

INCLUSIVE SANITATION: WAY FORWARD FOR CITIES

A FRAMEWORK AND A CHECKLIST



PREFACE

The country has witnessed an increased focus on sanitation in the last five years with the implementation of Swachh Bharat Mission (urban) and Atal Mission for rejuvenation and urban transformation (AMRUT). As per SBM (U) database, 6.16 Million Individual household latrines, 0.59 Million Community Toilets and Public toilets have been constructed, and 4324 Cities are declared open defecation free which were the objectives set out in SBM (U) in 2014. Under AMRUT, till July 2019, as per the database of Ministry of Housing and Urban Affairs, 109 Faecal Sludge treatment plants are completed, approximately 200 are under construction and are likely to be completed very soon. This achievement is commendable, and the kind of progress the sanitation sector has witnessed is exemplary. While there has been quite a significant physical progress, yet there is a concern about inadequate attention towards inclusive and equitable approaches to benefit the most marginalized communities living in the cities.

There is a growing realization that cities need to focus on inclusiveness and equity going forward. Cities should aim to prioritize inclusive sanitation for the general public/multiple stakeholders across the sanitation service chain, including the urban poor who can benefit from equitable and safe sanitation services. Delivery of equitable services needs differential tariff policies and subsidization of municipal finance for the poorest, furthering the role of authorities towards meeting the goal of sanitation for all.

In this endeavor, inclusion and social equity should be embedded right from planning to implementation and monitoring of sanitation programs and investments. Cities are required to encourage participation and empowerment of marginalized in decision-making processes and service delivery. Alongside, the cities should focus on the protection of sanitation workers' health and rights by adopting occupational health and safety measures.

States are going to upscale FSM in the entire state by covering many more cities in the future. This places emphasis on managing human waste safely along the sanitation service chain, including stages of containment, emptying, conveyance, treatment and disposal/reuse. FSM would need more inclusive strategies and planning by cities to make the benefits accessible to the most marginalized sections in the cities. In this light, inclusive sanitation would underscore on explicit prioritization in mandates and resources to serve the most excluded.

Realizing the need for inclusion in planning, implementation and monitoring of sanitation services, the subgroup (Centre for Policy Research, Dasra, Ernst & Young) of Inclusive Task Force under NFSSM Alliance has developed a detailed inclusive sanitation framework and checklist towards outlining an implementation strategy and a road map for achieving city-wide inclusive sanitation. This document will be useful for city managers and city governments to promote inclusive sanitation in their cities to contribute towards SDG mandate of 'Leaving no one behind.'

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1.

INCLUSIVE SANITATION: AN INTRODUCTION

1.1 CONTEXT

Government of India (GOI) launched Swachh Bharat Mission (SBM) on October 2nd, 2014 to accelerate efforts towards universal sanitation coverage and drive sanitation investments across urban and rural areas. With 626 million people in India practicing Open Defecation (OD) out of 1 billion people practicing Open Defecation (OD) in the world, sanitation situation in India looked dismally low in the beginning of the decade (Source: UNICEF –WHO Joint Monitoring Programme 2012).

Census 2011 found, 46.92% (Rural-30.74% and Urban-81.36%) of households with latrine facility, 53.08% (Rural- 69.26% and Urban-18.64%) of households with no latrine facility and 49.84% (Rural-67.32% and Urban-12.63%) of households practicing open defecation in the country. Out of total latrine facilities in India (46.92%), 67% exhibited dependence on On-site Sanitation Systems (OSS), underscoring need for safe management of fecal sludge from OSS as networked solutions are limited due to higher investment costs. Alongside this, the international sanitation goals for sanitation also transited from the Millennium Development Goals to the Sustainable Development Goals. This shift saw

the transition in global goals from basic sanitation targets to targets around the sanitation service chain, requiring “safely managed sanitation”.

In urban areas, as per SBM (U) database, till date (Sept 2020) 6.16 Million Individual household latrines, 0.59 Million Community Toilets and Public toilets have been constructed, and 4324 Cities are declared open defecation free, which were the objectives set out in SBM (U) in 2014. Atal Mission for Rejuvenation and Urban Transformation (AMRUT)¹, which allowed for septage management investments and this encouraged States to submit plans for safe and sustainable FSM solutions. AMRUT aimed at providing basic services (e.g. water supply, sewerage, urban transport) to households and to build amenities in cities.

Further, the publishing of the National Policy on FSSM (2017) and FSSM operative guidelines and the State policies by 19 States and Union Territories (2018) helped scale-up approaches to “safely managed sanitation” esp. for urban areas. From just 1 Faecal Sludge Treatment Plant (FSTP) in 2014, there are more than 100 FSTPs constructed already, and another 200 are going to come up within a year. India has witnessed a significant leap in five years to tackle issues of OD and adopt FSM.

