Institute of Local Administration
KLGSDP	Kerala Local Government Service Delivery Project
KSEB	Kerala State Electricity Board
LG(s)	Local Governments
LGO(s)	Local Government Offices
LP	Lower Primary
LPG	Liquefied Petroleum Gas
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act

MoHFW	Ministry of Health and Family Welfare
NGP	Nirmal Gram Puraskar
NH(s)	National Highways
NHG(s)	Neighbourhood Groups
NSSO	National Sample Survey Organisation
OBC	Other Backward Castes
OP	Outpatient
OSR	Own Source Revenue
PHC(s)	Primary Health Centres
PMU	Project Management Unit
PSU(s)	Primary Sampling Units
PTA	Parent Teacher Association
RCH	Reproductive and Child Health
SC	Scheduled Caste
SCP	Special Component Plan
SFC	State Finance Commission
SH(s)	State Highways
SHG(s)	Self Help Groups
SIRD	State Institute of Rural Development
ST	Scheduled Tribe
SSU(s)	Secondary Stage Units
TSC	Total Sanitation Campaign
TSP	Tribal Sub Plan
UP	Upper Primary
VEC	Village Education Committee
WS	Ward Sabha

# CHAPTER I

## INTRODUCTION

### 1.1 Background

The Kerala Local Government Service Delivery Project (KLGSDP) aims to strengthen the institutional capacity of the local government system in Kerala to deliver services and undertake basic administrative and governance functions more effectively in a sustainable manner. The project is being implemented by the Government of Kerala with the financial assistance of the World Bank. The project covers all the 978 Grama Panchayats (GPs) and 60 Municipalities in the State. This baseline study was carried out to understand the current status of the service delivery of GPs and Municipalities in Kerala, in order to form the basis for comparison in the future evaluation studies of the KLGSDP.

### 1.2 About Kerala Local Government Service Delivery Project

KLGSDP, with an estimated project cost of Rs 1195.8 crore and a project cycle of four years, has the following four components:

**Component 1- Performance Grant:** The performance grant, provided to the Local Governments (LGs) will be spent on creation and maintenance of capital assets used in service delivery. The allocation of funds to individual GPs and Municipalities is based on the criteria adopted in the allocation of State Finance Commission (SFC) grants to LGs. However, the performance grant will be additional to the annual SFC allocation for which the institutions are otherwise eligible.

**Component 2- Capacity Building for LGs:** This component will provide capacity building inputs to institutionalize the existing systems and human resources of institutions such as the Kerala Institute of Local Administration (KILA), State Institute of Rural Development (SIRD) and the Information Kerala Mission (IKM) for providing training to LGs.

**Component 3- Enhancing State Monitoring of the Local Government system:** This component will provide support to strengthen the system of performance monitoring of LGs in Kerala.

**Component 4- Project Management and Implementation:** This component will provide support to the Project Management Unit (PMU) constituted for the purpose within the Local Self Government Department. The Unit will be directly responsible for the day-to-day project management, co-ordination and implementation of the project.

### **1.3 The Context of Decentralisation**

The passage of 73<sup>rd</sup> and 74<sup>th</sup> amendment acts of the Indian Constitution (73<sup>rd</sup> on rural decentralisation and 74<sup>th</sup> on urban decentralisation) in 1993 provided an opportunity for democratic decentralization of administration and planning as well as in enhancing the autonomy of LGs in India. In 1994, Kerala passed an Act to provide the necessary legal framework to initiate decentralisation process. The enactment gave way for the formation of a three tier structure of LGs in rural areas (District, Block and GP) and one tier system in urban areas. Participatory local level planning was considered as a crucial element of decentralised governance. Initially, it was undertaken in Kerala in a campaign mode known as the 'People's Plan Campaign'. The decentralisation process in the state has now moved on from the campaign mode to institutionalisation mode.

A major feature of Kerala's decentralisation is the transfer of Plan Grants to the LGs. Kerala earmarks a substantial share of the Plan resources for rural and urban LGs. Under the People's Planning Programme, the Government of Kerala allocated about 40 percent of the Plan funds to rural and urban LGs during the Ninth-Five-Year Plan. It remains to be substantial even though the share has come down over the years. A major advantage of the Plan Grant is the relatively high freedom given to the LGs in using the funds for their own development programmes and interventions. The allocation to LGs is done on the basis of specific criteria fixed by the SFC. This reduces the arbitrariness in allocation. Resources devolved from the state government can be supplemented with resources mobilised by the local bodies from their own tax and non-tax heads, donations and voluntary labour.

Functions related to several sectors have been transferred to the LGs. The LGs governments are now responsible for civic services such as construction and maintenance of panchayat and municipal roads, running minor drinking water projects, sanitation including waste management and street lighting. Pre-primary, Lower Primary (LP) and Upper Primary (UP) education in rural areas comes under the jurisdiction of GPs. In urban areas, all schools up to the higher secondary level were transferred to the Municipalities and Municipal Corporations. In the

health sector, Primary Health Centres (PHCs) have been transferred to the GPs while higher levels of hospitals have been transferred to Block Panchayats (BPs) and District Panchayats (DPs). In the urban areas, Community Health Centres (CHCs), government hospitals and Taluk Headquarters hospitals were transferred to the Municipalities and Municipal Corporations. The anganwadis, which are the grass root level institutions of the Integrated Child Development Services (ICDS) Scheme, comes under GPs, Municipalities and Municipal Corporation. While some of the financial, administrative and developmental functions of these institutions are with the LGs, the state government continues to meet the salaries of the staff. Besides, there is also administrative control on these institutions by the government departments.

Participation of people in development and governance issues at the local level and local level planning are envisaged to be facilitated through Ward Sabha (WS in Municipalities), Grama Sabha (GS in GPs), Village Education Committee (VEC), Hospital Development Committee (HDC) etc. Beneficiary groups like the Padasekhara Samithi<sup>1</sup>, Parent Teacher Association (PTA), Mother's Committee (for anganwadi) were also formed. The meetings of these bodies/committees are to be convened at regular intervals.

#### **1.4 Objectives of the Study**

The broad purpose of the present study is to create a baseline database for the KLGSDP on the current perceptions and satisfaction of the citizens on local governance and service delivery aspects in the GPs and Municipalities in Kerala. The specific objectives of the study are:

- i. To assess the extent of access to different services by the households
- ii. To assess the perceptions of the citizens about different services delivered by the LGs and about local governance
- iii. To gauge the level of satisfaction with local governance and service delivery
- iv. To assess the extent of awareness and participation of citizens in Plan formulation and budgeting of LGs
- v. To understand whether the level of services vary across different categories of LGs.

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<sup>1</sup> 'Padasekhara Samithi' is an organisation of farmers of a locality formed with the objective of promoting cultivation of paddy and allied crops.



## **1.5 Approach and Methodology**

The KLGSDP does not limit its intervention to specific sectors. The LGs can initiate any type of project except the ones mentioned in the negative list<sup>2</sup>. The baseline assessment was done in major sectors/ intervention points identified in consultation with the KLGSDP and the Decentralisation Analysis Cell (DAC) of KLGSDP. Following sectors/intervention points have been identified for assessment:

- i. Roads
- ii. Street lighting
- iii. Water Supply
- iv. Sanitation
- v. Health
- vi. Education
- vii. Anganwadis

In addition, feedback on the experience of the citizens on service delivery from the office of the GP/Municipality was sought. Participation of the citizens in the planning and budgeting process of LGs and their feedback on the responsiveness of the LGs towards environment and the needs of the elderly were also assessed.

The baseline study has two broad components viz.

- a. Household sample survey and
- b. Community survey

### **1.5.1 Household Survey**

The most important component of the baseline study is the household survey conducted in a sample of LGs to obtain feedback on the services delivered by the LGs. The baseline study envisaged separate estimates for GPs and Municipalities. Therefore, the selection of the sample was undertaken separately for GPs and Municipalities, but in a similar manner.

#### **1.5.1.1 Sampling Design of the Household Survey**

A multi- stage stratified systematic sampling design was adopted in the case of both GPs and Municipalities. The baseline survey expects to find out variations across different groups of

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<sup>2</sup> The GPs and Municipalities are not permitted to make use of the performance grant under KLGSDP for undertaking activities included in the negative list.

LGs. The Government of Kerala had categorised the GPs into four grades (Special Grade, Grade I, Grade II and Grade III) and the Municipalities into three grades (Grade I, Grade II and Grade III). But this grading has not been revised for long. Over the period of time, there have been significant changes in local governance and development of different localities which necessitated a revision of the classification. Some of the GPs have been merged with urban local bodies. All these aspects make the grading irrelevant for the present study. Therefore, the LGs are categorised using a different method which is based on the data used by the Fourth SFC. The 978 GPs in Kerala are classified into three categories:

**Category I- Vulnerable GPs:** These are the GPs classified as 'vulnerable GPs' by the Fourth SFC. The SFC identified the GPs on the basis of a deprivation index calculated using a set of indicators such as housing status, availability of drinking water, sanitation, electricity and land holding. There are 74 GPs in this category.

**Category II- Fiscally Disadvantaged GPs:** These are GPs that are not able to meet their establishment costs and obligatory expenses (for which Maintenance or Development Funds from the state government cannot be used) with their own revenues and General Purpose Fund. These GPs were identified on the basis of GP level data for the year 2008-09 used by the Fourth SFC. However, fiscally disadvantaged GPs that fall in Category I was excluded from Category II. There are 303 GPs in this category after removing duplication with the vulnerable GPs.

**Category III- Advanced GPs:** GPs other than the ones categorised as belonging to Category I and Category II are included in this category. There are 601 GPs in this category.

The 60 Municipalities have been classified into two categories (with equal number), viz, (i) **backward** and (ii) **advanced**, using the per capita Own Source Revenue (OSR) for the financial year 2008-09 calculated by the Fourth SFC. SFC calculated per capita OSR for all the 53 Municipalities which were in existence at the time of constitution of the Fourth SFC. Afterwards, the number of Municipalities increased to 60 following reorganization. In the case of the seven newly constituted Municipalities, per capita OSR of the GPs which were converted into Municipalities has been used.

### 1.5.1.2 Sample Size

The sample size is determined using the following formula:

$$\text{Sample size} = Z^2 * (p) * (1-p) / c^2$$

Where Z value is 1.96 for 95% confidence level

p = percentage of population picking a choice

c = confidence interval

Application of the above formula yields a sample size of 378 for  $\pm 5\%$  confidence interval and a confidence level of 95%. This is considered to be adequate for the results to be extrapolated to a large population. Taking into account the non-response, a sample size of 400 households per service/sector was fixed. While majority of the households access services of the LGs such as street lighting and roads, many of the households may not be accessing services of government health care institutions, government schools or anganwadis. These institutions are accessed largely by the poorer sections of the society. In view of the lower probability of getting a beneficiary availing services from institutions such as PHCs, primary schools and anganwadis, the sample size was increased substantially so that sufficient number of beneficiary households of different services is obtained. The sample size for each type of LG (GP and Municipality) is, therefore, fixed at four times the desired sample size of 400 (if all the households were beneficiaries and for  $\pm 5\%$  confidence interval and a confidence level of 95%). Thus, the sample size for both GPs and Municipalities was fixed at 1600 each.

### 1.5.1.3 Sample Allocation

A multi-stage stratified systematic sampling design was adopted to draw the sample in the case of GPs and Municipalities. In the case of GPs, in the first stage, they were stratified according to categories as mentioned earlier. The category-wise list of GPs was the sampling frame in this stage. The GPs in each Category were arranged geographically from north to south and the required number of GPs was selected using systematic sampling procedure. Systematic sampling involves a random start and then proceeds with the selection of every  $k^{\text{th}}$  element from then onwards. In this case,  $k$  = number of GPs in each Category/sample number of GPs required.

In the first stage, a sample of 16 GPs was selected from each of the three categories of GPs (total 48 GPs). In the second stage, two wards were selected randomly from each selected GP, of which, one was a backward ward. From each selected ward, one voting booth was

selected randomly. The next stage involved the selection of respondents. Based on the voters' list of the selected booth, a list of households was prepared. It formed the sampling frame for the selection of households. The required number of households was selected from the list using systematic sampling procedure. Given the expected minimum sample size, the number of respondents per booth was fixed at 17. Thus the total sample size for household survey in GPs was 1632 (17x2x48). The respondents were met in the households and repeat visits were undertaken to minimize non-response.

Sample households were selected from the Municipalities using a procedure similar to that of the selection of households in GPs. In the first stage, eight Municipalities were selected from each category (total 16 Municipalities). In the second stage, three wards were selected and one voting booth was selected from each ward. Of the three wards selected, one is from among the backward wards. In the final stage, 34 households were selected from each booth. The method of selection was the same as that of the GPs. Thus the total sample size for household survey in Municipalities will also be 1632 (34x3x16).

The details of sample LGs, wards and booths are given in Appendix III.

#### **1.5.1.4 Sample Weights**

In a multi-stage stratified design, different households have different probabilities of being selected into the sample. The sample weights account for these differential selection probabilities. The sample weights were constructed in a way to make the weighted sample representative of households in GPs (or Municipalities) in Kerala. The greater the probability of inclusion of a household in the sample, smaller should be the weight of that household. This probability is the product of the probability of selecting each unit at each stage of selection. In the present sampling procedure with LG categories, wards, booths and households, the probability of household selection is the product of the probability of selection of the LG, the ward selection within the LG, booth selection within the ward and the household selection within the booth. The baseline sample weight for the household is equal to the inverse of the household's probability of selection. The sample weights have been normalised. In view of the negligible non-response, weights were not adjusted for non-response. The non-response was minimised by using a recent sampling frame (voters' list for the elections to the LGs) and through repeat visits.

### 1.5.1.5 Estimation Procedure

As mentioned earlier, the sampling design for the present survey was a stratified four stage design with Panchayats as the first stage units ie Primary Sampling Units (PSUs), Wards as the Secondary Stage Units (SSUs), voting booths as the third stage unit and households as the fourth stage units. Let  $y_{hijkl}$  be the value for the variable Y for the  $l^{th}$  household selected in the  $k^{th}$  booth in the  $j^{th}$  ward of the  $i^{th}$  panchayat in the  $h^{th}$  stratum. Denote  $w_{hijkl}$  as the final weight for the same household.

$$\hat{Y} = \sum_{h=1}^H \sum_{i=1}^{n_h} \sum_{j=1}^{m_i} \sum_{l=1}^{f_j} W_{hijkl} Y_{hijkl} \dots \dots \dots (1)$$

H- Number of strata

$n_h$ =Total number of PSUs in  $h^{th}$  stratum (sampled)

$m_i$  = Total number of SSUs in the  $i^{th}$  PSU

$f_j$  = Total number of third stage units in the  $j^{th}$  SSU (sampled)

In the case of population ratio,  $R = \frac{Y}{X}$ , where

$Y = 1$  if characteristic is present

= 0 otherwise

And  $X = 1$  for all elements

The estimate is  $\hat{R} = \frac{\hat{Y}}{\hat{X}}$

$\hat{Y}$  and  $\hat{X}$  can be calculated using (1).

The estimate of a particular statistic (mean or percentage) obtained from any sample is subject to sampling variability, which is usually measured as the standard error. Standard errors depend on both sample size and sample design. Because of the stratification and unequal sampling rates used in the present survey, it was necessary to account for the sampling weights and the sampling design features in order to compute unbiased estimates of population parameters and their associated sampling variances.

Most estimates of interest in a household survey are non-linear. The procedure used for estimating the variance in the present survey is Taylor linearization method. The non-linear estimates are linearized using a Taylor's series expansion and then approximating the variance of the estimate by the variance of the first order derivatives. In the case of ratio estimate,  $\hat{R} = \frac{\hat{Y}}{\hat{X}}$ , the partial derivatives are

$$\frac{\partial \hat{R}}{\partial \hat{Y}} = \frac{1}{\hat{X}} \text{ and } \frac{\partial \hat{R}}{\partial \hat{X}} = -\frac{\hat{Y}}{\hat{X}^2} = -\frac{\hat{R}}{\hat{X}}$$

Using Taylor series expansion,

$$\begin{aligned}
 \hat{R} &= \frac{\partial \hat{R}}{\partial \hat{Y}} \hat{Y} + \frac{\partial \hat{R}}{\partial \hat{X}} \hat{X} \\
 V(\hat{R}) &= \left( \frac{\partial \hat{R}}{\partial \hat{Y}} \right)^2 V(\hat{Y}) + \left( \frac{\partial \hat{R}}{\partial \hat{X}} \right)^2 V(\hat{X}) + 2 \frac{\partial \hat{R}}{\partial \hat{Y}} \frac{\partial \hat{R}}{\partial \hat{X}} \text{COV}(\hat{Y}, \hat{X}) \\
 &= \frac{1}{\hat{X}^2} V(\hat{Y}) + \frac{\hat{R}^2}{\hat{X}^2} V(\hat{X}) - 2 \frac{1}{\hat{X}^2} \hat{R} \text{COV}(\hat{Y}, \hat{X}) \\
 &= \frac{1}{\hat{X}^2} [V(\hat{Y}) + \hat{R}^2 V(\hat{X}) - 2 \hat{R} \text{COV}(\hat{Y}, \hat{X})]
 \end{aligned}$$

Once the sampling variance is computed, the standard error is computed by taking the square root of it. In the present study, the standard errors are calculated for select indicators viz., the proportion of fully satisfied citizens for each type of service.

### 1.5.2 Community Survey

A community survey was undertaken as part of the baseline study to make an assessment of the socio-economic status of the area and the availability of and access to infrastructure in the community. In most of the studies on local government service delivery, community is usually defined as a village. Villages, in such studies usually have less than 200 households. If administrative units such as 'village' with the above number of households are not available, community is defined as a small area with less than 200 households having access to similar kinds of infrastructure and having similarity in geographical features. The situation in Kerala, however, is different. Villages in the state are different from villages in most other parts of the country. The number of households per village is very high in Kerala. For instance, as against the national average of 262 households per village, the average for Kerala is 3984 households (about 15 times the national average).<sup>3</sup> Area per village is 28.1 sq.km in Kerala as against 5.3 sq.km at the national level. The settlement pattern is also different with houses located in a scattered manner as against the usual clustered pattern in most of the Indian villages. There is a rural-urban continuum in Kerala. Taking into account the unique situation in Kerala, most of the national level surveys, where villages are taken as PSUs, like the sample surveys conducted by the National Sample Survey Organisation (NSSO) adopted a different way of selecting the PSUs in Kerala. Instead of villages, GP wards are taken as PSUs. Similar approach was used in other studies conducted by the Indian Council of Medical Research (ICMR) and the District Level Household Survey (DLHS) on Reproductive and Child Health

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<sup>3</sup> As per Census of India 2001.

(RCH) of the Ministry of Health and Family Welfare (MoHFW), Government of India. Large majority of the GP wards (92 percent) in the state has more than 300 households and many have more than 600 households in 2001. The average number of households in a GP ward in Kerala is 470 in 2001 (Census 2001). The municipal wards are still bigger. This implies that even an average ward of a GP or Municipality in Kerala has much larger number of households than an average village in the country. Similar to the approach followed in the above mentioned studies, a community is defined in this study as ward of the LG. Details such as availability of infrastructure, distance to infrastructure, socio-economic and geographical characteristics, special problems faced by the ward were collected from the LG records and through depth-interviews with key informants including elected representatives. The survey provides information/data on select variables/indicators which can be used subsequently for assessing the impact of KLGSDP interventions.

## **1.6 Survey Instruments**

The following research instruments have been used for the baseline study:

- i. Questionnaire for household survey (Given as Appendix II)
- ii. Questionnaire for community survey (Given as Appendix III)

The questionnaire for the household survey covered the following topics:

- i. Identification Details
- ii. Socio-economic and demographic details of the Respondent and the Household
- iii. Feedback on Street lighting
- iv. Feedback on Roads
- v. Feedback on Education
- vi. Feedback on Health
- vii. Feedback on Water Supply
- viii. Feedback on Sanitation
- ix. Feedback on Anganwadis
- x. Service Delivery from GP/Municipality Offices
- xi. Awareness and participation in the planning and budgeting process of LG
- xii. Responsiveness of the LG towards environment and the needs of the elderly

The questionnaire for household survey was bilingual, with questions in Malayalam and English. Before undertaking the full-fledged household survey, a pilot survey was conducted in a sample of 50 households to fine tune the household questionnaire.

The questionnaire for community survey was administered on a group of stakeholders such as the elected representatives, community leaders, secretary of the LG, representatives of Self Help Groups (SHGs) and other key informants in the wards selected for survey. Necessary data/information was also collected from the office of the LG.

## **1.7 Field Work and Data Processing**

The field work started on 8-2-2013 and came to a conclusion on 28-3-2013. Prior to the fieldwork, three-day intensive training programme was conducted for the investigators and supervisors on the issues relating to KLGSDP, service delivery aspects and anticipated problems in data collection. The training programme included one-day field-testing of the research instrument in real life setting by the investigators.

All questionnaires from the field, which were edited in the field by the field supervisor, were edited again in the office before data entry to reduce errors. Appropriate codes were assigned for open ended responses and commonly mentioned “other” responses. After data entry, data cleaning was undertaken to remove inconsistencies.

## **1.8 Structure of the Report**

This report is divided into eight chapters.

- ❑ This introductory chapter provides a description of the objectives and methodology of the Study.
- ❑ Chapter II presents the characteristics of the sample communities and the households.
- ❑ Chapter III provides the feedback on the provision of civic amenities such as street lighting, roads, water supply and sanitation including waste management.
- ❑ Chapter IV reports the feedback on the functioning of transferred institutions such as government schools, government health care institutions and anganwadis.
- ❑ Chapter V presents the feedback on the delivery of services from the offices of GPs and Municipalities



- ❑ Chapter VI discusses the feedback on the responsiveness of the LG towards the elderly and the environment.
- ❑ Chapter VII discusses the awareness and participation of the citizens in planning and budgeting process of the LGs to a limited extent. In addition, the participation of the citizens in the election to the LGs and their involvement in community based organizations are discussed.
- ❑ Chapter VIII presents the summary of the findings and the suggestions emerging from the study.

## **CHAPTER II**

### **CHARACTERISTICS OF THE SAMPLE COMMUNITIES AND HOUSEHOLDS**

#### **2.1 Introduction**

As detailed in Chapter I, the objectives of the study are to assess the extent of access of the households to different services offered by the LG; the perceptions of the citizens about different services delivered by the LGs and about local governance; to gauge the level of satisfaction with local governance and service delivery; to assess the extent of awareness and participation of citizens in Plan formulation and budgeting of LGs and finally to understand the extent to which the level of services vary across different categories of LGs, if any. For this, 48 GPs and 16 Municipalities were selected using the methodology detailed in Chapter I. A total of 96 GP wards and 48 Municipal wards were selected from the selected GPs and Municipalities. At the household level a total sample of 1632 each were selected from both GPs and Municipalities. However, responses could be obtained only from 1608 households in the GPs and 1626 households in the Municipalities even after repeated visits.

The present chapter, a prelude to the ensuing chapters, profiles the communities from where these households have been selected besides presenting the socio-economic and demographic characteristics of the selected households.

#### **2.2 Characteristics of the LGs**

As noted in Chapter I, the GPs in Kerala have much larger population than those in other parts of the country. The average population of a GP in the sample is 26895 and that of Municipality is 39939. Wide variation in the size of population is noted in both GPs and Municipalities, the former ranging from 9607 to 45951 and the latter from 21186 to 75847. Some relevant characteristics of GPs and Municipalities are given in Table 2.1. Of the 48 GPs included in the sample, four have a population more than 40000. Five out of the 16 Municipalities in the sample have a population above 40000 (Table 2.1). Proportion of SC/ST population is five percent or less in seven GPs and seven Municipalities. But in 13 GPs and one Municipality, SC/ST forms more than 15 percent of the total population. There is no GP with more than 25 wards. About one-third of the GPs have 15 wards or less while nearly one-fourth have 21-25 wards. All the sample Municipalities have at least 25 wards with four of them having more than 40 wards. The average number of wards in GPs is 17 and that in Municipalities is 34.

**Table 2.1: Distribution of the sample LGs according to population, percentage of SC/ST population and the number of wards**

<b>Particulars</b>	<b>Number of GPs</b>	<b>Number of Municipalities</b>
<b>Population</b>		
20000 or less	10	0
20001- 30000	20	6
30001-40000	14	3
40001-50000	4	4
50001-60000	0	1
More than 60000	0	2
<b>Percentage of SC/ST in the Population of the LG</b>		
5 % or less	7	7
5.01 - 10.00 %	13	3
10.01 - 15.00 %	15	5
Above 15 %	13	1
<b>Number of wards in the LG</b>		
15 or less	18	0
16-20 wards	19	0
21-25 wards	11	0
26-30 wards	0	5
31-40 wards	0	7
Above 40 wards	0	4
Number of sample LGs	48	16

### **2.3 Characteristics of the Sample LG Wards**

The study covered 96 wards spread across 48 GPs and 48 wards in 16 Municipalities. Table 2.2 presents the details of the public infrastructure available in the sample wards. Anganwadis are available in most of the wards, both in rural and urban areas. A government LP school is located in two-thirds of the sample GP wards and slightly more than half of the municipal wards. A government UP school is located in about one-third of the wards in both Municipalities and GPs. Sub-centre of the PHC is available in more than one-third of the GP wards and more than one-fourth of the municipal wards. Table 2.2 reveals that there is not much difference between GPs and Municipalities in the availability of public infrastructure.

**Table 2.2: Availability of public infrastructure in the sample wards**

<b>Infrastructure</b>	<b>Percent of GP wards</b>	<b>Percent of Municipal wards</b>
Government LP School	63.5	54.2
Government UP School	31.3	29.2
Government High School	16.7	20.8
Government Higher Secondary School	8.3	18.8
Sub Centre	36.5	27.1
Anganwadi	96.9	91.7
Number of sample wards	96	48

Table 2.3 presents the details about the civic amenities available in the sample wards. Tarred roads and street lighting are available in almost all GP and municipal wards. In three-fourths of GP wards and four-in-five municipal wards in the sample, public water taps are installed. Public wells are also available in three-fourths of the wards in GPs and Municipalities. Drainage is available only in two-thirds of the GP wards and four/fifths of the Municipal wards. None of the wards even in the urban sample have a sewerage system in place. Waste bins are installed in public places only in 5 percent of the GP wards and 17 percent of Municipal wards. There is no system to collect household waste in any of the GP wards. Even in Municipalities, only one-fourth of the wards have a household waste collection system. Table 2.3 indicates that there is much scope for improvement in availability of drainage facility and sewerage system, waste bins in public places, coverage of water supply schemes and the system of collection of waste from households. The Municipalities are slightly better placed than GPs in the provision of civic amenities.

**Table 2.3: Availability of basic amenities in the sample wards**

<b>Amenities</b>	<b>Percent of GP wards</b>	<b>Percent of Municipal wards</b>
Tarred Road	97.9	100.0
Street lighting	91.7	100.0
Public water taps	74.0	81.3
Public well	77.1	72.9
Availability of drainage facility	65.6	83.3
Sewerage system in the ward	0.0	0.0
Waste bins installed in public places	5.2	16.7
System of collection of household waste	0.0	25.0
Water supply scheme	35.4	25.0
Number of sample wards	96	48

The distance between the GP and Municipal office and the respective wards is also examined in this survey. The average distance from a ward in the rural sample to the GP office is 4.2 kilometres and this fairly high distance could be because of the large size of the GPs in Kerala as noted in Chapter I. The distance between an urban ward and Municipal office works out to be 3.4 kilometres. Table 2.4 presents more details about the distance from wards to the GP/Municipality office.

**Table 2.4: Distribution of the sample wards according to the distance from the ward to the office of the GP/Municipality**

Distance	Percent of GP wards	Percent of Municipal wards
1 km or less	19.8	22.9
1.1 - 2 km	18.8	22.9
2.1 - 3 km	14.6	25.0
3.1 - 5 km	22.9	20.8
More than 5 km	24.0	8.3
Number of sample wards	96	48

We have also examined the profile of the elected representative of the LG representing the ward (Table 2.5). There is almost equal representation for men and women in the GP sample while women dominate the urban sample. It may be noted that half of the wards in the LGs in Kerala are reserved for women. Majority of representatives have at least high school education in both rural and urban sample. Those with graduation or higher levels of educational qualifications formed less than 20 percent in both cases. Similarly, only less than 20 percent of the representatives belong to the Scheduled Castes (SC) or Scheduled Tribes (ST).

**Table 2.5: Distribution of the sample wards according to the profile of the elected representative**

Profile of the elected representative		Percent of GP wards	Percent of Municipal wards
Gender	Male	53.1	39.6
	Female	46.9	60.4
Education	Up to 9 <sup>th</sup> standard	15.6	12.5
	High school completed	37.5	35.4
	Higher secondary completed	28.1	35.4
	Graduation or above	18.8	16.7
Community	SC	14.6	16.7
	ST	4.2	0.0
	Other Backward Castes (OBC)	40.6	52.1
	Others	40.6	31.3
Number of sample wards		96	48

Every elected representative is responsible for holding four GS/WS meetings in a year. Majority of the elected representatives have convened the required number of GS/WS meetings (Table 2.6). The GS/WS meetings are convened more frequently in GPs than in Municipalities.

**Table 2.6: Distribution of the sample wards according to the number of grama sabha/ ward sabha meetings held in the year 2011-12**

<b>Number of meetings</b>	<b>Percent of GP wards</b>	<b>Percent of Municipal wards</b>
Three or less	8.3	25.0
Four	65.6	62.5
Five or more	26.1	12.5
Number of sample wards	96	48

Being the baseline study of the KLGSDP, we have also examined the level of awareness of the elected representatives about KLGSDP. It was found that only one-third (34.4 percent) of the elected representatives in the GPs have heard about KLGSDP. But nearly half of the elected representatives in the Municipalities have heard about the project (Table 2.7)

**Table 2.7: Distribution of the sample wards according to the awareness of the elected representatives about KLGSDP**

<b>Awareness of the elected representative about KLGSDP</b>	<b>Percent of GP wards</b>	<b>Percent of Municipal wards</b>
Aware	34.4	47.9
Not aware	65.6	52.1
Number of sample wards	96	48

## **2.4 Characteristics of the Sample Households**

The household survey elicited response from 1608 households in GPs and 1626 households in Municipalities. About 80 percent of the households are living in pucca houses with only less than five percent living in Kachcha houses in both rural and urban areas. The socio-economic and demographic profile of the sample households is presented in Table 2.8. Most of the houses are owned by the family which responded to the present survey. Only less than 5 percent are living in the houses owned by others on rental or rent-free basis. About one-third (38 percent in rural areas and 32 percent in urban areas) of the households are living below the poverty line as per the ration card the family holds now. The main source of income for the GP

households is reported to be daily wage labour (52%), agriculture (14%), business (9%), permanent job either in private or government office (9%) and pension (8%) whereas that in Municipalities is daily wage labour (42%), business/trade (16%), permanent job either in private or government office (13%), pension (12%) and agriculture and remittances of a family member from abroad (7 % each).

The SC households formed about one-tenth of the total number of sample households, which is almost at par with the proportion of this group in the state's population. However, ST households are slightly over represented in the sample with 3 percent of the sample in GPs and 2 percent in Municipalities belonging to this group. As against this, ST forms only 1.1 percent of the state's population. The religious composition of the sample is not much different from that of the state's population. Almost all households in both rural and urban areas have electricity connection. Wood is the main source of fuel for cooking in four-in-five households in the GP sample and three-in-five in the sample households in the Municipalities. However, use of LPG as main fuel for cooking, is much higher in households in Municipalities (43%) than in GP households (20%). The average household size is 4.7, both in GPs and in Municipalities (not shown in the table) and the distribution by number of members is more or less the same in both areas.

**Table 2.8: Distribution of the sample households according to household profile**

Characteristics		Percent of households in GPs	Percent of Households in Municipalities
Ownership of house	Owned	96.9	95.8
	Rented	1.6	3.6
	Rent free	1.5	0.6
Income class (as per ration card)	Below Poverty Line (BPL)	37.5	31.5
	Above Poverty Line (APL)	62.5	68.5
Main source of income	Agriculture/livestock	14.1	7.0
	Daily wage labour	51.9	42.2
	Contract labour	1.2	1.5
	Permanent job government	4.3	5.7
	Permanent job private	4.4	7.0
	Business/Trade/Self employed	8.5	15.8
	Remittance of a family member	6.3	7.2
	Pension	8.0	12.1
	Others	1.3	1.4

(Contd.)

*(Table 2.8 Contd.)*

Religion	Hindu	56.9	60.8
	Muslim	19.6	22.8
	Christian	23.5	16.4
Community	SC	10.7	10.1
	ST	3.2	1.7
	OBC	46.7	59.9
	Others	39.4	28.3
Households with electric connection	Yes	97.1	98.9
	No	2.9	1.1
Main fuel for cooking	LPG	19.9	42.6
	Wood	79.3	56.9
	Others	0.8	0.5
Number of Household members	Three or less	28.0	31.4
	Four	23.5	20.7
	Five	21.0	19.2
	More than Five	27.5	28.7
Number of sample households		1608	1626



## **CHAPTER III**

### **FEEDBACK ON CIVIC SERVICES PROVIDED BY THE LOCAL GOVERNMENTS**

This chapter presents the feedback given by the citizens on the civic services provided by the LGs. The services discussed in this chapter are street lights, roads, water supply and sanitation. The aspects of service delivery that are discussed for each service are: access to or the availability of the particular service, quality of service or effectiveness of service delivery, instances of grievance with the service and grievance redressal, satisfaction with the service and the citizens' suggestions for improving the service. In each section, the access to the service as well as the satisfaction with the service is further analyzed across the three categories of GPs and two categories of Municipalities. The dimension of equity in service delivery is discussed by analyzing the access to service as well as satisfaction with the service delivery across socio-economic groups; i.e. how the SC/ST households and BPL households fare in comparison with other households.

#### **SECTION I: STREETLIGHTING**

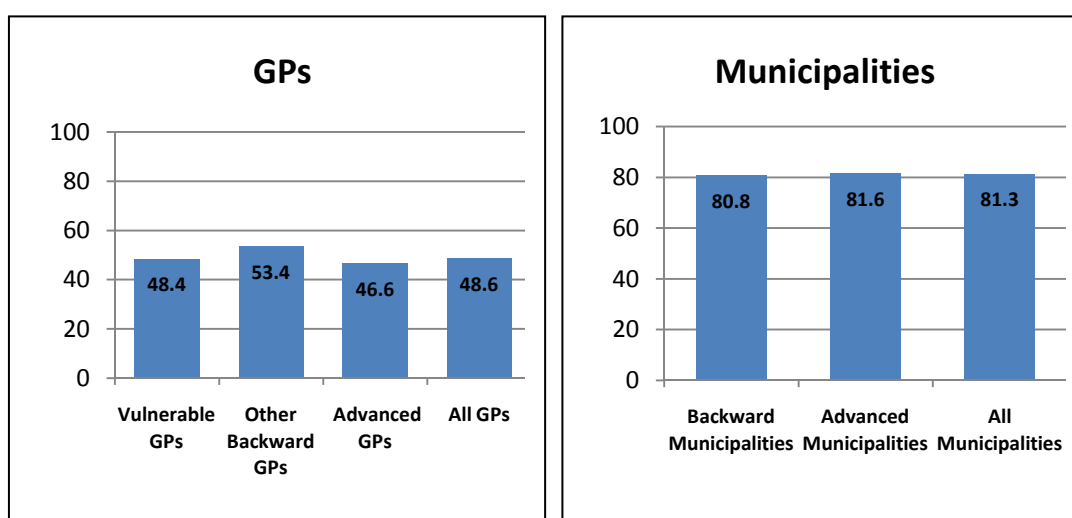
##### **3.1.1 Availability of Street Lights**

Availability of proper lights in the streets not only increases the visibility in the dark but will also aid in the abatement of crimes and in instilling a sense of security among the residents particularly women. Provision of streetlights is a mandatory service of the LGs. As per Section 176 B of the Kerala Panchayat Act, 1994, "a village panchayat shall cause all public streets in its area to be lighted and for that purpose shall provide such lamps and works as may be necessary". Section 316 of the Kerala Municipalities Act, 1994 vests the responsibility of providing street lights in urban areas with the respective Municipalities. The necessary electric energy and other technical assistance shall be provided by the Kerala State Electricity Board (KSEB) at rates fixed and terms prescribed by the Government.

As was mentioned in the introductory section, aspects looked into are access to or availability of street lights, quality or effectiveness of street lighting, incidence of problems in the provision of street lighting and its resolution, satisfaction with the service and suggestions for improving the service.

Understandably, the provision of streetlights is better in urban areas than in rural areas (Figure 3.1). While only about half of the households in the GPs had streetlights in their neighbourhood, four in five households in Municipalities reported that there are streetlights in their neighbourhood. The availability of streetlights was also assessed across the three categories of GPs and two categories of Municipalities. There exists only marginal difference between different categories of LGs.

**Figure 3.1: Percent of households that have streetlights in their neighbourhood across economic classification**



The availability of streetlights in the neighbourhood was also assessed across economic groups of the households (Table 3.1). The BPL households in the GPs reported poorer access to streetlights than APL households. In the Municipalities, the difference in coverage of BPL and APL households was smaller.

**Table 3.1: Percent of households that have streetlights in their neighbourhood across economic classification**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	41.6	603	77.0	512
APL households	52.8	1005	83.2	1114
All households	48.6	1608	81.3	1626

No significant difference in availability of streetlights was noted between SC/ST households and non SC/ST households in the Municipalities (Table 3.2). However, in the case of GPs, the provision of streetlights is poorer in neighbourhoods where SC/ST households are residing. It is

often seen that SC/ST households are located as colonies in the GPs and are concentrated in these areas. Provision of facilities to these neighbourhoods is envisaged to be given priority under Special Component Plan (SCP), Integrated Tribal Development Programme (ITDP), Tribal Sub Plan (TSP), etc. However, these households continue to lag behind other households in their access to street lighting.

**Table 3.2: Percent of households that have streetlights in their neighbourhood across social classification**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SC/ST households	40.8	224	80.2	192
Non SC/ST households	49.8	1384	81.4	1434
All households	48.6	1608	81.3	1626

### 3.1.2 Effectiveness of Street lighting

The quality or the effectiveness of the service was assessed by asking whether the street lights were lit on most days and whether the streetlights are usually switched on and off at proper timings. The citizens were asked to describe their experience over the past one year on these aspects. Only a little more than half of the households in GPs and three-fourths of the households in Municipalities reported that the street lights were lit on most days in the past one year (Table 3.3). As regards switching the streetlights on and off at proper time whenever they are lit, a higher proportion of households in the Municipalities reported positively. As in the case of availability of street lighting, in the effectiveness of lighting as well, a larger proportion of the households in the Municipalities reported better effectiveness with respect to lighting on most days as well as switching the lights on and off at proper timings. It is often seen, especially in the rural areas, that the fuse of the streetlights in the area is entrusted with a person who is expected to insert and remove the fuse at specified timings. However, the LGs have to ensure that such an arrangement is functioning effectively.

**Table 3.3: Feedback on effectiveness of street lighting in the past one year**

Percent of Households reporting that:	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Streetlights were lit on most days	54.2	781*	74.8	1321*
Streetlights are usually switched on and off at the right time	84.4	585**	88.1	1171**

\*Households with streetlights in their neighbourhood

\*\*Excludes households which reported that streetlights in their neighbourhood are usually not lit.

### 3.1.3 Grievances and Grievance Redressal

The citizens were further asked whether they had faced any specific problem with the provision of street lighting in the one year preceding the survey. While 60 percent of the households in GPs had experienced some problem in street lighting in the past one year, only 45 percent of the households in Municipalities had experienced some problem (Table 3.4). Only 43 percent of the households in GPs which had experienced some problem related to street lighting complained about the same to authorities. A larger proportion (51 percent) of households in the Municipalities complained about the problem in comparison to the households in GPs. However it may be noted that only 44 percent of those who registered a complaint in GPs and 54 percent of those in Municipalities reported that some action was taken on their complaint. Thus, more than half of the complaints in GPs and about half of them in Municipalities remained unattended. It is, however, noted that large majority of those citizens whose complaints were attended to were satisfied with the action taken. There was also not much difference in satisfaction on grievance redressal among households in the GPs and Municipalities.

**Table 3.4: Grievance with street lights and grievance redressal**

Households which:	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Faced a problem with respect to street lighting	59.9	781 <sup>a</sup>	45.0	1321 <sup>a</sup>
Complained about the problem	42.7	467 <sup>b</sup>	51.1	595 <sup>b</sup>
Report that action was taken on their complaint	43.9	199 <sup>c</sup>	54.1	304 <sup>c</sup>
Expressed satisfaction with the action taken	89.3	87 <sup>d</sup>	89.2	164 <sup>d</sup>

<sup>a</sup> Households that have streetlights in their neighbourhood

<sup>b</sup> Households that had faced a problem with respect to street lighting

<sup>c</sup> Households that complained about the problem

<sup>d</sup> Households on whose complaint action was taken

The survey revealed that it took, on an average, a month for the problem to be resolved in GPs as well as in Municipalities. The average number of days taken to solve a problem in the GPs at 33 days was slightly more than the average number of days taken in the Municipalities (29 days) (not shown in the table).

The major problem reported with respect to street lighting was that the available streetlights are either not lit or are lit irregularly (Table 3.5). Other problems that were reported were low voltage, incidents of vandalism by anti social elements, etc.

**Table 3.5: Problems in street lighting experienced by the households in the past one year**

Problem	Percent of Households	
	GPs	Municipalities
Irregular Lighting	49.1	61.0
No lighting for a long time	48.2	33.8
Low voltage	1.4	3.7
Others*	1.2	1.7
Number of households which experienced problems in street lighting	467	595

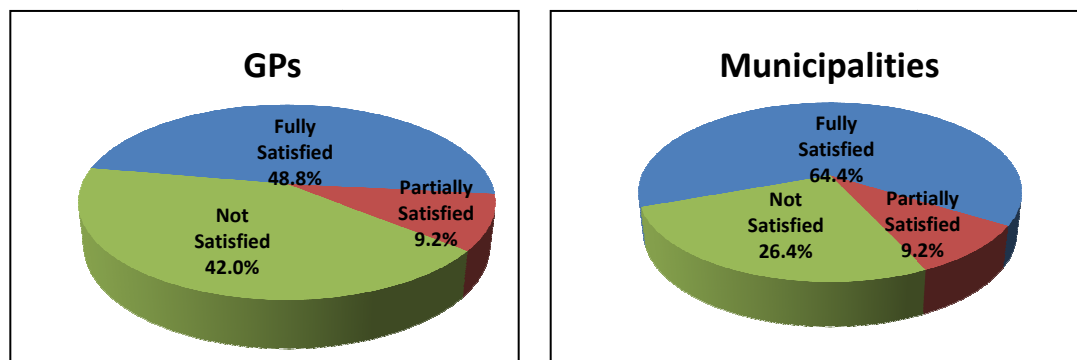
\* In GPs, this includes 'bulb getting fused' and 'anti-social people damaging streetlights'. In the case of Municipalities, this includes 'light not switched off till late in the morning', 'anti-social people damaging streetlights and 'bulb getting fused'.

