

Survey Report

Anantapur

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For the project: *Intersectionality-Informed Framework for Implementation of Effective Gender Integration in WSH: Andhra Pradesh*

1. Background

The Centre for Study of Science, Technology and Policy (CSTEP); the Administrative Staff College of India (ASCI); and the Centre for Advocacy and Research (CFAR) are currently engaged in a collaborative project titled 'Intersectionality-Informed Framework for Implementation of Effective Gender Integration in WSH: Andhra Pradesh', supported by the Bill and Melinda Gates Foundation (BMGF). The project aims to strengthen agencies and advance policies, regulations and processes for increased accessibility to sanitation services. This was done by demonstrating an inclusive and implementable framework.

The framework was validated and calibrated through on-ground evidence from 3 cities of Andhra Pradesh (Anantapur, Kovvur and Narsapur), as this approach champions a highly contextualised look at problems and gaps in accessibility. A situational assessment of the gaps and shortfalls in existing services provisions and existing vulnerable groups/communities in the settlements was conducted with help of trained community representatives. Some of the key evidence collections methods included vulnerability assessment, household surveys, key informant interviews, focused group discussions, random surveys, guided transect walks etc.

2.1. Surveys

Two types of surveys were conducted: (i) Household surveys (ii) Random surveys

Household Surveys

For the project, the survey aimed at exploring the three selected cities with regards to addressing the issue of intersectionality within and beyond gender. The sample mainly comprised slum households. Both notified and non-notified slum households were covered as part of the household survey to include all axes of exclusion, especially the ones stemming from status of citizenship or legality. This is important in the present scenario of various government programmes seeking to go beyond notified slums. Among the three cities, only Anantapur has non-notified slum population of about 4667 persons. Considering 5% of total slum HH to be covered in HH survey and 4% margin of error, the total sample size was proposed to be 1500 (refer Table 1). The questionnaire was designed in context of access to sanitation with the objective of answering the following questions: what are the exclusions or barriers faced, who are facing the exclusion, and how are they excluded? The survey significantly assisted in our understanding of the access situation while simultaneously helping us identify any missing links in completing the proposed framework.

Random Survey

For the IIGMF project, random surveys were targeted at the 'floating population' and population without any formal housing, to understand the sanitation problems faced by people beyond the household. The survey was conducted across different landmarks in the study cities, such as bus stands, railway stations, markets, areas of public congregation (parks, religious sites, cinemas etc.),

junctions (addressing the homeless) and central business districts. It was ensured that the sample collected at each place is statistically significant and has an equal representation of individuals of different genders and age groups (refer Table 1). The questionnaire was designed to be short, with a time requirement of not more than 3 minutes for the respondent.

Table 1 Survey details

Method	Individual/Group Targeted	Sample Size	Location
Household Surveys	Marginalised population in cities	1500 (Anantapur: 704 Kovvur: 304 Narsapur: 494)	Slums (notified and non-notified)
Random Surveys	Floating population, homeless population and non-slum across all social locations	50 for each landmark in each city (20 for men and 30 for women and transgender persons) Total number of surveys : (50x6) x 3 =900	1) Bus Stands 2) Railway Station 3) Areas of public Congregation 4) Central Business Districts 5) Market 6) Junctions

2.2. Study Area

Anantapur town is about 16.35 sq.km. in area, located in Anantapuramu district of Andhra Pradesh. The population as per Census of India, 2011 is around 2,61,004 and the number of households is 66,000 with a high density of around 15,364 persons per sq. km. The town accommodates 50 wards and a total of 61 slums, out of which 43 slums are notified.

2. Survey Inferences

2.1. General Information of the survey

- Total number of settlements surveyed – 43
- Total number of Households (HH) responded – 741
- Average Household size – 3.7
- Total number of respondents - 741
- Total population captured - 2740

2.2. Observations from the survey

- The major share of population are locals with 25% of total HHs belonging to migrant population (both short term and long term)
- Over 76% of HHs belong to marginalized castes (SC,ST,BC,OC)
- Around 21% are below 16 population – school going age and 7% are above 60 population

- The transgender community did not appear among the survey, except one person in one household among 741 samples.
- About 3% population has some form of disability. Among the disabled, the major impairment was physical and visual.
- 81% are literate population, mainly completed primary or secondary education
- 51% of population were female and 10% said they are head of the HH. There are considerable number of women headed HHs which accounts for 19% (140 HH) of total HHs.
- Over 40% of the population belonged to occupationally marginalized groups such as street vendors, HH help, daily wage labourers, rickshaw/van drivers etc.
- 61% (452HH) of HHs, own the houses they are residing in while 39% of HHs live in rented house.
- Amongst the women-headed HHs, 60% (84HH) HHs own their houses while 40% HHs live in a rent house