¹ AMRUT is a GOI programme, implemented by Ministry of Housing and Urban Affairs, Government of India



1.2 WHY A CHECKLIST IS NEEDED TO ENSURE INCLUSIVITY

While the achievement in the last 5 years is laudable in terms of infrastructure creation, it becomes pertinent to evaluate the extent and mechanisms in which sanitation services are accessed by all. This further underscores the need for inclusion of marginalized in the full sanitation value chain and road map for policymakers in outlining a city-wide inclusive sanitation plan.

Also, India has committed to achieving the 2030 global agenda in sanitation sector pronounced by the **Sustainable Development Goal No 6 (On Clean water and sanitation)** with its target to have 'access to adequate and equitable sanitation and hygiene for all, end open defecation while paying special attention to the needs of women and girls and those who are in vulnerable situations'. Despite such commitment, the country is still grappling with some ground realities that are leading to widespread inequalities in our communities.

As the SDGs are based on the principle of Leave no one behind (LNOB), goals and targets are to be met for people from all segments of society especially including the groups being left furthest behind. Therefore, it becomes **imperative to interlink SDG goal 6, SDG 5 (On Gender Equality) and SDG 10 (On Reduced Inequalities)** towards reducing inequalities and promoting of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic status in the sanitation space. The above **SDG goals 5, 6 and 10** cannot be achieved if the barriers in access to sanitation are not given enough attention by policies and programmes. Thus, in our efforts to make sanitation inclusive, the focus should be extended across women, other vulnerable and marginalized groups such as poor slum communities, caste-based groups, ethnic groups, sanitary workers including manual cleaners and emptiers. The intersection of gender with caste, class, age, religion ethnicity, and intergenerational cultural practices is to be prioritized. Alongside inclusive sanitation will help towards achieving **Sustainable Development Goal No 9**, which is linked towards upgrading infrastructure and retrofit industries to make sanitation space infrastructure resilient and sustainable. This calls for the need for resource-use efficiency and greater adoption of clean and environmentally sound technologies.

1.3 ENABLING LEGAL FRAMEWORKS AND POLICIES

- a. In 2014, the Supreme Court of India in its landmark judgment - National Legal Services Authority (NALSA) vs. UOI and others (Writ Petition No. 400 of 2012 and Writ Petition No. 604 of 2013), recognized transgender persons as the third gender and asserted their right to self-identification of gender identity. Additionally, the Transgender Persons (Protection of Rights) Bill, 2016 seeks to safeguard basic civil rights of transgender persons by addressing issues of access to public spaces (which would include access to public toilets and community toilets). In line with the existing legal framework, concerted commitment and efforts have to be made on the ground by local governments.
- b. India is a signatory to the UN Convention on the Rights of Persons with Disabilities (**UNCRPD**) which places an obligation on all signatory governments to **ensure equitable access to persons with disabilities** to the physical environment, transportation, information and communications, and to other facilities and services provided in urban and rural areas. In 1995, Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act came into effect. As per Section 46 of the Persons with Disabilities Act (PWD Act), the States are required to provide for ramps in public building and adaptation of toilets for wheelchair users. **Sugamya Bharat Abhiyan** (Accessible India Campaign) was launched in 2015 by the Ministry of Social Justice and Empowerment to create an enabling and barrier free environment by focusing on the built environment; public transportation and information and communication technologies. As part of this campaign, the Department of Empowerment of Persons with Disabilities (DEPwD) in collaboration with Federation of Indian Chambers of Commerce and Industry (FICCI) also introduced an index, to measure inclusiveness and accessibility of PwDs across different kinds of organizations. The toolkit has been developed to measure the scale of inclusiveness of an organization across three main parameters- inclusive policies and organizational culture, inclusive employment and awareness and adaptations and the scale of accessibility across the following parameters- accessibility related practices, infrastructural accessibility and products and services.²

² Inclusiveness and Accessibility Index- A Toolkit for Organizations to Promote inclusiveness of Persons with Disabilities, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India

- c. A large proportion of women [some of whom are *Safai Karamcharis*, construction workers at the faecal sludge treatment plant (FSTP) sites, caretakers of community and public toilets in cities, operators and managers of FSTPs under various sanitation programmes] are a part of the formal and informal sanitation workforce. Their **safety at workplace** remains a pressing concern. In 2013, the Sexual Harassment of women at workplace Prevention, Prohibition and Redressal Act, 2013 came into force. This Act covers men and women in both organized and unorganized sector. The Act provides that the Local Complaints committee at the district or the ULBs can be accessed by the aggrieved for complaints against sexual harassment.
- d. The central government notified the Prohibition of Employment as Manual scavengers and their Rehabilitation Act, 2013 (**MS Act, 2013**), which

prohibits manual scavenging. It envisages that mechanical cleaning of sewers in the ordinary course and specifies that manual cleaning will be permitted only in exceptional circumstances with protective gear and safety equipment. It has detailed procedures on the precautions to be taken by the employer before, during and after cleaning of a sewer or a septic tank. **Access to temporary toilets** and sanitation services at all sites where construction/maintenance work is taking place or where construction labour is temporarily housed. According to the Contract Labour (Regulation & Abolition) Act (1970), the Factories Act (1948), Building and Other Construction Workers (Regulation of Employment & Conditions of Service) Act (1996), it is mandatory to have sufficient number of latrines & urinals for men and women that are convenient and accessible.