Note: Multiple response, total may exceed 100 percent.

### 3.1.4 Level of Satisfaction

The respondents were further enquired about their satisfaction with the street lighting service. Figure 3.2 shows that only half of the households in the GPs are fully satisfied with street lights in their neighbourhood as against two-thirds in Municipalities.

**Figure 3.2: Level of Satisfaction with street lighting**



Though it is the responsibility of the LG to provide quality street lights which is functional in terms of lighting every day at proper times with ample brightness, it may be inferred from the responses obtained in this survey that the same is not happening to the satisfaction of all. It also needs to be mentioned that the satisfaction ratings relate only to those households that have street lights in their neighbourhood. The non-availability of streetlights in the

neighbourhood of half of the households in GPs and one-fifth in Municipalities is an aspect which would lead to much higher levels of dissatisfaction with the street lighting scenario. There is not much difference in the satisfaction levels of households across different categories of LGs (Figure 3.3).

**Figure 3.3: Percent of Households Fully Satisfied with Street Lighting in their Neighbourhood across different Categories of LGs**

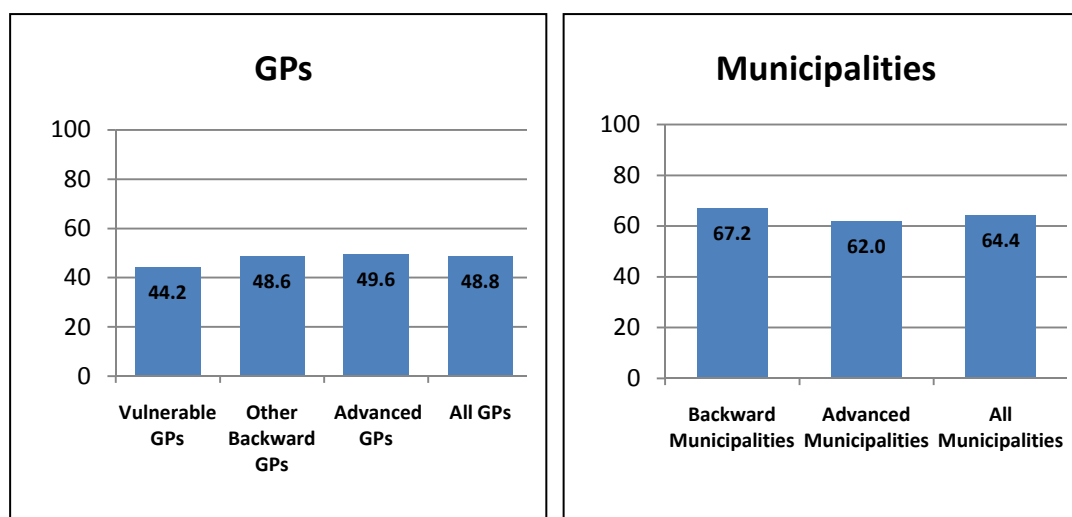


Table 3.6 reveals that the level of satisfaction with street lighting service is higher among the APL households in both GPs and Municipalities.

**Table 3.6: Percent of households fully satisfied with the provision of streetlights in their neighbourhood across economic classification**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
BPL households	42.4	250	62.7	394
APL households	51.9	530	65.1	927
All households	48.8	781	64.4	1321

\*Households with streetlights in their neighbourhood

As was seen earlier, there was not much difference between SC/ST households and other households in the Municipalities with respect to the availability of street lighting services in the neighbourhood. There is also not much difference in the satisfaction levels of households in the Municipalities (Table 3.7). But the situation is different in GPs. The satisfaction level was much lower among SC/ST households than non-SC/ST households.

**Table 3.7: Percent of households fully satisfied with the provision of streetlights in their neighbourhood across social classification**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
SC/ST households	34.6	91	64.5	154
Non SC/ST households	50.7	690	64.3	1167
All households	48.8	781	64.4	1321

\*Households with streetlights in their neighbourhood

### 3.1.5 Suggestions for Improving Street Lighting Service

The citizens were also asked for their suggestions to improve the street lighting service. Of the total households with streetlight in their neighbourhood, only 54 percent in GPs and 38 percent in Municipalities gave some suggestions which are given in Table 3.9. The most prominent suggestions given were to ensure lighting of street lights on all days followed by use of good quality bulb so that the same will not become dysfunctional in short spans of time. Citizens also suggested that lights should be switched on and off at proper timings. Avoiding the practice of inserting fuse and using methods such as automated sensors was also suggested (Table 3.8). Further, it can help in saving electricity. It was also suggested that the LGs should attend to the complaints of the citizens.

**Table 3.8: Suggestions for improving street lighting service**

Suggestion	Percent of Households	
	GPs	Municipalities
Ensure lighting of street lights on all days	59.4	55.5
Use good quality bulbs	37.6	31.1
Use solar/sodium bulbs which provide more light	3.5	6.8
Install streetlights in such a way that light is available for a large area	2.8	6.5
LG should attend to the complaints of the citizens	1.6	2.2
Ensure that lights are switched on and off at proper timings according to the season	0.7	2.4
Avoid the practice of inserting fuse to switch on lights and use alternate methods	1.0	1.0
Take strict action against anti-social elements who destroy street light	0.9	0.4
Number of households which provided suggestions	420	501

Note: Multiple response, total may exceed 100 percent.

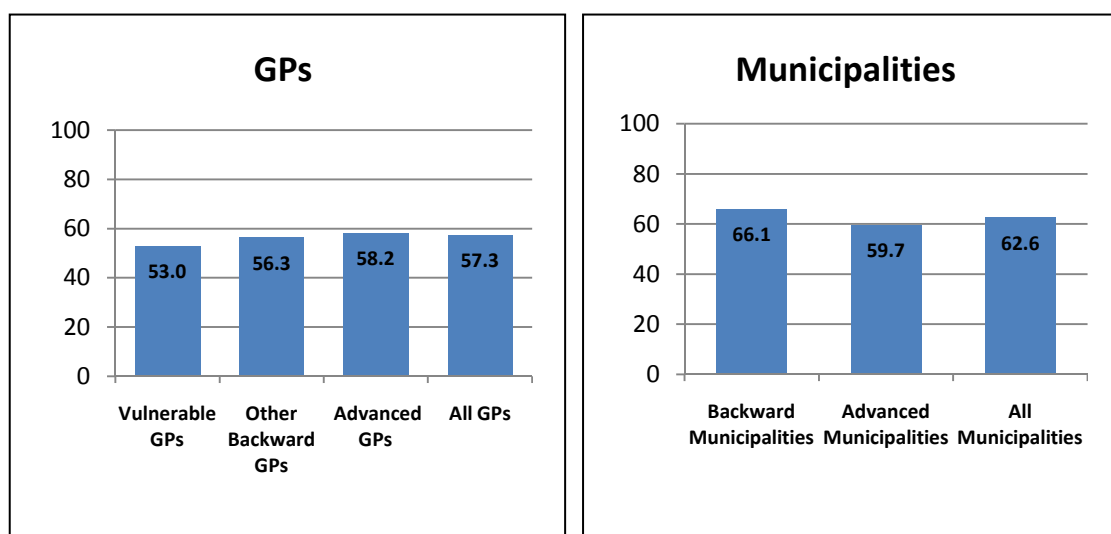
## SECTION II: ROADS

The LGs are responsible for laying and maintaining all public roads other than those classified by the government as National Highways (NH), State Highways (SH) or major district roads. The LGs are also responsible for preventing encroachment of these roads and cleaning the same.

### 3.2.1 Availability of Roads

The citizens were enquired about the distance from their house to a motorable road. About three in five households in the GPs as well as Municipalities have a motorable road reaching right up to their house. The proportion is slightly lower in vulnerable GPs compared to the other two categories of GPs. On the other hand, in the case of Municipalities, the proportion is lower in advanced Municipalities than in backward Municipalities (Figure 3.4).

**Figure 3.4: Percent of households having roads in front of their house across different categories of LGs**



It is found that availability of motorable road in front of the houses of BPL families was much lower than that of the APL families, a scenario existing in both GPs and Municipalities (Table 3.9). Similarly, availability is much lower for SC/ST households than for households not belonging to the SC/ST group (Table 3.10). This is true of both GPs and Municipalities. The difference is larger in GPs than in Municipalities.



**Table 3.9: Percent of households having roads in front of their house across economic classification**

<b>Economic Classification of Households</b>	<b>GPs</b>		<b>Municipalities</b>	
	<b>Percent of Households</b>	<b>Number of sample households</b>	<b>Percent of Households</b>	<b>Number of sample households</b>
BPL households	47.2	603	54.5	512
APL households	63.3	1005	66.3	1114
All households	57.3	1608	62.6	1626

**Table 3.10: Percent of households having roads in front of their house across social classification**

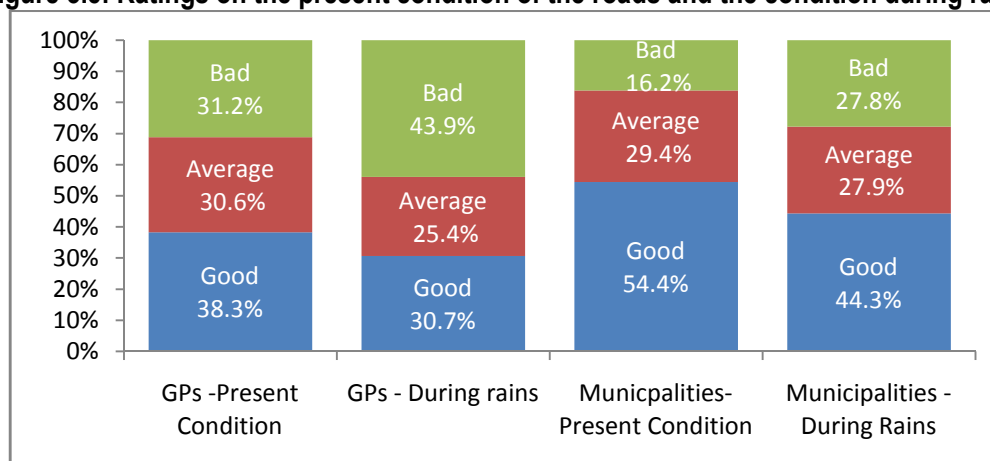
<b>Social Classification of Households</b>	<b>GPs</b>		<b>Municipalities</b>	
	<b>Percent of Households</b>	<b>Number of sample households</b>	<b>Percent of Households</b>	<b>Number of sample households</b>
SC/ST households	40.9	224	56.0	192
Non SC/ST households	59.9	1384	63.5	1434
All households	57.3	1608	62.6	1626

The above tables reveal that the access to roads is poorer for the vulnerable sections of the society, especially the SC/ST group. It is often seen that the houses belonging to the backward sections of the society are concentrated in certain localities where the access to roads is lower. As mentioned earlier, in spite of the existence of schemes such as SCP, TSP, ITDP, etc., the SC/ST group continues to have poorer access to infrastructure including roads than other households.

### **3.2.2 Condition of Roads in the LG**

Only 38 percent of the respondents in the GPs rated the present condition of the roads as good, while another 31 percent rated it as bad (Figure 3.5). A higher proportion of citizens in the Municipalities rated the present condition of the roads as good than those in GPs. The study was conducted at a time when there were not much rains. When asked to rate the condition of the roads during rainy season, a much lower proportion of respondents rated it as good, both in GPs and Municipalities.

**Figure 3.5: Ratings on the present condition of the roads and the condition during rains**



The respondents were enquired about the quality of maintenance of the roads managed by the LGs. Only 44 percent of the rural citizens felt that the maintenance of the roads is done in a proper and timely manner (Table 3.11). A higher proportion of the households in the Municipalities (58 percent) said so. The citizens were asked whether the roads in their neighbourhood have proper footpath/walkway. Very few households report that the roads have proper walkway, a situation prevailing in both rural and urban LGs. The non-availability of walkways will make the movement of pedestrians through these roads difficult.

**Table 3.11: Feedback of the households on the maintenance of and control of encroachment of roads**

Percent of households reporting that:	Percent of households	
	GPs	Municipalities
Roads are properly maintained	44.0	57.6
Roads have a proper walkway	4.8	5.6
LG is effective in controlling encroachment of roads	32.0	39.3
Number of sample households	1608	1626

Encroachment of the roads by the people in the locality narrows the width of the roads, which in turn, hamper the movement of vehicles and pedestrians. Only one-third of the respondents in the rural sample said that the GP has been effective in controlling the encroachment of the roads. In Municipalities, the proportion was higher at 39 percent (Table 3.11). Majority of the respondents replied that they were unaware of any interventions made by the LG to control such encroachments (not shown in the table).

### 3.2.3 Grievances with Roads and Grievance Redressal

The citizens were further asked whether they had experienced any problem in relation to the roads in the last one year. A higher proportion of the respondents in the GPs (56 percent)

reported that they had faced a problem in relation to roads as against 40 percent in the Municipalities (Table 3.12). However, only about 40 percent of the households in the GPs as well as Municipalities which experienced a problem complained about the same to the authorities. Only about one-tenth of the citizens in rural and urban areas who had a complaint are aware of any action taken on their complaint. However, more than three-fourths of them in the GPs as well as in the Municipalities on whose complaint action was taken were satisfied with the action taken.

**Table 3.12: Grievance with roads and grievance redressal in the last one year**

Percent of Households which:	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Experienced a problem with respect to the roads in their neighbourhood	55.9	1608	39.7	1626
Registered a complaint	39.7	899 <sup>a</sup>	41.1	646 <sup>a</sup>
Reports that action was taken on the complaint	10.9	357 <sup>b</sup>	12.3	265 <sup>b</sup>
Reports satisfaction with the action taken	76.9	39 <sup>c</sup>	81.9	33 <sup>c</sup>

<sup>a</sup> Households that had faced a problem with respect to the roads in their neighbourhood

<sup>b</sup> Households that complained about the problem

<sup>c</sup> Households on whose complaint action was taken

The main problem experienced by the households in the GPs and Municipalities is the difficulty to use the roads during rainy season due to its poor condition (Table 3.13). Improper maintenance of roads, which in turn lead to the poor condition of the roads, is the next major problem reported by the citizens. As can be understood, the situation worsens further with the onset of rains. The potholes in the road are also a major problem.

**Table 3.13: Problems regarding roads faced by the households in the last one year**

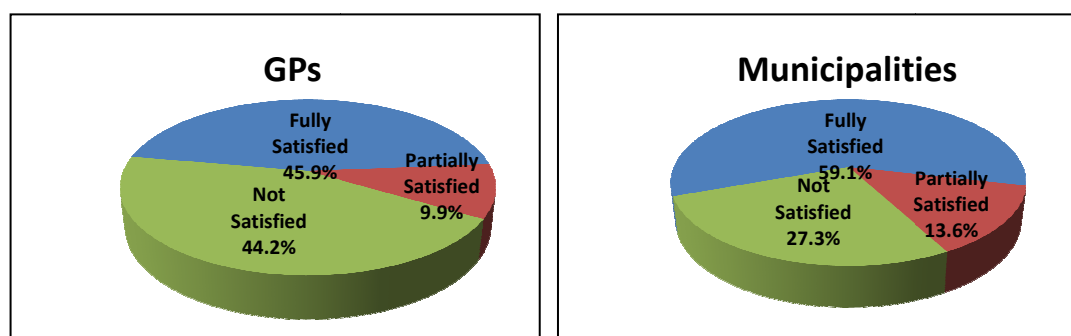
Problem	Percent of Households	
	GPs	Municipalities
Difficult to use during rain due to poor condition of the roads	51.1	45.5
Improper maintenance	47.5	38.3
Pot holes	39.6	34.0
Open/Partly covered man holes	4.6	7.1
Number of households which faced a problem in relation to roads in the last one year	899	646

Note: Multiple response, total may exceed 100 percent.

### 3.2.4 Satisfaction with Roads

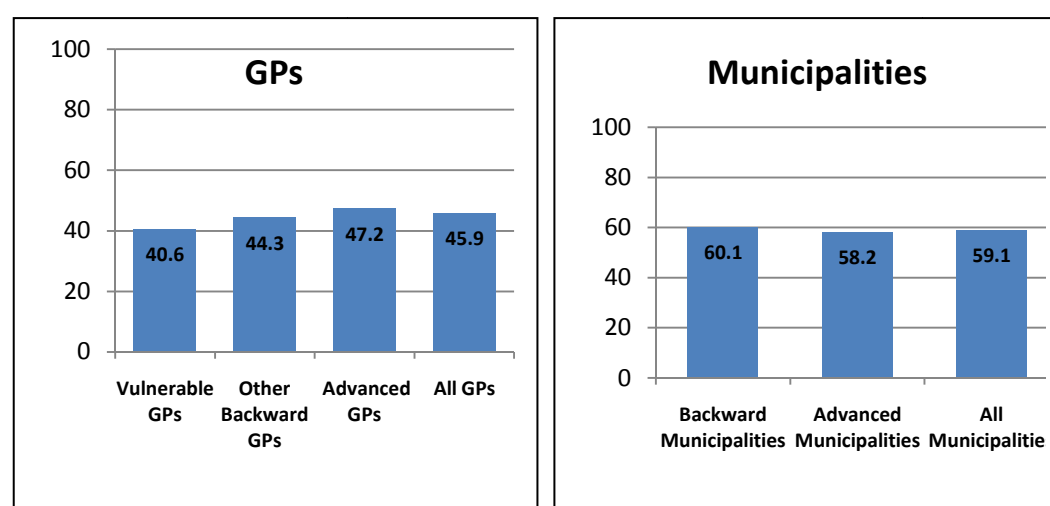
The households were enquired about their levels of satisfaction with the roads maintained by the LGs. Figure 3.6 shows that only 46 percent of the households in the GPs are fully satisfied with roads in their neighbourhood as against 59 percent in Municipalities.

**Figure 3.6: Level of Satisfaction with Roads**



As in the case of availability of motorable roads in front of their houses, a clear gradation is observed in the case of GPs with the highest proportion of fully satisfied households in the advanced GPs and the lowest in vulnerable GPs (Figure 3.7). In the urban LGs, the proportion of fully satisfied citizens is slightly lower in advanced Municipalities than in backward Municipalities.

**Figure 3.7: Percent of households fully satisfied with roads in the neighbourhood across different categories of LGs**



There is no difference between BPL and APL households in the Municipalities who said that they are fully satisfied with the roads, whereas the proportion is lower among BPL households than among APL households in GPs (Table 3.14).

**Table 3.14: Percent of households fully satisfied with roads in the neighbourhood across economic classification**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	42.5	603	59.1	512
APL households	47.9	1005	59.0	1114
All households	45.9	1608	59.1	1626

The satisfaction ratings of the households across social groups reveal that a smaller proportion of the SC/ST households in the GPs are fully satisfied with the roads than other households. However, in the case of Municipalities, the proportion of citizens fully satisfied with the municipal roads is marginally higher among SC/ST households than other households (Table 3.15).

**Table 3.15: Percent of households fully satisfied with roads in their neighbourhood across social classification**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SC/ST households	41.2	224	61.4	192
Non SC/ST households	46.6	1384	58.8	1434
All households	45.9	1608	59.1	1626

### 3.2.5 Suggestions for Improving Roads in the LG

The citizens also put forward their suggestions to improve the roads in the LGs. The most widely reported suggestion from the citizens was the timely maintenance of roads. Four-in-five respondents in the GPs and two-thirds of the respondents in Municipalities gave this suggestion. Proper provisioning of street lighting in the roads and widening of roads to facilitate smooth movement of traffic were the other major suggestions made by the respondents, more so in the Municipalities (Table 3.16). It was also suggested that proper footpath should be built for the safe movement of pedestrians. A few citizens also suggested better measures to prevent encroachment of roads and transparent allocation of work to contractors with proven track record.

**Table 3.16: Major suggestions from citizens for improving the roads in the LG**

Suggestion	Percent of Households	
	GPs	Municipalities
Timely tarring and maintenance of roads	81.0	63.7
Provide proper lighting along the roads	19.4	23.4
Widen the roads to facilitate smooth movement of traffic	12.1	19.5
Timely filling of pot holes on road	1.0	5.9
Provide concrete pavements for pedestrians	1.3	4.3
Check encroachment on roads	0.7	1.5
Allocate road work to contractors who are efficient and ensure transparency in allocation of such works	0.8	1.0
Number of households that gave suggestions	980	817

Note: Multiple response, total may exceed 100 percent.

### SECTION III: DRINKING WATER

The LGs are primarily responsible for the provision and maintenance of public sources of water such as public taps and public wells. The LGs are also envisaged to ensure the availability of water through the piped water supply system. In areas where public provisioning of water is not possible, the LGs are expected to arrange other means of water supply such as tanker service. Kerala is a state where private sources such as wells are used as the primary source of drinking water in majority of the households. However, these sources also get dried up during the drought season. The LGs are also envisaged to take effective measures to overcome water shortage. This section examines the main sources of drinking water in the sample households and assesses the access of the citizens to public sources of water, citizens' perceptions about the efficiency of water supply through public sources, problems encountered in accessing public sources and the level of satisfaction the citizens have with the water supply. The feedback of the citizens on the interventions of the LGs in times of shortage of water is also assessed besides their suggestions to improve the existing system of drinking water supply.

#### 3.3.1 Main Source of Drinking Water

Table 3.17 presents the details about the main source of drinking water of the sample households. Majority of the sample households (71 percent in GPs and 66 percent in Municipalities) depend on the wells in their own compound for drinking water. The dependence

on public taps, public wells and public tanker service among households in Municipalities (six percent) is not much different from that in GPs (five percent). Dependence on public tanker service is found only in the rural areas. Proportion of households with piped water connection in Municipalities is more than double that in GPs. Ten percent in GPs and 21 percent in Municipalities depend on water connection in their homes the water to which is supplied from public sources. Some households also depend on neighbouring households for water. Few other households in the rural areas depend on uncertain and or unreliable water sources in terms of both quantity and quality such as natural spring, streams, river, pond etc.

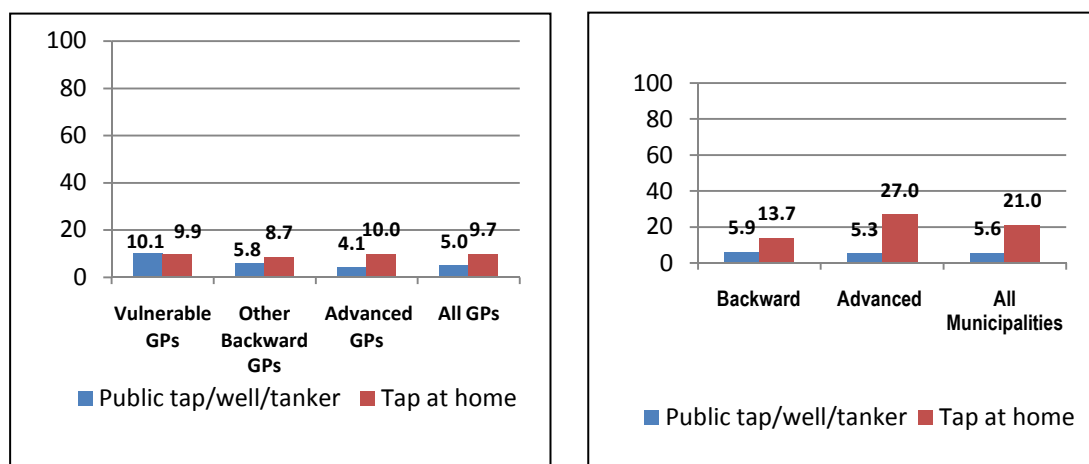
**Table 3.17: Distribution of the households according to the main source of drinking water**

Main Source of Drinking Water	Percent of Households	
	GPs	Municipalities
Well/bore well in the compound	71.0	65.9
Well/bore well in the neighbourhood	10.0	7.2
Piped water (tap at home) from public water supply scheme	9.7	21.0
Public tap	2.8	4.6
Public well/bore well	1.3	1.0
Tanker (public)	1.0	0.0
Buying water	0.7	0.3
Others*	3.6	0.0
Number of sample households	1608	1626

\* Others include sources such as natural spring, pond, river, etc.

Dependence on common public water sources (public taps, public wells and public water tanker) is higher in vulnerable GPs than in the other two GP categories (Figure 3.8). However, the dependence on common public sources is more or less the same in backward and advanced Municipalities. It is also seen that though there is not much difference across GPs with respect to coverage of piped water connection, households with access to piped water in advance Municipalities is twice that of the households in backward Municipalities.

**Figure 3.8: Percent of households depending mainly on public water supply across different categories of LGs**



The dependence on common public water sources is higher among the BPL households in the GPs as well as the Municipalities, than among APL households (Table 3.18). As regards access to piped water at home, while there is not much difference between BPL and APL households in the GPs, in the Municipalities, the APL households are seen to have a slightly better access to piped water. Similarly, SC/ST households depend more than other households on common public water sources. However, there is no significant difference in the access to piped water between SC/ST households and other households in the GPs as well as the Municipalities (Table 3.19).

**Table 3.18: Percent of households depending mainly on public water supply across economic classification**

Economic Classification of Households	Percent of Households		Number of Sample Households
	Depending on common public sources*	Having piped water connection at home	
<b>GPs</b>			
BPL Households	8.6	10.7	603
APL Households	2.9	9.0	1005
All Households	5.0	9.7	1608
<b>Municipalities</b>			
BPL Households	11.3	18.5	512
APL Households	2.9	22.2	1114
All Households	5.6	21.0	1626

\* Includes public tap, public well/ borewell and public tanker.



**Table 3.19: Percent of households depending mainly on public water supply across social classification**

Social Classification of Households	Percent of Households		Number of Sample Households
	Depending on common public sources*	Having piped water connection at home	
<b>GPs</b>			
SC/ST households	15.9	8.1	224
Non SC/ST households	3.3	9.9	1384
All households	5.0	9.7	1608
<b>Municipalities</b>			
SC/ST households	17.6	21.4	192
Non SC/ST households	4.0	21.0	1434
All households	5.6	21.0	1626

\* Includes public tap, public well/ borewell and public tanker.

### 3.3.2 Distance to the Source of Water and Waiting Time to Fetch Water

Among the households depending on a public tap or public well, about two-thirds in GPs and Municipalities have the same located at a distance of 25 metres or less from their home. Only 7 percent of the households in GPs and 11 percent of those in Municipalities have to access water from a public source located at a distance of more than 100 metres from their house (Table 3.20).

**Table 3.20: Distribution of households according to the distance to the public tap/public well**

Distance to the public tap/well	Percent of households	
	GPs	Municipalities
25 metres or less	68.4	67.2
26- 100 metres	25.0	21.8
Above 100 metres	6.6	11.0
Number of sample households	64	91

The citizens were also asked about the time they have to wait in queue to collect water from a public source. Their responses show that three-fourths of the citizens, both in GPs and Municipalities, do not have to wait in the queue to collect water (Table 3.21) while another 15

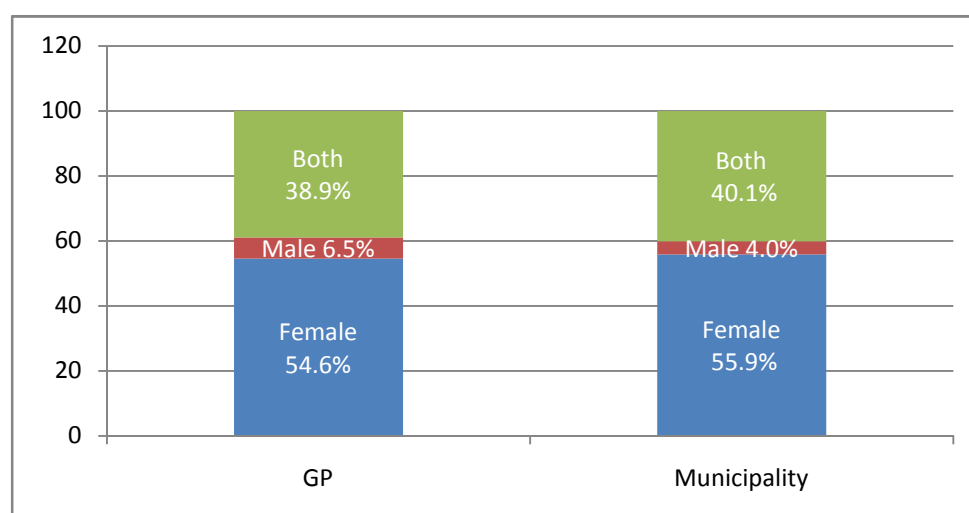
percent had to wait for a negligible period of 15 minutes or less. That leaves about one-tenth of the households who had to wait for more than 15 minutes to collect water.

**Table 3.21: Distribution of Households according to the waiting time for fetching water from public taps**

Waiting time	Percent of households	
	GPs	Municipalities
No/Negligible waiting time	74.2	76.3
15 minutes or less	14.5	14.6
16-30 minutes	3.5	2.1
More than 30 minutes	7.7	6.9
Number of sample households	45	75

It was found that in the case of 55 percent of households in GPs and 56 percent in Municipalities, it is the female member of the household who collects water from the public source indicating perhaps the gender stereotyping of the domestic tasks. In most of the remaining households, the task is done by both the male and female members (Figure 3.9).

**Figure 3.9: Distribution of the households according to the gender of the household who usually fetches water from public source**



### 3.3.3 Feedback on Public Taps and Public Wells

The number of sample households using public taps and public wells are not very high. Nevertheless, they being two important sources of public water supply, the feedback of the citizens on these two water sources was sought and the results are presented in Tables 3.27

and 3.28 respectively. With regard to public wells, it was enquired whether the public well from which they source water is kept covered and is chlorinated regularly. A fairly high proportion of households in both GPs and Municipalities reported regular chlorination of public well that they access. But covering the well is not a practice followed by many. A comparatively higher proportion of the rural households reported that the well is both covered and is regularly chlorinated (Table 3.22).

**Table 3.22: Feedback on public wells**

Percent of households reporting that:	Percent of Households	
	GPs	Municipalities
Public well which they access is covered	36.8	19.3
Public well which access is regularly chlorinated	72.5	63.2
Public well which they access is covered and is regularly chlorinated	27.0	19.3
Number of sample households	20	16

Feedback from the citizens was also sought on uninterrupted availability of water through the taps and adequacy of pressure of water flow. It was seen that many of the households having piped water connection at home were storing the same in a sump and pumping it to the tank using motor. For the same reason, many of them were unaware of the day-to-day inflow of water. It was also seen that the same tank was used to pump water coming through pipe connection as well as from other sources such as well. Given these circumstances, the feedback on flow of water through taps is restricted to public taps and does not include households having piped water connection. Slightly less than one in five rural households and two in five urban households report that water is available in the public taps on all days of the week (Table 3.23). The other households reported that, on an average water is available only three days a week, in the GPs as well as in the Municipalities (not shown in the table). While only one-tenth of the households in the GP report that water is available in the taps throughout the day, the corresponding percentage of households in the Municipalities works out to be 43. Time-wise, on an average, water was available in the taps in Municipalities for six hours as against five hours in the GPs (not shown in the table). However, more than two-thirds of the households in the GPs as well as in the Municipalities report that the pressure of water flow in the public taps is adequate.

**Table 3.23: Feedback on public taps**

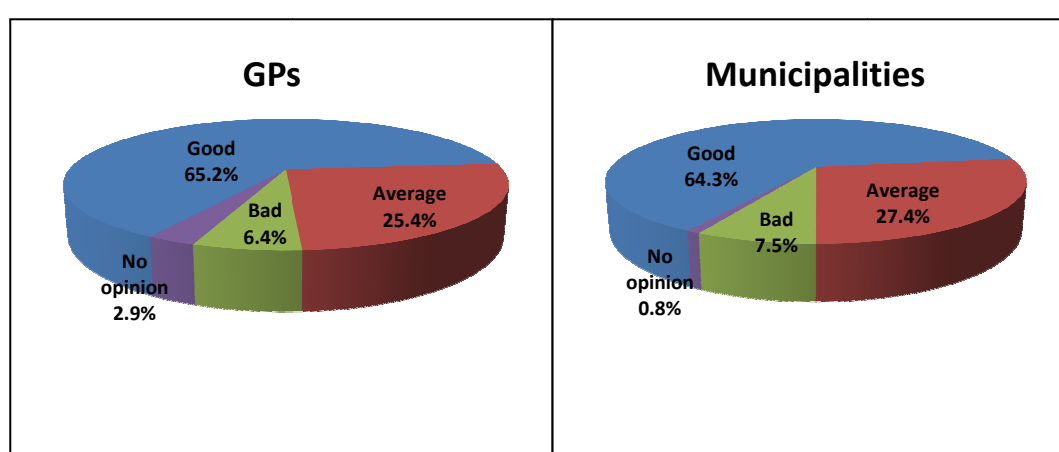
Percent of households reporting that:	Percent of Households	
	GPs	Municipalities
Water is available in taps on all days	17.7	36.2
Water is available in taps throughout the day	9.8	42.7
Water flow has adequate pressure	76.3	77.4
Number of sample households	45	75

The number of times the public tap broke down in the last year as well as the number of days it took to repair the tap the last time it broke down was also enquired. The public taps in GPs broke down twice, on an average in the last one year. In the Municipalities, the average was only one. The taps were repaired in five days on average in the GPs, while it took an average of ten days in Municipalities (not shown in the table).

### 3.3.4. Ratings on Quality of Water from Public Sources

The citizens depending on the public sources of water, including those having piped water at home were asked to rate the quality of the water. Sixty five percent of the households depending on public water sources in the GPs rated the water to be of good quality (Figure 3.10). In the Municipalities also, the proportion was similar at 64 percent.

**Figure 3.10: Ratings on Quality of Water from Public sources in GPs and Municipalities**



### 3.3.5 Shortage of Water

As mentioned earlier, the LGs are expected to take effective measures to overcome water shortage in the locality. When asked whether the household experienced shortage of water in

the last one year, 42 percent of the rural households and 24 percent of the urban households reported experiencing shortage of water (Table 3.24). For large majority of these households, the shortage was only during summer. But about one-tenth experienced shortage of water throughout the year.

**Table 3.24: Feedback on shortage of water and effectiveness of LG to overcome it**

Households which reported:	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Shortage of water	42.3	1608	24.1	1626
Shortage during summer only	92.1	680 <sup>a</sup>	89.0	392 <sup>a</sup>
Shortage throughout the year	7.9	680 <sup>a</sup>	11.0	392 <sup>a</sup>
That LG intervened to overcome shortage of water	20.0	680 <sup>a</sup>	21.0	392 <sup>a</sup>
That LG intervention was effective in overcoming water shortage	51.8	136 <sup>b</sup>	19.6	82 <sup>b</sup>

a. Households that had faced shortage of water

b. Households where LG intervened to overcome shortage of water

Only about one-fifth of the respondents reported that the LG had intervened to overcome the water shortage. Among these respondents, only half in the rural sample and one-fifth in the urban sample felt that the intervention was effective (Table 3.24). Majority of these households said that the LG arranged for water supply in tankers, boats, etc. (not shown in the table).

### 3.3.6 Grievances and Grievance Redressal

The respondents were also asked about problems in the public water supply system that they faced and also the resolution of the same. While two-thirds of the rural households reported that they had faced some problem in the public water supply in the past one year, only two in five urban households had faced a problem (Table 3.25). Majority of the households reported that they had complained about the problem and about half of them are not aware of any action taken on their complaint. But when an action is taken, majority is satisfied with it.

**Table 3.25: Grievance with public water supply and grievance redressal in the past one year**

Households which:	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Faced a problem with the public water supply system	69.1	236 <sup>a</sup>	40.8	432 <sup>a</sup>
Complained about the problem	55.7	163 <sup>b</sup>	54.1	176 <sup>b</sup>
Reports that action was taken on their complaint	45.7	91 <sup>c</sup>	54.3	95 <sup>c</sup>
Expressed satisfaction with the action taken	89.7	41 <sup>d</sup>	70.6	52 <sup>d</sup>

<sup>a</sup> Households depending on public water supply; including piped water at home.

<sup>b</sup> Households that had faced a problem with the public water supply system

<sup>c</sup> Households that complained about the problem

<sup>d</sup> Households on whose complaint action was taken

The major problem experienced relating to public water supply was shortage of water. While more than three-fourths of the rural households that experienced a problem had experienced shortage of water, only a little more than two-thirds of the urban households had experienced the same (Table 3.26). Irregular supply of water was the other most frequently experienced problem. Problems such as muddy water, water tasting bad or with bad odour were the other problems experienced by the households.

**Table 3.26: Problems relating to the public water supply faced by the households in the past one year**

Problem	Percent of Households	
	GPs	Municipalities
Shortage of water	78.7	68.9
Irregular supply	49.4	40.3
Muddy water	12.2	11.9
Bad taste	5.2	15.8
Bad odour	0.6	1.6
Number of households that had faced some problem in public water supply	163	176

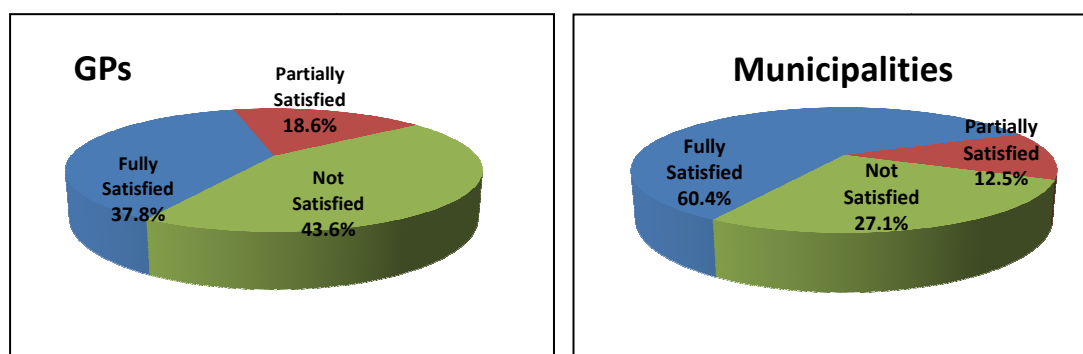
Note: Multiple response, total may exceed 100 percent.

### 3.3.7 Level of Satisfaction

Households depending on the public water supply system, including piped water at home were asked to rate their satisfaction with the public water supply system. While 60 percent of the

urban households sourcing water from public sources were fully satisfied with the water supply, only 38 percent in the rural areas were fully satisfied with the same (Figure 3.11).

**Figure 3.11: Satisfaction levels of the households with the public water supply system**



The following analysis discusses the proportion of households in different categories of GPs and Municipalities that are fully satisfied with the public water supply system (Figure 3.12). It is found that significantly lower proportion of households in the advanced GPs are fully satisfied with the public water supply system. Similarly, the proportion of fully satisfied citizens is lower in advanced Municipalities compared to backward Municipalities. It is surprising to note that the fiscally well off LGs lag behind other LGs in generating better satisfaction levels.

**Figure 3.12: Percent of households fully satisfied with the public water supply system including piped water at home across different categories of LGs**

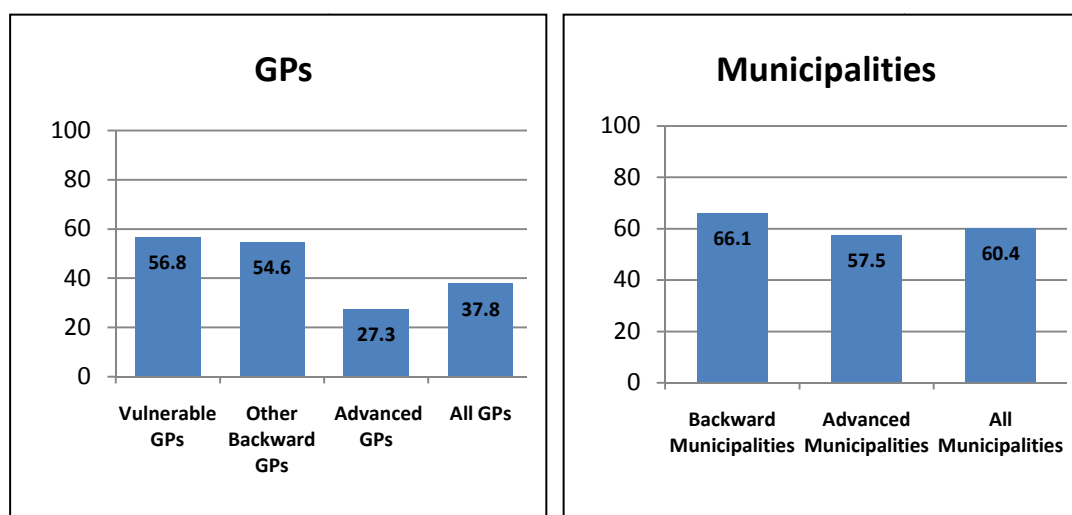


Table 3.27 reveals that more of the BPL households are fully satisfied with the public water supply system in the GPs while the converse is true for Municipalities.

**Table 3.27: Percent of households fully satisfied with the public water supply system across economic classification**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
BPL households	42.2	116	57.2	152
APL households	33.6	120	62.1	280
All households	37.8	236	60.4	432

\*Households depending on the public water supply system, including piped water at home

The proportion of households fully satisfied with the service was seen to be lower among the SC/ST households compared to non SC/ST households, in the GPs as well as the Municipalities (Table 3.28).

**Table 3.28: Percent of households fully satisfied with the public water supply system across social classification**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
SC/ST households	32.3	54	56.4	75
Non SC/ST households	39.4	182	61.2	357
All households	37.8	236	60.4	432

\*Households depending on the public water supply system; including piped water at home

### 3.3.8 Citizens' Suggestions for Improving Water Supply

The citizens also gave suggestions for improving the public water supply system. Ensuring the regular supply of water was the main suggestion that the citizens gave. As seen earlier, irregular supply and shortage of water were the main problems that the citizens depending on the public water supply system were facing. It was suggested by many that more public taps and other sources should be provided (Table 3.29). Contamination of the drinking water flowing through the pipes by dirty water or sea water also needs to be checked. It was seen that the access to piped water was low among the sample households. It was also suggested that water supply should be ensured to the pipes that have already been laid out.



**Table 3.29: Suggestions for improving the public water supply system**

Suggestion	Percent of Households	
	GPs	Municipalities
Ensure regular supply of water	51.7	55.9
More public taps/well/bore well should be provided	22.4	23.5
Ensure that contaminated/Sea water does not mix with pipe water	8.1	18.8
Increase coverage of public water supply	15.7	9.0
Ensure provision of water through the pipes already laid	1.0	7.0
Support construction of well in the households	5.5	1.0
Increase coverage of water tanker service	3.5	2.1
Number of households that gave suggestions for improving the public water supply system	138	188

Note: Multiple response, total may exceed 100 percent.