Access to Sanitation

Households Toilets

- 87% (642HH) of HH have a toilet at home. Out of these HHs, 48% have water supply connection to the toilets. In about 52% HHs, water is brought to the toilet from within the house premises (i.e. manually brought from a separate part of the house)
- Out of the HHs having toilet at home, 60% (387HH) have own houses and 40% (255) live in rented houses. In rented houses presence of toilets at home may not be indication of access to toilets.
- 88.6% (569HH) of HHs have toilets have Indian toilet with bathing facilities.
- 89% (571HH) were built during the construction of the house. 11% (71HH) of HH added a toilet later, mainly for women's safety and due to increased awareness campaigns
- 13% (99HH) of HH do not have toilets within their premises. The major reasons for not having a toilet at home were lack of finances-affordability, lack of space/land and the landlord's reluctance to provide the same.
- 76% (75HH) of HH that do not have toilets practice open defecation (10% of the total HH surveyed)
- 55% (54HH) of HH which do not have toilets are willing to construct HH toilets
- Around 18% (14HH) of HH who practice OD do not want to use PT/CT, major reason being that CT/PTs are not hygienic.
- 86% (431 of 504HH) of HH with at least one person belonging to occupationally marginalized groups have toilets at home
- 72% (18 of 25HH) of HH having persons with disability/illness have toilets at home
- 34% (219HH) of HH with toilets spent under 10,000 to build toilet, whereas majority of HH (65% (417)) spent between 10,000 and 20,000. 83% (534) of HH paid the total amount themselves, while only 2% (13HH) of HH applied for some kind of subsidy.
- Most of HH toilets have roof, fixed door and light inside the toilet
- In most of the HH practicing OD, all the members of HH practice OD, while in some it was observed that the OD practice was prevalent among men and children.
- It was observed that both habit/ cultural preference as well as lack of access to community/public toilet/ IHHT are identified as important reason for practicing OD
- Privacy, dignity, safety are some of the major concerns of the people who are practicing OD

Work Toilets

- 70% (1196) of working population (1704) have access to toilets at work place, however 66% (1124) of working population use toilets at work. Out of the working population that have access to toilet at work place 4% are male population, 36% are female population and 2% are persons with some kind of disability/illness
- 53% (538) of working population who come under occupationally marginalized groups (such street vendors, HH help, daily wage laborers, rickshaw/van drivers etc.) have access to toilet at work place
- The work toilets are largely gender disaggregated in terms of male and female toilets.

School toilets

- 97% of school going population use toilets at school. It was observed that one school amongst 174 school have a transgender-friendly toilet
- Similar to work toilet, the school toilets are also largely gender-disaggregated in terms of male and female toilets
- It was observed that most of the school toilets are located within the school buildings accessible at all times of the day and have a caretaker

Public/Community (CT/PT) Toilets

- 61% (1672) of total population surveyed have access to as well as use CT/PT
- People mainly use CT/PTs before work/school hours and majority of CT/PTs are located within a 10-minute walk from the households.
- It was observed that 60% (383HH) of the HH with toilets at homes, also use CT/PT. Out these HH 70% (268HH) use CT/PT before work/school, 8% (31HH) use during work/school, 16% (63HH) use CT/PT after work/school and 2% (8HH) use CT/PT all the time
- Similar to work and school toilet, the CT/PTs are also largely gender disaggregated in terms of male and female toilets
- Majority of these CT/PTs are maintained either by the community or municipality
- 75% of the users pay and use the toilets. The amount paid usually ranges from 2 to 5 rupees per use in case of PT and over 100 rupees per month per family in case of CTs.

Sanitation Quality

- Overall for PT/CT/School/Work/Household toilets, the key issues faced are toilet design, toilet maintenance and availability of water.
- In case of school toilets, it was observed children also face the issue of frequently denied access, harassment/fear of harassment in spite of majority of school toilets are located within the school buildings
- It was observed that frequently denied access and/or harassment/fear of harassment is not one of the major issues associated with CT/PT
- Narrow doors or lack of space, toilet placed on a raised platform, hard to reach taps, pumps and basins, broken or absent latches etc. are some of the toilet design issues encountered by the people
- Soiled/dirty toilets, slippery surfaces, foul odor, blocked toilets etc. are some of the toilet maintenance issues encountered by the people

- Limited/little/absent water supply, water needs to be carried from external sources, water stored in large containers making it difficult to access etc. are some of the water related issues encountered by the people

Governance (participation, representation, redressal)

- 98% (728HH) of HH have not been part of any government stakeholder consultation meeting recently
- Out of the stakeholder consultation meetings held, 1-2 were related to sanitation
- Around 52% HH (387HH) are part of Self Help Groups and over 54% (210HH) of these HH have reported improvement in their sanitation situation since joining SHGs
- Around 55% (405HH) of the HH approach the Ward Councilor, 38% (285HH) of HH approach Municipal Commissioner, 32% (239HH) of HH approach Mayor / Chairperson to resolve sanitation related grievances

SBM

- Around 34% (251HH) of HH were aware about government schemes (mainly SBM) and 9% (64HH) were interested in availing benefits under the SBM program
- 7% (51HH) of HH have applied for toilets under SBM program of which 35% (18) applications are rejected, 47% (24) are awaiting proposal and 10% (5) have received subsidy to build toilets
- The applications rejected are mainly of locals who belonged to SC and BC castes
- HH who applied for SBM said that the experience was largely negative