2.

INCLUSIVE SANITATION IN CITIES: A BROAD FRAMEWORK

2.1 INTRODUCTION TO CITY WIDE INCLUSIVE SANITATION

With urban centres becoming the increasing movers of economic growth and social stability, they are challenged by poor sanitary conditions casting negative effects on public health, the environment, and the economy. Sanitation ecosystem in its current form often misses critical elements of inclusion and equity in the value chain. Most city-level sanitation chains fail to implement principles of inclusion, particularly in the city sanitation planning, technology selection, institutional reforms, financial mobilization, decision making and managerial leadership.

The current scenarios impress on instituting city-wide inclusive sanitation processes in all urban management endeavours and alongside strengthen capacities of the institutions (public, private and community) to accord priority to inclusive sanitation. This furthers the need for highlighting City-Wide Inclusive Sanitation in all forms so that safe sanitation services are equitably delivered and sustained,

prioritizing the services for the urban poor. There is need for responsible authority to pursue sanitation outcomes, accountability mechanisms to monitor performance and incentivize improvements against performance targets and resource management—financial, human, and natural—to sustain services over long periods and across changing urban areas.

To understand the urban sanitation challenges, particularly of the urban poor, there is a need to build equity and inclusiveness across planning, designing, implementation, regulatory, monitoring and management levels. This also underlines the need for designing innovative technology options to increase and facilitate access, safety and security of women, aged, differently-abled, transgender groups and other vulnerable groups in the public locations like school, workplace, health centres, markets, parks, travel hubs and others.

Tracking access and usage of equitable sanitation infrastructure and understanding the reasons for inequitable access and variability across the sanitation



**ACCESS TO ALL**

Develop inclusive strategies and programs to reach the most vulnerable

Focus on informal settlements and marginalised

Show political, technical and managerial leadership

Allocate sufficient funds for investment and O&M

Take calculated risks to shift the status quo: start addressing the challenges

**SERVICE SANITATION CHAIN**

Address complex problems rather than deliver fixed solutions

Allow for diversity of solutions and approaches, focusing on outcomes rather than technologies

Focus on innovation, testing and evaluating approaches

Facilitate progressive realization, building on what is already in place-embrace incrementalism

Recognise the trade offs that exist along the sanitation service chain

**WORKING IN PARTNERSHIP**

Embed sanitation within urban governance using an integrated approach; link to water supply, drainage, solid waste management, paving, affordable housing urban development

Leverage urban development, health, education and environmental budgets and savings

Establish clear roles and responsibilities with accountability and transparency

Articulate and build demand and engage with civil society at the grass roots level

**THRIVING ECONOMY**

Integrate sanitation in urban planning

Clean up city streets; remove unsightly pollution and bad odours

Increase resource recovery and reuse

Reform regulatory policies

Source: Adapted from different secondary sources on City Wide Inclusive Sanitation

chain to gain traction towards city-wide inclusive sanitation. Provisioning of Fecal sludge management (FSM) services to poor and marginalized in cities, keeping in mind the principle of justice and equity has already gained grounds in few cities. Safety and dignity of workers, capacity building and skill-building of poor and marginalized to operate and manage sanitation (incl FSM) systems require integration in city-wide inclusive approaches.

2.2 FRAMEWORK FOR INCLUSIVE SANITATION

A broad framework for city-wide inclusive sanitation is outlined for designing, developing and implementing urban sanitation investments and services which are efficient, innovative, and useful. This framework encompasses elements addressing inclusive sanitation concerns across the entire sanitation value chain for poor communities and other un-served or under-served settlements with a special focus on women, aged, persons with disabilities, transgender persons and other socially excluded; and ensure equal representation of women and socially excluded groups in all decision-making bodies and institutions related to sanitation, from national to the local level, to increase their agency and participation in sanitation as decision-makers, consumers and providers of services

across the value chain.

2.3 CITY WIDE INCLUSIVE SANITATION: FOCUS CATEGORIES

City Wide Inclusive Sanitation thrusts on the need for sanitation services for all, with particular focus on urban poor. This further propels the need for clean and well maintained public and community toilet facilities, entitling one his/her basic right as a citizen when away from the residence. In this endeavour, cities would work towards attaining goals and targets outlined under SDG Goal 5, 6, 9 and 10 towards achieving city-wide inclusive sanitation and hygiene for all and in particular address the needs of those **excluded and marginalized**.