## **SECTION IV: SANITATION**

Sanitation is a broad concept encompassing ways of disposing both human and other waste in a scientific manner so as to ensure healthy and hygienic living. Safe disposal of human waste and other solid and liquid waste are the major components of household sanitation. The LGs are expected to ensure proper disposal of waste from the households as well as from public places. The overall cleanliness of the locality through proper waste management can have major impact on the health of the people in the locality. The issue gains significance in the context of the outburst of diseases like dengue, leptospirosis etc.

### **3.4.1 Availability of Toilets**

The present study has assessed the availability of toilets in the sample households besides the solid and liquid waste management practices. Almost all the households (95.6 percent in GPs and 99 percent in Municipalities) have toilet in their house (not reported in Table). The almost universal access to toilets in the state has been attributed to the high value attached to personal cleanliness by the Malayalees which has in turn been facilitated by factors such as high levels of literacy. Government programmes such as the Total Sanitation Campaign (TSC) also helped in spreading the coverage of household sanitation facilities by providing financial assistance for the construction of household toilets. The GPs had a pivotal role to play in the implementation of the TSC as the selection of beneficiaries as well as the provision of the aid was done through the GPs. A part of the financial aid was also borne by the GPs. It may be

noted that all the GPs have been awarded the Nirmal Gram Puraskar (NGP) for being free of open defecation. However, the programme was restricted to the rural areas.

It was further enquired how the households disposed of the toilet wastes in the household. Majority of the households were flushing the wastes to the septic tank, especially in the Municipalities (Table 3.30). The other major mode of disposal was pit toilet. The occasional clearing of the septic tank waste when full by private agencies and the disposal of the same in open spaces in rural areas is a problem being increasingly reported in the state. Another problem associated with pit toilets is that these are known to fill up and overflow in the rainy season, especially in low-lying and coastal areas. Few households also report flushing out the waste to other outlets which include water bodies in the neighbourhood.

**Table 3.30: Method of disposal of toilet waste adopted by the households**

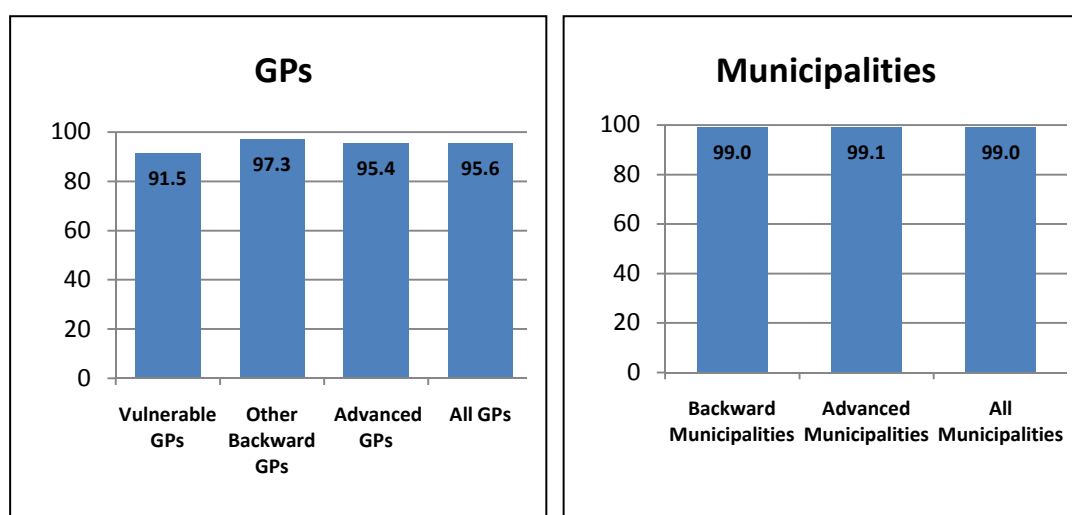
Households flushing toilet waste to:	Percent of Households	
	GPs	Municipalities
Septic tank	54.7	70.6
Pit	45.2	28.6
Other outlets*	0.1	0.8
Number of sample households	1536**	1610**

\* Other outlets include flushing of toilet wastes into neighbouring water bodies such as canals, streams, backwater, etc.

\*\* Households with toilets

Nearly one-tenth of the sample households in the vulnerable GPs do not have toilets (Figure 3.13). However, no such variation exists between different categories of Municipalities.

**Figure 3.13: Percent of households with toilets across categories of LGs**



A smaller proportion of BPL households had toilets as against the APL households, especially in the GPs. Not much variation was seen among the APL and BPL households in the Municipalities (Table 3.31)

**Table 3.31: Percent of households with toilets across economic classification**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
BPL households	92.1	603	98.0	512
APL households	97.6	1005	99.5	1114
All households	95.6	1608	99.0	1626

The availability of toilets in the SC/ST households was much lower than in non-SC/ST households in the rural areas (Table 3.32). But no such difference exists in the Municipalities.

**Table 3.32: Percent of households with toilets across social classification**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
SC/ST Households	84.1	224	97.7	192
Non SC/ST Households	97.4	1384	99.2	1434
All households	95.6	1608	99.0	1626

The difference in coverage of household toilet facilities across different categories of LGs as well as across social and economic classification of households, especially in the GPs is an indicator of the sections of the society on which the LGs need to focus on to improve the coverage of household toilet facilities.

### 3.4.2 Solid and Liquid Waste Management

In large majority of the households in the GPs as well as the Municipalities, the waste is burnt. Dumping in the compound is the next most followed technique (Table 3.33). Nearly half of the households (48 percent) in the Municipalities (against 36 percent in GPs) report that they segregate solid waste into degradable and non-degradable wastes before disposing it (not shown in the Table). None of the respondents in the rural households reported that the LG or any other agency is collecting household waste on a daily basis. In the Municipalities also, the coverage of household waste collection system is very low (5.5%). Moreover, only around one-fourth of these households (28 percent) report that the waste is collected every day from the house. Two-in-five of these households report making payment for accessing the service.

**Table 3.33: Solid waste management techniques adopted by the sample households**

Waste Management Technique	Percent of Households	
	GPs	Municipalities
Waste collection by LG/other agency	0.0	5.5
Burnt	87.2	80.5
Dumped in the compound	18.7	14.9
Composting	9.3	9.6
Dumped outside	3.7	5.9
Bio digester	2.1	3.9
Number of sample households	1608	1626

Note: Multiple response, total may exceed 100 percent.

With regard to the liquid waste in the households, majority are draining away the waste into the backyard (Table 3.34). Only around one-tenth of the rural households report having a soak pit in the compound to drain the liquid waste into. One-fifth of the urban households reportedly have soak pit. Dumping of solid waste and draining the liquid waste to the backyard or outside the compound may have adverse health implications.

**Table 3.34: Liquid waste management practices of the sample households**

Households draining waste water into	Percent of Households	
	GPs	Municipalities
Backyard	79.7	66.8
Soak pit	11.2	19.2
Drainage channel	1.7	6.6
Outside the compound	4.3	2.3
Re-used/ recycled	1.6	2.0
Water bodies in the neighbourhood	0.9	2.8
Pit/Tank	0.7	0.4
Number of sample households	1608	1626

The availability of drains was also seen to be higher in urban areas. While 23 percent of urban households have drains near their house, only 7 percent of the rural households have drains nearby. However, while one-fourth of the rural households report that the drains in their neighbourhood are regularly cleaned, very few households in the Municipalities report the same. About one-fourth of the households in the GPs as well as in Municipalities report that the drains are cleared only before the onset of monsoons. Majority of the households in the

Municipalities (59 percent) report that the drains are never cleaned (not shown in the table). While 14 percent of the households in the GPs report that they experience water logging, a larger proportion (21 percent) of the households in the Municipalities reports the same (Table 3.35). The higher incidence of water logging and absence of frequent cleaning of drains can lead to mosquito menace.

**Table 3.35: Feedback on the drainage facilities in the neighbourhood**

Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Having drains in the neighbourhood	7.1	1608	22.6	1626
Reporting frequent cleaning of drains	21.7	113*	8.2	368*
Reporting occurrence of water logging	14.0	1608	20.5	1626

\* Households having drainage nearby

### 3.4.3 Cleanliness of the Neighbourhood and Public Places

The feedback of the citizens was sought on clearing of waste from the public places in the LGs. While 43 percent of the households in the GPs report that the public places in the LG are regularly cleaned, a lesser proportion (30 percent) in the Municipalities report the same (Table 3.36). However, very few of the rural households say that waste bins are placed in the public places. The situation in Municipalities is slightly better. The regular clearance of waste bins from the public places is much better in Municipalities than in GPs.

**Table 3.36: Feedback on cleaning of public places in the LG**

Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Reporting regular cleaning of public places	43.3	1608	30.1	1626
Reporting that waste bins are placed in public places	3.5	1608	5.6	1626
Reporting regular clearing of waste bins	5.6	56*	40.8	91*

\*Households reporting that waste bins are installed in public places

The households were also asked to give their ratings on the cleanliness of their neighbourhood and the public places in the locality. Nearly half of the rural households rated their neighbourhood as good in cleanliness while only two-in-five of the urban households rated their neighborhood as good (Table 3.37). The availability of open spaces and the relatively bigger

size of homesteads in the rural areas might have reduced the occurrence of dumping of waste in the open. A fairly large proportion of the households rated the cleanliness of their neighbourhood and that in public places as average.

**Table 3.37: Rating on cleanliness of the neighbourhood and public places**

Households reporting the cleanliness as:	Cleanliness of the Neighbourhood		Cleanliness of Public Places	
	GPs	Municipalities	GPs	Municipalities
Good	49.2	39.2	16.9	6.3
Average	47.5	53.1	53.5	59.4
Bad	2.2	6.8	4.3	11.4
No opinion	1.0	1.0	25.2	22.8
Number of sample households	1608	1626	1608	1626

### 3.4.4 Grievances related to Waste Management and Grievance Redressal

The citizens were further enquired about problems that they had faced with respect to waste management in the last one year and the problem resolution mechanism adopted. While 14 percent of the rural households reported that they had experienced some problem with waste management in the last one year, the proportion was higher at 35 percent in Municipalities (Table 3.38). About one-third of the households had complained about the problem to the authorities. But only 26 percent of the complainants in GPs and 15 percent of those in Municipalities are aware of any action taken on the complaint. While 84 percent of the rural households on whose complaint some action was taken were satisfied with the action taken, only two-thirds of the urban households were satisfied with the action taken.

**Table 3.38: Grievance with waste management and grievance redressal in the last one year**

Households which	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Faced a problem with the waste management	14.1	1608	34.9	1626
Complained about the problem	32.9	227 <sup>a</sup>	36.3	568 <sup>a</sup>
Reports that action was taken on their complaint	26.6	75 <sup>b</sup>	14.8	206 <sup>b</sup>
Expressed satisfaction with the action taken	83.9	20 <sup>c</sup>	66.9	30 <sup>c</sup>

<sup>a</sup> Households that faced a problem with the waste management in the LG

<sup>b</sup> Households that complained about the problem

<sup>c</sup> Households on whose complaint action was taken

Majority of the households report that the problem related to waste management that they experienced in the last year was the dumping of wastes in open spaces (Table 3.39). No ways to dispose waste and the lack of any waste management practices was also reported. The choking of drains with plastic waste and non-clearance of drains was also reported. The incidence of most of the reported problems is more in Municipalities than in GPs.

**Table 3.39: Problems relating to waste management in the last year**

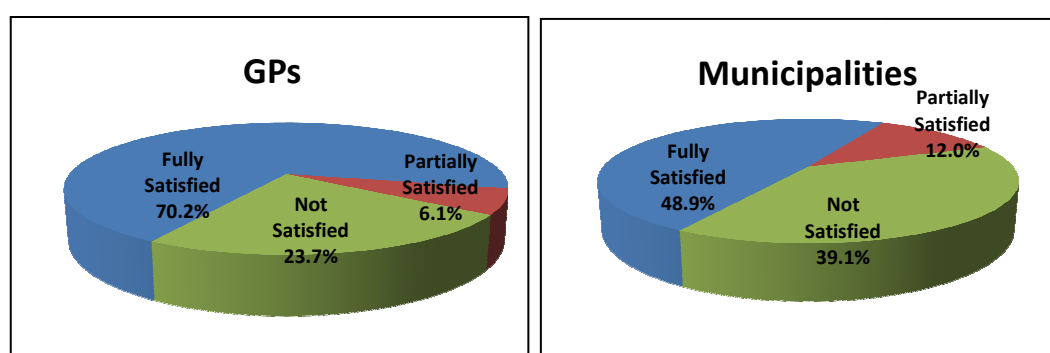
Problems	Percent of Households	
	GPs	Municipalities
Dumping of wastes in open spaces	78.7	81.7
No waste treatment facility	10.2	15.7
No way to dispose waste	10.1	15.6
Blocked drains	8.2	9.1
No/irregular collection of waste from households	3.3	6.1
Number of households that experienced problems in waste management	227	568

Note: Multiple response, total may exceed 100 percent.

### 3.4.5 Level of Satisfaction

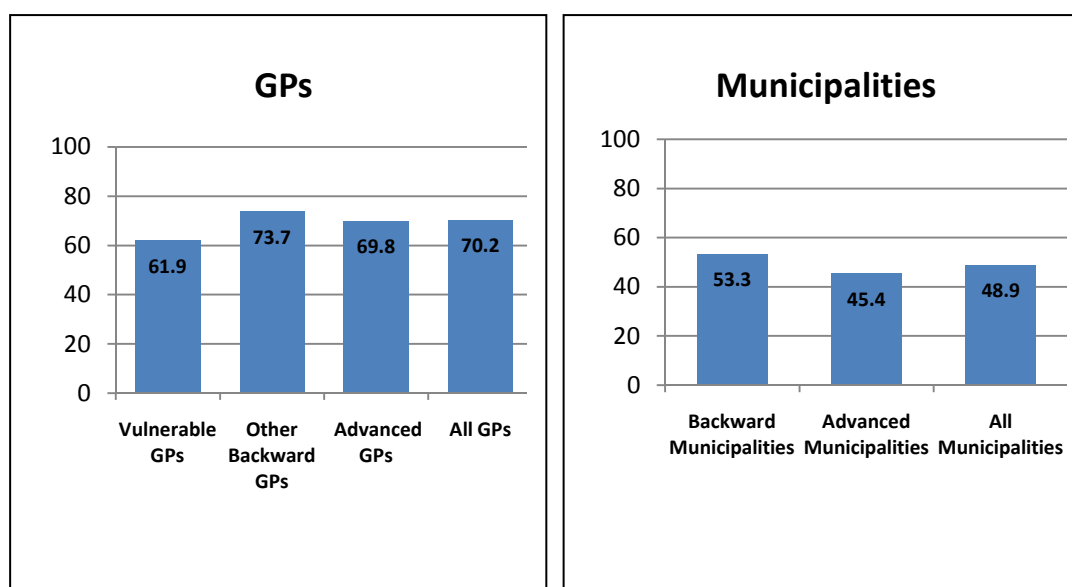
The citizens were also asked about their satisfaction with the waste management in the LG. More than two-thirds of the households in the GPs are fully satisfied with the waste management in the GP (Figure 3.14). But only about half of the urban households are fully satisfied with the waste management. It was also found that about one-fourth of the rural households and nearly 40 percent of the urban households are not at all satisfied with the present waste management system.

**Figure 3.14: Level of satisfaction with waste management**



The proportion of fully satisfied citizens was lower in vulnerable GPs compared to the other two categories (Figure 3.15). But in the case of Municipalities, more respondents in backward Municipalities were fully satisfied than advanced Municipalities may be because the advanced Municipalities have more problems related to waste management.

**Figure 3.15: Percent of households fully satisfied with waste management across different categories of LGs**



A slightly larger proportion of BPL households were fully satisfied with the waste management compared to APL households, both in GPs and Municipalities (Table 3.40)

**Table 3.40: Percent of households fully satisfied with waste management across economic classification**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	72.8	603	51.9	512
APL households	68.7	1005	47.6	1114
All households	70.2	1608	48.9	1626

There is not much difference in the proportion of households fully satisfied with the waste management in the GPs across social groups. However, a slightly larger proportion of households belonging to the SC/ST households were fully satisfied with waste management in Municipalities than other households (Table 3.41)



**Table 3.41: Percent of households fully satisfied with waste management in the LGs across social classification**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SC/ST households	71.7	224	55.0	192
Non SC/ST households	70.0	1384	48.1	1434
All households	70.2	1608	48.9	1626

### 3.4.6 Citizens' Suggestion for Improving Waste Management

The major two suggestions made by the citizens were to manage the waste in public places properly and to take measures to prevent disposal of waste from slaughter houses in public places (Table 3.42). It was also suggested that waste must be regularly collected. A good section of the respondents wanted the LGs to take effective measures to prevent throwing of waste into water bodies and thereby contaminating them.

**Table 3.42: Citizens' suggestions for improving waste management in the LG**

Suggestion	Percent of Households	
	GPs	Municipalities
Waste management to be done properly in public places	37.6	52.8
Ensure that slaughter waste is not disposed in public places	29.5	17.4
Regular collection of waste	13.0	20.2
Check contamination of water bodies	22.7	14.1
LG staff should be more responsible	5.3	3.8
Control mosquito menace	0.9	2.9
Number of households that gave suggestions	349	644

Note: Multiple response, total may exceed 100 percent.

## **CHAPTER IV**

### **FEEDBACK ON THE FUNCTIONING OF INSTITUTIONS TRANSFERRED TO THE LOCAL GOVERNMENTS**

This chapter presents the feedback of the citizens on the functioning of the government schools, government health care institutions and anganwadis. Following the 73<sup>rd</sup> and 74<sup>th</sup> constitutional amendment, the management of these institutions have been transferred to GPs and Municipalities, where these institutions are functioning. Aspects such as access to or usage of a particular service, quality of service or effectiveness of service delivery, instances of grievance with the service and grievance redressal, satisfaction with the service and the citizens' suggestions for improving the service, are discussed in this chapter.

#### **SECTION I – SCHOOLS**

This section discusses the feedback provided by the citizens on the functioning of the government schools functioning in the LG area. The LP and UP schools functioning in rural areas is vested with the respective GP<sup>4</sup>. All government schools across all sections from LP to Higher Secondary in urban areas with the respective urban local body; i.e. Municipality or Municipal Corporation. For the purpose of this study, the feedback was collected from households with a child studying in the LP/UP school in the GP. In the Municipalities, the feedback was collected from households with a child studying in any section in a government school in the Municipality. Hence, all aspects are analyzed in the context of primary schools (LP + UP) in the GPs, while no such distinction is made in the case of Municipalities except on aspects specifically mentioned in the text. The reader is cautioned to keep in mind this difference in the sample composition of GPs and Municipalities. Unless specifically mentioned, no distinction is made between primary and higher sections of schooling in the case of Municipalities. In households with more than one child studying in the government school in the LG area, the experience of the eldest child with respect to schooling in the current academic year (2012-13) was taken. In the GP sample, 182 households (11.3 percent) have children studying in LP or UP schools located within the GP. In the Municipality sample, 204 households (12.6 percent) have children studying in a government school (any level from LP to higher secondary) within the Municipality.

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<sup>4</sup> The management of the Primary sections attached to a High School is vested with the DP as the management of the High School is the responsibility of the DP.

#### 4.1.1 Distance to School

As the survey covered different students in GPs and Municipalities viz., children in LP and UP sections in GPs and all sections up to higher secondary in Municipalities, the distance to the school in Municipalities separately for primary section and higher sections. Of the 204 children studying in a government school in the Municipality covered by the study, 92 are studying in primary sections and the remaining in high school or higher secondary sections. In GPs, only around one-fifth of the children in the LP or UP had to travel more than two kilometres to reach the school where they study (Table 4.1). As against this, more than one-third of the children in the Municipalities had to travel more than two kilometres. Access to government primary schools appears to be slightly more difficult in Municipalities.

**Table 4.1: Distribution of households according to the distance to the LP or UP school in GPs and Municipalities**

Distance to School	Percent of Households	
	GPs	Municipalities
Less than 1 km	58.0	49.1
1 km – 2 km	23.3	15.1
More than 2 km	18.7	35.7
Number of sample households	182*	92*

\* Households that have children studying in the LP or UP sections in a government School

In the case of Municipalities, the distance to the schools where the children of the sample households are studying at the high school or higher secondary level have been analysed separately. The results are presented in Table 4.2.

**Table 4.2: Distribution of households according to the distance to the High School or Higher Secondary school in Municipalities**

Distance to School	Percent of Households
1 kilometre or less	31.9
1.1 km – 2 km	18.6
More than 2 km	49.6
Number of sample households	113*

\*Households that have children studying in the Secondary or Higher Secondary sections in a government School

Table 4.2 shows that about half of the children studying in high school or higher secondary sections in government schools have to travel more than two kilometers.

#### 4.1.2 Selected Aspects of Schooling

The opinions of the respondent on select aspects of schooling were sought; namely regularity of classes, personal attention from teachers and overall development of the child. As these aspects are applicable to all levels of schooling, we have not tried to distinguish between primary schooling and schooling at higher levels. Most of the households in the GPs and Municipalities are of the opinion that classes are held regularly in the school and that the child gets personal attention from the school. A slightly lesser proportion of households, especially in the GPs, feel that the child gets personal attention from the teacher (Table 4.3). Majority also reported that the school aids in the overall development of the child.

**Table 4.3: Feedback on selected aspects of schooling**

Households reporting that	Percent of Households	
	GPs	Municipalities
Classes are held regularly in the school	96.6	98.7
The child gets personal attention from the teachers	92.7	95.5
The school aids in the overall development of the child	95.3	96.9
Number of sample households	182*	204**

\* Households with children studying in LP or UP sections of government school.

\*\* Households with children studying in any section of a government school.

#### 4.1.3 Infrastructure and Facilities

The survey also sought the opinion of the respondents on the adequacy of infrastructure and facilities in the schools. In the GPs, majority of the respondents said that there is sufficient space in classrooms, sufficient furniture and sufficient learning materials (Table 4.4). However, one-fourth of the households in the GP sample report that the primary schools do not have proper computer labs while one-third of the households feel that the schools do not have sufficient books in the library. Around one-fifth of the GP households also reports that the school does not have sufficient playground and playing materials for the children. Most of the rural households also reported that the school has sufficient urinals and toilets. About one-tenth of the parents reported non-availability of safe drinking water in the school, both in GPs and Municipalities.

Majority of the sample households in the Municipalities reported that the school has sufficient space inside the classrooms, sufficient furniture and learning materials. One-fifth of the urban households reported that the school lacks sufficient library books and 15 percent feel that the school needs better computer labs.

**Table 4.4: Opinion on school infrastructure**

Households reporting that the school has:	Percent of Households	
	GPs	Municipalities
Sufficient space inside the classrooms	98.9	95.8
Sufficient furniture	90.0	92.1
Sufficient learning materials	92.1	97.2
Computer lab	76.3	83.5
Sufficient books in the library	67.8	78.8
Facilities for arts, sports and games	80.3	87.0
Sufficient playground	85.4	92.1
Sufficient urinals and toilets	97.6	94.7
Safe drinking water	89.1	88.5
Number of sample households	182*	204**

\* Households with children studying in LP or UP sections of government school.

\*\* Households with children studying in any section of a government school.

#### 4.1.4 Student Support Services

Kerala has achieved near universalisation of enrolment and high retention of students in schools across all sections from primary to secondary. This achievement, apart from other socio-economic factors, has been attributed to policies adopted by the state to attract children to schools, such as free supply of noon meals, uniforms, text books, etc. These services are mainly offered to students studying in LP and UP sections. Therefore, we have compiled the feedback of the parents of children studying in the primary sections only in Municipalities also. Large majority of children in the primary sections in the sample households take noon meal from the school (Table 4.5). Most of them also reported that the noon meal is served regularly in the school. In the rural areas, 72 percent got free uniform and more than 90 percent got free

textbooks in this academic year. In the Municipalities, the corresponding proportions were lower at 57 percent and 84 percent respectively.

**Table 4.5: Opinion on school support systems**

Households reporting that:	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
The child takes noon meal from the school	93.5	182*	91.4	92*
Noon meals are provided in the school regularly	97.6	170**	97.5	84**
The child got free uniform from the school this academic year	71.7	182*	57.1	92*
The child got free textbooks from the school this academic year	90.7	182*	84.4	92*

\* Households that have children studying in the LP and UP section of government schools.

\*\* Households with children taking noon meal from the school.

#### **4.1.5 Involvement of Parents**

Another aspect that was looked into in the study was the participation of the parents in the PTA meetings. Involvement of parents in the functioning of the schools is expected to improve accountability in the school system thereby improving the academic standards. Almost all the parents (96 percent in GPs and 97 percent in Municipalities) report that they have attended at least one PTA meeting in the current academic year. There is not much variation in the attendance of the households in PTA meetings, with the number of PTA meetings attended in the academic year averaging around three in the GPs as well as Municipalities.

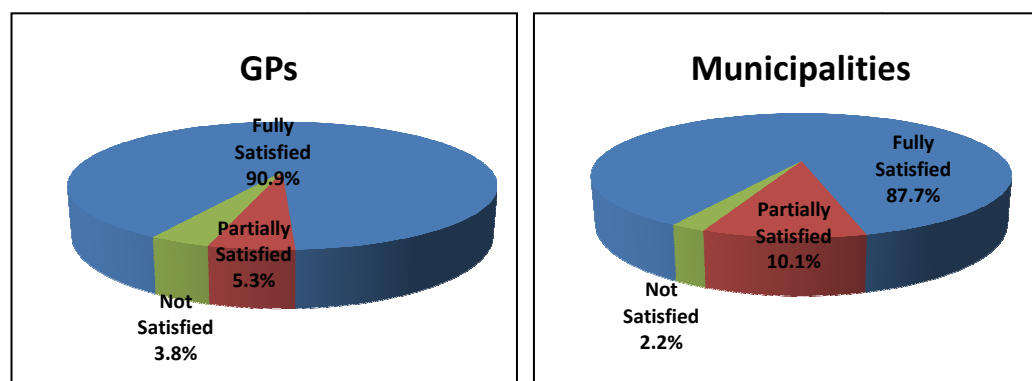
#### **4.1.6 Grievances and Grievance Redressal**

Very few households (seven in GPs and five in Municipalities) reported that they experienced some problem with the schooling of their ward in this current academic year. Of this, only two each in GPs and Municipalities complained about their grievance to the authorities. Only one respondent mentioned that action was taken on the complaint. The grievances that the households experienced mainly relate to lack of infrastructure such as furniture, drinking water, etc. Irregular attendance of some teachers and inadequate personal attention given to students were causes of grievance for some of the parents.

#### 4.1.7 Satisfaction about schooling

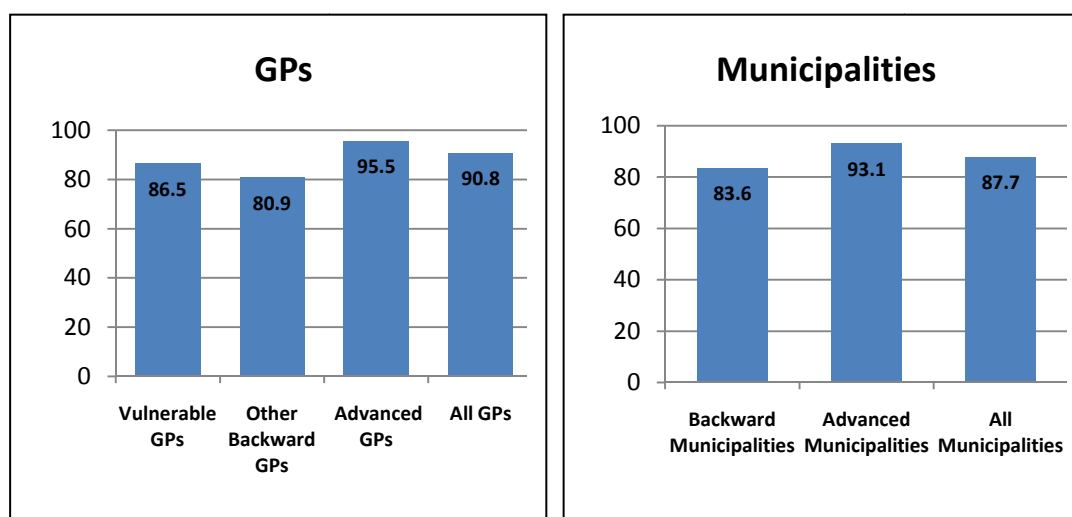
As high as 91 percent of the parents in the rural sample was fully satisfied with the government school where their wards study (Figures 4.1). A slightly smaller proportion of the parents in Municipalities are fully satisfied with the school.

**Figure 4.1: Satisfaction of households with the government school in the LG where the child is studying**



The proportion of fully satisfied parents was higher in advanced GPs compared to the other two categories of GPs (Figure 4.2). Similarly, in Municipalities, larger proportion of parents in advanced Municipalities was fully satisfied with ward's school compared to those in backward Municipalities.

**Figure 4.2: Percent of households fully satisfied with schooling from the government school across different categories of LGs**



Larger proportion among the parents in the BPL households is fully satisfied with the government school attended by their child compared to APL households. The difference was higher in Municipalities compared to GPs (Table 4.6).

**Table 4.6: Percent of households fully satisfied with the schooling from government school across economic classification**

Economic classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
BPL households	93.1	90	92.4	102
APL households	88.6	92	83.1	102
All households	90.8	182	87.7	204

\*Households with children studying in government schools

As in the case of economic classification, larger proportion of parents belonging to the SC/ST group are fully satisfied compared to those belonging to non-SC/ST group (Table 4.7). However, unlike in the case of economic classification, the difference was more in GPs than in Municipalities.

**Table 4.7: Percent of households fully satisfied with the schooling from government school across social classification**

Social classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
SC/ST households	98.0	31	88.7	20
Non SC/ST households	89.4	150	87.6	184
All households	90.8	182	87.7	204

\*Households with children studying in government schools

#### **4.1.8 Parents' Suggestions for Improving Government Schools**

The households were asked to give their suggestions for improving the government schools. The suggestions given by the households are listed out in Table 4.8. The main suggestion was to improve school infrastructure and facilities such as furniture, computer labs, library, drinking water etc. It was also suggested that LP schools should be upgraded to UP schools. Increasing class divisions so as to bring down the class strength was also suggested by some parents. This in turn will aid in improving the individual attention accorded to the students by the teachers.



**Table 4.8: Suggestions for improving the schooling from government schools**

Suggestion	Percent of Households	
	GPs.	Municipalities
Improve infrastructure and facilities in the school	44.3	48.9
Upgrade school to next section	18.0	11.2
Teachers should improve their quality of teaching	13.8	16.8
Increase class divisions	10.7	6.0
Provide facilities such as canteen, bus, etc.	10.0	2.9
Further promote cultural activities and sports	4.7	2.8
Number of households that gave suggestions for improving the school	58	58

Note: Multiple response, total may exceed 100 percent.

## SECTION II – GOVERNMENT HEALTH CARE INSTITUTIONS

The government health care institutions across different systems of medicine have been transferred to the various tiers of the local government system, following the 73<sup>rd</sup> and 74<sup>th</sup> constitutional amendments. The management of the PHC, along with the sub-centres attached to it in the rural areas is entrusted with GPs. The management of the CHC and Taluk Hospital in the municipal area is entrusted with the Municipality. The LGs are also expected to focus on preventive aspects of health care particularly prevention of epidemics. This section presents the feedback of the citizens on the public health activities undertaken by the LGs as well as the service experience of the citizens from the public health institutions.

### 4.2.1 Opinion of the Citizens on Public Health Activities of LGs

More than two-thirds of the households in the GPs report that the GP takes effective steps for eradicating communicable diseases such as dengue, rat fever, etc. However, only around half of the rural households reported that the GP has taken effective measures to control the spread of mosquitoes (Table 4.9). A smaller proportion of the households in Municipalities (57 percent) reports that the Municipality has taken effective measures to eradicate communicable diseases in the area.

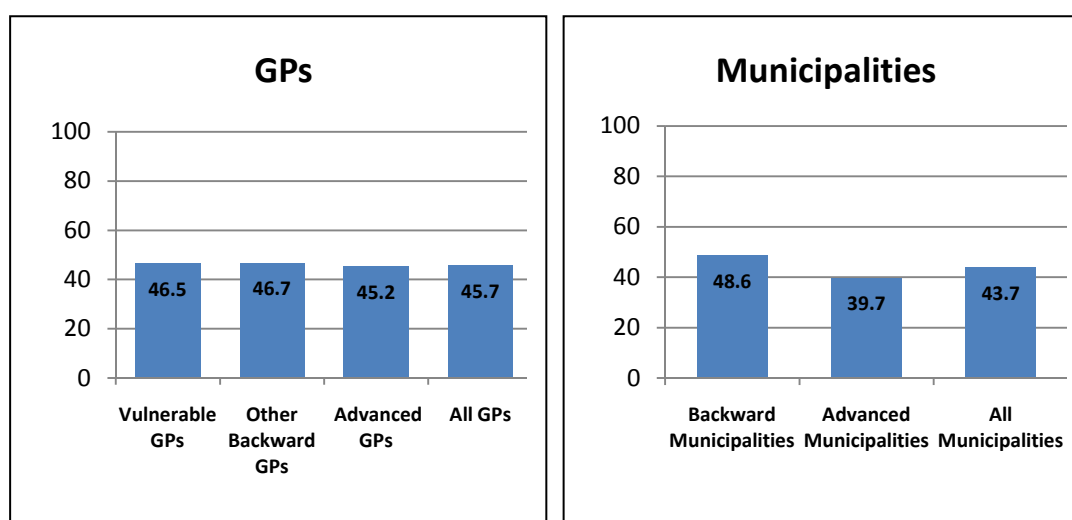
**Table 4.9: Feedback on public health activities Undertaken by the LG**

Households reporting that:	Percent of Households	
	GPs	Municipalities
The LG has taken effective measures to eradicate communicable diseases in the GP	69.4	57.3
The LG has undertaken measures to control the spread of mosquitoes	51.2	49.1
Number of sample households	1608	1626

### 4.3.2 Visits to Government Health Care Institutions

Moving on to the feedback on the service experience that the citizens had with the government health facilities in the LGs, the respondents in the sample were enquired whether any of the household members had visited the government health facility in the LG in the past one year for treatment. In the case of households, where more than one member had visited the health facility, the experiences of the member who had visited the health facility last were recorded. Responses of only those who have visited the PHCs (in rural areas) and CHCs/ Taluk hospitals (in urban areas) located in their own LG have been considered. In less than half of the households (46 percent in the GPs and 44 percent in Municipalities), at least one member had visited the public health facility in the last one year (Figure 4.3). The dependence on the government health facility in the LG was assessed across the three categories of GPs and two categories of Municipalities. There exists only marginal difference between different categories of GPs. However, a smaller proportion of households in the advanced Municipalities had depended on government health facilities compared to the backward Municipalities. This may be because of the probability of having more private health care facilities in the advanced Municipalities compared to all other categories of LGs.

**Figure 4.3: Percent of households with member who had visited a government health facility for treatment in the last one year**



The dependence on public health facility was more among the BPL households compared to APL households, both in GPs and Municipalities (Table 4.10). The difference between BPL and APL households was more in Municipalities compared to GPs. In the Municipalities, the proportion of BPL households depending on public health facility was almost double that of

APL households. It was also found that more among the BPL households in Municipalities depended on public health facilities than those in GPs. The converse is true for APL households.

**Table 4.10: Percent of Households with member who had visited a government health care facility for treatment in the last one year, by economic classification**

Economic classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	57.3	603	64.7	512
APL households	38.8	1005	34.1	1114
All households	45.7	1608	43.7	1626

Significant difference is found between SC/ST group and non-SC/ST group in the dependence on public health facility, a situation prevailing in both GPs and Municipalities (Table 4.11).

**Table 4.11: Percent of Households with member who had visited a government health care facility for treatment in the last one year, by social classification**

Social classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SC/ST households	59.8	224	57.2	192
Non SC/ST households	43.4	1384	41.9	1434
All households	45.7	1608	43.7	1626

The average distance to the health facility for the households in the GP was around three kilometers, with a maximum of 17 kilometres. For the households in the Municipalities, the average distance to the health facility was around two and a half kilometers, with a maximum of four kilometers (not shown in the table).

### 4.3.3 Feedback on Services for Outpatients

The households were enquired about the facilities/aspects in the government health institutions for outpatients (OP) such as token system, seating facilities, drinking water and toilets (Table 4.12). Less than one-fifth of the households in GPs and Municipalities reported that token system is not available in the government health facility they depend on. According to more than 90 percent of the respondents in the rural and urban sample, sufficient seating facilities

are available in the public health facility. Proportion of households answering in the affirmative with regard to the availability of drinking water and toilet was much lower.

**Table 4.12: Feedback on facilities in the government health care institutions for outpatients**

Households reporting that the health facility has:	Percent of Households	
	GPs	Municipalities
Token system for OP consultation	85.0	81.0
Sufficient seating facilities	94.6	92.4
Provision for drinking water for patients	76.6	79.9
Toilet facility for patients	57.6	76.6
Number of households	735*	711*

\* Households with members reporting having visited a government health care institution in the LG for treatment in the last one year

On being asked whether there was any time in the last one year when the doctor was unavailable in the health facility, only two-in-five households reported that the doctor was available every time they visited the facility, in the GPs as well as in Municipalities (Table 4.13). It was also reported by nearly one-tenth (9 percent) of the rural households and one-fourth of the households in the Municipalities (25 percent) that they had visited the doctor at his/her residence for consultation in the past one year (not shown in the table). About one-fifth of the households in GPs and about one-third in Municipalities felt that the waiting time for consultation was not within acceptable limits. The average waiting time reported by the households in the GPs was 45 minutes. On an average, the citizens in Municipalities had to wait 55 minutes to meet the doctor for consultation (not shown in the table).

**Table 4.13: Feedback on outpatient consultation**

Households reporting that:	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Doctor was available in the health facility on all visits in the last one year	36.9	735*	38.4	711*
Waiting time for consultation was within acceptable limits	78.2	720**	70.8	686**
Got adequate time to explain their health problems to the doctor	95.2	729**	88.9	700**
Level of privacy in consultation is sufficient	84.6	729**	77.9	700**

\* Households with members reporting having visited a government health care institution in the LG for treatment in the last one year

\*\* A few respondents were reluctant to express their opinion.

The citizens were further asked whether they got adequate time with the doctor to discuss their medical condition in detail and also whether the level of privacy accorded to them while consulting, was sufficient. Large majority of households in the GPs and in Municipalities reported that they got sufficient time for consultation with the doctor. Relatively lower proportion, both in GPs and Municipalities, felt that sufficient privacy was ensured during consultation (Table 4.13).

#### 4.3.4 Availability of Medicines, Disposables and Facilities for Laboratory Tests

The availability and the provision of medicines and other disposables such as syringes, bandages, plasters, etc. are of significance to the citizens with respect to the service of a health institution. The citizens were asked whether they had to procure these from outside the government health facility in the last one year on the basis of prescriptions from the doctor in the PHC/CHC/Taluk hospital they visited for treatment. While two-in-five households in GPs had to procure medicines from outside the health facility, slightly more than half of the households in the Municipalities had to procure medicines from outside. Only seven percent of the rural households needed to procure disposables from outside as against 16 percent in Municipalities (Table 4.14). While one-fifth of those who visited PHCs in the GP had to get some prescribed lab test done from outside the government health facility, 28 percent of the households in the Municipalities had to get the tests conducted from outside. As regards diagnostic services such as X-ray, ultrasound scan, CT scan, etc. while 16 percent of the rural households had to get these done from outside, one-fourth of the households in the Municipalities had to get them done from outside.

**Table 4.14: Percent of households reporting procurement of medicines and diagnostic services from outside the health facility**

Households which:	Percent of Households	
	GPs	Municipalities
Bought medicine from outside	39.1	52.8
Bought disposable from outside	7.3	15.1
Conducted lab test outside the health facility	20.8	28.2
Conducted diagnostic test outside the health facility	16.2	25.8
Number of sample households	735*	711*

\* Households with members reporting having visited a government health care institution in the LG for treatment in the last one year.

#### 4.3.4 Feedback on Services for Inpatients

The citizens were also enquired about the facilities available in the government health care institutions for inpatients (IP). Only in three percent of the sample households in the GPs and 16 percent in Municipalities, a member of household was treated in a government health facility as an inpatient (not shown in the Table). It may be mentioned here that very few PHCs in the state have facilities for treating inpatients. Therefore only a small number of households in GPs were beneficiaries of the IP facilities in PHCs. But the CHC and Taluk hospitals located in the Municipalities provide IP care. With regard to the facilities and care provided to the inpatients in the hospital, almost all the rural households report that they got bed and related accessories in the hospital (Table 4.15). But the availability of these accessories was less in Municipalities compared to GPs. About half of the respondents in rural areas also reported lack of provision of food from PHCs for inpatients. The situation in Municipalities was much better in this respect with three-fourths of the inpatients receiving food from the hospital. Most of the households report that they received proper and timely care and attention from the doctors as well as the nurses.

**Table 4.15: Feedback on facilities for inpatients and inpatient care in the government health facility**

Households reporting availability of:	Percent of Households	
	GPs	Municipalities
Cot	100.0	97.5
Mattress	100.0	96.2
Bed sheet	94.0	90.6
Pillow	100.0	87.4
Pillow cover	92.6	80.1
Stool/chair for bystander	78.7	85.0
Food	48.5	73.3
Proper and timely nursing care	94.9	93.0
Proper attention from the doctors	94.9	95.3
Number of sample households	26*	114*

\* Households with members reporting having availed of the IP facility.

#### 4.3.6 Corruption

The citizens were asked whether they had paid any speed money to staff or doctor to get the services from the government health institutions. Only three respondents in GPs and 18

respondents in Municipalities reported that they had made some unbilled payment to someone in the government health facility and of whom majority had reportedly made payment to the doctor.

#### 4.3.7 Grievances and Grievance Redressal

The respondents were asked to give details about the problems, if any, that the family members had to face during the last one year in accessing health care from the government health care facility. About 10 per cent of those who had visited the government health facility in GPs and Municipalities said that they had experienced a problem. Most of them, however, did not complain about the problem to the authorities. Only two households in GPs and seven in Municipalities reported the problem to the authorities. Of this, only one respondent in GPs and one in Municipalities are aware of any action taken on their complaint. A problem experienced by many households was the non-availability of the doctor during OP time (Table 4.16). It was seen earlier that many households had experienced the absence of the doctor when they had come to the government health facility for treatment in the past one year. The time taken to see the doctor as well as to access facilities due to the heavy rush was also a problem that many households experienced. Unsatisfactory behaviour of the staff was a problem that some households experienced.

**Table 4.16: Problems experienced by the households in the past one year with respect to services provided by the government health care facility**

Problems experienced	Percent of Households	
	GPs	Municipalities
Doctor not available during the time of O P	30.6	43.1
Delay in service delivery	45.8	26.9
Unsatisfactory behavior of Staff	8.9	17.9
Heavy rush	14.2	11.2
No laboratory/lack of facilities in the laboratory	3.8	6.8
Have to buy medicine from outside	5.8	3.8
No inpatient facility	1.5	0.6
Number of households which reported some problem	73	94

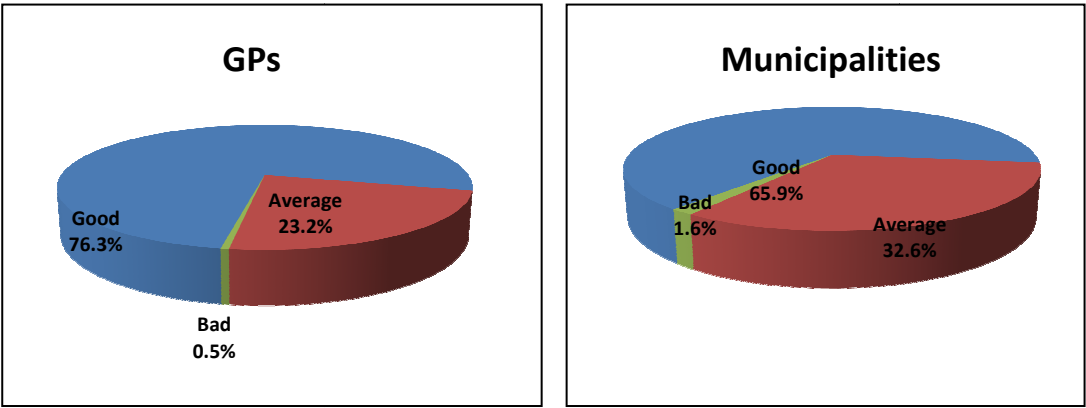
Note: Multiple response, total may exceed 100 percent.

#### 4.3.8 Cleanliness of the Health Care Facility

The citizens were asked to rate the cleanliness of the government health facility they had visited. Three-fourths of the respondents in the rural households and about two-thirds in the

Municipalities rated the cleanliness of the health facility as good (Figure 4.4) indicating the situation needs to be improved.

**Figure 4.4: Ratings on the cleanliness of the government health facility in GPs and Municipalities**



**4.3.9 Satisfaction about Service Delivery**

The citizens were further asked to rate their satisfaction with the behavior of staff and the overall satisfaction with the experience of service delivery from the government health institutions. While 92 percent of the citizens in rural areas who have approached a PHC during the last one year are fully satisfied with the behavior of the staff of the PHCs, the proportion was lower at 82 percent in Municipalities (Figure 4.5).

**Figure 4.5: Level of Satisfaction with the behaviour of the staff in the government health care institutions**

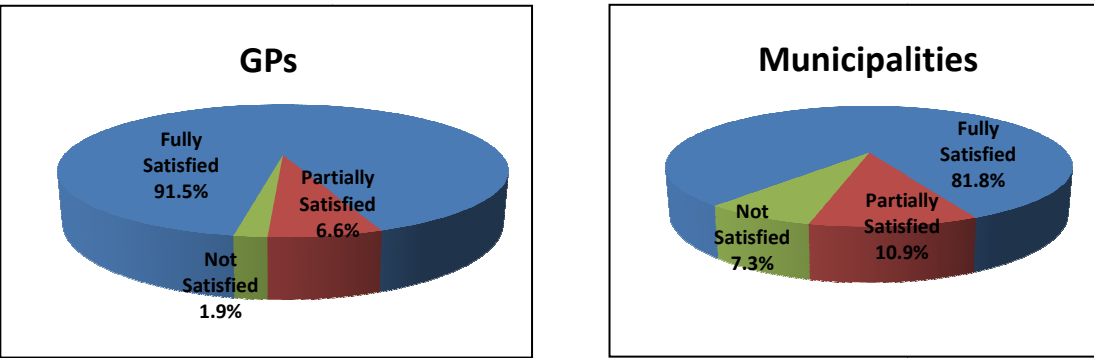
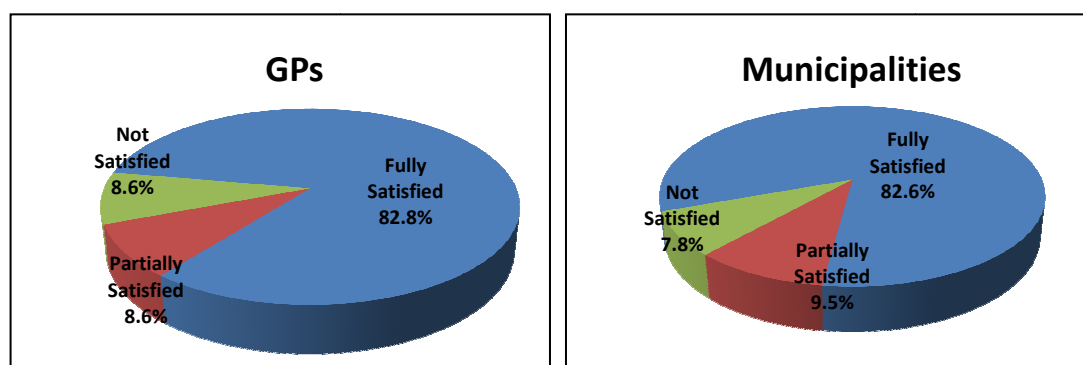


Figure 4.6 indicates that about one-fifth of the citizens, both in rural and urban areas, were not fully satisfied with their experience of approaching the government health facility in the last one year for treatment.



**Figure 4.6: Overall satisfaction with government health care institutions**



The proportion of citizens fully satisfied with government health facility which are under the LGs was worked out for different categories of LGs (Figure 4.7). A significantly lower proportion of citizens in the vulnerable GPs are fully satisfied compared to those in other two categories of GPs. But a larger proportion of households in the backward Municipalities are fully satisfied compared to those in advanced Municipalities.

**Figure 4.7: Percent of households fully satisfied with the government health facility in the LG across different categories of LGs**

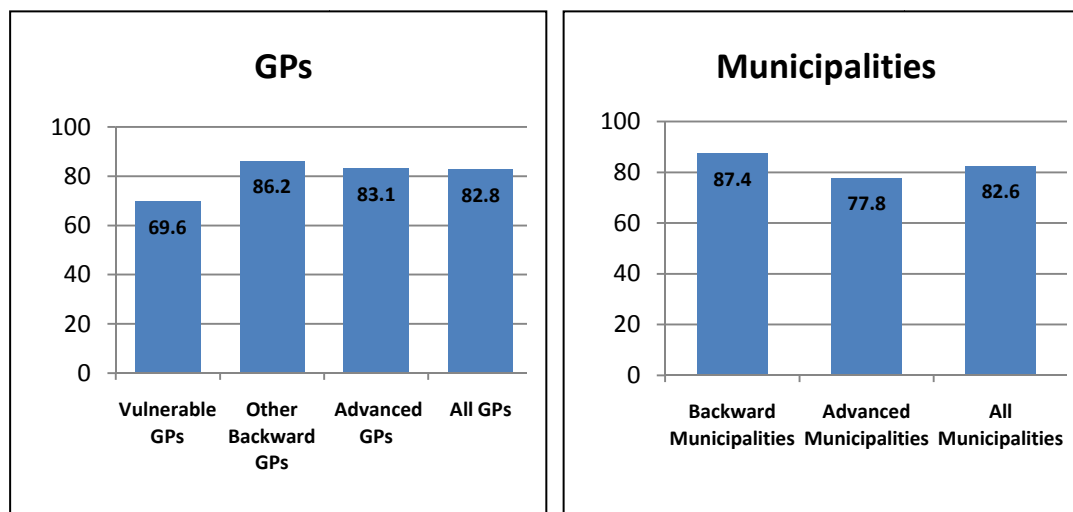


Table 4.17 reveals that the level of overall satisfaction of BPL households is marginally higher than APL households in the rural areas. But in Municipalities, the ratings of BPL households are lower than that of APL households.

**Table 4.17: Percent of households fully satisfied with the government health facility in the LG across economic classification**

Economic classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
BPL households	83.9	345	79.2	331
APL households	81.8	390	85.6	380
All households	82.8	735	82.6	711

\*Households in which a member had visited the government health facility in the LG in the last one year for treatment

There is not much difference between the satisfaction levels of SC/ST and non-SC/ST groups in Municipalities. But in GPs, the satisfaction was slightly higher for SC/ST households than for non-SC/ST households (Table 4.18).

**Table 4.18: Households fully satisfied with the government health facility in the LG across social classification**

Social classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
SC/ST households	86.4	134	82.9	110
Non SC/ST households	82.0	601	82.6	601
All households	82.8	735	82.6	711

\*Households in which a member had visited the government health facility in the LG in the last one year for treatment

#### 4.3.10 Citizens' Suggestions for Improving the Government Health Care Institutions

The citizens were asked to give their suggestions to improve the government health care institutions in the LG and the same are presented in Table 4.19. The major suggestion was that the doctors should be present in the health care institution throughout the day. This refers to not only the absence of the doctors during the OP hours but also the need to increase the working hours of the government health care institution from the current timings of 8 AM to 1 PM. Such a change will be of great help to those depending on government health facility particularly the daily wage earners. The major suggestion put forward by the rural households was to provide inpatient facilities in the health care institution. As was said before, very few PHCs in the state provide inpatient treatment. At the same time, many households in the Municipalities also suggest that the bed strength in the health care institution should be increased. Overall improvement of facilities was also suggested. The suggestions of some of

the citizens that all medicines should be provided from the government health care institution point to the need for improving the supply of medicines and disposables. It was seen earlier that many households had to procure medicines from outside. Friendly and cordial behavior of the staff was another expectation of the citizens, especially in the Municipalities. It was seen earlier that a larger proportion of households in Municipalities were not fully satisfied with the behavior of the staff. The heavy rush, especially during the monsoon season when there is an onslaught of epidemics, necessitates better availability of human resources in the health institutions.

**Table 4.19: Suggestions for improving the government health care institutions**

Suggestions	Percent of households	
	GPs	Municipalities
Doctors should be present throughout the day	41.5	36.1
Inpatient facilities should be provided/bed strength should be increased	49.5	23.2
Facilities should be improved	17.7	24.4
All medicines should be provided from the health care facility	10.5	13.2
Staff should be more friendly and cordial	3.0	13.3
Facilities for delivery should be provided	4.3	7.8
More toilets should be provided	1.0	4.9
More specialization departments required	2.3	2.5
Token system should be improved	2.0	1.9
Provision for drinking water and food should be improved	1.5	2.5
Laboratory tests should be free	1.2	2.3
Number of sample households which provided suggestions	380	318

Note: Multiple response, total may exceed 100 percent.

### SECTION III: ANGANWADIS

Anganwadis are the delivery points of the services provided under the ICDS, a Government of India sponsored social welfare scheme. The services provided by the anganwadi are supplementary nutrition, non-formal pre-school education, growth monitoring, immunisation monitoring, health check-ups and health and nutrition education classes. The main beneficiaries of the programme are children below six years of age, adolescent girls, pregnant women and lactating mothers. Following the 73<sup>rd</sup> and 74<sup>th</sup> Constitutional amendments, the

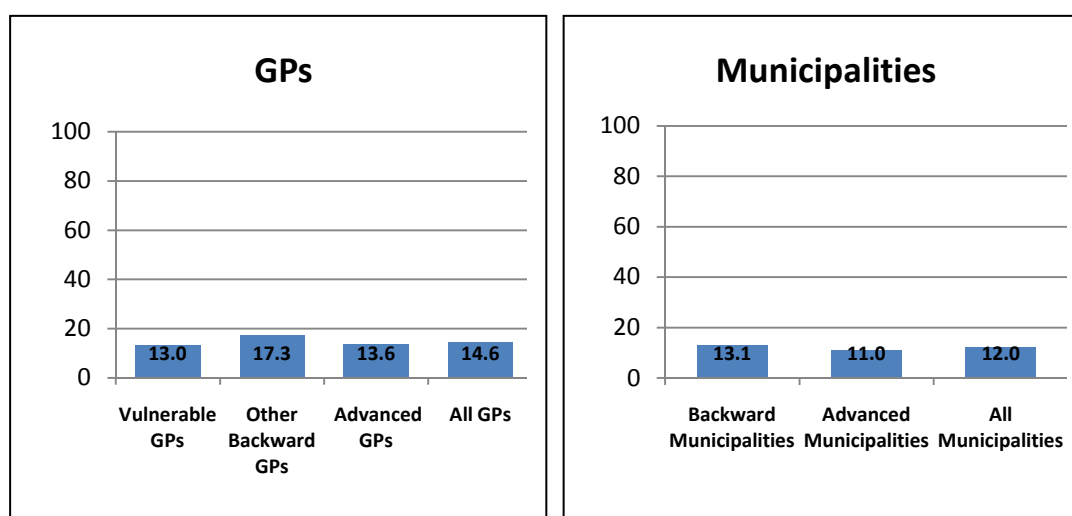
management of the anganwadis has been transferred to LGs. The LGs are expected to manage the regular functioning of the anganwadi while the overall control and supervision of the anganwadis is vested with the Social Welfare Department and the ICDS machinery in the state.

### 4.3.1 Beneficiaries of Anganwadi Services

Among the sample households, 234 households (15 percent) in the GPs and 195 households (12 percent) in the Municipalities were beneficiaries of various services of the anganwadis (not shown in the figure). Majority of the beneficiaries were aged between three and six years of age; i.e. those accessing non-formal pre-school education from the anganwadis. The next major category is the children aged below three years. Nearly one-fifth of the beneficiary households in rural areas had an adolescent girl availing the services of the anganwadi. The corresponding proportion in Municipalities was 12 percent. Lactating mothers and pregnant women comprise the smallest categories of anganwadi beneficiaries.

The proportion of households seeking services of anganwadis was assessed across the three categories of GPs and two categories of Municipalities. There is not much difference between different categories of LGs with respect to the proportion of households with members availing the services of the anganwadi (Figure 4.8).

**Figure 4.8: Percent of households with beneficiaries of anganwadi services across different categories of LGs**



A significantly larger proportion of the BPL households are seen to be accessing the services of the anganwadi compared to the APL households, in the GPs as well as Municipalities, more so in the latter (Table 4.20).

**Table 4.20: Percent of households with beneficiaries of anganwadi services across economic classification**

Economic classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	18.5	603	18.2	512
APL households	12.2	1005	9.1	1114
All households	14.6	1608	12.0	1626

No significant difference is seen in the proportion of SC/ST households and households belonging to other communities with regard to accessing the services of the anganwadi in Municipalities (Table 4.21). However, in the case of GPs, the proportion of households availing the services of anganwadi in the SC/ST group is almost double that of non-SC/ST group. Table 4.20 and Table 4.21 indicate that vulnerable sections of the society depend more on the services of the anganwadi.

**Table 4.21: Percent of households with beneficiaries of anganwadi services across social classification**

Social classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SC/ST households	24.7	224	13.5	192
Non SC/ST households	12.9	1384	11.8	1434
All households	14.6	1608	12.0	1626

### 4.3.2 Access to Anganwadi

The average distance to the anganwadi from the house of the respondent was reportedly around 500 metres in GPs and 330 metres in Municipalities. The access to anganwadis seems to be slightly better in the Municipalities, with only around five percent of the households reporting that the anganwadi is not located in an easily accessible location, while nearly one-tenth of the households in GPs reported so (not shown in the table). The distance to the anganwadi is more than a kilometer in seven percent of the rural households while the corresponding figure for Municipalities is only two percent (Table 4.22).

**Table 4.22: Distribution of the households according to the distance to the anganwadi**

Distance to the anganwadi	Percent of Households	
	GPs	Municipalities
100 m or less	29.0	45.6
101-500 m	41.5	40.3
501 - 1000 m	22.1	11.9
More than 1 km	7.4	2.1
Number of sample households	234*	195*

\* Households with anganwadi beneficiaries.

### 4.3.3 Pre-School Education

A major function being delivered by the anganwadis is the non-formal pre-school education for children aged three to six years. As seen earlier, majority of the beneficiary households were beneficiaries of the pre-school education service of the anganwadi. The feedback on various aspects of pre-schooling such as availability of facilities, regularity of classes, etc. was sought from the households (Table 4.23). In both GPs and Municipalities, most of the households were of the opinion that the anganwadi functions on all days and the teacher is regular in attendance. Most of the households were also positive in their response with regard to security of the child and the personal attention that the children get from the teacher. The pre-school programme seeks to provide natural, joyful and stimulating environment for the overall development of the child. The availability of proper infrastructure and equipments facilitating learning as well as playing is essential for effective pre-schooling. While most of the parents were happy about the learning facilities, many of them were not positive in their responses regarding sufficiency of space (inside and outside the building) as well as the availability of playing materials. The situation in Municipalities is worse than in GPs. In some cases where sufficient playing facilities are available, the children are not able to access it on a regular

basis. More than one-third of the households in the GPs as well as Municipalities reported that toilet facilities are not available in the anganwadi.

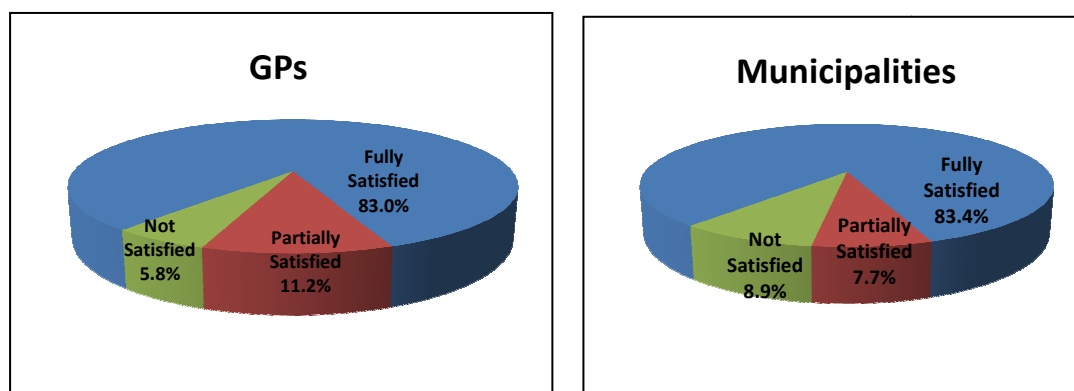
**Table 4.23: Feedback on aspects of pre-school education from the anganwadi**

Households reporting/opining that:	Percent of Households	
	GPs	Municipalities
The anganwadi functions on all days	99.1	99.4
The teacher is regular in attendance	97.4	98.4
The anganwadi has sufficient space inside the building	84.4	68.8
The anganwadi has sufficient space outside the building	64.4	54.0
The child is safe in the anganwadi	90.2	96.2
The anganwadi has sufficient facilities for learning	90.7	84.0
The child gets personal attention from the teacher	95.3	93.4
The anganwadi has sufficient facilities for playing	79.3	70.4
The child regularly accesses the playing materials	70.0	59.0
The anganwadi provides safe drinking water to the children	87.0	93.5
The anganwadi has toilet facility for the children	63.5	63.6
Number of sample households	131*	100*

\*Households with beneficiaries accessing the pre-school education service of the Anganwadi; i.e. category aged three to six years

The citizens were enquired about their level of satisfaction with the pre-school education from the anganwadi. Figure 4.9 shows that there exist high levels of satisfaction among the beneficiaries about the pre-school education in the anganwadi. More than four-in-five households in GPs and Municipalities are fully satisfied with the pre-school education in the anganwadi. Despite the shortage of facilities as seen earlier, only few households report that they are not satisfied with the pre-school education in the Anganwadi.

**Figure 4.9: Satisfaction with the pre-school services of the anganwadi**



#### 4.3.4 Supplementary Nutrition

The other major service delivered by the anganwadi is the provision of supplementary food. This service is envisaged to bridge the gap in nutritional requirements of sections of the population who are at risk of malnutrition; i.e. children below six years of age, pregnant women, lactating mothers and adolescent girls with low BMI, especially from the socially and economically backward sections of the society. The regular monitoring as well as management of supplementary feeding in the anganwadis is vested with the LG; i.e. it is the responsibility of the LG that there should be no break in the supply of supplementary food on account of non-availability of provisions, human resources, etc.

Around four-in-five households in the GPs as well as Municipalities which are accessing the supplementary nutrition from the anganwadi report that the food is provided on almost all days (Table 4.24). It also needs to be added that the supplementary food for children below three years of age is a multi-grain nutritional powder named “*Amritham*” produced by the *Kudumbashree* units in the state. It is supplied to the households periodically as once in a month or once in a fortnight from the anganwadi. Households which are receiving the “*Amritham*” powder and are of the opinion that the same does not last for the entire period it is provided for, are also included in the group which reported that the food is not provided on all working days. Some of the households also reported that the supply of the powder was irregular at times. Majority of the households report that the anganwadi has a kitchen and sufficient facilities for cooking and that the kitchen is clean. It was also seen that more of the households in the GPs reports that the anganwadi has kitchen and related facilities for cooking than those in Municipalities.

**Table 4.24: Feedback on aspects related to supplementary feeding**

Households reporting that	GPs		Municipalities	
	Percent	Number of Sample Households	Percent	Number of Sample Households
The supplementary nutrition is provided on almost all working days	82.1	190*	79.6	171*
The anganwadi has a kitchen	86.4	190*	72.4	171*
The kitchen in the anganwadi is clean	84.5	164**	82.7	124**
The anganwadi has sufficient facilities for cooking	88.0	190*	75.1	171*

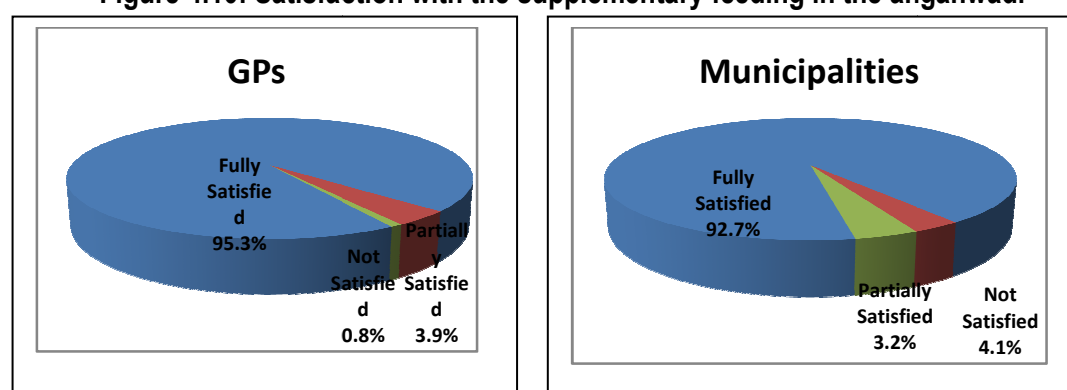
\* Households accessing supplementary feeding from the anganwadis

\*\* Households reporting that the anganwadi has a kitchen



The households were asked to rate their satisfaction with the supplementary food provided by the anganwadi (Figure 4.10). Most of the households in the GPs and Municipalities are fully satisfied with the supplementary food provided by the anganwadi. It was also noted that the satisfaction of the beneficiaries was higher by about ten percentage points for supplementary nutrition than for pre-school education.

**Figure 4.10: Satisfaction with the supplementary feeding in the anganwadi**



#### 4.3.5 Growth and Immunisation Monitoring

The anganwadis are expected to maintain growth and immunization records of all the children aged below six years. They are expected to regularly monitor the weight and height of the children and to make necessary changes in the quantity of food given to the children who do not have proper weight and height as per age requirements. The anganwadi also has to maintain an immunization record of all the children so as to ensure that the child does not miss any immunization and the households are regularly reminded of the immunization schedule. Most of the households are of the opinion that the anganwadi undertakes growth and immunization monitoring. But the proportion of households reporting that there is no regular growth monitoring is higher at 15 percent in GPs and 17 percent in Municipalities. On both these aspects, GPs fared better than Municipalities (Table 4.25).

**Table 4.25: Feedback on growth and immunisation monitoring**

Percent of households reporting that	Percent of Households	
	GPs	Municipalities
There is regular growth monitoring of the children in the anganwadi	85.0	82.7
There is regular immunisation monitoring of the children in the anganwadi	96.5	90.4
Number of sample households	187*	166*

\*Households accessing the growth and immunization monitoring services; beneficiary categories comprise of children aged below three years and aged three to six years.

#### 4.3.6 Awareness Classes

Another service expected from the anganwadis is to organize classes on health and nutrition awareness for beneficiary categories comprising of adolescent girls, pregnant women and lactating mothers. Around one-fifth of the households with anganwadi beneficiaries (21 percent in GPs and 18 percent in Municipalities) have beneficiaries belonging to these categories (not shown in the table). Majority of them report that classes are held in the anganwadi (Table 4.26). Only less than half of these households, both in GPs and Municipalities, report that the classes are held often while majority report that the classes are held only once in a while. However, majority of the households are satisfied with the health awareness classes. In these aspects also, the performance of GPs was better than that of the Municipalities.

**Table 4.26: Feedback on health awareness classes**

Households reporting	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
That health awareness classes are held in the anganwadi	90.2	51*	85.3	34*
That classes are held often	47.8	46**	37.9	29**
That they are satisfied with the classes	95.8	46**	91.8	29**

\* Households with beneficiaries of the health awareness classes; i.e. adolescent girls, pregnant women and lactating mothers

\*\* Households reporting that classes are held in the anganwadi

#### 4.3.7 Grievance and Grievance Redressal

The citizens were further asked whether they had experienced any problem with the provision of services from the anganwadi in the one year preceding the survey. While only 17 out of the 234 beneficiary households (7.4 percent) in GPs had experienced some problem, 29 out of the 195 beneficiaries in Municipalities (15 percent) reported so. However, only four households in GPs and nine households in Municipalities complained about the same to the authorities. None of those in GPs who had reported the problem to the authorities are aware of any action taken on their complaint. The situation in Municipalities is also not encouraging as only two of the complainants are aware of the action taken on their complaint.

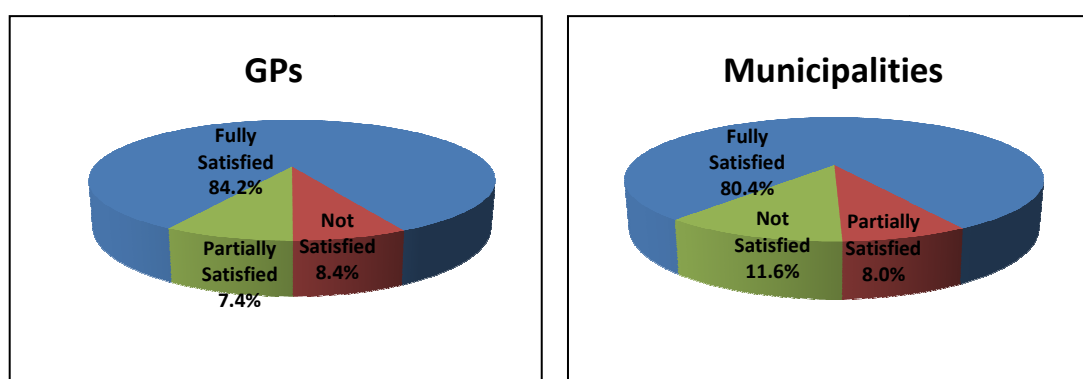
The problems regarding the functioning of the anganwadi that the households experienced relate mainly to the poor infrastructure availability in the anganwadi such as lack of space, lack of basic facilities such as playground, kitchen, etc and also that the anganwadi is functioning in a rented building. Some of the households also felt that the nutrition content of the food being supplied from the anganwadi is poor and needs to be improved. Some households also experienced problems such as irregularity and insufficiency in the supply of *Amritham* powder. It was also reported by

some that only *Amritham* powder is supplied and that some other supplements should also be provided.

#### 4.3.8 Satisfaction with Service Delivery in Anganwadis

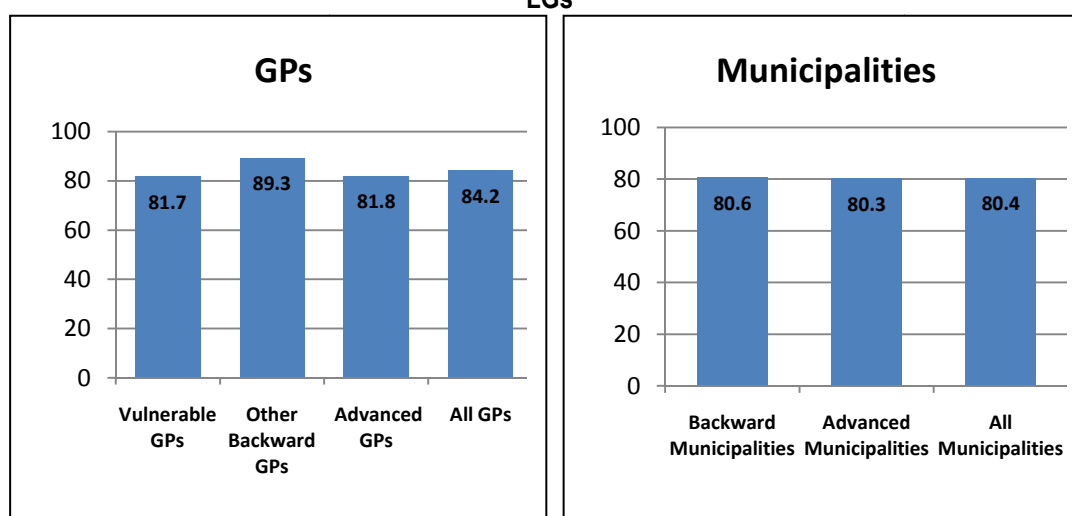
The households were further asked to give their ratings on satisfaction with the services of the anganwadi. Figure 4.11 shows that there exist high levels of satisfaction among the beneficiaries about the services of the anganwadi. While 84 percent of the households in GPs reported full satisfaction, the proportion was slightly lower in Municipalities at 80 percent.

**Figure 4.11: Satisfaction with the Services of the Anganwadi (%)**



The following analysis discusses the proportion of households in GPs and Municipalities that are fully satisfied with the services of the anganwadi across different categories of LG (Figure 4.12). A slightly larger proportion of households in the other backward GPs are seen to be fully satisfied with the services of the anganwadi compared to other two categories. In the case of Municipalities, no difference is observed.

**Figure 4.12: Percent of households fully satisfied with the services of the anganwadi across different categories of LGs**



There is not much difference in the level of satisfaction with the services of the anganwadi between BPL and APL households, both in GPs and Municipalities (Table 4.27).

**Table 4.27: Percent of households fully satisfied with the services of the anganwadi across economic classification**

Economic classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	82.6	112	79.3	93
APL households	85.7	122	81.4	101
All households	84.2	234	80.4	195

\*Households with Anganwadi beneficiaries

While there is only marginal difference in the satisfaction levels about the anganwadi services between the SC/ST households and other households in the GPs, a lesser proportion of SC/ST households are fully satisfied than other households in Municipalities (Table 4.28).

**Table 4.28: Percent of households fully satisfied with the services of the anganwadi across Social Classification**

Social classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households*	Percent of Households	Number of Sample Households*
SC/ST households	82.1	55	71.6	26
Non SC/ST households	84.8	179	81.8	169
All households	84.2	234	80.4	195

\*Households with Anganwadi beneficiaries

#### 4.3.9 Citizens' Suggestions for Improving the Anganwadis

The citizens were also asked to give their suggestions to improve the anganwadis. Only 84 respondents in GPs and 81 in Municipalities gave some suggestions which are given in Table 4.29. The two major suggestions made by the beneficiary households were (i) the building housing anganwadi should be spacious and (ii) anganwadi should function from its own building. One-fifth of the households in GPs also suggested that availability of drinking water should be ensured in the anganwadis. Other suggestions given by the households are related to the provision of tasty food, cleanliness of anganwadis, regular organization of health awareness classes, etc.

**Table 4.29: Citizens' suggestions for improving the anganwadis**

Suggestion	Percent of households	
	GPs	Municipalities
Anganwadi should be spacious	54.6	49.7
Anganwadi should function in own building	30.1	42.4
Ensure availability of drinking water	19.5	3.2
More staff should be recruited	6.4	8.7
Tasty food should be provided	9.6	1.0
Anganwadi should be kept clean	4.6	1.2
Regular awareness class should be given to adolescent girls	0.0	5.6
Provide gas stove	2.0	2.1
School should be situated away from roadside	0.7	0.0
Number of sample households which provided suggestions	84	81

Note: Multiple response, total may exceed 100 percent.

## **CHAPTER V**

### **FEEDBACK ON SERVICES DELIVERED BY LG OFFICES**

#### **5.1 Introduction**

GPs and Municipalities are institutions which have close links with the citizens. Citizens approach local government offices (LGOs) for various certificates such as certificate of ownership of building, residential certificate, birth certificate, death certificate, marriage registration certificate, etc. Other major services provided from the LGOs include collection of various taxes, approval of building plans and redressal of public grievances. Licences and permits are also issued from the LGO which include license for dangerous and offensive trades and factories, license for business establishments, advertisement permit, permit for installation of machinery, etc. Many of the social security schemes are also routed through the GPs. They include old age pension, widow pension, pension for physically and mentally challenged, pension for unmarried women aged above 50, agriculture workers' pension, unemployment dole, assistance for marriage for daughters of poor widow, assistance for marriage of SC/ST girls, travel assistance for SC/ST students attending interviews, etc.

This chapter presents the citizens' feedback on the quality, adequacy and efficiency of the services delivered by the LGOs in Kerala. Feedback on aspects such as number of visits required for getting the service, time taken for services, problems faced in getting service, citizens' suggestions for improving the service delivery and their satisfaction with the quality of service delivery are examined in this Chapter.

#### **5.2 Purpose of Visit to the LGO**

Of the 1608 sample households in the GPs, 787 (49.0 percent) have approached the GP office during the last one year. Of the 1626 sample households in Municipalities, members of 720 households (44.3 percent) visited the municipal office during the same period. The citizens visit LGOs for several requirements which include payment of taxes, getting different types of certificates and licences/permits, grievance redressal etc. Table 5.1 presents the details about the services for which the respondents have approached the LGO. The largest proportion of citizens has approached the LGOs for payment of taxes. More than one-fourth of the sample households in GPs and one-third in Municipalities approached the LGO for payment of tax. Other important services for which they have visited the LGO include approval of house plan,

for receiving benefits under non-pension welfare scheme, marriage registration certificate, certificate of ownership of building, residential certificate, getting welfare pension, death certificate and birth certificate.

**Table 5.1: Service for which a member of the sample household visited the LGO during the last one year**

Type of Service sought	Percent of households	
	GPs	Municipalities
Payment of tax	28.3	32.8
Approval of House plan	7	3.3
Marriage registration certificate	4.8	3.5
Certificate of ownership of building	4.2	5.6
Residential certificate	3.4	6.8
Welfare pension	3.3	3.8
Death certificate	2.7	5.3
Benefit under non pension welfare schemes	5.2	4.4
Birth certificate	2.4	9.7
MGNREGA Job Card	2	0.1
Sand collection pass	2	0.4
License	1.5	1.8
No objection certificate	1.1	1
Other services	31.8	21.5
Number of sample households which had sought some service from the LGO	787	720

### 5.3 Number of Visits by the Citizens to the LGO

Number of times the citizen has to visit the LGO for receiving a service is an indicator of the effectiveness of service delivery of the institution. The higher the number of visits, the higher will be the transaction cost and it is likely that lesser will be the citizen satisfaction. The distribution of the number of visits made by citizens have been worked out separately for those who have received the service and those who are yet to receive the service (Table 5.2). Of the 787 households in the rural sample which had approached the LGO, in the case of 256 households (32.5 percent), the service delivery process is yet to be completed. Of the 720 sample households which had approached the municipal office for some service, 152 (21.1 percent) are yet to receive the service.

**Table 5.2: Percentage distribution of applicants by the number of visits made to the LGO**

Particulars	Number of visits (%)				Number of sample households
	One	Two	Three or more	Total	
<b>GPs</b>					
Number of visits till the completion of service delivery process	59.0	22.2	18.8	100.0	531*
Number of visits made by those who are yet to receive the service	27.0	26.9	46.1	100.0	256**
<b>Municipalities</b>					
Number of visits till the completion of service delivery process	62.8	23.4	13.8	100.0	568*
Number of visits made by those who are yet to receive the service	26.2	27.0	46.8	100.0	152**

\* Households which have received the service they applied for.

\*\* Households yet to receive the service they had applied.

In nearly one-fifth of the cases in the rural areas, three or more visits were required to get the service delivered. The corresponding proportion in Municipalities was 14 percent. In nearly half of the cases where the service is yet to be received, the citizens are waiting for the service to be delivered even after two visits to the LGO.

## 5.4 Number of Officials Met

Citizens expect to receive public services without being bounced from person to person. Therefore, it is important to ensure that the official first contacted is a person who can help the citizen so that additional contacts can be minimised. Table 5.3 presents the details about the number of officials met by the citizen during the service delivery process.

**Table 5.3: Percentage distribution of applicants by the number of officials met before completing the service delivery**

Particulars	Number of officials met				Number of sample households
	One	Two	Three or more	Total	
GPs	52.1	29.0	18.9	100.0	531
Municipalities	50.5	30.8	18.7	100.0	568

Half of the citizens were able to get the service they desired by meeting a single official. However, the other half had to meet at least two officials among whom nearly 40 percent had to



meet three or more officials. There is not much difference between GPs and Municipalities in the number of officials met during the service delivery process.

## 5.5 Time Taken for Service Delivery

Specific time norms have been fixed for delivering certain services by the LGOs. Time norms were not prescribed for some services. It was examined whether the LGOs were able to deliver the service within the fixed time frame (table 5.4).

**Table 5.4: Percent of households which received the service in the stipulated time**

Response	Stipulated Time as per Norms	GPs		Municipalities	
		Percent of Households	Number of sample households	Percent of Households	Number of sample households
Residential certificate	7 days	78.9	22	90.1	44
Birth certificate	7 days	79.0	14	65.0	56
Death certificate	7 days	57.0	16	62.9	31
Certificate of ownership of building	3 days	68.1	18	42.7	33
Marriage registration certificate	7 days	55.2	26	81.4	19
Payment of tax	Same day	92.7	197	78.4	214
Approval of house plan	30 days	72.9	19	90.4	14

Note: Only those households which have received the service have been considered

Issue of residential certificate and approval of house plans were made by the Municipalities in the stipulated time in 90 percent of the cases. But the corresponding proportions in GPs were lower at 79 percent and 73 percent respectively. While payment of tax in 93 percent of the cases in GPs were done on the same day, in one-fifth of the cases in Municipalities, the citizen had to make one more visit to pay the tax. One-third of the applicants in Municipalities and one-fifth in GPs had to wait for more than seven days to receive the birth certificate. In two-fifths of the cases, death certificate was issued after seven days, i.e. the stipulated time, in GPs as well as Municipalities. Issue of the certificate of ownership of building was delayed in one-third of the cases in GPs and majority of the cases in Municipalities. Issue of marriage

registration certificate was faster in Municipalities than in GPs. As against 81 percent of the marriage registration certificate issued in time from the municipal offices, only in 55 percent of the cases, the certificate was issued in time from GP office.

## 5.6 Procedural Aspects of Service Delivery

The process of service delivery involves three different stages (i) receiving the application from the citizen, (ii) issuing acknowledgement receipt with date specified for service delivery and (iii) delivering the service. The way the system performs in each of these stages can have an impact on the efficiency of the delivery and the overall satisfaction of the people seeking these services. We examine some of these issues in this section (Table 5.5).

Two-thirds in GPs and four-in-five applicants in Municipalities received the acknowledgement receipt for their application with a specific date for delivering the service. Of those who have received an acknowledgement receipt, two-thirds in GPs and four-in-five applicants in Municipalities received the service on the said date or before. It is also observed that more of the households in Municipalities reported that the procedures are followed in the LGO than the households in GPs.

**Table 5.5: Procedure followed by LGOs in dealing with applications**

Applicants who:	GPs		Municipalities	
	Percent of Households	Number of sample households	Percent of Households	Number of sample households
Received an acknowledgement on submission of the application	66.5	497*	79.4	465*
Was given a time frame for receiving the service	64.5	497*	78.0	465*
Received the service on the specified date or before	67.7	320**	79.4	363**

\* Includes only those applicants who have submitted an application for the service and received the service.

\*\* only those who have received a specific date for service delivery.

## 5.7 Access to Facilities in the LGO

The citizens who visit the offices of the GPs and Municipalities are expected to be provided with some basic facilities. While some of the facilities may be available in the office, it may not be accessible to the citizens. For instance, even if a toilet is available in the LGO, it may not be accessible to the citizens. In some other cases, the citizens did not have a necessity to access

it and therefore may not be aware of its availability. In view of this situation, we have tried to understand the access of the citizens to the basic facilities in the LGO. Only one-tenth of the respondents in GPs and still lower proportion in Municipalities have reported not having found an enquiry counter in the LGO. In the case of seating facilities, we have explored whether the facility available now is sufficient. Only one-tenth of the respondents, both in GPs and Municipalities felt that the seating facilities are not sufficient (Table 5.6). Similarly, only nine percent in GPs and seven percent in Municipalities reported that drinking water was not available in the office of the LG. However, a larger proportion of the citizens reported that the toilets were not accessible to the citizens who visit the office of the LGO (22 percent in GPs and 29 percent in Municipalities).

**Table 5.6: Access to facilities in LGOs**

Facility in the LGO	Citizen's Response	Percentage of Responses	
		GP	Municipality
Enquiry counter	Yes	79.3	81.0
	No	9.0	4.2
	Don't know/Did not pay attention	11.7	14.8
	Total	100.0	100.0
Sufficient seating facilities	Yes	85.7	83.4
	No	10.2	9.0
	Did not pay attention/not required	4.0	7.6
	Total	100.0	100.0
Access to drinking water for citizens	Yes	59.5	55.4
	No	9.3	7.0
	Did not pay attention/not required	31.2	37.6
	Total	100.0	100.0
Access for citizens to the toilets	Yes	45.3	39.3
	No	22.3	28.6
	Did not pay attention/not required	32.3	32.1
	Total	100.0	100.0

## 5.8 Grievances and Grievance Redressal

Of the 787 households which have approached the GP Office (GPO), only 93 (12 percent) faced a problem with the service delivery from GPO. However, only 15 of them (16.1 percent) registered their complaints. No action was taken in 13 cases. The situation in Municipalities is slightly better. Of the 720 households which had approached the municipal office, 68 (9.4

percent) had some bitter experience to complain about. More than one-fourth (19 households – 28.4 percent) complained about it. However, in two-thirds (13 households) of such cases, no action was taken.