- Women (adolescent girls, widows, single women)
- Transgender
- Differently abled and elderly
- Informal workforce (construction labour, street vendors, house helps, maids etc.)
- The homeless and transient population
- Front line Sanitary Workers- Rag pickers, manual emptiers and waste collectors,
- Desludging operators, FSM operators, contractors, masons and others

2.4 'AS IS' ASSESSMENT OF CITY WIDE INCLUSIVE SANITATION

To build an understanding of the current situation across the city, a city-wide as-is assessment of the existing sanitation infrastructure¹ will be undertaken. As part of the current as is assessment, the following is included in sanitation infrastructure:

1. Access to containment- individual household latrine, community toilets, public toilets, shared toilets etc.
2. Situation and practices of emptying and transport
3. Disposal/Treatment- at FSTPs, STPs, landfills and others
4. Reuse

This assessment aims to provide insights into a) public spaces and informal settlements lacking community/public toilets across the city; b) the extent to which existing toilets meet inclusive sanitation requirements; other sanitation infrastructure present in the city. This assessment holds value and relevance as the city-wide sanitation data is not disaggregated across inclusive groups (gender and other vulnerable communities) at the city level. Disaggregated data across inclusive groups will form pre-requisite for effective policy formulation, planning process to reduce inequalities, monitor and evaluate the effectiveness of inclusive sanitation policies. This assessment would further feed into analyzing the demand and supply gap in terms of services and structures and would constitute as a critical input in undertaking the following:

- **Need-based location/site planning** for community toilets/ public toilets through stakeholder consultations. This is to be undertaken at the slum and the ward level for designing features of the public sanitation infrastructures and addressing the upgradation/retrofitting needs of the existing public/community toilets.
- **People centred infrastructure designing** with planners, architects and technical resource persons in designing toilets and addressing other infrastructural needs of women, aged, differently-abled persons, transgender, and migrants, marginalized and urban poor. E.g. gender centric toilets would include designing toilets with separate cubicles/bathing spaces for men, women,

transgender; separate space for washing, ensuring menstrual hygiene and many others.

- **Financing sources for public/community toilets** to address gender and other excluded group differentials through the convergence of different city-level funding sources, user fees and other revenue sources.
- **Management of the sanitation infrastructure** through the formation of City Level Task Force, Ward and Slum level community structures comprising of urban elected representatives, women, men, differently-abled persons, transgender and front line sanitary workers. These committees would be responsible for fixing service tariffs across different categories and overseeing operation & maintenance of the public/community toilets.
- **Service delivery** to the city dwellers including those who are vulnerable and marginalized groups

2.5 REGULATORY FRAMEWORK AND CITY LEVEL SANITATION PLANNING

With India's growing urbanization, vast geographical area, prevailing systems and practices, inclusive sanitation to gain traction in the urban sanitation programs and investments. There is a need for critical interventions to not only increase access to toilets but also to eradicate practices of open defecation and manual scavenging and create an enabling environment for the participation of women collectives and private sector in service delivery.

Equity and inclusiveness require to be addressed by integrating inclusive perspectives in urban sanitation plans. This will include developing and disseminating a '**Framework and Guideline for Inclusive Sanitation**' to demonstrate the city's commitment towards inclusion in the existing urban sanitation space. The analysis from as-is assessment would feed into the city-wide sanitation planning to ensure standardized sanitation infrastructure and its consistent use across the city, including provision of Community Toilets (CT)/ Public Toilets (PT)⁴ and upgradation of substandard toilets, faecal sludge treatment plants.

Priority must be placed on vulnerable gender groups such as disabled women, elderly women, SC and ST women, homeless (city makers⁵), migrant women workers women in conflict areas, adolescent girls, transgender to ensure that the planning processes

⁴ Community toilets (CT) facility is a shared facility provided for a defined group of residents or an entire settlement/community. It is usually located in or near the community area and used by almost community members, whereas public toilets (PT) facility are provided for the floating population/general public in places such as markets, train stations or other public areas and used by mostly undefined users.

⁵ Citymakers: Terms with a positive connotation used to describe the homeless in a city.

are inclusive for these groups at all spaces. Special needs of the transgender community and the intrinsic gender identity of a person should be kept in mind while planning as the **right to use a toilet is also a right to choose what to use.**

Planning of sanitation infrastructure and service delivery should be undertaken recognizing the needs of women, aged, differently abled persons, transgender, migrants, marginalized and urban poor with different socio-economic vulnerabilities so that they gain access to use sanitation infrastructure differently.

While making city sanitation plans (CSP), cities should be encouraged to analyze whether the sanitation infrastructure planned to be built or upgraded is gender-sensitive and inclusive, and assess its impact on vulnerable groups by adopting the bottom-up approach. In CSP, a dedicated section should be provided to identify and **address exclusion in cities** while planning for the city.