The problems faced by the citizens in the service delivery from LGOs are presented in Table 5.7. The most important problem reported by the citizens was the delay in getting the service. The second most reported problem was that they have to travel long distance to reach the LGO. In such cases, any additional visit to LGO is likely to cause much more dissatisfaction than in cases where the distance to the LGO is not a problem. As noted in Chapter II, Kerala's LGs are large in size. Therefore, the citizens have to travel a long distance from far off wards to reach the LGO. It may also be possible that some of the offices may be located not near the centre of the area of jurisdiction of LG thereby making access of citizens in some wards to the LGO more difficult. Even if a ward is geographically close by, one may have to travel long distance to reach the LGO because of natural barriers such as rivers, forest or backwaters. The third problem is that there is no option other than visiting the office for service delivery. Provision for submission of applications for services and delivery of certificates by email or by post can reduce the number of visits to the LGOs. Unsatisfactory behaviour of staff, absenteeism of staff (also leading to more visits), are the other major problems reported by the citizens.

**Table 5.7: Problems in service delivery from LGOs experienced by the households**

Problem	Percent of Households	
	GPs	Municipalities
Services are not received on time	45.3	39.4
Have to travel a long distance to receive services	24.2	18.4
No option other than visiting the office to receive the service	16.0	13.0
Bad behaviour of staff	9.6	14.0
Absenteeism of staff	8.5	8.4
Others*	7.9	2.1
Number of sample households reporting a problem with service delivery	93	68

\*Other problems reported include lack of enquiry counter, irregularities in house tax assessment and lack of seating facilities.

Note: Multiple response question, total may exceed 100 percent.

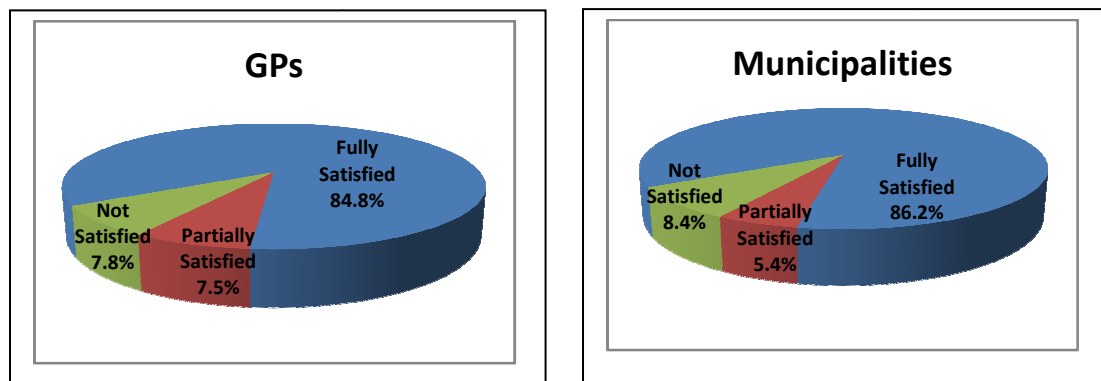
## 5.9 Corruption

The respondents who had approached the LGO for some service were asked whether they had to pay any amount other than the fees to get the service delivered. Only six respondents (three each in the GP sample and the Municipality sample) admitted paying bribe.

## 5.10 Citizens' Satisfaction with the Behavior of Staff

In this section, the satisfaction the citizens have with the behavior of the staff of the LGOs is discussed. In spite of some of the problems that the citizens encountered in getting the service, 85 percent of the citizens who approached the GP office and 86 percent who approached the municipal office were fully satisfied with the behavior of the staff in the LGO (Figure 5.1).

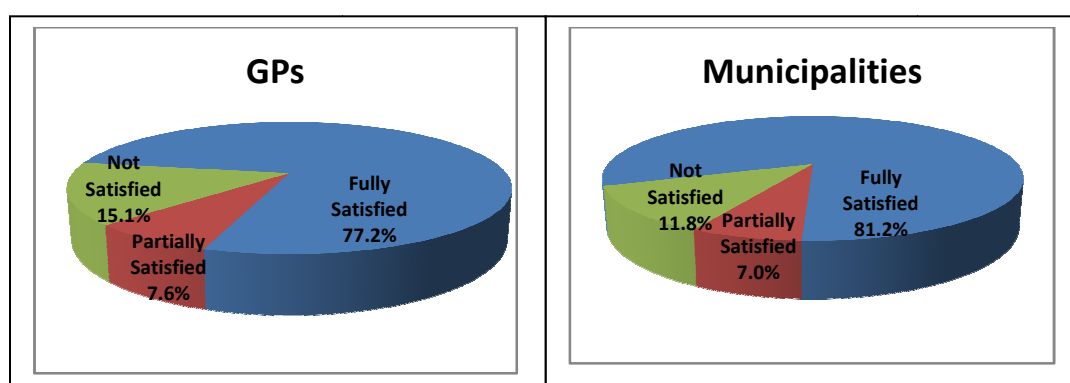
**Figure 5.1: Level of satisfaction with behaviour of staff in LGOs**



## 5.11 Citizens' Overall Satisfaction with the Service Delivery

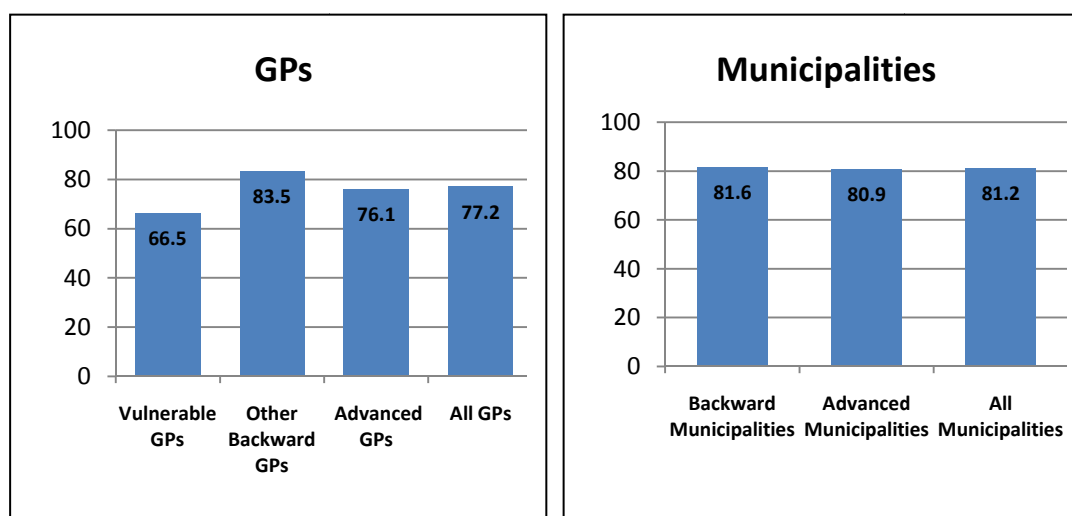
The rating of the citizens on the overall satisfaction with the service delivery process in the LGOs can be dependent on the behavior of staff, timeliness of service, procedural difficulties that they have encountered and the availability of basic amenities in the LGO. The level of overall satisfaction with the service delivery process was assessed for different groups of GPs and Municipalities and different social and economic groups. Compared to the level of satisfaction with behavior of staff, the level of overall satisfaction with the service delivery process was lower. However, three-fourths of the respondents in GPs and four-in-five respondents in Municipalities were fully satisfied with service delivery experience. The Municipalities had fared better than GPs in this regard (Figure 5.2).

**Figure 5.2: Level of satisfaction with overall service from LGO**



The overall satisfaction with the service delivery process was much lower in vulnerable GPs than other categories of GPs. But no such difference exists between backward and advanced Municipalities (Figure 5.3).

**Figure 5.3: Percent of households fully satisfied with the overall service delivery from LGO across different categories of LGs**



There is no difference between the response on satisfaction of the citizens from the BPL households and APL households in GPs (Table 5.8). But in the case of Municipalities BPL household members felt lower satisfaction on the overall service delivery experience than APL households. The ratings of the SC/ST group was slightly better than that of non-SC/ST group in GPs while there exists no difference in Municipalities (Table 5.9). This can possibly be because the LGOs do not show any discrimination against BPL and SC/ST groups or because of the lower expectation levels.

**Table 5.8: Percent of households fully satisfied with the overall service delivery from LGO across economic classification**

<b>Economic Classification of Households</b>	<b>Percent of Households</b>	<b>Number of Sample Households</b>
<b>GPs</b>		
BPL households	77.6	277
APL households	77.1	510
All households	77.2	787
<b>Municipalities</b>		
BPL households	77.6	222
APL households	82.9	498
All households	81.2	720

**Table 5.9: Percent of households fully satisfied with the overall service delivery from LGO across social classification**

<b>Social Classification of Households</b>	<b>Percent of Households</b>	<b>Number of Sample Households</b>
<b>GPs</b>		
SC/ST households	80.0	109
Non SC/ST households	76.8	678
All households	77.2	787
<b>Municipalities</b>		
SC/ST households	81.6	89
Non SC/ST households	81.2	632
All households	81.2	720

## **5.12 Citizens' Suggestions for Improving the Service Delivery of LGOs**

The citizens were asked for their suggestions for improving the service delivery from LGOs. Only 199 respondents in GPs and 188 respondents in Municipalities gave some suggestions for improvement. Table 5.10 reports the suggestion from the citizens. The most prominent suggestion given was that basic facilities such as seating facilities, drinking water, toilets, should be ensured. In spite of high overall satisfaction with the behavior of staff, many have suggested that the behaviour and punctuality of staff and timeliness in service delivery needs to

be improved. Other major suggestions include proper maintenance of front office, more seating facilities and ensuring that the eligible citizens are not excluded from the benefits of different schemes run by the LG.

**Table 5.10: Citizens' suggestions for improving service delivery of LGOs**

<b>Suggestions</b>	<b>Percent of Households</b>	
	<b>GP</b>	<b>Municipality</b>
Basic facilities to be ensured	81.8	73.4
Behaviour of Staff should improve	38.1	35.2
Staff should be punctual	20.7	11.1
Front office/Enquiry counter should be maintained better	12.9	13.5
LG has to ensure that all eligible people receive the benefits of different schemes	10.4	0.6
Administration should improve to provide timely service	2.9	7.6
Camera to monitor the activities should be installed in the LGO	0.0	6.2
New building is required	2.0	2.1
Adalat should be conducted to resolve pending issues and applications	1.5	2.5
Only essential documents should be asked during the verification process	1.0	0.0
Number of sample households giving suggestions	199	188

Note: Multiple response, total may exceed 100 percent.



## **CHAPTER VI**

### **RESPONSIVENESS OF THE LOCAL GOVERNMENTS TOWARDS THE ENVIRONMENT AND THE ELDERLY**

#### **6.1. Introduction**

This chapter presents the feedback of the citizens on the responsiveness of the LGs towards environment and the needs of the elderly. These two aspects are of particular relevance to Kerala because the state is facing increasing problems of environmental degradation and is going through a phase of demographic transition wherein the share of aged population in the state's total population is increasing. Being the government at the grass root level and closely connected to the people, interventions adopted by the LG in the direction of safeguarding the environment and for the welfare of the elderly will have deeper and more effective impact.

#### **6.2. Responsiveness of the LG towards the Environment**

The LGs are expected to undertake development interventions taking into account the environmental impact of such interventions. The LGs are also expected to ensure environmental hygiene in the locality. These envisaged activities of the LG are gaining significance given the problems related to environmental degradation being faced such as spread of air-borne and water-borne diseases, water scarcity, rising temperature, etc. The survey sought feedback from citizens on the measures taken by the LGs in safeguarding the environment, their satisfaction with the same and also on problems related to environment degradation that they have faced.

Only 40 percent of the respondents in the rural areas are of the opinion that the GP tries to minimize the negative impacts of developmental projects on the environment while taking them up. Only one-third of the urban respondents were of the same opinion with regard to the development activities of the Municipality. Similarly, only 40 percent of the citizens in the rural areas which have water bodies flowing through the selected GP ward felt that the GP takes adequate measures to protect the water bodies, whereas only one-fifth of the respondents in Municipal wards with water bodies reported so. A slightly lesser proportion of citizens in GPs felt that the GP is taking adequate measures to protect other natural resources and to preserve the greenery in the locality. While one-third of the households in the GPs felt that the GP is

taking effective measures to control pollution, only one-fourth of the urban households felt so about the measures taken by the Municipality (Table 6.1).

**Table 6.1: Feedback on the responsiveness of the LG towards environment**

Respondents who feel that the LG	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Tries to minimize the negative impacts on environment while taking up developmental projects	39.8	1608*	32.4	1626*
Takes adequate measures to protect the water bodies in the LG	41.7	1437**	20.4	1381**
Takes adequate measures to protect other natural resources in the LG	33.8	1608*	19.4	1626*
Takes adequate measures to preserve the greenery in the LG	35.5	1608*	20.5	1626*
Takes adequate measures towards pollution control	32.4	1608*	24.4	1626*

\* All sample households from all LGs.

\*\* Households from wards with water bodies

As can be seen, majority of the households do not feel that the LGs are taking adequate and effective measures to check environmental degradation and to protect the environment through protection of natural resources and preservation of greenery. It was also seen that lesser proportion of households in Municipalities are positive about the interventions of the LG in preservation of the environment than rural households.

The citizens were further asked whether they had faced any problem related to environmental degradation in the LG in the past one year. About one-tenth of the households in the GPs had experienced some problem related to environmental degradation. A slightly larger proportion of households in the Municipalities (16 percent) had experienced a problem (Table 6.2). About one-third of these households in the GPs complained about the same to the authorities, but only 14 percent said that an action was taken on the complaint. However, majority of them were satisfied with the action taken. It was also seen that the proportion of households in the Municipalities that complained as well as on whose complaint action was taken was slightly higher than the corresponding proportion in the GP.

**Table 6.2: Experience of problems relating to environmental degradation in the past one year and problem resolution**

Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Faced a problem relating to environmental degradation	11.2	1608	16.3	1626
Complained about the problem	34.5	180 <sup>a</sup>	41.6	264 <sup>a</sup>
Action was taken against the complaint	14.2	62 <sup>b</sup>	17.7	110 <sup>b</sup>
Satisfied with the action taken	77.6	9 <sup>c</sup>	91.9	19 <sup>c</sup>

<sup>a</sup> Households that had faced a problem relating to environmental degradation.

<sup>b</sup> Households that complained about the problem

<sup>c</sup> Households on whose complaint action was taken

When asked to report the major problems related to environment that the people experienced, nearly half of the households in the rural areas and three-fourths in the urban areas reported mosquito problem (Table 6.3). Breeding and spread of mosquitoes is directly connected to poor drainage facilities which lead to water becoming stagnant. Poor management of waste in public places also leads to breeding of mosquitoes and other flies. As has been seen earlier in the report, sanitation which includes solid and liquid waste management such as clearing of wastes from public places, cleaning of drainages, etc. are statutory functions of the LGs. The replacement of paddy fields with the more profitable rubber cultivation has also been reported as a problem affecting the environment, especially in the GPs. Pollution and rise of related diseases on account of industrial activities and quarrying, etc. were also reported by many households. Another problem reported was that of sand/red soil mining.

**Table 6.3: Problems relating to environment degradation experienced by the households in the past one year**

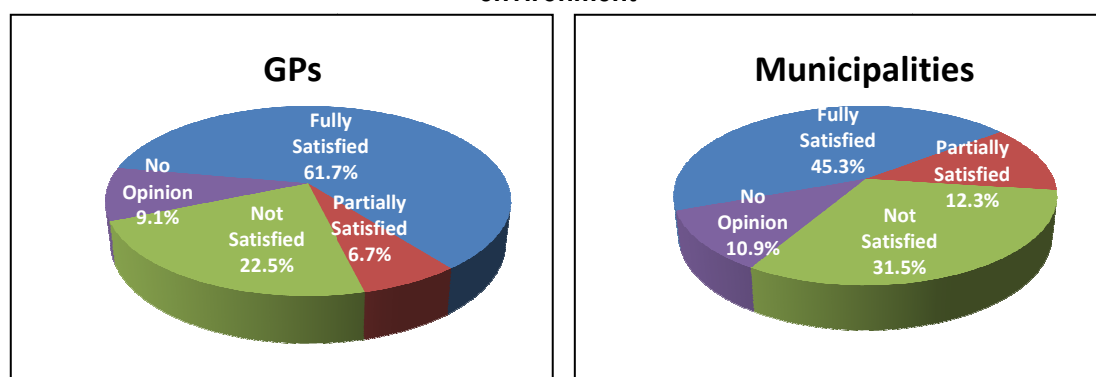
Problem	Percent of Households	
	GPs	Municipalities
Mosquito problem	47.0	77.4
Paddy fields being replaced with rubber cultivation	26.8	12.4
Smoke from cashew factories causing air pollution and related diseases	10.4	10.4
Quarrying causing pollution and related diseases	17.9	0.7
Sand/red soil mining	14.0	2.1
Others*	3.4	2.2
Number of households that experienced problems related to environmental degradation	180	265

\* In GPs, this includes 'soil erosion due to flash floods', 'land encroachment', 'foul smell/smoke emanating from cemetery' and 'use of ammonia'. In the case of Municipalities, this includes 'poor environmental safeguard measures adopted by the LG' and 'mobile tower radiation'.

Note: Multiple response, total may exceed 100 percent.

The respondents were further asked about their satisfaction with the responsiveness of the LG towards safeguarding the environment. Figure 6.1 shows that while 62 percent of the households in the GPs are fully satisfied with the measures taken by the GP to safeguard the environment, only 45 percent of the households in the Municipalities are fully satisfied. It was also seen that around one-tenth of the households in the GPs as well as Municipalities were unwilling to give an opinion on the measures adopted by the LG to safeguard the environment.

**Figure 6.1: Satisfaction with the responsiveness of the LG towards safeguarding the environment**



### 6.2.1. Citizens' Suggestions for Measures the LGs can Adopt to Safeguard the Environment

The study sought suggestions from the citizens on measures that could be adopted by the LG to safeguard the environment. About one-third of the households in the GPs and Municipalities gave their suggestions. The most frequently reported suggestion from the citizens in rural areas was related to conservation of greenery through protection and planting of trees, plants and mangroves. In Municipalities, the most frequently given suggestion was related to provision and clearing of waste bins and drains for proper solid and liquid waste management. It was seen earlier that while the households in the GPs were experiencing environmental degradation on account of natural resource depletion, the problems faced by the households in the Municipalities related mostly to poor sanitation and associated problems (Table 6.4). Protection of water bodies and other natural resources such as hills, ponds, etc. was also suggested by many households. Checks on factories emitting pollution and prohibition of plastic were suggested by few households.

**Table 6.4: Suggestion for measures that can be taken by the LG to safeguard the environment**

Suggestion	Percent of Households	
	GPs	Municipalities
Protection and planting of trees/ plants/ mangroves	41.2	26.7
Protection of water bodies	31.4	32.7
Provision of waste bins and drainage and regular cleaning of the same	19.2	34.5
LG should take initiative to safeguard the environment	14.7	18.3
Protect natural resources such as hills, ponds, rivers, etc.	7.8	4.7
Agricultural activities such as paddy cultivation should be encouraged	5.3	0.9
Use of plastic should be prohibited	2.2	2.3
Proper checks and restrictions to be placed on factories emitting pollution	3.0	1.0
Others*	1.5	0.1
Number of sample households which provided suggestions	527	544

\* In GPs it includes 'prohibition of quarrying' and 'training for using pipe compost'. In Municipalities it includes 'scientific methods for cremation'.

Note: Multiple response, total may exceed 100 percent.

### 6.3. Responsiveness of the LG towards the Elderly

The population of Kerala is ageing very fast with more than one-tenth of them being in the age group 60 years and above in 2001. Recent projections indicate that by 2031 every fifth person in Kerala will be aged at least 60 years. This share is expected to increase to 25 percent in 2041 and 30 percent in 2051. This means that the state has to be well prepared to face a situation where a large chunk of the population will have needs much different from that of the other age groups, particularly in terms of health care and economic support. The increasing old age dependency on the shrinking younger age groups will be a major population challenge for the State. Children, by far are expected to be the source of income and care for the older people in Kerala. Also expectations of filial support in old age are shared widely by the current generation of adults. But population composition of the state is rapidly changing such that the number of children who are expected to take care of the elderly are decreasing. Coupled with this is the fact that the expectation of life is also increasing very fast necessitating care of the elderly for a longer period. Thus government intervention in this field has become a necessity.

Government of Kerala has initiated several programmes to help the elderly though much more is yet to be done. A major welfare measure implemented in the state is the provision of different types of pensions for the elderly. These welfare pensions are distributed through the LGs. However, the LGs can play much more than just being distributors of pensions.

In this study questions relating to welfare pension for the elderly and organization of programmes relating to elder care were asked. Among the selected households in the GPs, 56 percent reported having an elderly in the household of whom 42 percent received welfare pension. The corresponding figures for Municipalities work out to be 60 and 36 respectively. Slightly more than 80 percent of the households which receive welfare pensions from the LGs report that they receive the pension regularly (Table 6.5). A slightly larger proportion of households in the Municipalities reported irregularity in the receipt of pension.

**Table 6.5: Feedback on welfare pensions and welfare programmes for elderly**

Households Reporting	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Having an elderly member	56.1	1608	59.8	1626
That the elderly member receives welfare pension	41.8	902*	35.8	973*
That the welfare pension is received regularly	86.6	377**	82.3	348**
That a member of the household had attended a programme for the elderly organized by the LG	7.0	902*	7.5	973*
That a member of the household had attended a programme organized by the LG for care givers	2.2	902*	1.4	973*

\* Households where there is an elderly member

\*\* Households which receive welfare pension from LGs

As far as participation of citizens in the programmes are concerned the result is pretty disappointing as only from a small proportion of the households with elderly members, a member had attended programmes for the elderly, in both the GPs and Municipalities. The participation in the programmes for the care givers was still lower.

Suggestions were sought from the citizens with regard to measures that the LG can adopt for promoting the welfare of the elderly and the results are provided in Table 6.6. About half of the sample households gave some suggestions. The most frequently given suggestion was to

enhance the amount of old age pension from its present level. Provision of free medical aid, food, etc. was also suggested, at least for the elderly from economically backward families. Another recurring suggestion was regarding provision of old age homes or day care centres with recreation facilities for the elderly. The need for palliative care units, home nurses, house visits by doctors and other paramedics was also emphasized. Few households also suggested that reservation or priority should be given to the elderly in public infrastructure such as buses and hospitals.

**Table 6.6: Suggestions for measures that the LG can adopt for the welfare of the elderly**

Suggestion	Percent of Households	
	GPs	Municipalities
Hike old age pension	35.1	34.9
Provide free medical service, checkups, etc.	32.0	30.2
Provide economic aid/ food /medical help for the elderly among the poor	14.8	10.3
Organise welfare programs for the elderly	4.5	8.3
Build old age homes	4.6	6.9
Daycare centre/ /Recreation group,etc should be formed	5.3	3.6
Conduct health camps for the elderly	3.0	5.3
A nurse should be provided to take care of the elderly	3.1	1.5
Priority/Reservation in Buses/hospitals to be more effective	1.8	2.3
Awareness class should be conducted for caregivers and family of aged people	1.8	1.5
Self employment aid be given	2.0	0.4
Literacy programmes,Yoga class,etc should be provided	0.2	0.3
Services of ASHA workers should be available for the elderly.	0.0	0.4
Number of households that gave suggestions	796	832

Note: Multiple response, total may exceed 100 percent.

## **CHAPTER VII**

### **PARTICIPATION IN LOCAL GOVERNANCE**

#### **7.1 Introduction**

Community involvement and citizen participation in planning and budgeting process are corner stones of decentralised governance. The needs and concerns of the citizens are likely to be incorporated in the local plans if there is public participation in local governance. It can also lead to better transparency, responsiveness and accountability in local governance and can improve the relationship between the citizens and the LG. A sense of ownership on the part of citizens is also expected from the initiatives and systems to improve public participation in local governance. Kerala has introduced some mechanisms to involve the citizens in the local planning and budgeting process. The most important mechanism for direct participation of the people in planning and budgeting process of the LGs is the GS in GPs and WS in urban areas, both constituted at the ward level.

#### **7.2 Participation in Grama Sabha/ Ward Sabha**

The meeting of the GS/WS, chaired by the elected representative of the ward, is the main avenue for citizens to get involved in local governance. These meetings are to be convened regularly by the elected representatives and the quorum of the GS/WS is 10 percent of the voters in the ward. The GS/WS has the right to formulate project proposals and fix the priority of schemes and development programmes to be implemented in the locality. Selection of beneficiaries of all schemes implemented through GPs and Municipalities are also made at the GS/WS. Figure 7.1 gives the percent of citizens who have attended the GS/WS meeting by different categories of LG. Only one-third of the respondents in the GPs have attended at least one GS meeting in the last one year. The attendance in GS is slightly higher in vulnerable GPs compared to the other two categories of GPs. The proportion of respondents who have attended at least one WS meeting in Municipalities is lower than that in the GS meeting at 30.3 percent.



**Figure 7.1: Percent of citizens who have attended at least one GS/WS in the last one year across different categories of LGs**

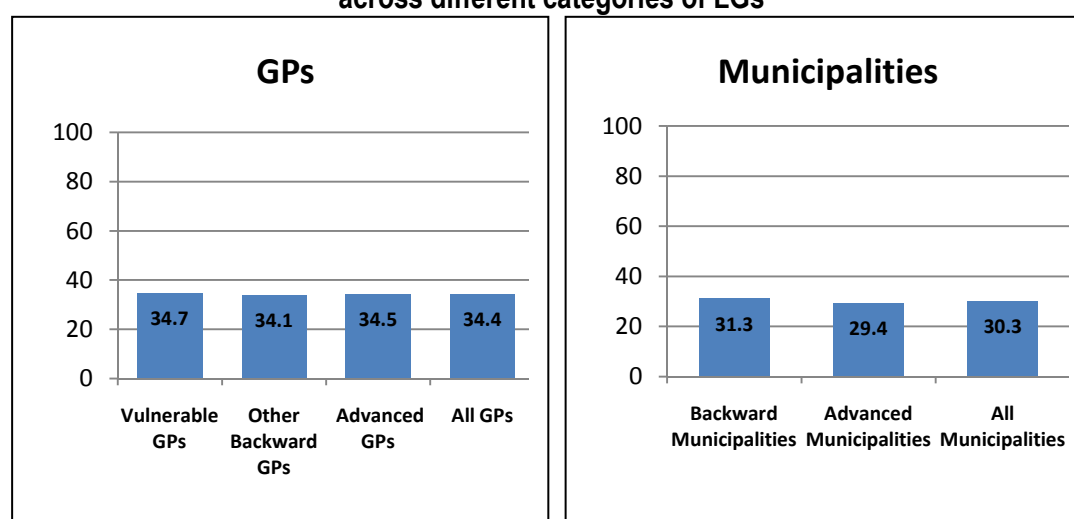


Table 7.1 shows that the attendance of the members of the BPL households in the GS/WS meetings is much higher than that of APL households, both in the GPs and Municipalities. The difference is higher in Municipalities compared to GPs. While there is a difference of nine percentage points in GPs, it is 19 percentage points in the case of Municipalities. Similarly, the proportion of members of the SC/ST households attending the GS/WS meetings is much higher than that of non-SC/ST households (Table 7.2). It is clear that the attendance of socially and economically backward sections in GS/WS meetings is more than that of the better off sections of the population.

**Table 7.1: Percent of citizens who have attended at least one GS/WS in the last one year according to economic classification of households**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	40.3	603	43.2	512
APL households	30.8	1005	24.4	1114
All households	34.4	1608	30.3	1626

**Table 7.2: Percent of citizens who have attended at least one GS/WS in the last one year according to social classification of households**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SC/ST households	44.9	224	39.2	192
Non SC/ST households	32.7	1384	29.1	1434
All households	34.4	1608	30.3	1626

Mere attendance in GS/WS is not sufficient to ensure active participation in the planning and budgeting process. Active participation requires involvement in discussions in the meetings and decision-making in prioritisation, beneficiary selection etc. While it is difficult to quantify the extent of participation, it has been asked in the survey whether they have voiced their opinion on the subject under discussion while they attended the GS/WS meetings. However it was disappointing to note that only 46 percent of the respondents in GPs and 51 percent in Municipalities responded positively to this query (Table 7.3).

**Table 7.3: Percent of respondents who had voiced their opinions in the last attended GS/WS meeting according to economic classification of households**

<b>Economic Classification of Households</b>	<b>GPs</b>		<b>Municipalities</b>	
	<b>Percent of Households</b>	<b>Number of Sample Households*</b>	<b>Percent of Households</b>	<b>Number of Sample Households*</b>
BPL households	40.1	243	47.3	221
APL households	51.1	310	54.4	271
All households	46.3	553	51.2	492

\* Households where the respondent has attended at least one GS/WS meeting in the past one year.

The participation of members of BPL households in the discussions in the GS/WS was lower than that of the APL households, more so in the GPs (Table 7.3). However, a comparison between SC/ST and non-SC/ST households shows a different pattern. Participation in discussions in GS/WS was marginally higher for SC/ST households in the GPs while it was lower in Municipalities (Table 7.4).

**Table 7.4: Percent of respondents who had voiced their opinions in the last attended GS/WS meeting according to social classification of households**

<b>Social Classification of Households</b>	<b>GPs</b>		<b>Municipalities</b>	
	<b>Percent of Households</b>	<b>Number of Sample Households*</b>	<b>Percent of Households</b>	<b>Number of Sample Households*</b>
SC/ST households	48.8	101	47.3	75
Non SC/ST households	45.8	452	51.9	417
All households	46.3	553	51.2	492

\* Households where the respondent has attended at least one GS/WS meeting in the past one year.

The respondents, irrespective of whether they usually attend GS/WS or not, were asked to give their perception about whether the opinions expressed in GS/WS are considered in local governance and whether they feel that the selection of beneficiaries is transparent and democratic. Forty six percent of the respondents in GPs and 38 percent of the respondents in Municipalities feel that the opinions expressed in GS/WS are considered in local governance.

The proportion of respondents who feel that the selection of beneficiaries for the various welfare schemes implemented through the LG through the GS/WS is transparent and democratic was lower at 37 percent and 35 percent respectively (Table 7.5). On both these counts, GPs fared better than Municipalities.

**Table 7.5: Perception of the respondents on discussions and selection of beneficiaries in GS/WS**

Percent of respondents who feel that	Households in GPs		Households in Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
The opinions expressed in GS/WS are considered in local governance	45.6	1608	38.2	1626
The selection of beneficiaries is transparent and democratic	37.3	1608	34.7	1626

Perception on the above attributes have been analysed separately for different social and economic groups (Table 7.6). A relatively larger proportion of members of BPL households expressed a positive opinion on the utility of the discussions in the GS/WS and the transparency in the selection of beneficiaries of schemes operated by the LGs compared to APL households, both in GPs and Municipalities. Similarly SC/ST households were more positive in their perceptions about these aspects of local governance compared to non-SC/ST households.

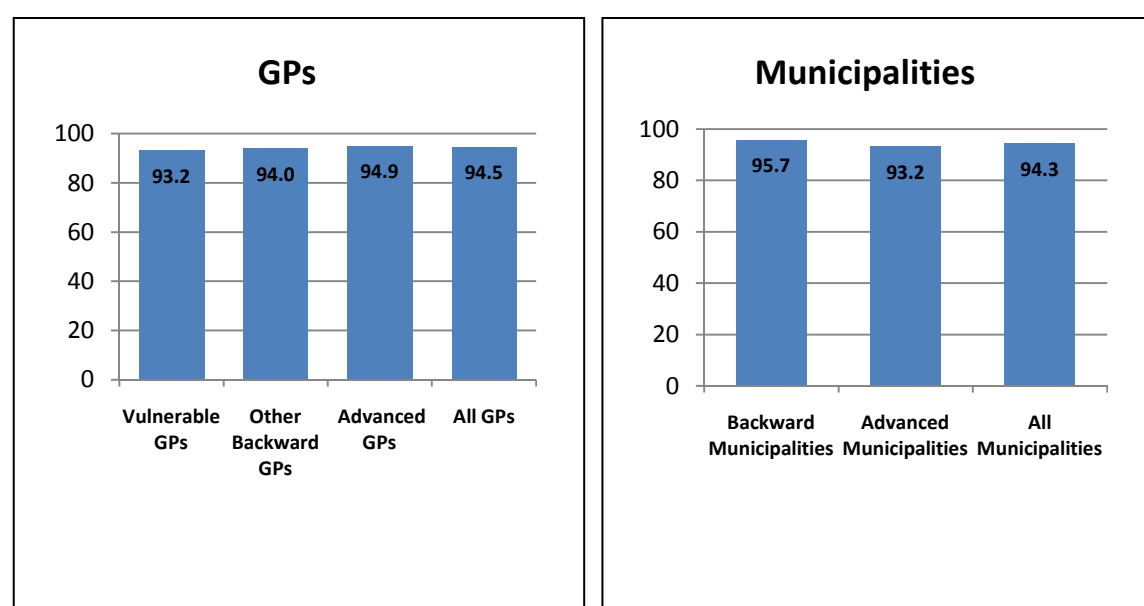
**Table 7.6: Perception of the respondents on discussions and selection of beneficiaries in GS/WS across different sub-groups**

Percent of respondents who feel that	Economic group		Social group		At least one family member attended GS/WS meeting (%)
	BPL (%)	APL (%)	SC/ST (%)	Non SC/ST (%)	
<b>GPs</b>					
The opinions expressed in GS meetings are considered in local governance	51.7	42.0	52.5	44.5	68.1
The selection of beneficiaries is transparent and democratic	42.9	33.9	44.7	36.1	55.9
Number of sample households	603	1005	224	1384	553
<b>Municipalities</b>					
The opinions expressed in WS meetings are considered in local governance	50.1	32.7	44.5	37.4	64.6
The selection of beneficiaries is transparent and democratic	43.1	30.9	42.8	33.6	52.2
Number of sample households	512	1114	192	1434	492

### 7.3 Participation in the Previous Election to the LGs and Interaction with Elected Representatives

Election to the LGs is an opportunity for the citizens to participate in local governance. The participation of different socio-economic groups, especially the vulnerable groups, in the selection of ward members in GPs and councilors in Municipalities is important to ensure accountability in local governance. There has been high turnout in the elections to the LGs in Kerala. Voting is an essential occasion that links the citizens with elected representatives. The present study has examined whether the respondents had voted in the previous election to the GPs and Municipalities (Figure 7.2). Only five percent of the respondents in GPs and six percent in Municipalities did not vote in the previous LG election. There is not much difference in the voting behaviour across different categories of LGs.

**Figure 7.2: Percent of respondents who have voted in the previous LG election across different categories of LGs**



Participation of BPL households in the previous LG election was marginally better than APL households in GPs but not difference exists in the case of Municipalities (Table 7.7). But there exist some difference in the voting pattern of the voters in SC/ST households and other households, both in GPs and Municipalities (Table 7.8). Even though 92 percent of the voters in SC/ST households in GPs and Municipalities participated in the previous LG elections, it is 3 percentage points below that of the non-SC/ST households in both rural and urban areas.

**Table 7.7: Percent of respondents who have voted in the previous LG election according to economic classification of households**

Economic Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
BPL households	96.0	603	94.9	512
APL households	93.7	1005	94.0	1114
All households	94.0	1608	94.3	1626

**Table 7.8: Percent of respondents who have voted in the previous LG election according to social classification of households**

Social Classification of Households	GPs		Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SC/ST households	91.6	224	91.9	192
Non SC/ST households	95.0	1384	94.6	1434
All households	94.5	1608	94.3	1626

The respondents in the sample households were asked whether they know the name of the elected representative of the ward of the LG in which they reside and the name of the chairperson of the LG. The responses indicate that most of them know the name of the ward member/councilor representing the ward but one-third of them do not know the name of the chairperson of the LG (Table 7.9). The situation is slightly better in GPs than in Municipalities. About two-in-five households in GPs and Municipalities have approached the elected representative of the ward on some issue. More than half of those who had approached the elected representatives are of the opinion that the issue was solved satisfactorily.

**Table 7.9: Interaction of citizens with the elected representatives**

Percent of respondents who	Households in GPs		Households in Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
Know the name of the elected representative of the ward	95.1	1608*	94.0	1626*
Know the name of the Chair person of the LG	69.0	1608*	64.5	1626*
Approached the elected representative of the ward on some issue	40.7	1529**	38.0	1528**
Reported that the issue was solved satisfactorily	55.3	654***	57.7	618**

\* All sample households

\*\* Households who reported that they knew the name of elected representative

\*\*\* Households that had approached the elected representative for some issue

## 7.4 Membership in Community Organisations

Citizens' engagement with community organizations is examined to a limited extent in the present study. Community organizations, which are generally considered to generate social capital of its members, have the potential to create strong local communities and improve the effectiveness of local democracy. They are locally formed organizations which enable collective action at the local level. The organisations considered in the present study are the SHGs including the *Kudumbashree* SHGs organized under the Poverty Eradication Mission of the Government of Kerala, residents' associations and farmers' groups. Some details on this are given in Table 7.10. In more than half of the sample households in the rural areas, at least one family member has membership in SHGs. The membership in SHGs is lower in municipal areas (40 percent). Large majority of those who have membership in SHGs are members of Kudumbashree SHGs. In the rural areas, 43 percent of the sample households have at least one of its members with membership in Kudumbashree SHG. Of those households which reported having membership in SHG for at least one member, 91 percent in GPs and 90 percent in Municipalities have membership in Kudumbashree SHG (not reported in Table).

**Table 7.10: Details of membership in community organizations**

Percent of households having membership in	Households in GPs		Households in Municipalities	
	Percent of Households	Number of Sample Households	Percent of Households	Number of Sample Households
SHG	52.9	1608	39.8	1626
Kudumbashree SHG	48.3	1608	35.7	1626
Farmers' group	8.8	1608	6.3	1626
Residents' Association	3.2	1608	13.7	1626

Membership in farmer's associations and residents' association are much smaller. In the GPs, only nine percent have membership in farmers' association and just three percent have membership in residents' association. The membership in residents' association is larger in the municipal areas at 14 percent.

We have also examined whether there is any significant difference between different socio-economic groups in the membership in SHGs, the community organization which have a significant presence in both rural and urban areas (See table 7.11). There exists significant difference between BPL and APL households in the membership in SHGs. While two-thirds of

the BPL households in the GP and municipal samples have at least one member in the SHG, the proportion is much lower for APL households in both the rural and urban areas. Only 44 percent of the APL households in the rural sample and 27 percent of those in the urban sample have membership in SHG. Similarly, the membership of SC/ST households is much higher than that of non SC/ST households, both in rural and urban areas. It is clear that the less privileged sections are more involved in the SHGs than the better off sections.

**Table 7.11: Percent of sample households with membership in SHG according to economic and social classification**

<b>Economic Classification of Households</b>	<b>GPs</b>		<b>Municipalities</b>	
	<b>Percent of Households</b>	<b>Number of Sample Households</b>	<b>Percent of Households</b>	<b>Number of Sample Households</b>
BPL households	67.2	603	67.4	512
APL households	44.3	1005	27.0	1114
SC/ST households	68.7	224	57.0	192
Non SC/ST households	50.3	1384	37.5	1434
All households	52.9	1608	39.8	1626

## **CHAPTER VIII**

### **SUMMARY OF FINDINGS AND CONCLUSIONS**

#### **8.1 Introduction**

This baseline study of the KLGSDP examined the citizens' feedback on current level of service delivery of GPs and Municipalities in Kerala. Among the different services for which the LGs are now responsible, the baseline study has examined the service delivery in a few select sectors. These sectors were identified in consultation with the KLGSDP and the DAC, the latter being responsible for monitoring the baseline study. The identified civic sectors/services are street lighting, roads, water and sanitation (including waste management). Further, the services of government health care institutions, government schools and anganwadis were examined. In addition, the study has examined the services available from the offices of the LGs, responsiveness of the LGs towards the environmental aspects, responsiveness towards the needs of the elderly and the participation of citizens in local level planning and budgeting process. The most important component of the baseline study is the household survey conducted using multi-stage stratified systematic sampling technique. The sample size for the household survey was 1608 in GPs and 1626 in Municipalities. This was supplemented by a community survey where the community is defined as a ward of the LG. The survey covered 96 wards from 48 GPs and 48 wards from 16 Municipalities. The GPs were classified into three categories viz., vulnerable, backward and advanced and the Municipalities were classified into two categories viz., backward and advanced. The aspects of service delivery that are discussed for each service are: access to or the availability of the particular service, quality of service or effectiveness of service delivery, instances of grievance with the service and grievance redressal, satisfaction with the service and the citizens' suggestions for improving the service. The major findings, conclusions and suggestions emerging from the study are summarized in this chapter.

#### **8.2 Profile of the Community and the Sample Households**

Almost all the wards, even in rural areas, have tarred roads and street lighting. Anganwadis are also available in almost all the rural and urban wards in the sample. Government LP school is available in majority of the wards in the GPs and Municipalities. The study finds that the availability of public infrastructure such as primary schools, anganwadis and health sub centres is not much different in GPs and Municipalities. But in terms of civic amenities, the municipal



wards are in a slightly better position than the wards in GPs. However, there is much scope for improvement even in Municipalities particularly in solid and liquid waste management of households and public places and coverage of water supply scheme. About half of the sample GP wards are located at a distance of more than three kilometres from the LG office. The situation in Municipalities is better with only a quarter of the urban wards located at a distance of more than three kilometres from the municipal office. The difference between GPs and Municipalities is small in terms of the education level of elected representatives. However, the citizens in the rural areas seem to have better opportunities to participate in local governance as the GS/WS meetings are convened more frequently in rural areas than in urban areas.

It is also found that there is not much difference between GPs and Municipalities in the profile of the sample households in terms of access to pucca houses, electricity connection and the number of members in the households. However, differences exist in the main source of income and the fuel used for cooking. Even in the rural sample, only 14 percent have reported agriculture/livestock as the main source of income. There is only a small difference in the proportion of poor households between rural and urban sample. The overall picture that emerged from the study is that the difference between rural and urban areas is small in the provision of public services.

### **8.3 Feedback on Service Delivery**

#### **8.3.1 Street Lighting**

The study found that only around half of the households in the GPs have streetlights in their neighbourhood. Only half of those having street lights in their neighbourhood reported that it is lit on almost all days. Three-in-five households had experienced some problem in street lighting in the past one year, but only slightly less than half of them complained about the same to the authorities. Less than half of the complainants reported that action was taken against their complaint. The main problem reported was irregular lighting. Low voltage resulting in inadequate light is yet another problem. Only half of the rural households expressed full satisfaction with the street lighting service. A comparison of different categories of GPs indicates that there is not much difference in the availability of street lights. But the households which have access to street light in vulnerable GPs are less satisfied than those in the other two categories indicating the lower quality of the available service in the vulnerable GPs.

As far as Municipalities are concerned, about four-in-five households have streetlights in their neighbourhood and three-fourths of them reported that the streetlights were lit on most days.