To operationalize inclusive sanitation, an **administrative planner or guide or checklist** for cities may be developed and demonstrated for integrating inclusive perspective in the existing policies and programmes. More inclusive and localized norms to be integrated into the spatial planning along with location-specific demographics for determining toilet seat ratio in the public sanitation infrastructures.

2.6 INCLUSIVE BUDGETING

There is a need to embrace inclusive budgeting in creating public sanitation infrastructure. It is observed that the capital expenditure per men is much higher as compared to women, and more skewed when compared with transgender and PwD persons⁶. This is primarily because no separate investment is made for bathing areas for transgender persons. In some of the cases, PwD toilet cubicles are labelled as 'gender-neutral' toilets which are accessed by all and lack bathing area.

The government draws large capital investment for men urinals in community/public toilets which are separate from defecation and charged very less. However, no separation of urination and defecation is made for women and women end up paying more. Moreover, care economy roles played by women in the society makes them use bathrooms for washing clothes, taking children and elderly to toilets which makes them pay more

for the use of toilets. Consequently, while there is lower capital expenditure on women and even less on transgender vis-à-vis men, both women and transgender end up paying higher user charge each day vis-à-vis men.

Urban local bodies should explore ways to **formulate formal community structures** with a set of guidelines that specifies community roles and incentives centered towards the inclusion of vulnerable groups and provides them a sense of empowerment within sanitation sector. **City and district level MoUs** can be explored and signed with interested community groups to assign power and ownership to operate and manage community/public toilets as well as FSTPs to ensure sustainable infrastructure and universal access.

2.7 IMPLEMENTATION ARRANGEMENTS FOR INCLUSION

At the city level, a **City Sanitation Task Force (CSTF)** should be constituted to have an adequate representation of women (more than 35%), aged, differently-abled persons, transgender, migrants, marginalized and urban poor. CSTF's mandate would be to ensure participation of all excluded group members in the planning and decision-making processes. Ward and slums level community structures should be created to plan, participate in decision-making process at the community level to promote inclusive sanitation and supervise construction and management of all public sanitation infrastructure at the ward and slum level.

Besides formation of the committees and other participatory platforms, there is a need to analyze staffing and operations city wide for Urban Local Bodies (ULB from inclusion lens, ensuring representation of women (more than 35%) and those socially excluded in budgeting, planning, designing and implementation of inclusive sanitation infrastructures.

2.8 CONVERGENCE BETWEEN DEPARTMENTS TOWARDS CITY WIDE INCLUSIVE SANITATION

Adopting a **convergence-based approach** to enable better utilization of resources, expedite and drive the efforts of the ULBs towards achieving holistic social development goals. Recognizing the scope of convergence, **Ministry of Housing and Urban Affairs** (MoHUA) has released a document titled

⁶ Gender Responsive Budget Analysis of Urban Development Sector (2017), CEPT University.

“Empowering marginalized groups- the convergence between SBM and DAY-NULM” realizing synergies between both missions. This guidance note suggests framework and models to converge efforts under **Deendayal Antyodaya Yojana (DAY) - National Urban Livelihood Mission (NULM) and Swachh Bharat Mission Urban (SBM-U)**,⁷ by promoting livelihoods options for women’s SHGs, informal workers, and other marginalized communities.

There is a felt need to include sanitary workers like manual empties, desludging contractors and others (SHGs and ALFs formed under DAY-NULM and ANMs, AWW, MAS under NUHM) to converge and prepare special sanitation plans for slums and vulnerable populations in a participatory manner. Women and transgender groups are encouraged to participate in sanitation value chains as entrepreneurs, FSTP and cesspool operators which aims to increase women’s operational involvement in sanitation service delivery and provide them with livelihood opportunities.

2.9 GOVERNANCE THROUGH THE RESPONSIBLE INSTITUTION AND MANAGEMENT STRUCTURES

To ensure universal access to sanitation at all times, there is a need for effective governance and accountability of systems managing user-provider relationships. Monitoring of the existing systems and processes instituted for inclusive sanitation is an absolute necessity in the long run. The key management aspects on monitoring & reporting of service levels (user satisfaction feedback, cleanliness protocol & performance standards), asset management (Google maps toilet locator, FSTP locator), Occupational Health & Safety, User awareness creation (IEC) and capacity Building require attention for inclusive sanitation.

Forming and strengthening Community Based Organizations (CBO) like Self-Help Groups (SHGs), Slum level committee, Slum forums, and Gender forums so that community voices are represented strongly in slums, wards and cities across planning, implementation and monitoring phases. These representative bodies at different levels would

ensure sustainability, equity and inclusiveness in the entire sanitation chain. For sustainable sanitation services, it is essential to strengthen the capacity of the officials of Urban local bodies and elected representatives in managing finance and other services.