Also most of the households are of the opinion that the lights were usually switched on and off at proper timings. Slightly less than half of the households had experienced some problem in street lighting in the past one year and only half of these households complained about it to the authorities. However, action was taken only in 54 percent of these cases. The main problems were irregular lighting and low voltage. Two-thirds of the households in the Municipalities were fully satisfied with the street lighting in their neighbourhood. As in the case of GPs, there is no difference between backward and advanced Municipalities in the access to street lighting service. But unlike in GPs, the proportion of fully satisfied citizens was more in backward Municipalities than in advanced Municipalities.

### **8.3.2 Roads**

Fifty seven percent of households in GPs have a motorable road reaching up to their house. Only 38 percent of the respondents in the GPs rated the present condition of the roads as good. When asked to rate the condition of the roads during rainy season, the ratings fell by eight percentage points. The main road-related problem experienced by the households in the GPs and Municipalities is the improper or inadequate maintenance of roads. Open/partly covered man holes/drainage was also a problem reported by a section of the households. This makes it difficult to use the roads particularly during rainy season. Only five percent of the households reported having footpath for the road in their neighbourhood. Majority of them also feel that the GPs are not effective in controlling encroachment of roads. More than half of the respondents experienced some problem related to roads. But only 40 percent of them reportedly complained about the problem and among them only about one-tenth are aware of any action taken on their complaint. Only 46 percent expressed full satisfaction with the roads in the GP. There is not much difference in the access to roads across different categories of GPs. But there is a gradation in satisfaction level with vulnerable GPs generating lowest satisfaction and the advanced GPs giving rise to highest satisfaction. However, none of these categories have more than 50 percent of their citizens expressing full satisfaction.

More than 60 percent of the households in the Municipalities have a motorable road reaching right up to their house and more than half of the households rated it as good. The ratings on the condition of the roads during rains fell by 10 percentage points. The main road-related problem experienced by the households in Municipalities is the improper or inadequate maintenance of roads. Lack of foot path, open/partly covered man holes, encroachment of roads are other issues to be tackled. Forty percent of the urban residents experienced some

problem related to roads. But majority of them did not complain about it to the authorities. Large majority of those who have complained feels that no action was taken on their complaint. About three-in-five households reported full satisfaction with roads in Municipalities. There is not much difference between backward and advanced Municipalities in this regard.

### **8.3.3 Water Supply**

Majority of the rural households depend on wells in their compound for drinking water. Only ten percent of the rural households have tap at home where the water is sourced from a public source. Another five percent depend on public taps, public well or public tanker and access to these is not a major issue as most of the houses are located at a distance of less than 100 metres from the water source. The availability of water in public taps in the rural areas was unsatisfactory as only one-fifth of those depending primarily on public taps reported that water was available on all days and less than one-tenth of them is getting water throughout the day. On an average, break down of public taps was two times during the last one year and it took five days to repair it. Water shortage was reported by a significant section of the households (42 percent), more so during summer. Very few households reported that the GPs had intervened effectively to help the households overcome the shortage of water. More than two-thirds of the rural households faced problems relating to drinking water such as shortage, irregular supply and muddy water or water with bad taste. Only 38 percent of the rural households are fully satisfied with the public water supply system. A comparison of different categories of GPs indicate that the dependence on public taps, public wells or public tanker service is higher in vulnerable GPs than in the other two categories indicating perhaps the lesser availability of water sources within the premises of households in vulnerable GPs. However, there is no difference in the proportion of households having tap at home between different categories of GPs.

In Municipalities, two-thirds of the households depend on well or bore well in their compound for drinking water. In view of the small size of urban homesteads, many of these wells may be not be located at a safe distance from the septic tank. One-fifth of the households depend mainly on tap at home and six percent depend on public tap/public well. The public tap/well, which the households access, are usually located less than 100 metres from the houses and waiting time to collect water also is not high. As for availability of water from public taps, one in three households got water on all days and 43 percent of them reported availability throughout the day. On an average, the breakdown of public taps was reported once in the last year and it

took ten days to repair it. One-fourth of the urban households experienced water shortage. Very few households reported that the Municipalities had intervened effectively to help the households overcome the shortage of water. Shortage of water, irregular supply of water and getting muddy water or water with bad taste are the major problems reported by the urban households. Sixty percent of the urban households were fully satisfied with the water supply system. The proportion of fully satisfied citizens was slightly higher in backward Municipalities than in advanced Municipalities.

### **8.3.4 Sanitation**

The role of LGs in sanitation includes facilitating proper management of solid and liquid waste in the households and public places. Most of the households have toilets in their premises. Overflow of pit toilets especially in low-lying and coastal areas and flushing out waste to water bodies in the neighbourhood have been reported. No arrangement for collection of household waste from households exists in GPs. It is usually dumped inside the compound or outside or burned. The management of waste in public places needs improvement as most of the respondents reported that waste bins are not available in public places. The availability of drains as well as regular clearing of drains is another area where considerable improvement is needed. In spite of these issues related to waste management, only 14 percent of the rural residents reported that they experienced some problem related to sanitation, among whom only one-third complained about the same to the authorities. Action was taken only on one-fourth of the complaints. The major problems are dumping of waste in open spaces, absence of waste collection mechanism to dispose household waste and blocked drains. Seventy percent of the rural households are satisfied with the waste management in the GPs. It appears that in spite of the absence of household waste collection and dumping of waste in open spaces, the rural households are yet to consider this as an issue in local governance. A comparison between different categories of GPs indicates that the availability of toilets is marginally lower in vulnerable GPs compared to the other two categories. The satisfaction level on waste management was also lower in vulnerable GPs.

Most of the urban households have toilets. In ensuring proper disposal of household waste, the role of LGs seems to be limited with only around six percent of the households in Municipalities reporting that the Municipality collects the household waste. One-third of the urban households experienced a problem related to waste management in the past one year,

of which only one-third complained about it. Only 15 percent of those who complained felt that an action was taken on their complaint. Non-availability of a scientific mechanism to dispose waste, dumping of waste in public places, lack of waste bins in public places, irregular cleaning of public places, inadequate drainage system and blocked drains are some of the major problems related to sanitation in urban areas. Only half of the urban residents reported full satisfaction with the waste management in their Municipality. The satisfaction of the citizens in advanced Municipalities was much lower than that in backward Municipalities, may be because the advanced Municipalities face more problems related to waste management than the backward ones.

### **8.3.5 Government Schools**

The feedback on schools was sought from the parents whose children are studying in government LP and UP schools as higher levels of schools are not managed by GPs. The study indicates that access to government schools is not a major problem. Most of the parents were positive in their response with regard to regularity of classes, classroom facilities, attention the child gets from the teachers and regularity of noon meal supply. But there is scope for improvement in library facilities and laboratory facilities. Less than one percent of the parents had reportedly faced some problem with respect to the schools. As high as 91 percent of the parents in rural areas are fully satisfied with the school where their children study. The proportion of fully satisfied parents was higher in advanced GPs than in the other two categories of GPs.

The feedback on schools in urban areas was sought from the parents whose children are studying in any government school up to higher secondary level. Most of the parents were positive in their response with regard to regularity of classes, classroom facilities, attention the child gets from the teachers and regularity of noon meal supply. But there is scope for improvement in library and laboratory facilities. All the sample households, except two, reportedly did not face any problem with respect to the schools. Almost 90 percent of the parents whose children are sent to government schools are fully satisfied with the school. The proportion was slightly lower in backward Municipalities than in advanced Municipalities.

### **8.3.6 Government Health Care Institutions**

The feedback on the service experience from PHCs in rural areas was sought from households in GPs in which at least one member had visited the health facility during the last one year. In 46 percent of the sample households, at least one member had visited a PHC during the

reference period. Token system and sufficient seating facilities are available in most of the PHCs, but some of them lack in toilet facilities and drinking water availability. Majority of the households reported that the doctor was not available during OP hours at least once when they visited the health facility in the past one year. About one-fifth felt that the waiting time was beyond acceptable limits. However, when they were able to meet the doctor, the doctor spent adequate time to attend to them. IP facilities were not available in majority of the PHCs. It was found that a significant proportion of households had to depend on external sources for medicines, conduct of laboratory tests and diagnostic services even while they depend on government facilities for health care. About 10 percent of those who depended on PHCs experienced some problems in service delivery but most of them did not complain about the problem to the authorities. Non-availability of the doctor as well as heavy rush during OP hours making access to facilities tiresome and difficult were the major problems that the citizens encountered in the PHCs. Despite the shortcomings, 83 percent of the respondents in GPs are fully satisfied with the services from PHCs. The citizens in vulnerable GPs expressed relatively higher dissatisfaction than those in other two categories indicating the need for giving more attention to the service delivery in PHCs in vulnerable GPs.

In 44 percent of the sample households in the Municipalities, at least one member had visited a government health facility such as CHCs or Taluk hospitals managed by the Municipalities. Their experience shows that token system and sufficient seating facilities are available in most of the institutions, but the hospitals lack in sufficient toilets and drinking water facilities for outpatients and level of privacy in consultation. In the case of government health care facilities in Municipalities also, majority of the households reported that the doctor was not available during OP hours at least once when they visited the health facility. A not too small section (29 percent) also felt that the waiting time was beyond acceptable limits. However, when they were able to meet the doctor, the doctor spent adequate time to attend to them. Most of those who availed IP facility got adequate nursing care and attention from the doctor. However, there is scope for improvement in the availability of food, bedding and accessories and seating facility for bystander. About half of the households had to buy medicines and one-fourth conducted laboratory test from outside. Non-availability of the doctor and heavy rush during OP hours are the major problems that the citizens encountered in the government health care facility. Despite the shortcomings, only about one-fifth of the respondents in Municipalities reported that they are not fully satisfied with the government health facility in the Municipalities. The citizens who depended on government health care facility in backward Municipalities have expressed higher

satisfaction than those in advanced Municipalities. It is also found that the dependence on the government facility was more in backward Municipalities than in advanced Municipalities. Perhaps, the lower quality of services in the government facilities in advanced Municipalities is forcing the citizens to depend on private health care facilities.

### **8.3.7 Anganwadis**

Anganwadis offer a multitude of services such as non formal pre-school education, supplementary nutrition, health awareness classes, etc., to various categories of beneficiaries. Fifteen percent of the rural households were beneficiaries of anganwadis. The study found that access to angawadi is not a major problem. Further the anganwadis are functioning regularly and the children are getting adequate attention from the teacher as reported by the beneficiaries. However, anganwadis are not without problems. The major problems are space constraints, both inside and outside the anganwadi building and inadequate toilet facilities. The main problem with regard to supplementary feeding relates to the provision of take home ration for children aged below three years. Households have complained that the supply of *Amritham* powder given as supplementary food is sometimes insufficient and irregular. It was also found that growth monitoring of children in anganwadis was not as effective as monitoring of immunization, which was reported to be regular. Only a small section of the beneficiaries have experienced some problem with respect to the functioning of anganwadi and most of them did not complain about it. The proportion of beneficiaries of anganwadis who are fully satisfied with the functioning of anganwadi is 84 percent.

Among the households in the urban sample, 12 percent were beneficiaries of the various services of the anganwadis. As in the case of rural areas, the access to Angawadi is not a major problem in urban areas. Overall, the beneficiary households responded positively about the regularity of functioning of the anganwadis and the attention that the child gets from the anganwadi teacher. But lack of sufficient space and basic facilities is a major problem in the urban anganwadis also. Inadequacy of playing materials in the urban anganwadis was reported because of which the playing activities of the children are limited. One-fourth of the urban residents reported that the anganwadi does not have separate kitchen. Growth monitoring of children in anganwadis was not as effective as monitoring of immunization in urban areas also. Eighty percent of the households are fully satisfied with the services provided by the anganwadis. No difference exists between backward Municipalities and advanced Municipalities.

### **8.3.8 Offices of the Local Governments**

Citizens have to approach the offices of the LGs for several services which are provided only from these institutions. These include issue of various certificates and permits/licenses, distribution of welfare pensions, assistance under non-pension welfare schemes etc. The study assessed the efficiency of service delivery based on three indicators- number of visits made to the LGO in getting the service, number of officials met and the time taken for getting the service. In one-fifth of the cases, the service was delivered after three or more visits and after meeting three or more officials. Time norms have been fixed for certain services of the LGOs. But for some services, no such time norms are available. The study found that even when such time norms are available, a good proportion of the respondents are not getting the service in time. Citizens are expected to receive the acknowledgement receipt when an application is submitted in the GP office. But it was found that one-third of the applicants did not receive the acknowledgement receipt and a specific date for delivering the service when the application was submitted. One-third of those who have received an acknowledgement receipt with date of service delivery did not receive the service on the said date or before. Only about one-tenth of the citizens reported facing any problem related to service delivery from the LGO. But most of those who faced a problem abstained from complaining about it. In most of the cases where they approached the authorities with some complaint, the citizens reported that no action was taken. The major problems reported with respect to service delivery from LGOs are delay in service delivery, long distance to reach the LGO, multiple visits necessitated by procedural problems, unsatisfactory behaviour of staff and absenteeism of staff. Three-fourths of the respondents who approached the GP offices for one service or the other were fully satisfied with service delivery. The quality of service in the offices of the vulnerable GPs is much lower as is evident from their lower satisfaction levels compared to the other two categories of GPs.

In 14 percent of the cases in which a citizen has approached the Municipal office, the service was delivered after three or more visits and in one-fifth of the cases, they had to meet three or more officials. The study found that for the services for which time norms are available, a good proportion of the respondents are not getting the service in time. One-fifth of the applicants did not receive the acknowledgement receipt for their application and a specific date for delivering the service when the application was submitted to the Municipal Office. One-fifth of those who were given a specific date for service delivery did not receive the service on the said date. Only



about one-tenth of the citizens reported facing any problem related to service delivery from the Municipal office but most of them did not complain about it. The complaints did not evoke any positive response in most of the cases. The major reported problems relating to service delivery from Municipal offices are delay in service delivery, long distance to reach the Municipal office, multiple visits necessitated by procedural problems, unsatisfactory behaviour and/or absenteeism of staff. In spite of the procedural delays and other problems, 81 percent of those who approached the Municipal office were fully satisfied with the service delivery experience. There is no difference in the level of satisfaction between backward and advanced Municipalities.

### **8.3.9 Responsiveness of the Local Government to Environment**

The impact of development interventions on the environment needs to be considered during project planning but such discussions are usually confined to large development projects. The present study tried to understand the citizens' perceptions, to a limited extent, on the measures taken by LGs in protecting the environment and whether they take into account the consequences of the development interventions in the local environment. Only 40 percent of the rural citizens are of the opinion that the GPs try to minimize the negative impacts of developmental projects on the local environment. Kerala is a land affluent in water sources with several lakes, rivers and their tributaries and large number of streams, rivulets and ponds. Protecting these water bodies, therefore, becomes an important environmental protection activity of the LGs as well as higher levels of government. The study found that about 60 percent of the citizens in GPs where water bodies are available do not think that the GPs take adequate measures to protect the water bodies. In spite of the poor perception about the activities of the GPs in relation to environment, 60 percent of the rural respondents reported full satisfaction.

Only one-third of urban residents are of the opinion that the Municipalities try to minimize the negative impacts of developmental projects on the local environment. Large majority of the respondents in urban areas have poor perception about the adequacy of measures taken by the Municipalities to protect the water bodies and other natural resources. Only less than half of the urban respondents are fully satisfied with the response of the Municipalities on environmental issues.

### **8.3.10 Responsiveness of the Local Government to the Needs of the Elderly**

A major welfare measure implemented in the state is the provision of different types of pensions for the elderly which are distributed through the LGs. Among the selected households in the GPs, 56 percent reported having an elderly in the household of whom 42 percent received welfare pension. Slightly more than 80 percent of the households which receive welfare pensions report that they receive the pension regularly. However, the LGs can do much more than distributing welfare pensions. The LGs can play a major role in educating the elderly as to how to cope with the increasing old age problems. Besides, the LGs can educate the care givers about the physical, emotional, spiritual and health problems of the elderly and to orient them in developing empathy towards the elderly. But it appears that such programmes are seldom organized by the GPs.

Among the sample households in Municipalities, 60 percent reported having an elderly in the household of whom 36 percent received welfare pension. More than 80 percent of the households which receive welfare pensions from the Municipalities report that they receive the pension regularly. The role of the Municipalities in the welfare of the elderly is largely limited to distributing pensions for the elderly. Programmes for care givers and for the elderly are initiated rarely.

### **8.4 Participation of Citizens in Planning and Budgeting**

Participation of citizens in planning and budgeting process can lead to better transparency, responsiveness and accountability of the LGs. The most important mechanism for direct participation of the people in the planning and budgeting process of the GPs is the GS meetings constituted at the ward level and the corresponding mechanism in the Municipalities is the WS. The findings of this study shows that only in one-third of the sample households, at least one member attended a GS during the last one year. The attendance is almost the same in all the three categories of GPs. Mere attendance does not ensure active participation. The participants have to get involved in the discussions and contribute to the planning and decision making at the local level. About half of those who have attended GS have voiced their opinions in such meetings. Citizens are likely to participate in GS only if they feel that their inputs will be made use of in local governance and the decisions are taken in a transparent manner. But less than half of the citizens in rural areas felt that their opinions are considered by the LGs. Similarly, only a little more than one-third of the citizens felt that the selection of beneficiaries in GS is transparent and democratic.

Participation of citizens in the WS of Municipalities is low. Only in one-third of the sample households, at least one member had attended a WS during the last one year and only about half of those who have attended have voiced their opinions on issues that were discussed in the meetings. Only little more than one-third of the respondents felt that their opinions are considered by the Municipalities and that the selection of beneficiaries in WS is transparent and democratic.

## **8.5 Comparison of Grama Panchayats and Municipalities**

The provision as well as effectiveness of the civic services such as streetlights, roads and water supply is better in Municipalities than in GPs. Urban households faced less problems with these services compared to their rural counterparts. The response of the Municipalities in taking action on the complaints was also better in the case of street lighting and water supply and marginally better in the case of roads. Water supply to urban residents was comparatively regular than in GPs. Because of the above differences, it is quite understandable that the urban residents have recorded better satisfaction with the street lighting, roads and water supply services.

The access to drainage system is better in urban areas. Availability of toilet facility in the house was only marginally better in urban than in rural areas. Waste collection is observed to be a problem in both rural and urban areas, the latter having such facility only for six percent of households and the former having none. As the urban areas are likely to generate more waste than rural areas, both in the house and in public places, the lack of any facility lead to more urban residents complaining about it, though nothing much has been done to resolve the problem. Rural residents, on the other hand, have open spaces where they can dispose the waste, a facility which the urban residents do not have. Thus, production of a relatively higher quantum of waste, the absence of dumping places in the homesteads or outside and absence of a proper waste management system has led to more dissatisfaction among the households in Municipalities than in GPs with regard to waste management.

There is not much difference between GPs and Municipalities in access to the transferred institutions such as government schools, government health care institutions and anganwadis. The satisfaction levels are also more or less the same in both cases. One notable difference between GPs and Municipalities is the near absence of IP facilities in the health care institutions; i.e. PHCs in the GPs while the health care institutions in Municipalities (CHCs and

Taluk hospitals) have such a facility. But more among the urban residents who depended on the government health facility had to buy medicines and other disposables from outside compared to those in GP. Another notable difference between rural and urban areas was in relation to the constraints of space in anganwadis. The urban anganwadis had more space constraints than rural ones. In sum, the transferred institutions generated less number of problems in service delivery both in GPs and Municipalities.

Slightly higher proportion of the rural residents approached the office of the LGs for accessing some service than urban residents. But the Municipal offices are somewhat better in efficiency of service delivery. This has resulted in slightly higher level of satisfaction about the services of LGO among the urban residents than that among the rural residents. The study also found that participation of citizens in GS/WS was higher in GPs than in Municipalities. Perception about the importance given to their opinions expressed in GS/WS in local governance and the transparency in the selection of beneficiaries is better among the rural people than urbanites. Membership in SHGs was more in GPs while membership in residents' association was more in Municipalities.

## 8.6 Citizens' Satisfaction across Services

The level of satisfaction of the citizens with different services has been measured on a three point scale (fully satisfied, partially satisfied and not satisfied). For comparison across different categories of LGs and across social and economic groupings of households, the 'percent of fully satisfied citizens' was taken as the indicator of satisfaction of the service. Table 8.1 summarises the percent of citizens fully satisfied with different services covered by the study.

**Table 8.1: Percent of fully satisfied households across services**

Service/Institution	Percent of fully satisfied households	
	GPs	Municipalities
Street Lighting	48.8	64.4
Roads	45.9	59.1
Water Supply	37.8	60.4
Sanitation	70.2	48.9
Government schools	90.9	87.7
Government health care institutions	82.8	82.6
Anganwadis	84.2	80.4
Office of the LGs	77.2	81.2

Among the services covered by the study, the proportion of fully satisfied citizens was higher for services of institutions transferred to the LGs viz. government schools, anganwadis and government health care institutions. For these three institutions, the percentage of fully satisfied citizens was more than 80 percent in both GPs and Municipalities. But the satisfaction ratings on civic services (street lighting, roads and water) is much lower than that of the services of transferred institutions. The percentage of citizens fully satisfied with these three services ranged between 38 percent and 49 percent in the case of GPs and between 59 percent and 64 percent in the case of Municipalities. In the case of the fourth civic service covered by the study viz., sanitation (including waste management), the situation was better in GPs with 70 percent reporting full satisfaction. But in the case of Municipalities, the corresponding proportion was lower (49 percent) than the other three civic services. It may be noted that in the case of civic services, the LGs are the sole providers of the services while the citizens have a choice in the case of transferred institutions. Earlier studies have pointed out that a large section of the middle class and better off sections are depending more on private sector for education and health care than government institutions. The higher levels of satisfaction about services of transferred institutions may be partly because those who are depending on these institutions are reconciled to the lack of choice and have lower expectation level.

According to this study in the case of civic services other than sanitation, Municipalities have generated much higher satisfaction than GPs while there does not exist much difference between GPs and Municipalities in the case of the services of transferred institutions and the services of the LGOs. No clear pattern emerges from a comparison of the satisfaction levels of different categories of GPs. But the vulnerable GPs are ahead of the other two categories only in the case of water supply. But in the case of Municipalities, the backward Municipalities are better than advanced Municipalities except in the case of government schools.

### **8.7 Equity in Service Delivery**

The study looked at the access to services or the utilization of the services of the institutions across economic and social classification of the sample households; i.e. between APL and BPL households and between SC/ST households and non SC/ST households. A significant difference between economic and social groups was found in the access to civic services. In the case of availability of street lights in their neighbourhood and availability of a motorable road up to their house, the BPL households in GPs lag behind APL households by 10 and 16

percentage points, respectively. The difference in Municipalities is lesser (6 and 11 percentage points). The SC/ST households in GPs are lagging behind other households in access to streetlights and roads by 9 and 19 percentage points, respectively. However, the difference in Municipalities is not much (1 and 8 percentage points).

While the dependence on common public tap and public well is found to be significantly higher among the socially and backward sections of households, the access to piped water connection is slightly in favour of the better off sections. Further, though the state has near universal availability of toilets in the houses, the small gap that prevails is concentrated in houses of the weaker sections of the society, especially the SC/ST households in the GPs.

With respect to the utilization of the services provided by the institutions transferred to the LGs, i.e. government schools, government health facilities and anganwadis, the proportion of users from the economically and socially backward sections of the society is higher than from the better off sections. These institutions are now used more by the vulnerable sections of the society. For the same reason, the LGs have to concentrate on improving the service delivery of these institutions as unlike the better off sections of the society, these vulnerable sections cannot depend on alternate sources. It also may be emphasized that some of the services delivered by these institutions such as the supplementary nutrition programme delivered by the anganwadis are targeted interventions aimed to improve the lives of the vulnerable sections of the society and hence need to be delivered effectively so as to aid in the overall development of these sections.

The study found that the attendance of the members of backward sections of society in GS/WS meetings is better than that of the better off households. But it was seen that active participation in these meetings, by voicing their opinions on the subjects discussed, was slightly better for the APL households than BPL households though no such pattern is found when a comparison is made between SC/ST and non SC/ST households. Nevertheless, it is a case where the LG machinery needs to facilitate better functioning of these meetings where the vulnerable sections of society will also feel comfortable to express their opinion. It was, however, found that the socially and economically backward sections such as BPL households and SC/ST households have a more positive opinion about these aspects of local democracy. The membership in SHGs is more among the socially and economically backward groups.

The differences in the level of satisfaction between poor households (BPL) and economically better off sections (APL) as well as between SC/ST households and non-SC/ST households have been examined for different services in Table 8.2.

**Table 8.2: Percent of fully satisfied households across services and economic and social classification**

<b>Economic /Social Classification of Households</b>	<b>Street lighting</b>	<b>Roads</b>	<b>Water Supply</b>	<b>Sanitation</b>	<b>Government Schools</b>	<b>Government Health Care Institutions</b>	<b>Angan-wadi</b>	<b>Office of the LG</b>
<b>GPs</b>								
BPL	42.4	42.5	42.2	72.8	93.1	83.9	82.6	77.6
APL	51.9	47.9	33.6	68.7	88.6	81.8	85.7	77.1
SC/ST	34.6	41.2	32.3	71.7	98.0	86.4	82.1	80.0
Non-SC/ST	50.7	46.6	39.4	70.0	89.4	82.0	84.8	76.8
<b>Municipalities</b>								
BPL	62.7	59.1	57.2	51.9	92.4	79.2	79.3	77.6
APL	65.1	59.0	62.1	47.6	83.1	85.6	81.4	82.9
SC/ST	64.5	61.4	56.4	55.0	88.7	82.9	71.6	81.6
Non SC/ST	64.3	58.8	61.2	48.1	87.6	82.6	81.8	81.2

In the rural areas, the difference in the proportion of citizens fully satisfied among BPL households was more than that in APL households by five percentage points or more only in the case of street lighting and roads. For both these services, the difference between SC/ST and non SC/ST households was more than five percentage points. There are colonies and hamlets where SC and ST households generally concentrate. The poor (of which a significant section is from SC or ST communities) may also be residing in relatively remote localities and for them the access to street light and roads is limited. Moreover, the quality of these civic facilities is lower leading to poor satisfaction. In the case of Municipalities, the proportion of fully satisfied citizens among BPL households was less than that of APL households by five or more percentage points in the case of a different set of services such as water supply, services of health care institutions and LGOs. The proportion of citizens fully satisfied with the service among SC/ST households was less than that of non SC/ST households by five or more percentage points in the case of water supply and anganwadis. The overall picture emerging is that there is no uniform pattern in terms of the satisfaction ratings though for some services BPL households and SC/ST households are less satisfied.

## 8.8 Suggestions

The findings of the baseline study indicate that the coverage of streetlights needs to be improved, especially in the rural areas. In future plans to improve coverage, priority should be given for neighbourhoods where SC/ST houses cluster. Improvement in the quality of street lighting has to be ensured by developing a system for replacing and repairing of street lights as and when they fail. A time frame should be fixed for repairing of street lights which could then be incorporated in the citizens' charter/Right to Service Act/Rules. The practice of inserting and removing fuse for switching the streetlights on and off needs to be replaced with a centralized or automated timer system so that the switching on and off is undertaken at proper timings and according to seasonal changes.

Often, repair works are undertaken when the roads are damaged following monsoon and doubts are raised about its quality. It is suggested that more emphasis should be given on preventive maintenance. Lack of foot path and open/partly covered drainage are problems that should be viewed seriously. The LGs should ensure that future widening of the existing roads should have provision for foot paths. The drainage channels should be properly covered. While increasing coverage of road network, priority should be given for neighbourhoods where SC/ST households. A GIS mapping may be undertaken to identify areas where LG road network is weak. A Geographic Information System (GIS) mapping exercise for identifying areas where streetlights and roads are not available could be undertaken by the LGs. This would help in identifying remote and backward areas which are bereft of the roads and street lighting.

The study findings indicate that the LGs need to effectively intervene to ensure regular supply of drinking water to all households. LGs must also undertake measures to increase the coverage of piped water connection at homes particularly in the backward Municipalities and vulnerable GPs besides taking targeted measures to overcome water shortage during summer. Water supply schemes covering localities where BPL and SC/ST households concentrate should be initiated by the rural LGs. It is also suggested that the LGs should regularly test the quality of water not only in public sources but also in private wells to ensure the potability and safety of the water. This is of particular significance given the outbreak of water borne diseases in many parts of the state as well as rampant contamination of ground water. A Time frame for repair of public taps should be developed and it should be incorporated in the Citizens Charter/Right to Service Act



The finding that 16 percent of the SC/ST households do not have toilets demands urgent attention from the GPs in a state like Kerala where most of the GPs have been awarded the Nirmal Gram Puraskar. Some of the households in the rural areas report flushing out the human waste to water bodies in the neighbourhood, a very harmful practice which calls for immediate attention of the LGs. The study also finds that dumping of septic tank waste in open spaces in rural areas is a problem in certain localities. The sewerage system is absent in the LGs. In view of the above, there is an urgent need for proper disposal of septic tank by establishing treatment plants. Another area of grave concern is the absence of mechanism to collect household waste. Even in Municipalities, the coverage of the household waste collection system is very low. Some of the GPs are very similar to Municipalities in waste generation. In view of this, there is an urgent need to improve the waste management system in both Municipalities and in GPs. The LGs may also take up activities to educate the citizens about scientific methods of waste management such as separating biodegradable and non-biodegradable waste, management of electronic waste and hazardous waste, reduction of plastic use, etc. There is also a need for improving the management of waste in public places. Set time tables for collection of waste from public places and bring it to the fold of Citizen Charter/ Right to Service Act.

In the case of government health care institutions, the LGs should intervene to ensure better attendance of doctors and the availability of medicines. Improving basic infrastructural facilities including provision of privacy in consultation is another area where the attention of the LGs is called for. There is also a need to make certain that the citizens depending on government health facility can avail the laboratory facilities from the health facility itself. This is more important in the Municipalities where the institutions covered by the study are higher level institutions such as CHCs and Taluk hospitals. Introduction of flexibility in OP consultation timings to suit local conditions, culture and working time of citizens can lead to better utilisation of the facilities and better satisfaction level.

In schools, the focus should be in improving the personal attention given to each child. Infrastructure/ facilities that require improvement in the schools are computer labs, availability of books and drinking water.

Lack of sufficient space to facilitate learning, playing and cooking supplementary food is the main problem in the anganwadis. In anganwadis, learning is to be facilitated through playing. But the space constraints limit the playing activities in the anganwadis. The situation demands more attention from the Municipalities as the constraints were more in the urban areas. The

LGs should also ensure that baby friendly toilets and separate kitchen is available in all the anganwadis.

A significant section of those who approached the offices of the LGs for some service had to make more than two visits. More number of visits will cause great inconvenience to the citizens and result in loss of man days and result in higher transaction costs. Multiple visits also have adverse implications on the workload of the staff. The office as well as the staff will have to cater to more number of citizens each day, as there will be citizens who are making repeated visits, apart from citizens seeking some service for the first time. There will also be a strain on the limited amenities for citizens in the office due to repeat visits. Therefore, the service delivery process may be streamlined in such a way that the applicants get the service in a maximum of two visits. If more than one visit is required, the citizen may be informed about the date of service delivery during the first visit itself. This could avoid visits to enquire about the status of service delivery. Number of visits can also be reduced by encouraging the citizens to make telephonic enquiries and by developing a positive attitude among the staff to handle such enquiries properly. To make the system more transparent, time norms have to be fixed for all major services of the LGOs and for fixing problems in civic services. An internal system for monitoring whether the time norms are followed should be put in place. A proper mechanism for redressal of public grievances needs to be put into place. Complaints have to be registered and the action taken on complaints may be entered in the register and intimated to the complainant. The system of grievance redressal requires strengthening not only for the services of the offices of the LGs but also for civic services and services offered by transferred institutions.

The poor perception of the citizens about the way environmental aspects are considered in development interventions is a pointer towards the need to take this factor into account in future interventions. As suggested by the citizens, protection of water bodies and other natural resources may be considered in planning future projects of LGs. Another suggestion from the citizens that the LGs should intervene in the functioning of industrial units which are polluting the local environment to undertake necessary safeguards is worth considering. Measures to reduce the use of plastic/polythene carry bags may also be initiated by the LGs.

The population of Kerala is ageing very fast with more than one-tenth of them being in the age group 60 years and above in 2001. It is important to change the attitude of the people towards the elderly as a 'social burden'. But however active and healthy people can remain after 60, there comes a point where older people start to become frail and lose autonomy. In this

situation, the LGs can play a major role in educating the elderly as to how to cope with the increasing old age problems. Besides, the LGs can educate the care givers also about the physical, emotional, spiritual and health problems of the elderly and to orient them in developing empathy towards the elderly. For these, programmes can be organized on a regular basis by the LGs. The suggestion that free medical aid, food may be given to the elderly in the economically backward families is worth considering. This can be routed through the anganwadis. As has been suggested by the citizens, the LG can design many facilities for the aged such as old age homes or day care centres, training for caregivers, palliative care units etc. The LGs can also arrange house visits by doctors and other paramedics to provide medical assistance to the elderly.

Efforts to increase the attendance in GS/WS have to be made by the LGs. The perception that their suggestions are often not taken into consideration in local governance and about suspicions about the transparency in the selection of beneficiaries of different welfare schemes and projects needs to be changed to increase participation and make it more effective.

# APPENDICES

## Appendix I: Standard Errors of Selected Indicators

Indicator	Grama Panchayat /Municipality	Value	Standard Error	Confidence Limits	
				Lower Limit	Upper Limit
Per cent of citizens fully satisfied with:					
Street Lighting	Grama Panchayat	48.8	3.1	42.7	55.0
	Municipality	64.4	3.6	56.3	71.7
Roads	Grama Panchayat	45.9	4.0	37.9	54.1
	Municipality	59.1	4.4	49.5	68.0
Water Supply	Grama Panchayat	37.8	6.2	26.4	50.8
	Municipality	60.4	7.7	43.3	75.2
Sanitation	Grama Panchayat	70.2	3.5	62.8	76.7
	Municipality	48.9	3.9	40.7	57.2
Government Schools	Grama Panchayat	90.8	3.0	82.9	95.5
	Municipality	87.7	2.9	80.2	92.7
Government Health Care Institutions	Grama Panchayat	82.8	3.8	73.8	89.2
	Municipality	82.6	2.6	76.3	87.5
Anganwadis	Grama Panchayat	84.2	3.4	76.0	89.9
	Municipality	80.4	4.5	69.0	88.4
Offices of the Local Governments	Grama Panchayat	77.2	3.7	68.9	83.9
	Municipality	81.2	3.1	73.7	87.0

## APPENDIX II: QUESTIONNAIRE FOR HH SURVEY

Quire Number:

Serial No. of the Community Questionnaire:

(To be filled in the office)


### QUESTIONNAIRE FOR HOUSEHOLD SURVEY

#### BASELINE SURVEY OF KERALA LOCAL GOVERNMENT SERVICE DELIVERY PROJECT (KLGSDP)

##### A. IDENTIFICATION

No.	Particulars	Code																
A1	District and Code ജില്ല, കോഡ് .....																	
A2	Whether Grama Panchayat or Municipality? ഗ്രാമപഞ്ചായത്തോ മുനിസിപ്പാലിറ്റിയോ	Grama panchayat ..... 1 Municipality..... 2																
A3	Name of the Grama Panchayat/Municipality and Code. ഗ്രാമപഞ്ചായത്തിന്റെ/ മുനിസിപ്പാലിറ്റിയുടെ പേരും കോഡും																	
A4	Ward Number വാർഡ് നമ്പർ																	
A5	Name of the Head of the Household ഗൃഹനാഥന്റെ/നാഥയുടെ പേര്																	
A6	Address മേൽവിലാസം																	
A7	Serial No. of the Head of the Household in the Voters' list വോട്ടർപട്ടികയിൽ ഗൃഹനാഥന്റെ/നാഥയുടെ ക്രമനമ്പർ																	
A8	Name of the respondent ഉത്തരം നൽകുന്ന ആളുടെ പേര്																	
A9	Tel.No																	
A10. Date of Interview		<table style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y											
Name	Spot Checked by	Field Edited by	Office Edited by	Keyed by														
Date																		
Name & Signature of the Investigator			Name & Signature of the Supervisor															

*Salutation! (As considered apt), I am coming from CSES, a research institute based in Kochi. We are conducting a study for assessing the delivery of services by the Grama Panchayats/Municipalities for the Kerala Local Government Service Delivery Project (KLGSDP). The survey deals mainly with your opinions about the various services delivered by the Panchayat/ Municipality, your satisfaction with the same and your suggestions for improving their delivery, etc. The findings of this study are to be used to improve the services provided by the local bodies in the state. Could you please spare a few minutes to answer this questionnaire? I assure you that the information you provide will be kept confidential and will only be used for research purposes.*

നമസ്കാരം, കൊച്ചി കേന്ദ്രമായി പ്രവർത്തിക്കുന്ന സി.എസ്.ഇ.എസ്. എന്ന ഗവേഷണ സ്ഥാപനത്തിൽ നിന്നാണ് ഞാൻ വരുന്നത്. പഞ്ചായത്ത് / മുനിസിപ്പാലിറ്റി ജനങ്ങൾക്ക് നൽകുന്ന സേവനത്തെ മനസ്സിലാക്കുന്നതിനുള്ള ഒരു പഠനം കേരള ലോക്കൽ ഗവൺമെന്റ് സർവ്വീസ് ഡലിവറി പ്രോജക്ടിന(KLGSDP) വേണ്ടി ഞങ്ങൾ നടത്തുന്നു. പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റിയുമായി ബന്ധപ്പെട്ട വിവിധ സേവനങ്ങളെക്കുറിച്ച് നിങ്ങൾക്കുള്ള അഭിപ്രായങ്ങളും, തൃപ്തിയും അതോടൊപ്പം സേവനം മെച്ചപ്പെടുത്തുന്നതിനുള്ള നിങ്ങളുടെ നിർദ്ദേശങ്ങളുമാണ് ഈ ചോദ്യാവലി വഴി പ്രധാനമായും ശേഖരിക്കുവാൻ ഉദ്ദേശിക്കുന്നത്. പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റികളുടെ സേവനം മെച്ചപ്പെടുത്തുന്നതിന് ഈ പഠനത്തിൽ നിന്നും ലഭിക്കുന്ന വിവരങ്ങൾ ഉപയോഗപ്പെടും. ഇതുമായി ബന്ധപ്പെട്ട കുറച്ച് ചോദ്യങ്ങൾക്ക് ഉത്തരം നൽകുന്നതിന് താങ്കൾ അല്പസമയം ചെലവഴിക്കുമോ? താങ്കൾ തരുന്ന വിവരങ്ങൾ വളരെ രഹസ്യമായി സൂക്ഷിക്കുമെന്നും ഗവേഷണ ആവശ്യത്തിനുമത്രമേ ഉപയോഗിക്കുകയുള്ളൂവെന്നും ഞാൻ ഉറപ്പു നൽകുന്നു.

## B. SOCIO-ECONOMIC AND DEMOGRAPHIC DETAILS OF THE HOUSEHOLD AND THE RESPONDENT

### Q-1-5: HOUSEHOLD COMPOSITION RECORD (HHCR)

Sl.No (ക്രമ നമ്പർ)	Name (Start with the name of the head of the household (HHH) പേര്)	Relationship to HHH ഗൃഹനാഥൻ/നാഥയുമായുള്ള ബന്ധം	Sex ലിംഗം <b>Male-1</b> <b>Female-2</b> <b>Transgender-3</b>	Age വയസ്സ്	Years of schooling successfully completed എത്ര വർഷത്തെ വിദ്യാഭ്യാസം പൂർത്തിയാക്കി?
	1.	2.	3.	4.	5.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**CODES FOR Q.2:** Head- 1; Wife or Husband-2; Son or daughter-3; Son-in-law or daughter-in-law-4; Grand child-5; Parent-6; Parent-in-law-7; Brother or Sister-8; Brother-in-law or sister-in-law-9; Niece or Nephew-10; Other relative -11; Not related -12

6.	Serial Number of the respondent in Household Composition Record ഉത്തരം നൽകുന്ന ആളിന്റെ HHCR ക്രമനമ്പർ	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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	Question and Filters	Response Categories and Code	SKIP
7.	Main source of income of the household? കുടുംബത്തിന്റെ പ്രധാന വരുമാനമാർഗ്ഗം?	Agriculture/livestock..... 1 Daily wage labour ..... 2 Contract labour ..... 3 Permanent job-Government ..... 4 Permanent job- Private ..... 5 Business/Trade/Self employed ..... 6 Employment abroad/ Remittance of a family member..... 7 Pension ..... 8 Others (specify) ..... 9	
8.	<b>(BY OBSERVATION ONLY)</b> Is the home kutcha, semi-pucca or pucca? വീട് ഏത് തരത്തിലുള്ളതാണ്?	Kutcha ..... 1 Semi-pucca ..... 2 Pucca ..... 3	
9.	Does your house have electricity connection? വീട് വൈദ്യുതീകരിച്ചതാണോ?	Yes..... 1 No..... 2	

10.	What is the main fuel used for cooking? ഭക്ഷണം പാകം ചെയ്യാൻ പ്രധാനമായും ഉപയോഗിക്കുന്ന ഇന്ധനം?	LPG..... 1 Kerosene..... 2 Wood..... 3 Others (Specify)..... 4	
11.	What is the ownership status of the house? വീടിന്റെ ഉടമസ്ഥത എങ്ങനെ?	Owned ..... 1 Rented ..... 2 Rent free..... 3	
12.	What is your religion? ഏത് മതത്തിൽ പെടുന്നു?	Hindu ..... 1 Muslim ..... 2 Christian ..... 3 No religion..... 4 Others. .... 5	
13.	What is your caste or tribe? താങ്കളുടെ ജാതി/വർഗ്ഗം ഏത്? ..... Do you belong to a scheduled caste, scheduled tribe or other backward caste? പട്ടികജാതി /പട്ടികവർഗ്ഗം/ മറ്റുപിന്നോക്കവിഭാഗം തുടങ്ങിയവയിലേതിലേക്കിലും താങ്കൾ പെടുമോ?	Scheduled caste (SC)..... 1 Scheduled tribe (ST) ..... 2 OBC..... 3 None of the above..... 4	
14.	Which type of ration card your household has? BPL or APL? നിങ്ങളുടെ കുടുംബത്തിന്റെ റേഷൻ കാർഡ് ഏത് തരം?	BPL Card..... 1 APL Card..... 2 No Card..... 3	
15.	As per Panchayat/ Municipality records whether your household is BPL or APL? പഞ്ചായത്തിന്റെ/മുനിസിപ്പാലിറ്റിയുടെ ലിസ്റ്റു പ്രകാരം നിങ്ങൾ BPL ആണോ അതോ APL ആണോ?	BPL ..... 1 APL ..... 2 Don't know..... 3	
16.	Is any member of the household a beneficiary of the welfare schemes/pensions implemented through the Panchayat / Municipality? പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി വഴിയുള്ള ക്ഷേമ പദ്ധതിയോ പെൻഷനോ വീട്ടിലെ ആരെങ്കിലും ലഭിക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2	→ Q.18
17.	Which scheme or pension? (MORE THAN ONE RESPONSE POSSIBLE) ഏതൊക്കെ പദ്ധതി/പെൻഷൻ ആണ് ലഭിക്കുന്നത്?  (ഒന്നിലധികം ഉത്തരം രേഖപ്പെടുത്താവുന്നതാണ്)	Old Age Pension..... 1 Destitute/widow pension..... 2 Pension for persons with disabilities..... 3 Agriculture Workers' pension ..... 4 Unemployment Assistance..... 5 Fishermen workers' welfare scheme..... 6 Others (specify)..... 7	
18.	Are there any children in the age group 6-14 years not going to school? 6 നും 14 നും ഇടയിൽ പ്രായമുള്ള ഈ വീട്ടിലെ ആരെങ്കിലും സ്കൂളിൽ പോകാത്തവരായുണ്ടോ?	Yes..... 1 No..... 2	→ Q. 20



19.	Can you please specify the reasons for the child not going to school? സ്കൂളിൽ പോകാതിരിക്കുന്നത് എന്തുകൊണ്ടാണ്?		
20.	Are there any children aged above 3 years and below 6 years not going to Anganwadi or pre-school? 3 നും 6 നും ഇടയിൽ പ്രായമുള്ള ആരെങ്കിലും ഇവിടെ അംഗൻ വാടിയിലോ/ പ്രീ-സ്കൂളിലോ പോകാത്തവരായുണ്ടോ?	Yes..... 1 No..... 2	→ Q.22
21.	Can you please specify the reasons for not sending the child for pre-school education? പോകാതിരിക്കുന്നതിന്റെ കാരണം വ്യക്തമാക്കാമോ?		

### C. STREET LIGHTING

22.	Are street lights installed in your neighbourhood? നിങ്ങളുടെ പരിസരത്ത് വഴിവിളക്കുകൾ സ്ഥാപിച്ചിട്ടുണ്ടോ?	Yes..... 1 No..... 2	→ Q.36
23.	How do you best describe the regularity of street lighting in the last one year? കഴിഞ്ഞ ഒരു വർഷത്തെ അനുഭവത്തിൽ താങ്കളുടെ സമീപത്തെ വഴിവിളക്കുകൾ എല്ലാദിവസവും കത്താറുണ്ടോ?	Lit on all days..... 1 Lit on most days..... 2 Lit on some days..... 3 Not lit..... 4	→ Q.28
24.	Are the street lights usually switched on at the right time? സാധാരണ ഗതിയിൽ വഴിവിളക്കുകൾ കൃത്യ സമയത്ത് ഓൺ ചെയ്യാറുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
25.	Are the street lights usually switched off at the right time? സാധാരണ ഗതിയിൽ വഴിവിളക്കുകൾ കൃത്യ സമയത്ത് ഓഫ് ചെയ്യാറുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
26.	Have you noticed any problem with the street lighting in the last one year? കഴിഞ്ഞ ഒരു വർഷത്തിനുള്ളിൽ വഴിവിളക്കുകളുമായി ബന്ധപ്പെട്ട് എന്തെങ്കിലും പ്രശ്നങ്ങൾ ശ്രദ്ധയിൽ പെട്ടിട്ടുണ്ടോ?	Yes..... 1 No..... 2	→ Q.32
27.	What was the problem? എന്തായിരുന്നു പ്രശ്നം?	No lighting..... 1 Irregular Lighting ..... 2 Low voltage..... 3 Others (specify)..... 4	
28.	Had you complained about the problem to anyone? ഇത് സംബന്ധിച്ച് താങ്കൾ അരോടെങ്കിലും പരാതിപ്പെട്ടിരുന്നോ?	Yes..... 1 No..... 2	→ Q.32

29.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടത്?	Ward member/Councillor..... 1 LSGI office..... 2 Grama Sabha/Ward Sabha..... 3 Electricity Board..... 4 Others (specify)..... 5	
30.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days <input type="text"/> <input type="text"/> <input type="text"/> (Enter 999 if no action)	→ Q.32
31.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
32.	Are you satisfied with the street lighting in your neighbourhood? താങ്കളുടെ പരിസരത്തെ വഴിവിളക്കുകളുടെ അവസ്ഥയിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q.34
33.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→ Q.35
34.	Can you please specify the reasons for dissatisfaction (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)		
35.	What are your suggestions for further improving the street lighting services? വഴിവിളക്കുകളുടെ പ്രവർത്തനം കൂടുതൽ മെച്ചപ്പെടുത്താൻ എന്തെല്ലാം നിർദ്ദേശങ്ങളാണ് താങ്കൾക്കുള്ളത്?		

## D. ROADS

36.	How far is the road from your house? വീടിനടുത്തുള്ള റോഡിലേയ്ക്ക് എത്ര ദൂരമുണ്ട്?	In front..... 1 10 metres..... 2 11-25 metres..... 3 More than 25 metres..... 4	
37.	What is the type of road in your neighbourhood? താങ്കളുടെ സമീപത്തുള്ള റോഡ് എങ്ങനെയുള്ളതാണ്?	Tarred..... 1 Concrete..... 2 Kutcha road..... 3	
38.	How would you rate the present condition of the road in your neighbourhood? താങ്കളുടെ സമീപത്തുള്ള റോഡിന്റെ ഇപ്പോഴത്തെ അവസ്ഥയെന്താണ്?	Good..... 1 Average..... 2 Bad..... 3	
39.	How would you rate the condition of the road in your neighbourhood during rains? മഴക്കാലത്ത് ഈ റോഡിന്റെ അവസ്ഥയെന്താണ്?	Good..... 1 Average..... 2 Bad..... 3	

40.	Do you think that the roads in your neighbourhood are properly maintained? ഈ റോഡിന്റെ അറ്റകുറ്റപ്പണികൾ നന്നായി നടത്താറുണ്ടോ?	Yes..... 1 No..... 2	
41.	Does the road have a proper side walk? റോഡിനരികത്ത് നടപ്പാത ഉണ്ടോ?	Yes..... 1 No..... 2	
42.	How effective do you feel has the Panchayat /Municipality been in controlling pavement encroachments? റോഡരിക് കയ്യേറുന്നത് എത്രത്തോളം ഫലപ്രദമായി തടയാൻ പഞ്ചായത്തിന്/ മുനിസിപ്പാലിറ്റിക്ക് കഴിയുന്നുവെന്നാണ് താങ്കൾ കരുതുന്നത്?	Very effective..... 1 Somewhat effective..... 2 Not effective..... 3 Don't know..... 4	
43.	Have you noticed any problem with the roads in your neighbourhood in the last one year? പരിസരത്തെ റോഡിന്റെ അവസ്ഥയിൽ എന്തെങ്കിലും പോരായ്മകൾ കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ താങ്കളുടെ ശ്രദ്ധയിൽ പെട്ടിട്ടുണ്ടോ?	Yes..... 1 No..... 2	→ Q.49
44.	What was the problem that you encountered? എന്താണ് താങ്കളുടെ ശ്രദ്ധയിൽപ്പെട്ടത്?	Difficulty to use during rain..... 1 Pot holes..... 2 Open/partly covered man holes 3 Improper maintenance..... 4 Others (specify)..... 5	
45.	Had you complained about the problem to anyone? ആരോടെങ്കിലും താങ്കൾ ഇത് സംബന്ധിച്ച് പരാതിപ്പെടുകയുണ്ടായോ?	Yes..... 1 No..... 2	→ Q.49
46.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടത്?	Ward member/Councillor..... 1 LSGI office..... 2 Grama Sabha/Ward Sabha..... 3 PWD..... 4 Others (specify)..... 5	
47.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days (Enter 999 if no action)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> → Q. 49
48.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
49.	Are you satisfied with the quality of roads in your neighbourhood? സമീപത്തുള്ള റോഡുകളുടെ ഗുണനിലവാരത്തെപ്പറ്റി താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q.51
50.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→ Q.52

51.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)
52.	What are your suggestions for further improving the road laying and maintenance services? റോഡുകളുടെ അവസ്ഥ കൂടുതൽ മെച്ചപ്പെടുത്താൻ താങ്കൾക്ക് എന്തെല്ലാം നിർദ്ദേശങ്ങളാണ് നൽകാനുള്ളത്?

## E. SANITATION

53.	Does the household have own toilet? വീട്ടിൽ കക്കുസുണ്ടോ?	Yes ..... 1 No ..... 2	→ Q.55
54.	How is the toilet waste drained? കക്കുസ് മാലിന്യം എവിടേയ്ക്കാണ് ഒഴുക്കുന്നത്?	Piped to sewer system..... 1 To septic tank..... 2 To pit..... 3 To water bodies ..... 4 Others (specify)..... 5	
55.	Is solid waste collected from your house by Panchayat / Municipality or any other agency? പഞ്ചായത്ത് / മുനിസിപ്പാലിറ്റിയോ മറ്റേതെങ്കിലും ഏജൻസിയോ താങ്കളുടെ വീട്ടിൽ നിന്നും ഖരമാലിന്യം ശേഖരിക്കുന്നുണ്ടോ?	Yes ..... 1 No ..... 2	→ Q.57
56.	What is the method of solid waste disposal you have adopted? ഖരമാലിന്യങ്ങൾ സംസ്കരിക്കാൻ താങ്കൾ എന്തു മാർഗ്ഗമാണ് സ്വീകരിക്കുന്നത്?  MULTIPLE RESPONSES POSSIBLE	Composting..... 1 Bio-digester..... 2 Dumped in the compound..... 3 Dumped outside..... 4 Burnt..... 5 Others (specify)..... 6	Q. 61

### ASK Q. 57-60 ONLY IF THE HOUSEHOLD WASTE IS COLLECTED BY THE LSGI/OTHERS

57.	How often is the waste collected from your house? എത്ര ദിവസം കൂടുമ്പോഴാണ് താങ്കളുടെ വീട്ടിൽ നിന്നും മാലിന്യം ശേഖരിക്കാറുള്ളത്?	Daily..... 1 Once in two days..... 2 Less often..... 3	
58.	Is the waste collected regularly? മാലിന്യം മൂടങ്ങാതെ ശേഖരിക്കാറുണ്ടോ?	Yes..... 1 No..... 2	
59.	Do you pay for waste collection? മാലിന്യം ശേഖരിക്കുന്നതിന് താങ്കൾ പണം കൊടുക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2	→ Q.61

60.	How much do you pay per month? മാസം എത്ര രൂപയാണ് കൊടുക്കുന്നത്?	Amount in Rs.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
61.	Do you segregate waste into degradable and non-degradable before disposing? മാലിന്യത്തെ അഴുകുന്നവയായും അല്ലാത്തവയുമായി തരംതിരിക്കാറുണ്ടോ?	Yes.....	1	
		No.....	2	
62.	Where does the waste water from the kitchen go? അടുക്കളയിൽ നിന്നുള്ള മലിനജലം എവിടെയ്ക്കാണ് ഒഴുകി പോകുന്നത്?	Soak pit.....	1	
		Drained to the drainage channel....	2	
		Drained to the backyard.....	3	
		Drained to the water bodies.....	4	
		Drained outside the compound.....	5	
		Re-used/recycled.....	6	
		Others (specify).....	7	
63.	Where does the waste water from the bathroom go? കുളിമുറിയിൽ നിന്നുള്ള മലിനജലം എവിടെയ്ക്കാണ് ഒഴുകി പോകുന്നത്?	Soak pit.....	1	
		Drained to the drainage channel....	2	
		Drained to the backyard.....	3	
		Drained to the water bodies.....	4	
		Drained outside the compound.....	5	
		Re-used/recycled.....	6	
		No bathroom.....	7	
		Others (specify).....	8	
64.	Are there drainage channels near your house? താങ്കളുടെ പരിസരത്ത് കാന ഉണ്ടോ?	Yes.....	1	
		No.....	2	→ Q.66
65.	How often are the drainage channels cleared? എപ്പോഴൊക്കെയാണ് കാന വൃത്തിയാക്കാറുള്ളത്?	Frequently.....	1	
		2-3 times a year .....	2	
		Only before monsoon.....	3	
		Never cleaned.....	4	
66.	Does your locality experience water logging? താങ്കളുടെ പരിസരത്ത് വെള്ളക്കെട്ട് അനുഭവപ്പെടുന്നുണ്ടോ?	Yes.....	1	
		No.....	2	
67.	How do you rate the overall cleanliness of your neighbourhood? നിങ്ങളുടെ പരിസരത്തിന്റെ വൃത്തി പൊതുവായി എങ്ങനെ വിലയിരുത്തുന്നു?	Good.....	1	
		Average.....	2	
		Bad.....	3	
		No opinion.....	4	
68.	Are the public places in the Panchayat/Municipality regularly cleaned? പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ പൊതുസ്ഥലങ്ങൾ പതിവായി വൃത്തിയാക്കപ്പെടാറുണ്ടോ?	Yes.....	1	
		No.....	2	
		Don't know.....	3	
69.	Is there adequate number of waste bins in public places? മാലിന്യം നിക്ഷേപിക്കാനുള്ള വേസ്റ്റ് ബിൻ പൊതുസ്ഥലങ്ങളിൽ ആവശ്യത്തിന് സ്ഥാപിച്ചിട്ടുണ്ടോ?	Yes.....	1	
		No.....	2	
		No waste bins.....	3	→ Q.71
70.	Are they regularly cleared? അവയിൽ നിന്നും സ്ഥിരമായി മാലിന്യം എടുക്കാറുണ്ടോ?	Yes.....	1	
		No.....	2	

71.	How would you rate the cleanliness of the local market in your panchayat/municipality? പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ മാർക്കറ്റിന്റെ വൃത്തിയെ താങ്കൾ എങ്ങനെ വിലയിരുത്തുന്നു?	Good..... 1 Average..... 2 Bad..... 3 No opinion /No market..... 4	
72.	How would you rate the cleanliness of the public places in your Panchayat/Municipality? താങ്കളുടെ പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ പൊതുസ്ഥലങ്ങളുടെ വൃത്തി ഏത് അവസ്ഥയിലാണ്?	Good..... 1 Average..... 2 Bad..... 3 No opinion..... 4	
73.	Do you think that the Panchayat/Municipality has sufficient public toilets? പഞ്ചായത്തിൽ/മുനിസിപ്പാലിറ്റിയിൽ ആവശ്യത്തിനുള്ള പൊതുകക്കുസുകൾ ഉണ്ടെന്ന് താങ്കൾ കരുതുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know ..... 3	
74.	How do you rate the cleanliness and maintenance of the public toilets in your Panchayat/Municipality? താങ്കളുടെ പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ പൊതുകക്കുസുകൾ എത്രത്തോളം വൃത്തിയുള്ളതാണ്?	Good..... 1 Average..... 2 Bad..... 3 Don't know/No public toilet..... 4	
75.	Have you experienced/noticed any problem related to waste management in the last one year? മാലിന്യ സംസ്കരണവുമായി ബന്ധപ്പെട്ട എന്തെങ്കിലും പ്രശ്നം കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ താങ്കളുടെ ശ്രദ്ധയിൽ പെട്ടിട്ടുണ്ടോ?	Yes..... 1 No..... 2	→ Q.81
76.	What was the problem? എന്തായിരുന്നു പ്രശ്നം?	Dumping of wastes in open spaces... 1 No/irregular collection from households..... 2 No way to dispose waste..... 3 Blocked drains..... 4 No waste treatment..... 5 Others (specify)..... 6	
77.	Had you complained about the problem to anyone? പ്രശ്നത്തെപ്പറ്റി താങ്കൾ ആരോടെങ്കിലും പരാതിപ്പെട്ടിരുന്നോ?	Yes..... 1 No..... 2	→ Q. 81
78.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടിരുന്നത്?	Ward member/Councillor..... 1 LSGI office..... 2 Grama Sabha/Ward Sabha..... 3 Personnel who collects the waste... 4 Others (specify)..... 5	
79.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടിവന്നു?	Number of Days (Enter 999 if no action) <input type="text"/> <input type="text"/> <input type="text"/>	→ Q.81
80.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	

81.	Are you satisfied with the waste management in the Panchayat/Municipality? താങ്കളുടെ പ്രദേശത്തെ മാലിന്യ സംസ്കരണ സംവിധാനത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q.83
82.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→ Q.84
83.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)		
84.	Suggestions for further improving the waste management system in the Panchayat/Municipality മാലിന്യ സംസ്കരണ സംവിധാനത്തെ കൂടുതൽ മെച്ചപ്പെടുത്താൻ താങ്കൾക്ക് നൽകാനുള്ള നിർദ്ദേശങ്ങൾ എന്തെല്ലാം?		

## F. OTHER CIVIC AMENITIES

85.	Are the parks /open spaces in your Panchayat/Municipality maintained well? പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ പാർക്ക്/ പൊതുസ്ഥലം നന്നായി സംരക്ഷിക്കുന്നുണ്ടോ?	Yes ..... 1 No ..... 2 Don't know..... 3 No park..... 4	
86.	Do the bus stops from where you usually board buses have a proper waiting shed? താങ്കൾ സ്ഥിരമായി ആശ്രയിക്കുന്ന ബസ് സ്റ്റോപ്പിൽ വെയിറ്റിങ്ങ് ഷെഡ് ഉണ്ടോ?	Yes ..... 1 No ..... 2	
87.	Are you satisfied with the overall provision of civic amenities by the Panchayat/Municipality? പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി നൽകുന്ന പൊതു സൗകര്യങ്ങളിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q. 89
88.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→ Q. 90
89.	Reasons for dissatisfaction? അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്?		
90.	Suggestions for further improving the provision of civic amenities by the Panchayat/Municipality? പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി നൽകുന്ന പൊതു സൗകര്യങ്ങൾ കൂടുതൽ മെച്ചപ്പെടുത്തുന്നതിന് താങ്കൾക്ക് എന്തെല്ലാം നിർദ്ദേശങ്ങളാണ് ഉള്ളത്?		

## G. WATER SUPPLY

91.	What is your main source of drinking water? താങ്കളുടെ പ്രധാന കുടിവെള്ള സ്രോതസ്സ് ഏതാണ്?	Well/borewell in the compound..... 1 Tap/well/borewell at neighbouring house..... 2 Buying water..... 3 Public tap..... 4 Public well/borewell..... 5 Piped water (tap at home)..... 6 Tanker (public)..... 7 Others (specify)..... 8	} Q. 106 } Q.97 → Q.106
92.	How far is the public tap/well/borewell from your house? (in metres) നിങ്ങൾ കുടിവെള്ളത്തിനാശ്രയിക്കുന്ന പൊതു സംവിധാനം വീട്ടിൽ നിന്നും എത്ര മീറ്റർ അകലെയാണ്?	Distance <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>	
93.	Who usually collects water from public sources? Is it a male member or female member? പുരുഷനാണോ സ്ത്രീയാണോ പൊതുകിണർ/പൊതുടാപ്പിൽ നിന്നും സാധാരണ വെള്ളം ശേഖരിക്കുന്നത്?	Male member..... 1 Female Member..... 2 Both..... 3	
94.	How much time you usually have to wait in queue to collect water from public sources? സാധാരണ എത്ര നേരം ക്യൂവിൽ കാത്തുനിൽക്കേണ്ടി വരാറുണ്ട്?	Do not have to wait/no queue..... 1 Wait less than 15 minutes..... 2 16-30 minutes..... 3 More than 30 minutes..... 4	Skip to Q.97 if coded 4 in Q.91
<b>ASK Q.95-96 ONLY IF SOURCING WATER FROM PUBLIC WELL/BOREWELL, IF PUBLIC TAP GO TO Q.97</b>			
95.	Is the public well covered? കിണറിന്റെ മുകൾഭാഗം അടച്ച് സംരക്ഷിച്ചിട്ടുണ്ടോ?	Yes..... 1 No..... 2 Not Applicable..... 3	
96.	Is it regularly chlorinated? പതിവായി കിണറിൽ ക്ലോറിൻ ഇടാറുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3 Not Applicable..... 4	} Q.105
<b>ASK Q. 97-102 ONLY IF SOURCING WATER FROM PUBLIC TAPS/ TANKER/TAP WATER AT HOME</b>			
97.	Do you get water on all days or on some specified days of the week? നിങ്ങൾക്ക് എല്ലാദിവസവും കുടിവെള്ളം ലഭിക്കുന്നുണ്ടോ? അതോ ആഴ്ചയിൽ പ്രത്യേക ദിവസങ്ങളിൽ മാത്രമാണോ ലഭിക്കുന്നത്?	On all days..... 1 On some days in a week..... 2	→ Q.99
98.	On how many days a week? സാധാരണ ഗതിയിൽ ആഴ്ചയിൽ എത്ര ദിവസം വെള്ളം ലഭിക്കും?	Number of Days <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>	
99.	Is water available throughout the day or only during certain hours? ദിവസം മുഴുവൻ വെള്ളം കിട്ടുമോ അതോ ചില സമയങ്ങളിൽ മാത്രമോ?	Throughout the day..... 1 Certain hours..... 2	→ Q. 102



100.	How many hours do you get water supply usually? സാധാരണ ഗതിയിൽ ഒരു ദിവസത്തിൽ എത്ര മണിക്കൂർ വെള്ളം ലഭിക്കും?	Number of hours <input type="text"/> <input type="text"/>	
101.	Is the water supply during day time or at night ? പകലാണോ രാത്രിയിലാണോ വെള്ളം ലഭിക്കുന്നത്?	Day time..... 1 Night..... 2 Both..... 3	
102.	How is the pressure of water flow? വെള്ളമൊഴുക്കിന്റെ ശക്തി എങ്ങനെയാണ്?	Adequate..... 1 Inadequate..... 2 Not applicable..... 3	Skip to Q.105 if coded 6 or 7 in Q.91
<b>ASK Q. 103-104 ONLY IF SOURCING WATER FROM PUBLIC TAPS</b>			
103.	Number of breakdowns of public tap which you usually use in the last one year? നിങ്ങൾ പതിവായി ഉപയോഗിക്കുന്ന പൊതു ടാപ്പ് കഴിഞ്ഞ ഒരു വർഷത്തിനുള്ളിൽ എത്ര തവണ കേടായിട്ടുണ്ട്?	Number of breakdowns <input type="text"/> <input type="text"/>	If 0 break down Go to Q.105
104.	Number of days taken to repair the same during the last breakdown. അവസാനം കേടുവന്നപ്പോൾ നന്നാക്കാനായി എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days <input type="text"/> <input type="text"/> <input type="text"/>	
105.	How would you rate the quality of water? വെള്ളത്തിന്റെ ഗുണനിലവാരം ഏത് അവസ്ഥയിലാണ്?	Good..... 1 Average..... 2 Bad..... 3 No opinion/Don't know..... 4	
106.	Do you face shortage of water? വെള്ളത്തിന് ക്ഷാമം അനുഭവപ്പെടാറുണ്ടോ?	Yes..... 1 No..... 2	→ Q. 112
107.	Is the shortage of water experienced throughout the year or mainly during summer? വെള്ളത്തിന് ക്ഷാമം വർഷം മുഴുവൻ ഉണ്ടോ? അതോ വേനൽക്കാലത്ത് മാത്രമാണോ?	Throughout the year..... 1 During summer..... 2	
108.	How many months did you face shortage of water in the last year? കഴിഞ്ഞ വർഷം എത്ര മാസം നിങ്ങൾക്ക് വെള്ളത്തിന് ക്ഷാമം അനുഭവപ്പെട്ടു?	Number of months <input type="text"/> <input type="text"/>	
109.	Did the Panchayat/Municipality intervene to solve the drinking water shortage? കുടിവെള്ള ക്ഷാമം പരിഹരിക്കാൻ പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി ഇടപെടാറുണ്ടോ?	Yes..... 1 No..... 2 Don't Know ..... 3	→ Q. 112
110.	What were the measures taken by the Panchayat/Municipality to solve the drinking water shortage? കുടിവെള്ള ക്ഷാമം പരിഹരിക്കുന്നതിന് പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി എന്തൊക്കെ നടപടികളാണ് എടുത്തിട്ടുള്ളത്?		

111.	How effective do you think the Panchayat /Municipality been in ensuring water supply during the period of water scarcity?  ക്ഷാമത്തിന്റെ സമയത്ത് കുടിവെള്ളം ലഭ്യമാക്കുന്നതിൽ പഞ്ചായത്തിന്റെ/ മുനിസിപ്പാലിറ്റിയുടെ പ്രവർത്തനം എത്രമാത്രം ഫലപ്രദമാണെന്നാണ് താങ്കൾക്ക് തോന്നുന്നത്?	Very effective..... 1 Somewhat effective..... 2 Not effective..... 3 Don't know..... 4	
<b>(Q.Nos.112-121 to be asked in all households except those coded 1-3 or 8 in Q.91; i.e. households depending on well/borewell in the compound/tap or well/borewell in neighbouring compound/buying water or other sources. In such households, terminate section and go to the next section- Q.No.122)</b>			
112.	Have you faced any problem with respect to water in the last one year? കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ കുടിവെള്ളവുമായി ബന്ധപ്പെട്ട് എന്തെങ്കിലും ബുദ്ധിമുട്ടുകൾ നിങ്ങൾക്ക് അനുഭവപ്പെട്ടോ?	Yes..... 1 No..... 2	→ Q.118
113.	What were the problems that you encountered? (More than one response possible) എന്തെല്ലാം ബുദ്ധിമുട്ടുകളാണ് ഉണ്ടായത്?	Shortage of water..... 1 Irregular supply..... 2 Unclear water..... 3 Bad taste..... 4 Bad odour..... 5 Others (Specify)..... 6	
114.	Had you complained about the problem to anyone? ഇതു സംബന്ധിച്ച് ആരോടെങ്കിലും പരാതിപ്പെട്ടിരുന്നോ?	Yes..... 1 No..... 2	→ Q.118
115.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടത്?	Ward member/Councillor..... 1 Gramasabha/Wardsabha..... 2 LSGI office..... 3 Water authority..... 4 Others (specify)..... 5	
116.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days <input type="text"/> <input type="text"/> <input type="text"/> (Enter 999 if no action)	→ Q.118
117.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
118.	Are you satisfied with the overall quality of water supply? വെള്ളത്തിന്റെ ലഭ്യതയിലും ഗുണത്തിലും താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q.120
119.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→ Q.121

120.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)
121.	Suggestions for further improvement of the water supply system: ജലവിതരണം കൂടുതൽ മെച്ചപ്പെടുത്താൻ എന്തെല്ലാം നിർദ്ദേശങ്ങളാണ് താങ്കൾക്കുള്ളത്?

## H. HEALTH

Sl. No.	Question and Filters	Options	Code s	Skips
122.	Do you feel that the Panchayat/Municipality has undertaken measures to eradicate communicable diseases such as dengue, rat fever, etc in an effective manner? ഡെങ്കിപ്പനി, എലിപ്പനി പോലുള്ള പകർച്ച വ്യാധികൾ ഇല്ലാതാക്കാൻ ഫലപ്രദമായ നടപടികൾ പണ്ടായത്തിന്റെ/ മുനിസിപ്പാലിറ്റിയുടെ ഭാഗത്തുനിന്നും ഉണ്ടാകുന്നുവെന്ന് താങ്കൾക്ക് തോന്നുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3		
123.	Do you feel that the Panchayat/Municipality has undertaken measures to control spread of mosquitoes? കൊതുക് പെരുകുന്നത് തടയുന്നതിന് ഫലപ്രദമായ നടപടികൾ പണ്ടായത്തിന്റെ/ മുനിസിപ്പാലിറ്റിയുടെ ഭാഗത്തുനിന്നും ഉണ്ടാകുന്നുവെന്ന് താങ്കൾക്ക് തോന്നുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3		
124.	Has any member of your household visited a Govt. health facility in the Panchayat/Municipality for any treatment during the last one year? വീട്ടിലെ ആരെങ്കിലും ഒരു വർഷത്തിനിടയിൽ എന്തെങ്കിലും ചികിത്സക്കായി ഈ പണ്ടായത്തിലെ/ മുനിസിപ്പാലിറ്റിയിലെ സർക്കാർ ആശുപത്രിയിൽ പോയിട്ടുണ്ടോ?	Yes..... 1 No..... 2	2 → Q.158	
125.	Which type of health facility? ഏത് ആശുപത്രിയിലാണ് പോയത്? (If more than one health facility approached by the household members, take the case of PHC in Panchayat and of CHC/Taluk hospital in Municipality)	PHC ..... 1 CHC ..... 2 Taluk Hospital ..... 3 Govt.Ayurveda hospital..... 4 Govt.Homoeopathic hospital..... 5 Others..... 6	6 → Q.158	
126.	How far is the health facility from the house? വീട്ടിൽ നിന്നും ആശുപത്രിയിലേക്ക് എത്ര ദൂരമുണ്ട്?	Distance in Meters. <input type="text"/>		

127.	Was the doctor not available any time of your visit in the last one year? കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ എപ്പോഴെങ്കിലും നിങ്ങളോ/കുടുംബാംഗമോ ആശുപത്രിയിൽ ചെന്നപ്പോൾ അവിടെ ഡോക്ടർ ഇല്ലാതിരുന്നിട്ടുണ്ടോ?	Yes..... 1 No..... 2				
128.	Was there a token system in the health facility? ആശുപത്രിയിൽ ടോക്കൺ സംവിധാനം ഉണ്ടോ?	Yes..... 1 No..... 2				
129.	How much time did you have to wait before meeting the doctor for consultation? ഡോക്ടറെ കാണുന്നതിനായി എത്ര സമയം കാത്തിരിക്കേണ്ടി വന്നു?	Minutes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>				
130.	Was it acceptable to you? ന്യായമായ സമയമേ കാത്തിരിക്കേണ്ടതായി വന്നിട്ടുള്ളൂ എന്ന അഭിപ്രായം താങ്കൾക്കുണ്ടോ?	Yes..... 1 No..... 2 Don't know/No opinion..... 3				
131.	Could you get adequate time to explain to the doctor your health problem in detail? പരിശോധനയുടെ സമയത്ത് ഡോക്ടറോട് കാര്യങ്ങൾ വിശദീകരിക്കാൻ ആവശ്യമായ സമയം ലഭിച്ചോ?	Yes..... 1 No..... 2 Don't know/No opinion..... 3				
132.	Was the level of privacy in consultation sufficient? പരിശോധനക്ക് ആവശ്യമായ സ്വകാര്യത യുണ്ടായിരുന്നോ?	Yes..... 1 No..... 2 Don't know/Not required ..... 3				
133.	Did you have to source any of the following from outside the health facility during the last one year? കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ സർക്കാർ ആശുപത്രിയിലെ ചികിത്സയുടെ ഭാഗമായി താങ്കൾക്ക് എപ്പോഴെങ്കിലും താഴെ പറയുന്ന കാര്യങ്ങൾ പുറത്തുനിന്നും വാങ്ങേണ്ടി/ചെയ്യേണ്ടി വന്നിട്ടുണ്ടോ?	Yes No/ Not required Don't know				
	A. Medicines മരുന്ന്	1 2 3				
	B. Disposables such as syringe/cotton/ bandage/ gloves, etc സിറിഞ്ച്, പഞ്ഞി, ബാൻഡേജ്, ഗ്ലൗസ് പോലുള്ളവ	1 2 3				
	B. Lab tests ലാബ് പരിശോധന	1 2 3				
	D. Diagnostics such as X-ray, ECG, USS, MRI, etc. എക്സ് റേ, ഇസിജി, സ്കാൻ പോലുള്ളവ	1 2 3				
134.	Did the health facility have sufficient seating facilities? ആശുപത്രിയിൽ ഇരിക്കാൻ ആവശ്യമായ സൗകര്യങ്ങൾ ഉണ്ടോ?	Yes..... 1 No..... 2				
135.	Is the drinking water available in the health facility? ആശുപത്രിയിൽ രോഗികൾക്ക് കുടിവെള്ളം ലഭിക്കുന്നതിനുള്ള സൗകര്യം ഉണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3				

136.	Did the health facility have toilet facility for patients? ആശുപത്രിയിൽ രോഗികൾക്ക് കക്കൂസ്സ് സൗകര്യം ലഭ്യമാണോ?	Yes..... 1 No..... 2 Don't know/..... 3					
137.	Did you meet the Govt. doctor in his/her residence in last one year? കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ പരിശോധനക്കായി താങ്കൾ/കുടുംബാംഗം സർക്കാർ ആശുപത്രിയിലെ ഡോക്ടറെ വീട്ടിൽപോയി കണ്ടിട്ടുണ്ടോ?	Yes..... 1 No..... 2					
138.	Did you have to make any unbilled payment to anybody in the health facility? ആശുപത്രിയിൽ ആർക്കെങ്കിലും ബില്ലില്ലാതെ പണം കൊടുക്കേണ്ടി വന്നോ?	Yes..... 1 No..... 2 Don't know ..... 3	Q. 141				
139.	To whom all was the payment made? (More than one response possible) ആർക്കാണ്/ആർക്കൊക്കെയാണ് പണം നൽകിയത്?	Doctor ..... 1 Nursing staff ..... 2 Other staff ..... 3					
140.	How much was paid in total? (In Rs.) ആകെ എത്ര രൂപ ഇങ്ങനെ നൽകേണ്ടി വന്നു?	Rs. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
141.	During the last one year were you/family member treated as an inpatient on a Govt. in your Panchayath/Municipality? കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ താങ്കളുടെ കുടുംബത്തിലെ ആർക്കെങ്കിലും നിങ്ങളുടെ പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ സർക്കാർ ആശുപത്രിയിൽ കിടത്തി ചികിത്സ വേണ്ടി വന്നോ?	Yes..... 1 No..... 2	→ Q.145				
142.	Were these facilities given to you by the health facility? താഴെ പറയുന്ന സൗകര്യങ്ങൾ ആശുപത്രിയിൽ ലഭ്യമായിരുന്നോ?	Yes      No					
	a) Cot      കട്ടിൽ	1      2					
	b) Mattress      മെത്ത	1      2					
	c) Bed sheet      കിടക്ക വിരി	1      2					
	d) Pillow      തലയിണ	1      2					
	e) Pillow cover      തലയിണ കവർ	1      2					
	f) Stool/chair for bystander      സ്റ്റൂൾ, കസേര (കൂടെ നില്ക്കുന്ന ആൾക്ക്)	1      2					
	g) Food      ഭക്ഷണം	1      2					
143.	Were you given timely and proper nursing care? നഴ്സുമാരുടെ ശ്രദ്ധയും പരിചരണവും ആവശ്യമായ വിധത്തിൽ ലഭിച്ചോ?	Yes..... 1 No..... 2					
144.	Did you receive proper attention from doctors? ഡോക്ടർമാരുടെ ശ്രദ്ധ വേണ്ടവിധം ലഭിച്ചിരുന്നോ?	Yes..... 1 No..... 2					

145.	How do you rate the cleanliness of the health facility? താങ്കളുടെ അഭിപ്രായത്തിൽ ആശുപത്രിയുടെ വൃത്തി എങ്ങനെയാണ്?	Good..... 1 Average..... 2 Bad..... 3	
146.	Are you satisfied with the behavior of staff in the health facility? ആശുപത്രിയിലെ ജീവനക്കാരുടെ പെരുമാറ്റത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q 148
147.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	
148.	Did you face any problem in the health facility during last one year? താങ്കൾ ഒരു വർഷത്തിനിടയിൽ ആശുപത്രിയിൽ ചെന്നപ്പോൾ എന്തെങ്കിലും ബുദ്ധിമുട്ട് നേരിടേണ്ടി വന്നോ?	Yes..... 1 No..... 2	→ Q.154
149.	What were the problems that you encountered? എന്തൊക്കെയാണു ബുദ്ധിമുട്ടുകൾ?		
150.	Had you complained about the problem to anyone? പ്രശ്നത്തെപ്പറ്റി ആരോടെങ്കിലും പരാതിപ്പെട്ടിരുന്നോ?	Yes..... 1 No..... 2	→ Q.154
151.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടത്?	Ward member/Councillor ..... 1 LSGI office ..... 2 Hospital Development Committee.... 3 Hospital authorities ..... 4 Others (specify) ..... 5	
152.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days <input type="text"/> <input type="text"/> <input type="text"/> (Enter 999 if no action)	→ Q.154
153.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
154.	Are you satisfied with the overall services of the health facility? ആശുപത്രിയുടെ പൊതുവിലുള്ള പ്രവർത്തനത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q.156
155.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→ Q.157
156.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)		

157.	What are your suggestions for further improving the services from the health facility? ആശുപത്രിയുടെ പ്രവർത്തനം കൂടുതൽ മെച്ചപ്പെടുത്താൻ താങ്കൾക്കുള്ള നിർദ്ദേശങ്ങൾ എന്തെല്ലാമാണ്?
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## I. SCHOOLS

Sl.No	Question and Filters	Options	Codes	Skips
158.	Is there any child in the household who is studying in the Government School in this Panchayat/Municipality? ഈ പഞ്ചായത്തിലെ/ മുനിസിപ്പാലിറ്റിയിലെ സർക്കാർ സ്കൂളിൽ പഠിക്കുന്ന കുട്ടികളാരെങ്കിലും ഇവിടെയുണ്ടോ?	Yes..... 1 No..... 2	1 2	→ Q. 181
159.	Which class is he/she studying? ഏത് ക്ലാസ്സിലാണ് പഠിക്കുന്നത്? (If more than one child is studying, take the details of the eldest child studying in the Government school in the GP/Municipality)	Class <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		If Class <b>VIII or above</b> In Panchayat go to Q. 181
160.	How far is the school from the house? (In Kms) സ്കൂളിലേക്ക് വീട്ടിൽനിന്നും എത്ര കിലോമീറ്റർ ദൂരമുണ്ട്?	Distance in km <input type="text"/> <input type="text"/>		
161.	Do you feel that the school is located in an easily accessible location? എളുപ്പത്തിൽ ചെന്നെത്താൻ പറ്റുന്ന സ്ഥലത്താണോ സ്കൂൾ സ്ഥിതി ചെയ്യുന്നത്?	Yes..... 1 No..... 2	1 2	
162.	Are classes held regularly in the school? സ്കൂളിൽ പതിവായി ക്ലാസ്സ് നടക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	1 2 3	
163.	Do you feel that the school has the following for the children? സ്കൂളിൽ കുട്ടികൾക്ക് താഴെ പറയുന്നവ ലഭ്യമാണോ?	Yes No Don't know		
	a. Sufficient space inside classrooms ക്ലാസ്സ്മുറിയിൽ ആവശ്യമായ സ്ഥലം	1 2 3		
	b. Sufficient furniture ആവശ്യത്തിന് ഫർണിച്ചർ	1 2 3		
	c. Sufficient playground ആവശ്യമായ കളിസ്ഥലം.	1 2 3		
	d. Sufficient learning materials പഠനോപകരണങ്ങൾ ആവശ്യത്തിന്.	1 2 3		
	e. Sufficient reading materials and books in the library ആവശ്യത്തിന് പുസ്തകങ്ങളുള്ള ലൈബ്രറി.	1 2 3		
	f. Sufficient urinals and toilets ആവശ്യത്തിന് മുത്രപ്പുര/കക്കൂസ്	1 2 3		
	g. Safe drinking water ശുദ്ധമായ കുടിവെള്ളം.	1 2 3		
	h. Facilities for arts, sports and games കലാ-കായിക പ്രവർത്തനങ്ങൾക്കുള്ള സൗകര്യം.	1 2 3		
	i. Computer lab കമ്പ്യൂട്ടർ ലാബ്	1 2 3		
	j. well equipped laboratories നല്ല സൗകര്യമുള്ള ലാബോറട്ടറികൾ	1 2 3		

164.	Do you feel that the school will aid in the overall development of your child? കുട്ടിയുടെ മൊത്തത്തിലുള്ള വികാസത്തിന് സ്കൂൾ സഹായകമാണെന്ന് താങ്കൾക്ക് തോന്നുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know/No opinion..... 3			
165.	Do you feel that the child gets individual attention from the teacher? കുട്ടിയ്ക്ക് അധ്യാപകരിൽ നിന്നും ശ്രദ്ധ ലഭിക്കുന്നുണ്ടെന്ന് താങ്കൾക്ക് തോന്നുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3			
166.	Does your child take noon meal given from the school? സ്കൂളിലെ ഉച്ചഭക്ഷണം നിങ്ങളുടെ കുട്ടി കഴിക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2	→ Q.168		
167.	Is it given regularly? അത് പതിവായി ലഭിക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3			
168.	Was your child given free school uniform this academic year? നിങ്ങളുടെ കുട്ടിയ്ക്ക് ഈ വർഷം സൗജന്യമായി യൂണിഫോം കിട്ടിയോ?	Yes..... 1 No..... 2 Don't know/Not Applicable..... 3			
169.	Was your child given free text books this academic year? നിങ്ങളുടെ കുട്ടിയ്ക്ക് ഈ വർഷം സൗജന്യമായി ടെക്സ്റ്റ് ബുക്കുകൾ കിട്ടിയോ?	Yes..... 1 No..... 2 Don't know/ Not Applicable..... 3			
170.	How many times did you or anyone in your family attend PTA/MPTA meetings in the school in this academic year? ഈ അദ്ധ്യയന വർഷത്തിൽ നിങ്ങൾ/ നിങ്ങളുടെ കുടുംബാംഗം പി.റ്റി.എ/എം.പി.റ്റി.എ മീറ്റിങ്ങിൽ എത്ര തവണ പങ്കെടുത്തു?	Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
171.	Have you had any problem with the schooling of your child in this academic year? സ്കൂളുമായി ബന്ധപ്പെട്ട് ഈ അദ്ധ്യയനവർഷം താങ്കൾക്ക്/ കുട്ടിയ്ക്ക് എന്തെങ്കിലും ബുദ്ധിമുട്ട് ഉണ്ടായിട്ടുണ്ടോ?	Yes..... 1 No..... 2	→ Q.177		
172.	What was the problem that you encountered? എന്തെല്ലാം പ്രശ്നങ്ങളാണവ?				
173.	Had you complained about the problem to anyone? അവയെപ്പറ്റി ആരോടെങ്കിലും പരാതിപ്പെട്ടിരുന്നോ?	Yes..... 1 No..... 2	→ Q.177		
174.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടത്?	Panchayat President /Municipal Chairperson. 1 Ward member/Councillor ..... 2 LSGI office ..... 3 School authorities ..... 4 School Development Committee..... 5 PTA..... 6 Gramasabha/Wardsabha..... 7 Others (specify) ..... 8			



175.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days (Enter 999 if no action)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	→ Q 177
176.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes.....1 No.....2		
177.	Are you satisfied with the overall quality of schooling received by your child? സ്കൂളിന്റെ മൊത്തത്തിലുള്ള പ്രവർത്തനത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→	Q.179
178.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→	Q.180
179.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടതെയുള്ളവ)			
180.	What are your suggestions for improving the services? സ്കൂളിന്റെ പ്രവർത്തനം കൂടുതൽ മെച്ചപ്പെടുത്താൻ എന്തൊക്കെയാണ് താങ്കൾക്കുള്ള നിർദ്ദേശങ്ങൾ?			