To encourage women participation (workforce), and to prevent sexual harassment at the workplace, there is a need for the establishment of local complaints committee at the city or the district level as per the Sexual Harassment of women at workplace Prevention, Prohibition and Redressal) Act, 2013 to address grievances of women at work including women in ULBs, construction workers, operators who are engaged in building, operating and managing sanitation infrastructure.

2.10 CAPACITY BUILDING OF THE STAKEHOLDERS

To strengthen capacities of the ULB staff there is need to undertake capacity building programme for ULB staff, elected representatives and other stakeholders on Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 Sexual Harassment of women at workplace Prevention, Prohibition and Redressal Act, 2013⁸, gender sensitization, gender-inclusive frameworks and Gender Responsive Budgeting. Further, through training there is need to bring due focus on (i) caregiving roles of women, (ii) unpaid work, (iii) methods of collecting gender-disaggregated data and (iv) GRB framework and reporting.

Capacity building for various front line sanitary workers needs to be periodically undertaken on Manual Scavenging Act 2013, Sexual Harassment of women at workplace Prevention, Prohibition and Redressal) Act, 2013, use of safety equipment and protective gear and adherence to safety protocols on FSSM. Women workers and FSTP workers are to be periodically trained on desludging operations. State-led skill upgradation training to be organized on plumbing and masonry for both women and transgender along with placement opportunities in sanitation projects.

⁷ Deendayal Antyodaya Yojana – National Urban Livelihoods Mission- It is a poverty alleviation project implemented by Ministry of Rural Development, Government of India. This scheme is focused on promoting self-employment and organization of rural poor. (<http://mohua.gov.in/cms/about-day-nulm.php>)

Swachh Bharat Mission –Urban (SBM-U) – It is a centrally sponsored scheme implemented by the Ministry of Housing and Urban Affairs (M/o HUA) on urban sanitation.

⁸ Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013-The broad objectives of the Act are to eliminate unsanitary latrines, prohibit the employment of manual scavengers and the hazardous manual cleaning of sewer and septic tanks, and to maintain a survey of manual scavengers and their rehabilitation.

2.11 SUSTENANCE THROUGH OPERATIONAL EFFICIENCY

Awareness generation on pay for use, health and sanitation measures to be periodically undertaken and emerge as an integral part of operation and maintenance of public sanitation infrastructures. Revenue sources like property tax, water tax, sanitation tax/fees and other local taxes to converge along with user fee to improve the financial capacity of the public sanitation infrastructures.

Mechanisms to be put in place for transparent targeting of resources, so that community/public toilets are affordable, accessible and available to all at all time. Each public sanitation infrastructure facility needs to maintain a feedback register placed at the counter of toilets, easily available to users of toilets. There should be followed by a regular meeting with ULB to review comments received from users and action taken to rectify.

To meet public sanitation infrastructure operational sustenance, adequate tariff structure needs to be built in towards recovering access to safe water, electricity expense, desludging costs, toilet maintenance/renovation and caretaker's pay. Tariff structure (user charge) should be differential and inclusive and should be arrived through a consultative process for women, aged, children, differently-abled persons, transgender, migrants, marginalized and urban poor.

2.12 GENDER WIDE INCLUSION

There is need to build gender sensitivity into the city-wide assessment of gaps in public sanitation infrastructures (CT/PTs, FSTPs, Emptying vehicles, trucks, reuse etc.) provision, and in local implementation and management of sanitation infrastructures across the sanitation value chain.

2.12.1 Key aspects to be addressed in Gender wide inclusive sanitation⁹

a. Biological factors including menstruation and pregnancy

Women lack access to safe, clean and appropriate public sanitation infrastructures (PT/CT). The situation is aggravated during menstruation causing immense discomfort and psychological stress. This complements the discrimination women and girls

already face because of menstruation-related taboos. Pre-menopause (the time leading up to and around menopause) and pregnancy increase a woman's need to use the toilet because of the weakened or compressed bladder. Further, hormonal changes during pre-menopause can lead to heavier bleeding, requiring frequent changing, washing and use of toilet facility. Incontinence affected women (over 35 years of age) because of pregnancy, childbirth, menopause, fistula and the structure of the female urinary tract tend to use toilet facility more often. Issues around Menstrual Hygiene Management (MHM) are perceived as a private concern and doesn't feature at all in the planning of sanitation facilities. There is a need to ensure convergence of the respective sanitation and MHM value chains in planning and execution of inclusive city-wide sanitation.

b. Social and cultural factors such as expectations around maintaining 'dignity', 'modesty' and 'safety from harassment and sexual violence.'

Women and girls are more restricted by what is considered acceptable and appropriate behaviour (i.e. gender norms) and by pressures to maintain 'dignity' and 'modesty'. When public toilet facilities are not available, evidence shows women and girls often restrict their eating or drinking to delay the need to use a toilet, which further increases their risks of various health problems and affects their quality of life. The fear of rape and violence leads to women and girls avoiding using public sanitation infrastructure (PT/CT) in the dark or where they feel unsafe. Women cannot urinate as easily as men can because they need to undress at least partially for both urination and defecation, which requires more space, privacy and time – even more so when managing menstruation. These requirements are greater for older women and those with disabilities.

c. Women as primary caregivers for children and sick or older relatives and community members and those with disabilities

Women are more likely to accompany others to the toilet, and therefore need accessible and practical facilities to support themselves and those they are caring for. Women extend caring support towards their infant for breastfeeding or changing clothes and towards their elders or dependent child. Lack of adequate infrastructure for caregivers and

⁹ Female-friendly public and community toilets: a guide for planners and decision-makers, the study undertaken by Water aid, Water and Sanitation for Urban Poor (WSP) and UNICEF (<https://washmatters.wateraid.org/publications/female-friendly-public-and-community-toilets-a-guide-for-planners-and-decision-makers>)

¹⁰ Impact study conducted by Dasra in 2015 (<https://www.downtoearth.org.in/blog/health/23-girls-drop-out-of-school-on-reaching-puberty-59496>)

caretakers need to be jointly addressed in the public infrastructure keeping in mind provisions for separate toilets for men, women and transgender people and their special needs in all premises.

d. Low participation of girls in school and women at workforce

Various studies have reported girls' drop out is higher on reaching puberty due to non-functional toilets and lack of safe and hygienic sanitary space in the schools¹⁰ Women work participation is related to public safety and is affected by inadequate public facilities and nonfunctional toilets located in the right places.

e. Transgender

Transgender face the challenge of restroom access, sanitation and equity pervasively. They suffer and face harassment and violence when seeking to use public restrooms, or are excluded entirely from their restroom of choice by policies or staff. Lack of safe restroom access has been compounded to severe medical problems leading to medical problems such as kidney infections, urinary tract infections, and other stress-related conditions. Thus, it becomes imperative to articulate the need for separate third gender toilet block to reduce incidences of violence on the transgender community.

2.12.2 Planning, Designing and Implementation of Gender Centric Toilets¹¹

Toilets to be constructed in a safe location with a clearly female marked section with a separate entrance for women. This premise to have adequate lighting, trained female attendants and robust private cubicles.

Mainstreaming gender concerns across the entire sanitation chain, including specific topics like Menstrual Hygiene Management (MHM) but also broader issues on strengthening women's role in decision-making. Women and adolescent girls as a step towards MHM, need to use clean menstrual management material that can be changed in privacy as often as necessary for the duration and use soap and water for washing the body as required and further have access to safe and convenient facilities to dispose of used menstrual management materials. Toilets constructed should meet menstrual and hygiene requirements by providing access to menstrual products (sanitary napkins),

running water and soap facility, washing room facility for self-cleaning and washing of menstrual products, disposal facilities for safe, culturally appropriate and dignified way of menstrual waste disposal.

Public sanitation infrastructures (PT/CT) constructed to meet the requirement of caregivers and parents, baby feeding cum changing station. Toilets constructed to be affordable, accessible and available to all users at all times. The toilet constructed should have systems to serve many users skipping waiting time of long queues. Access to temporary toilets and sanitation services at all sites where construction / maintenance work is taking place or where construction labour is temporarily housed including FSTP sites as per the Contract Labour (Regulation & Abolition) Act (1970), the Factories Act (1948), Building and Other Construction Workers (Regulation of Employment & Conditions of Service) Act (1996).

2.13 INCLUSION FOR PEOPLE WITH DISABILITY¹²

There is a need to build differently-abled minorities into the city-wide assessment of gaps in public sanitation infrastructures (public and community toilet) provision, and in local implementation and management.

2.13.1 Key aspects to be included in disability-inclusive sanitation

With more 2.68 crore Person with disability population and 1.2 crores as the person with visual impairment, there is a need to build infrastructures addressing disability communities" concerns (Census 2011). Potential barriers to access to sanitation facilities among persons with disabilities are felt to be in the spheres of technical access barriers (such as facility structure and distance to facilities), social barriers related to stigma or abuse; and communication barriers. Standard accessible toilets don't meet the needs of all persons with disabilities people with multiple learning difficulties, brain injury or age-related health issues, often need extra equipment and space to use the toilet safely. Transport hubs, shopping malls and other public places lack majorly in differently-abled standard toilet facilities like ramps,

¹¹ <https://washmatters.wateraid.org/blog/transgender-inclusive-sanitation-in-south-asia>

¹² Persons with disabilities are described in the United Nations Convention on the Rights of Persons with Disabilities as those who 'experience long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others'

signage, braille print, railings, slip-resistant flooring and accessible toilet superstructures.