## J. ANGANWADIS

Sl.No.	Question and Filters	Options	Codes	Skips
181.	Is any member of the household a beneficiary of the Anganwadi ? ഈ വീട്ടിൽ ആരെങ്കിലും അംഗൻവാടിയുടെ ഗുണഭോക്താക്കളായിട്ടുണ്ടോ?	Yes..... No.....	1 2	→ Q. 222
182.	How far is the Anganwadi from the house? (In mtr) വീട്ടിൽ നിന്നും എത്ര മീറ്റർ ദൂരത്താണ് അംഗൻ വാടി സ്ഥിതി ചെയ്യുന്നത്?	Distance in mtrs	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
183.	Do you feel that the Anganwadi is located in an easily accessible location? എളുപ്പത്തിൽ ചെന്നെത്താൻ കഴിയുന്നസ്ഥലത്താണോ അംഗൻവാടി സ്ഥിതി ചെയ്യുന്നത്?	Yes..... No.....	1 2	
184.	In which category are the beneficiaries? ഗുണഭോക്താവ് ഏത് വിഭാഗത്തിൽപ്പെടുന്നു?  (More than one beneficiary possible)	Aged 3-6 years ..... Aged below 3 years..... Pregnant woman..... Lactating mother (up to 6months) Adolescent girl (11-18 years).....	1 → 2 → 3 → 4 → 5 →	J1,J2, J3, J5, J2,J3, J5 J2, J4, J5 J2, J4, J5 J4, J5

**SUB- SECTION J-1 PRE- SCHOOL FOR 3-6 YEARS**

185.	Does the Anganwadi function on all days? അംഗൻവാടി എല്ലാ ദിവസവും പ്രവർത്തിക്കുന്നുണ്ടോ?	On all days..... 1 On most days..... 2 On some days..... 3	
186.	Is the teacher in the Anganwadi regular in attendance? ടീച്ചർ അംഗൻവാടിയിൽ പതിവായി വരുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
187.	Do you feel that the Anganwadi has sufficient space for the children inside the building? അംഗൻവാടി കെട്ടിടത്തിന് അകത്ത് കുട്ടികൾക്ക് ആവശ്യത്തിന് സ്ഥലസൗകര്യം ഉണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
188.	Do you feel that the Anganwadi has sufficient space for the children outside the building? അംഗൻവാടി കെട്ടിടത്തിന് പുറത്ത് കുട്ടികൾക്ക് ആവശ്യത്തിന് സ്ഥലസൗകര്യം ഉണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
189.	Do you feel that your child is safe in the Anganwadi? താങ്കളുടെ കുട്ടി അംഗൻവാടിയിൽ സുരക്ഷിതമാണെന്ന് കരുതുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
190.	Do you feel that the Anganwadi has sufficient facilities for learning? പഠനത്തിനാവശ്യമായ സൗകര്യങ്ങൾ അംഗൻവാടിയിൽ ഉണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
191.	Do you feel that the child gets individual attention from the teacher? കുട്ടിയ്ക്ക് വ്യക്തിപരമായ ശ്രദ്ധ ടീച്ചറിൽ നിന്നും ലഭിക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
192.	Do you feel that the Anganwadi has sufficient facilities for playing? കുട്ടികൾക്ക് കളിക്കാൻ ആവശ്യമായ സൗകര്യം അംഗൻവാടിയിൽ ഉണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
193.	Does the child regularly access the playing materials? കുട്ടികൾക്ക് പതിവായി കളിപ്പാട്ടങ്ങൾ ലഭിക്കുന്നുണ്ടോ?	Regularly..... 1 Sometimes..... 2 Never..... 3	
194.	Does the Anganwadi provide safe drinking water to the children? കുട്ടികൾക്കവിടെ ശുദ്ധമായ കുടിവെള്ളം ലഭിക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
195.	Does the Anganwadi have a toilet for the children? അംഗൻവാടിയിൽ കുട്ടികൾക്കായി കക്കൂസ്സ് ഉണ്ടോ?	Yes..... 1 No..... 2 Don't know..... 3	
196.	Are you satisfied with the quality of pre-school education in the Anganwadi? അംഗൻവാടിയിലെ പ്രീ സ്കൂൾ വിദ്യാഭ്യാസത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q.198
197.	Are you fully satisfied or partially satisfied?	Fully satisfied..... 1	→ Q. 199

	പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Partially satisfied.....	2	
198.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)			
<b>SUB-SECTION J-2: SUPPLEMENTARY NUTRITION(ALL EXCEPT ADOLESCENT GIRLS)</b>				
199.	Is the supplementary nutrition provided in the Anganwadi on all working days? അംഗൻവാടിയിൽ നിന്നും ആഹാരം എല്ലാ പ്രവൃത്തി ദിവസങ്ങളിലും നൽകുന്നുണ്ടോ?	On all days..... On most days..... On some days..... Don't know.....	1 2 3 4	
200.	Is there a kitchen in the Anganwadi? അംഗൻവാടിയിൽ അടുക്കള ഉണ്ടോ?	Yes..... No..... Don't know.....	1 2 3	Q. 202
201.	How do you rate the cleanliness of the kitchen? അടുക്കളയുടെ വൃത്തി എങ്ങനെയാണ്	Good ..... Average ..... Bad..... Don't know/No opinion.....	1 2 3 4	
202.	Do you feel that the Anganwadi has sufficient facilities for cooking? പാചകത്തിന് ആവശ്യമായ സൗകര്യങ്ങൾ അംഗൻവാടിയിലുണ്ടോ?	Yes..... No..... Don't know.....	1 2 3	
203.	Are you satisfied with the supplementary nutrition programme in the Anganwadi? അംഗൻവാടിയിൽ നിന്നും ലഭിക്കുന്ന ഭക്ഷണത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... No.....	1 2	Q.205
204.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... Partially satisfied.....	1 2	Next relevant section
205.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)			
<b>SUB-SECTION J-3: ASK 0-6 YEARS</b>				
206.	Is there regular growth monitoring of the child by the Anganwadi? അംഗൻവാടിയിൽ കുട്ടിയുടെ തൂക്കവും, ഉയരവും പതിവായി രേഖപ്പെടുത്താറുണ്ടോ?	Yes..... No..... Don't Know .....	1 2 3	
207.	Is there regular immunization monitoring of the child by the Anganwadi? കുട്ടിക്ക് യഥാസമയം പ്രതിരോധ മരുന്നുകൾ നൽകുന്നുണ്ടോ എന്ന് അംഗൻ വാടി പ്രവർത്തക ഉറപ്പുവരുത്താറുണ്ടോ?	Yes..... No..... Don't Know .....	1 2 3	
<b>SUB-SECTION J-4: CLASSES FOR ADOLESCENT GIRLS, PREGNANT WOMEN AND LACTATING MOTHERS</b>				

208.	Are classes held for you in the Anganwadi? അംഗൻവാടിയിൽ നിങ്ങൾക്കായി ക്ലാസ്സുകൾ നടത്താറുണ്ടോ?	Yes, often..... 1 Yes, sometimes..... 2 No..... 3 Don't know..... 4	Q.212
209.	Are you satisfied with the classes organized for you in the Anganwadi? ലഭിക്കുന്ന ക്ലാസ്സുകളിൽ തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
210.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	Q.212
211.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടാതെയുള്ളവ)		
<b>SUB-SECTION J-5: GENERAL</b>			
212.	Have you had any problem with the services of the Anganwadi in the last one year? അംഗൻവാടിയുടെ പ്രവർത്തനത്തിൽ കഴിഞ്ഞ ഒരു വർഷത്തിനുള്ളിൽ എന്തെങ്കിലും ബുദ്ധിമുട്ട് അനുഭവപ്പെട്ടോ?	Yes..... 1 No..... 2	Q.218
213.	What was the problem that you encountered? എന്തെല്ലാമാണ് ബുദ്ധിമുട്ടുകൾ?		
214.	Had you complained about the problem to anyone? ഇവയെപ്പറ്റി ആരോടെങ്കിലും പരാതിപ്പെട്ടിരുന്നോ?	Yes..... 1 No..... 2	Q.218
215.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടത്?	Ward member/Councillor ..... 1 LSGI office ..... 2 Grama Sabha/Ward Sabha ..... 3 AWW/AWH ..... 4 Others (specify) ..... 5	
216.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days (Enter 999 if no action)	Q.218
217.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
218.	Are you satisfied with the overall functioning of the Anganwadi? അംഗൻ വാടിയുടെ മൊത്തത്തിലുള്ള	Yes..... 1	

	പ്രവർത്തനത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	No..... 2	→ Q.220
219.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 Partially satisfied..... 2	→ Q. 221
220.	Reasons for dissatisfaction? (other than the ones mentioned earlier) അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്? (മുമ്പ് സൂചിപ്പിച്ചവ കൂടതെയുള്ളവ)		
221.	What are your suggestions for further improving the services of Anganwadi? പ്രവർത്തനം കൂടുതൽ മെച്ചപ്പെടുത്താൻ എന്തെല്ലാം നിർദ്ദേശങ്ങളാണ് താങ്കൾക്കുള്ളത്?		

## K. SERVICE DELIVERY FROM PANCHAYAT/MUNICIPALITY OFFICES

Sl.No.	Question and Filters	Options	Codes	Skips
222.	Have you approached the Panchayath/Municipality Office for any service/certificate during the past one year? കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ എന്തെങ്കിലും സേവനത്തിനായി/സർട്ടിഫിക്കറ്റിനായി താങ്കൾ പഞ്ചായത്തിനെ/മുനിസിപ്പാലിറ്റിയെ സമീപിച്ചിരുന്നോ?	Yes ..... 1 No..... 2	→ Q.256	
223.	For which service/certificate had you approached the Panchayat/Municipality (If applied for more than one service/certificate, take the case of the last one) എന്താവശ്യത്തിനായാണ് സമീപിച്ചത്?(ഒന്നിലധികമുണ്ടെങ്കിൽ അവസാനം ആവശ്യമായിവന്നത് എഴുതുക)	No objection certificate ..... 1 Residential certificate ..... 2 Birth certificate ..... 3 Death certificate ..... 4 Certificate of ownership of building ... 5 BPL certificate ..... 6 Marriage registration certificate ..... 7 Receipt of welfare pension..... 8 For benefit under non-pension welfare scheme ..... 9 Unemployment certificate ..... 10 Payment of tax..... 11 Others (specify) ..... 12		
224.	Was there an enquiry counter (Front Office) when you approached the first time for getting information? ഒഫീസിൽ എത്തുന്നവർക്ക് വിവരങ്ങൾ മനസ്സിലാക്കാൻ എൻക്വയറി	Yes ..... 1 No..... 2		

	കൗണ്ടർ (ഫ്രണ്ട് ഓഫീസ്) അവിടെ ഉണ്ടോ?	Don't know..... 3	
225.	Did the staff in the Panchayat/Municipality provide the information that you sought? താങ്കൾക്ക് അവശ്യമായ വിവരങ്ങൾ പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ ഉദ്യോഗസ്ഥർ നൽകിയിരുന്നോ?	Yes..... 1 No..... 2 No opinion/comments..... 3	
226.	Did you submit an application for receiving the service? സേവനം ലഭിക്കുന്നതിനായി അപേക്ഷ നൽകിയിരുന്നോ?	Yes..... 1 No..... 2 Not required..... 3	Q.229
227.	Were you given any acknowledgement from the office while receiving the application? അപേക്ഷ നൽകിയപ്പോൾ അത് സ്വീകരിച്ചതായി സൂചിപ്പിക്കുന്ന രസീത് ഓഫീസിൽ നിന്നും താങ്കൾക്ക് ലഭിച്ചിരുന്നോ?	Yes ..... 1 No ..... 2	
228.	Were you given any time frame for the service to be delivered? അപേക്ഷ നൽകിയപ്പോൾ സേവനം എത്ര ദിവസത്തിനുള്ളിൽ ലഭ്യമാകുമെന്ന് അധികൃതർ നിങ്ങളോട് പറഞ്ഞിരുന്നോ?	Yes ..... 1 No ..... 2	Q.230
229.	Was the service delivered in the said time frame? പറഞ്ഞ സമയത്തിനുള്ളിൽ കാര്യം സാധിച്ചു കിട്ടിയോ?	Yes ..... 1 No ..... 2	Q.231
230.	Have you received the service? സേവനം ലഭിച്ചോ?	Yes ..... 1 No ..... 2	Q.232
231.	In how many days was the service delivered? എത്ര ദിവസം വേണ്ടിവന്നു കാര്യം സാധിക്കാൻ?	Number of days <input type="text"/>	
232.	How many times did you visit the office for the same? ഈ ആവശ്യത്തിന് എത്ര പ്രാവശ്യം താങ്കൾക്ക് പഞ്ചായത്തിൽ/ മുനിസിപ്പാലിറ്റിയിൽ പോകേണ്ടി വന്നു?	Number of Times <input type="text"/>	
233.	How many persons in the office have you approached to get the service? ഓഫീസിലെ എത്ര ജീവനക്കാരെ ഇതിനായി താങ്കൾക്ക് കാണേണ്ടതായി വന്നു?	Number of Persons <input type="text"/>	
234.	Was there any fee for the same? ഈ സേവനം ലഭിക്കുന്നതിനായി എന്തെങ്കിലും ഫീസ് അടയ്ക്കേണ്ടിവന്നോ?	Yes ..... 1 No ..... 2	
235.	Did you have to make any other payment (other than fees)? കാര്യം നടക്കുന്നതിനായി ഫീസ് കൂടാതെ മറ്റെന്തെങ്കിലും തുക ആർക്കെങ്കിലും നൽകേണ്ടതായി വന്നോ?	Yes..... 1 No..... 2	Q.238
236.	How much did you pay? (In Rs.) എത്ര രൂപ നൽകി?	Rs <input type="text"/>	
237.	Were you asked the same or did you give it on your own? അവർ പണം ആവശ്യപ്പെട്ടോ? അതോ	Asked by the officials..... 1 Did not ask, but hinted..... 2	

	താങ്കൾ സ്വന്തം ഇഷ്ടത്തിന് നൽകിയതാണോ?	Gave on own..... 3	
238.	Did you face any problem during the last time when you sought a service from the Panchayat/Municipality office? ഈ സേവനം ലഭിക്കുന്നതിനായി പഞ്ചായത്തിൽ/ മുനിസിപ്പാലിറ്റിയിൽ പോയപ്പോൾ താങ്കൾക്ക് എന്തെങ്കിലും ബുദ്ധിമുട്ട് നേരിടേണ്ടതായി വന്നോ?	Yes ..... 1 No..... 2 → Q.244	
239.	What was the problem that you encountered? എന്തായിരുന്നു പ്രശ്നം?		
240.	Had you complained about the problem to anyone? പ്രശ്നത്തെപ്പറ്റി ആരോടെങ്കിലും പരാതിപ്പെട്ടിരുന്നോ?	Yes..... 1 No..... 2 → Q.244	
241.	To whom did you complain? ആരോടാണ് പരാതിപ്പെട്ടത്?	Panchayat President/Municipal Chairman..... 1 Ward member/Councillor ..... 2 LSGI office ..... 3 Complaint box..... 4 Others (specify) ..... 5	
242.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടി വന്നു?	Number of Days (Enter 999 if no action)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> → Q.244
243.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
244.	Are you satisfied with the behavior of the staff in the Panchayat /Municipality office? പഞ്ചായത്തിലെ/മുനിസിപ്പാലിറ്റിയിലെ ഉദ്യോഗസ്ഥരുടെ പെരുമാറ്റത്തിൽ താങ്കൾക്ക് സംതൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2 → Q.246	
245.	Are you fully satisfied or partially satisfied? സംതൃപ്തിയുണ്ടെങ്കിൽ എത്രത്തോളം?	Fully satisfied..... 1 Partially satisfied ..... 2	→ Q.247
246.	What are the reasons for your dissatisfaction? അസംതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാം?		
247.	Does the office have sufficient seating facilities in the waiting area for the citizens? ഓഫീസിൽ എത്തുന്നവർക്ക് ഇരിക്കാനാവശ്യമായ സൗകര്യം ഉണ്ടോ?	Yes..... 1 No..... 2 Don't remember/know..... 3	
248.	Does the office provide access for citizens to toilets? ഓഫീസിൽ എത്തുന്നവർക്ക് കക്കൂസ്സ് സൗകര്യം ലഭ്യമാണോ?	Yes..... 1 No..... 2 Don't know..... 3	
249.	Does the office provide access for citizens to drinking water?	Yes ..... 1	

	ഓഫീസിൽ എത്തുന്നവർക്ക് അവിടെ കൂടിവെള്ളം ലഭ്യമാണോ?	No ..... 2 Don't know ..... 3	
250.	Have you seen the Panchayat /Municipality's citizen charter displayed in the office? പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റിയുടെ പൗരാവകാശരേഖ കണ്ടിട്ടുണ്ടോ?	Yes..... 1 No..... 2	
251.	Have you seen a complaint box/ book/ grievance redressal cell in the office? പഞ്ചായത്ത്/മുനിസിപ്പൽ ഓഫീസിലെ പരാതിപ്പെട്ടി, പരാതിബുക്ക്, പരാതി പരിഹാരസമിതി എന്നിവ ഏതെങ്കിലും താങ്കളുടെ ശ്രദ്ധയിൽ പെട്ടിട്ടുണ്ടോ?	Yes..... 1 No..... 2	
252.	Are you satisfied or dissatisfied with the services of the Panchayat /Municipality office? പഞ്ചായത്ത് ഓഫീസിൽ/ മുനിസിപ്പൽ ഓഫീസിൽ നിന്ന് ലഭിച്ച സേവനത്തിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2 →	Q.254
253.	Are you fully satisfied or partially satisfied? തൃപ്തിയുണ്ടെങ്കിൽ എത്രത്തോളം?	Fully satisfied..... 1 → Partially satisfied..... 2	Q.255
254.	What are the reasons for your dissatisfaction? അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാം?		
255.	What are your suggestions for improving the service delivery of the Panchayat /Municipality office? പഞ്ചായത്ത് ഓഫീസ്/ മുനിസിപ്പൽ ഓഫീസ് പ്രവർത്തനം കൂടുതൽ മെച്ചപ്പെടുത്താൻ താങ്കൾക്കുള്ള നിർദ്ദേശങ്ങൾ എന്തെല്ലാമാണ്?		

## L. RESPONSIVENESS OF THE LSGI TOWARDS THE ENVIRONMENT

Sl.No	Question and Filters	Options	Codes	Skips
256.	Do you think that the Panchayat / Municipality while taking up development projects tries to minimise its negative impact on environment? പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി വികസന പ്രവർത്തനങ്ങൾ ഏറ്റെടുക്കുമ്പോൾ പരിസ്ഥിതിയ്ക്ക് ദോഷമുണ്ടാക്കാതിരിക്കാൻ ശ്രദ്ധിക്കുന്നുവെന്ന് താങ്കൾക്ക് തോന്നുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know/No opinion..... 3		
257.	Do you think that the Panchayat / Municipality takes adequate measures to protect the water bodies in the area? താങ്കളുടെ അഭിപ്രായത്തിൽ ജലാശയങ്ങൾ സംരക്ഷിക്കാൻ പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി ആവശ്യമായ നടപടി	Yes..... 1 No..... 2 No waterbodies..... 3 Don't know/No opinion..... 4		



	എടുക്കുന്നുണ്ടോ?		
258.	Do you think that the Panchayat/Municipality takes adequate measures to protect other natural resources? മറ്റ് പ്രകൃതിവിഭവങ്ങൾ സംരക്ഷിക്കാൻ പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി ആവശ്യമായ നടപടി എടുക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know/No opinion..... 3	
259.	Do you think that the Panchayat / Municipality takes adequate measures to preserve the greenery in the area? പ്രദേശത്തിന്റെ പച്ചപ്പ് സംരക്ഷിക്കാൻ ആവശ്യമായ പ്രവർത്തനങ്ങൾ ഏറ്റെടുത്ത് നടത്തുന്നതിന് പഞ്ചായത്തിന് / മുനിസിപ്പാലിറ്റിക്ക് കഴിയുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know/No opinion..... 3	
260.	Do you think that the Panchayat / Municipality takes adequate measures towards pollution control? മലിനീകരണം തടയുന്നതിന് ആവശ്യമായ പ്രവർത്തനങ്ങൾ ഏറ്റെടുത്ത് നടത്തുന്നതിന് പഞ്ചായത്തിന്/മുനിസിപ്പാലിറ്റിക്ക് കഴിയുന്നുണ്ടോ?	Yes..... 1 No..... 2 Don't know/No opinion..... 3	
261.	Was there any problem related to environment degradation in the Panchayat / Municipality in the last one year? പരിസ്ഥിതിയെ ബാധിക്കുന്ന ഏതെങ്കിലും പ്രശ്നങ്ങൾ കഴിഞ്ഞ ഒരു വർഷത്തിനുള്ളിൽ പഞ്ചായത്തിൽ /മുനിസിപ്പാലിറ്റിയിൽ ഉണ്ടായിട്ടുണ്ടോ?	Yes..... 1 No..... 2	→ Q.267
262.	What was the problem? എന്താണ് പ്രശ്നം?		
263.	Had you complained about the problem to anyone? ഇതു സംബന്ധിച്ച് താങ്കൾ ആർക്കെങ്കിലും പരാതി നൽകിയിരുന്നോ?	Yes..... 1 No..... 2	→ Q.267
264.	To whom did you complain? ആർക്കാണ് പരാതി നൽകിയത്?	Panchayat President/Municipal Chairman..... 1 Ward member/Councillor ..... 2 LSGI office ..... 3 Complaint box..... 4 Pollution Control Board..... 5 Others (specify) ..... 6	
265.	In how many days was an action taken on your complaint? നടപടിയെടുക്കാൻ എത്ര ദിവസം വേണ്ടിവന്നു?	Number of Days <input type="text"/> <input type="text"/> <input type="text"/> (Enter 999 if no action)	→ Q.267
266.	Are you satisfied with the action taken on your complaint? എടുത്ത നടപടിയിൽ നിങ്ങൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	
267.	Are you satisfied with the responsiveness of the Panchayat /Municipality towards safeguarding the environment? പരിസ്ഥിതിസംരക്ഷണത്തിനായി പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി നടത്തുന്ന പ്രവർത്തനങ്ങളിൽ താങ്കൾക്ക് തൃപ്തിയുണ്ടോ?	Yes..... 1 No..... 2	→ Q.269

268.	Are you fully satisfied or partially satisfied? പൂർണ്ണ തൃപ്തിയാണോ അതോ ഭാഗികമാണോ?	Fully satisfied..... 1 —————→ Q. 270 Partially satisfied..... 2
269.	Reasons for dissatisfaction? അതൃപ്തിയുടെ കാരണങ്ങൾ എന്തെല്ലാമാണ്?	
270.	What do you think can be done by the Panchayat / Municipality to safeguard the environment? പരിസ്ഥിതിയുടെ സംരക്ഷണത്തിനായി പഞ്ചായത്ത് / മുനിസിപ്പാലിറ്റി എന്തെല്ലാം ചെയ്യണമെന്നാണ് താങ്കളുടെ അഭിപ്രായം?	

### M.RESPONSIVENESS TO THE NEEDS OF THE ELDERLY

271.	Is any elderly member in the family a beneficiary of the welfare pension schemes? വീട്ടിലെ പ്രായമായ ആർക്കെങ്കിലും ക്ഷേമ പെൻഷൻ ലഭിക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 —————→ Q.273
272.	Does he/she get pension payments regularly? ക്ഷേമ പെൻഷൻ കൃത്യമായി ലഭിക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2
273.	Does the Panchayat / Municipality organise any programme for the welfare of the elderly? പഞ്ചായത്ത് / മുനിസിപ്പാലിറ്റി പ്രായമായവരുടെ ക്ഷേമത്തിനായി എന്തെങ്കിലും പദ്ധതി നടപ്പാക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 } Don't know..... 3 } Q.276
274.	Has any member of the household attended any such programme? അത്തരം പരിപാടിയിൽ ഇവിടെനിന്നും ആരെങ്കിലും പങ്കെടുത്തിട്ടുണ്ടോ?	Yes..... 1 No..... 2 —————→ Q.276
275.	Can you please give details of the programme ആ പരിപാടിയെപ്പറ്റി ഒന്ന് വിശദീകരിക്കാമോ?	
276.	Has the Panchayat / Municipality implemented any programme to help the care givers in cared the elderly? പ്രായമായവരെ പരിപാലിക്കുന്നവർക്കായി പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി എന്തെങ്കിലും പരിപാടികൾ നടപ്പിലാക്കുന്നുണ്ടോ?	Yes..... 1 No..... 2 } Don't know..... 3 } Q.279
277.	Has any member of the household attended any such programme? വീട്ടിലെ ആരെങ്കിലും ഇത്തരം ഏതെങ്കിലും പരിപാടിയിൽ പങ്കെടുത്തിട്ടുണ്ടോ?	Yes..... 1 No..... 2 —————→ Q.279
278.	Can you please give details of the programme അതിനെപ്പറ്റി ഒന്ന് വിശദീകരിക്കാമോ?	

279.	What do you think can be done by the Panchayat/ Municipality for the welfare of elderly ? പ്രായമായവരുടെ ക്ഷേമം ഉറപ്പാക്കുന്നതിനായി പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി എന്തെല്ലാം ചെയ്യണമെന്നാണ് താങ്കളുടെ അഭിപ്രായം?
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## N.PARTICIPATION IN PLANNING AND BUDGETING PROCESS

Awareness and participation in the LSG planning and budgeting and in the activities of Community Based Organisations			
	Question and Filters	Code/Response Categories	Skip To
280.	Had you voted in the last Panchayat/Municipality election? അവസാനം നടന്ന പഞ്ചായത്ത്/ മുനിസിപ്പാലിറ്റി തെരഞ്ഞെടുപ്പിൽ താങ്കൾ വോട്ട് ചെയ്തോ?	Yes..... 1 No..... 2	
281.	Who is your ward member/councillor? താങ്കളുടെ വാർഡ് മെമ്പർ/കൗൺസിലർ ആരാണെന്ന് അറിയാമോ?	Known ..... 1 Not known ..... 2	→ Q. 286
282.	How acquainted are you with him/her? അയാളുമായി നിങ്ങൾക്ക് എത്രത്തോളം പരിചയമുണ്ട്?	Know personally..... 1 Know socially ..... 2 Do not know ..... 3	
283.	Have you ever contacted/approached the ward member/councillor on any issue? എന്തെങ്കിലും ആവശ്യത്തിന് താങ്കൾ വാർഡ് മെമ്പറെ / കൗൺസിലറെ സമീപിച്ചിട്ടുണ്ടോ?	Yes..... 1 No..... 2	→ Q.286
284.	What was it related to? എന്ത് ആവശ്യത്തിന് വേണ്ടി ആയിരുന്നു അത്?	LSGI scheme ..... 1 Drinking water ..... 2 Sanitation ..... 3 Condition of roads ..... 4 Street lighting ..... 5 Development projects ..... 6 Welfare projects ..... 7 Dispute resolution ..... 8 Others (specify) ..... 9	
285.	Was the need resolved satisfyingly? ആവശ്യം തൃപ്തികരമായി നടന്നോ?	Yes..... 1 No..... 2 No comments..... 3	
286.	Who is your LSGI President/Chairperson? ആരാണ് നിങ്ങളുടെ പഞ്ചായത്ത് പ്രസിഡന്റ്/ മുനിസിപ്പൽ ചെയർമാൻ	Known ..... 1 Not known ..... 2	
287.	Who from the family usually attends the Gramasabha/Wardsabha meeting? വീട്ടിൽ നിന്നും ആരാണ് സാധാരണഗതിയിൽ ഗ്രാമസഭയിൽ/വാർഡ് സഭയിൽ പങ്കെടുക്കാറുള്ളത്?	Female member ..... 1 Male member ..... 2 Both ..... 3	
288.	Have you attended Grama Sabha/Ward	Yes ..... 1	

	Sabha meetings in the last one year? കഴിഞ്ഞ ഒരു വർഷത്തിനിടയിൽ താങ്കൾ ഗ്രാമസഭയിൽ/വാർഡ് സഭയിൽ പങ്കെടുത്തിട്ടുണ്ടോ?	No..... 2 Not convened ..... 3 Not aware of grama Sabha/ward Sabha ..... 4	Q. 291
289.	What was the topic undertaken for discussion in the last <i>gramasabha</i> meeting? അവസാനത്തെ ഗ്രാമസഭായോഗത്തിൽ ഏത് വിഷയത്തിലായിരുന്നു ചർച്ച?		
290.	Had you voiced your opinions on the topic at the meeting? ആ വിഷയത്തെപ്പറ്റി താങ്കൾക്കുള്ള അഭിപ്രായങ്ങൾ അന്നവിടെ പറഞ്ഞിരുന്നോ?	Yes..... 1 No..... 2	
291.	Do you feel that the opinions expressed by the general public during the <i>gramasabha</i> meetings are taken into regard? ഗ്രാമസഭയിൽ പൊതുജനങ്ങൾ പ്രകടിപ്പിക്കുന്ന അഭിപ്രായങ്ങൾ പരിഗണിക്ക പ്പെടുന്നുണ്ടെന്ന് താങ്കൾ കരുതുന്നുണ്ടോ?	Yes..... 1 No..... 2 No comments/opinion ..... 3	
292.	Do you feel the selection/identification of beneficiaries for various LSGI welfare schemes is transparent and democratic? പഞ്ചായത്തിലെ വിവിധ പദ്ധതികളുടെ ഗുണഭോക്താക്കളെ തെരഞ്ഞെടുക്കുന്നത് മാനദണ്ഡങ്ങൾക്കനുസരിച്ചാണെന്ന് താങ്കൾ കരുതുന്നുണ്ടോ?	Yes..... 1 No..... 2 No comments/opinion ..... 3	
293.	Is anyone from your household a member of any self help group? വീട്ടിലെ ആരെങ്കിലും ഏതെങ്കിലും സ്വയം സഹായ സംഘത്തിൽ അംഗമാണോ?	Yes..... 1 No..... 2	Q. 296
294.	Which Self Help Group ഏത് സ്വയം സഹായ സംഘത്തിലാണ്?	Kudumbashree ..... 1 Others ..... 2	
295.	Are you/any family member regularly attending the SHG's meetings? താങ്കൾ/കുടുംബാംഗം SHG യോഗങ്ങളിൽ പതിവായി പങ്കെടുക്കുന്നുണ്ടോ?	Yes ..... 1 No ..... 2	
296.	Is anyone in the household a member of any farmers group? വീട്ടിൽ ആരെങ്കിലും ഏതെങ്കിലും കർഷക സമിതിയിൽ അംഗമാണോ?	Yes ..... 1 No ..... 2	
297.	Is the household a member of Resident Association ? താങ്കളുടെ കുടുംബം റസിഡൻസ് അസോസിയേഷനിൽ അംഗമാണോ?	Yes ..... 1 No ..... 2	

Thank you for your time and co-operation.  
വിവരങ്ങൾ നൽകുന്നതിനായി ഇത്രയും സമയം ചെലവഴിച്ചതിനും, സഹകരണത്തിനും നന്ദി.

### APPENDIX - III

#### Location of the Ward

Location of the Ward		
B1.	Name of the Grama Panchayat/Municipality	
B2.	Ward number	<div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div>
B3.	Name of the ward	
B4.	Location of the ward, indicating a nearest landmark/junction	

## ABOUT THE SELECTED WARD

No	Question/Data to be captured	Responses/ codes																					
1.	Name of the ward member /councillor																						
2.	Tel. No	Mobile: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Home: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
3.	Gender of the member/councilor	Male.....1 Female.....2																					
4.	Number of years of schooling of the member/councilor																						
5.	What is your caste or tribe? ..... Do you belong to a scheduled caste, scheduled tribe or other backward caste?	Scheduled caste (SC)..... 1 Scheduled tribe (ST) .....2 OBC.....3 None of the above.....4																					
	<b>Data for Q. Nos 6-10, collect from the GP/Municipality office (supplemented by information from the ward member/councillor)</b>																						
6.	Total Population in the ward																						
7.	SC Population (If not number, approximate share in the population)																						
8.	ST population (If not number, approximate share in the population)																						
9.	Number of households																						
10.	Number of BPL households(If not number, approximate share in the total households)																						
11.	Distance to LSG panchayat/municipal office (in kilometres)																						
12.	Is the ward located in the sea coast?	Yes.....1 No.....2																					
	<b>a. Whether these facilities are available in the ward</b>	<b>Yes...1 No....2</b>	<b>b. If not available, distance to the nearest facility (in Km)</b>																				

13.	Government Lower Primary School	1	2	
14.	Government Upper Primary School	1	2	
15.	Government High School	1	2	
16.	Government Higher Secondary School	1	2	
17.	Government Vocational Higher Secondary School	1	2	
18.	Sub-Centre	1	2	
19.	Primary Health Centre (PHC)	1	2	
20.	Community Health Centre (CHC)	1	2	
21.	Taluk hospital	1	2	
22.	Private Hospital	1	2	
23.	Private doctor/clinic	1	2	
24.	Anganwadi	1	2	
25.	Tarred Road	1	2	
26.	Bus service	1	2	
27.	Boat service	1	2	
28.	Street lighting	1	2	NA
29.	Telephone Land line	1	2	
30.	Mobile phone connectivity (range)	1	2	
31.	Public taps	1	2	
32.	Public Well	1	2	
33.	Facility used by majority of the households in the ward for availing:	Government-1 Private -2		
	a) Pre-school education	1	2	
	b) School education	1	2	
	c) Health care	1	2	
34.	Is there any water supply scheme operational in the ward?	Yes.....1 No.....2		—————→ Q.36
35.	Role of Panchayat/Municipality in the water supply scheme operational in the ward			
36.	Does the Panchayat/Municipality face shortage of drinking water?	Yes.....1 No.....2		

37.	Please give details such as the proportion of households in the ward that face shortage of water, period of shortage and the measures taken by the Panchayat/Municipality to overcome the shortage.		
38.	Is there a system for collection of waste from households organized by the LSG	Yes.....1 No.....2	→ Q.40
39.	Proportion of households in the ward covered by the system		
40.	Is there a market in the ward?	Yes.....1 No.....2	
41.	Is there a slaughter house in the ward?	Yes.....1 No.....2	
42.	Are waste bins installed in public places in the ward?	Yes.....1 No.....2	→ Q.44
43.	In which all places- like market, major junctions, bus stand etc		
44.	Is there a park for the public in the ward?	Yes.....1 No.....2	
45.	Availability of drainage facility in the ward	Available in most places ...1 Available in some places....2 No drainage.....3	
46.	Is there a sewerage system in the ward?	Yes.....1 No.....2	
47.	Number of Public toilets in the ward.	Number <input type="text"/>	
48.	Does the ward face any of these problems:	Yes -1      No-2	
	a) Water logging	1      2	
	b) Land slide	1      2	
	c) Coastal erosion	1      2	
49	Details of any other major problems faced by the ward.		

49.	Number of Grama Sabha meetings held in the year 2011-12.	Number <input type="text"/>				
50.	Number of Grama Sabha meetings held in the year 2012-13.	Number <input type="text"/>				
51.	Date of the last Grama Sabha Meeting (month & year)	M	M	Y	Y	
52.	Number of people who attended the last grama Sabha meeting.	Number <input type="text"/> <input type="text"/> <input type="text"/>				
53.	Was the last grama sabha meeting held after the meeting scheduled earlier was postponed because there was no "quorum"?	Yes.....1 No.....2				
54.	What is the "quorum" of the grama Sabha meeting?	Number <input type="text"/> <input type="text"/> <input type="text"/>				
55.	Have you heard of Kerala Local Government Service Delivery Project (KLGSDP) before the conduct of this survey?	Yes.....1 No.....2				→Q.57
56.	In what context have you heard of KLGSDP	Projects..... 1 Systematic accounting..... 2 Others (Specify).....3				
57.	Details of the Projects initiated under KLGSDP in the ward (TO BE COLLECTED FROM THE LSG OFFICE)					



## Appendix IV: Details of Sample Grama Panchayats/Municipalities, Wards and Booths

### A. Grama Panchayats

Sl. No:	District	Name of the Grama Panchayat	Number of wards in the GP	Details of Selected Ward/Booth - 1				Details of Selected Ward/Booth - 2			
				Selected Ward	Number of Booths in Ward	Selected Booth	Number of Households in the booth	Selected Ward	Number of Booths in Ward	Selected Booth	Number of Households in the booth
1	Thiruvananthapuram	Mangalapuram	20	2	2	1	210	12	2	2	204
2	Thiruvananthapuram	Kallara	17	4	2	1	139	10	1	1	160
3	Thiruvananthapuram	Anchuthengu	14	2	2	2	69	11	2	1	88
4	Kollam	Ummannoor	20	7	2	1	227	15	2	1	193
5	Kollam	Vilakkudy	20	11	2	1	68	13	2	2	169
6	Kollam	Thalavoor	20	12	2	1	200	18	2	2	208
7	Pathanamthitta	Enadimangalam	15	9	2	2	134	14	2	1	173
8	Pathanamthitta	Naranammoozhy	13	1	2	2	107	10	2	1	89
9	Pathanamthitta	Niranam	13	6	1	1	168	12	1	1	259
10	Alappuzha	Mavelikara	19	6	2	2	186	9	2	2	153
11	Alappuzha	Cheriyana	15	7	2	1	133	8	2	1	138
12	Alappuzha	Kuthiyathod	16	2	2	2	81	11	2	2	142
13	Kottayam	Nedumkunnam	15	3	2	1	169	11	2	1	145
14	Kottayam	Panachikkad	23	10	2	2	181	13	2	1	165
15	Kottayam	Veliyanoor	13	7	2	1	206	9	2	1	252
16	Idukki	Vandiperiyar	23	11	2	1	178	15	2	1	242
17	Idukki	Chakkupallam	15	13	2	1	144	14	2	1	118
18	Idukki	Mankulam	13	3	1	1	167	8	1	1	110
19	Ernakulam	Kumbalanghi	17	5	2	2	175	9	2	1	173
20	Ernakulam	Aikaranad	14	5	2	1	157	7	2	2	181
21	Ernakulam	Alangad	21	3	2	1	86	14	2	2	213
22	Ernakulam	Koovappady	20	5	2	1	197	10	2	2	166
23	Thrissur	Meloor	17	3	2	1	190	12	2	1	150

24	Thrissur	Athirappilly	13	8	1	1	81	11	1	1	157
25	Thrissur	Mullassery	15	6	2	1	140	14	2	2	158
26	Thrissur	Punnayur	20	1	2	1	105	14	2	2	131
27	Thrissur	Kandanassery	16	6	2	1	166	8	2	1	173
28	Palakkad	Puducode	15	8	2	1	178	12	2	2	87
29	Palakkad	Pudusseri	23	3	1	1	226	7	2	1	194
30	Palakkad	Pattithara	18	8	2	1	171	9	2	1	183
31	Palakkad	Vallapuzha	16	1	2	2	163	12	2	2	166
32	Malappuram	Ponmundam	16	3	2	1	201	6	2	2	127
33	Malappuram	Muthuvalloor	15	4	2	2	120	6	2	2	133
34	Malappuram	Urangattiri	21	1	2	1	128	4	2	2	200
35	Malappuram	Chokkad	18	6	2	2	127	10	2	1	133
36	Kozhikkodu	Kodanchery	21	1	1	1	188	17	3	1	211
37	Kozhikkodu	Puduppady	21	17	2	1	79	18	2	1	138
38	Kozhikkodu	Koothali	13	11	2	1	127	13	2	1	125
39	Kozhikkodu	Vanimal	16	4	2	1	95	9	2	2	118
40	Wayanad	Meppadi	22	1	2	1	148	5	2	1	113
41	Kannur	Thillankery	13	1	2	1	93	8	2	1	80
42	Kannur	Irikkur	13	6	2	1	135	12	2	1	130
43	Kannur	Azhikode	23	1	2	1	93	4	2	2	183
44	Kasargodu	Cheruvathur	17	1	2	1	158	5	2	1	119
45	Kasargodu	Balal	16	1	3	2	138	5	3	1	106
46	Kasargodu	Uduma	21	7	2	2	146	12	2	1	120
47	Kasargodu	Meenja	15	9	2	2	118	11	2	2	104
48	Kasargodu	Manjeshwar	21	1	2	2	168	5	2	1	143

### i. Municipalities

Sl. No:	Municipality	District	No: of wards in the Municipality	Details of Selected Ward/Booth - 1				Details of Selected Ward/Booth - 2				Details of Selected Ward/Booth - 3			
				Selected Ward	Number of Booths in Ward	Selected Booth	Number of Households in the booth	Selected Ward	Number of Booths in Ward	Selected Booth	Number of Households in the booth	Selected Ward	Number of Booths in Ward	Selected Booth	Number of Households in the booth
1	Varkala	Thiruvananthapuram	33	4	1	1	152	20	1	1	249	29	1	1	252
2	Adoor	Pathanamthitta	28	2	1	1	250	14	1	1	259	28	1	1	216
3	Cherthala	Alappuzha	35	7	1	1	275	13	1	1	217	28	1	1	240
4	Mavelikkara	Alappuzha	28	4	1	1	208	15	1	1	143	27	1	1	230
5	Thodupuzha	Idukki	35	5	1	1	333	12	1	1	408	35	1	1	290
6	Kalamasseri	Ernakulam	42	1	1	1	325	7	1	1	235	22	1	1	211
7	Aluva	Ernakulam	26	8	1	1	166	12	1	1	139	17	1	1	184
8	Irinjalakkuda	Thrissur	41	12	1	1	312	21	1			41	1	1	240
9	Guruvayur	Thrissur	43	6	1	1	377	28	1	1	114	42	1	1	342
10	Kottakkal	Malappuram	32	4	2	1	154	12	2	1	168	32	1	1	203
11	Perinthalmanna	Malappuram	34	5	1	1	179	11	1	1	176	33	1	1	232
12	Vadakara	Kozhikkodu	47	10	1	1	190	20	1	1	291	40	2	1	142
13	Koothuparamb	Kannur	28	8	1	1	162	14	1	1	189	23	1	1	213
14	Nileswar	Kasargodu	32	10	1	1	249	20	1	1	221	23	1	1	217
15	Kasargodu	Kasargodu	38	7	1	1	221	19	2	1	183	33	2	1	214
16	Chittoor	Palakkad	29	2	1	1	186	12	1	1	254	26	1	1	172