The existing infrastructure is not fully accessible, safe for use and lack majorly in meeting the design parameters meant for persons with disability. Absence of toilets for persons with disability not only limits the usage of the toilets by them but also acts as a roadblock in restricting their movement and participation in public life. The absence of adequate facilities further checks their movement for pursuing better health, education and employment opportunities. These assertions are grounded in the limited, but growing, the body of evidence that associates disability status with greater risk of widespread exclusion from education and economic productivity, alongside poor access to healthcare in multiple contexts.

Planning, Designing and Implementation of toilets for persons with disability¹³

It is important to address the needs of persons with disabilities in the overall city-wide sanitation planning so that they are at ease and can perform their routines with minimum support and with the full sense of dignity.

Toilet infrastructures to be designed in consultation with persons with disabilities for inclusive design inputs to give them a hygienic and safe sanitary experience. Special provisions of low height toilets, grab bars and slat bars have to be included in the toilets to increase safe accessibility for people with a variety of disabilities or mobility challenges. Low-height washbasins and mirrors to also constitute a critical feature in the designing of the differently-abled toilets. Further, there is a need to have a male/female caretaker sensitive to the needs of differently-abled and available to assist them.

2.14 SOCIALLY EXCLUDED: MIGRANTS, HOMELESS AND URBAN POOR

There is need to include sanitation-related concerns of socially excluded groups – Urban poor, marginalized communities (SC/ST), migrants and homeless into the city-wide assessment of gaps in public and community toilet provision, and in local implementation and management of urban sanitation services.

2.14.1 Key aspects to be included in socially excluded group-wide inclusive sanitation

Migrants from the nearby or faraway geographies (rural or urban) suffer from lack of infrastructure

facilities in terms of access to shelter, drinking water and sanitation facilities and other basic amenities. They being migratory population keep relocating to the locations with better livelihood options and therefore suffer from acute urban poverty, deprivation and other vagaries of being a migrant. Likewise, there are marginalized, vulnerable and urban poor who despite residing in the urban settlements, suffer from socio-economic exclusion, space constraints, and urban poverty and deprivations. There are other socially excluded communities who suffer for belonging to a particular caste or community (SC/ST) and requires a multi-dimensional approach in ensuring their inclusion to the mainstream existence.

Acute shortage and inadequate sanitation facilities at the individual level and community level for marginalized, migrant, landless and other urban poor households have been pressing concerns of the urban development authorities.

2.14.2 Planning, designing and implementation of toilets for socially excluded groups

Designing for inclusivity from the beginning reinforces tolerance, sense of equity and equality for all including urban poor, marginalized communities (SC/ST), migrants and homeless. Universal concerns around privacy, proximity, cleanliness, affordability and accessibility to the sanitation services in public sanitation infrastructure need to be addressed at the planning, designing and construction stages. Some of the toilet features like floor to ceiling stalls that maximize privacy are ideal, but maintenance is also a consideration while constructing the toilets. Mandating construction labour in urban areas to have access to temporary toilets at all sites in urban areas, buildings, parks and roads where construction/maintenance work is taking place or where construction labour is temporarily housed.

2.15 INCLUSION OF SANITARY WORKERS-WASTE COLLECTORS AND RAG PICKERS

There is a need to address the concerns and issues that front line sanitary workers face in the implementation and management of urban sanitation waste – municipal waste and faecal sludge and septage waste.

2.15.1 Key aspects to be included.

Front line sanitary workers who form the backbone of the sanitation system in the city, work in very abysmal conditions. Due to continual exposure to

¹³ http://www.sulabhenvi.nic.in/Database/Disability_7232.aspx

toxic gases from municipal waste and faecal sludge, sanitary workers suffer from occupational hazards leading to severe health issues like hearing impairment, partial blindness and skin diseases. They operate in an environment possessing high occupational hazards with rag pickers and waste collectors suffering from minor or major injuries while segregating the waste into recyclable, non-recyclable or bio-degradable waste.

Because of heavy labour-intensive work with inadequate mechanical equipment in numbers or technology type, sanitary workers suffer from partial or complete back injury. There has been a significant number of deaths reported for sanitary workers working in such hazardous work condition. Sanitary workers manage municipal or sanitary waste without adequate access to safety suit, protective gears, gloves, helmets, oxygen pipes or essential suction equipment.

They do suffer due to proper compensation, medical allowances and occupational risk allowances.

Front line sanitary workers' association to be engaged at the city, ward and slum level for planning, implementation and management of Municipal waste and FSS. There is a need to have adequate representation of sanitary workers across different wards/slums in the city for effective waste management. Sanitary workers into municipal waste management and FSSM to have access to safety suit, protective gears, gloves, helmets, oxygen pipes or essential suction equipment. These safety gear needs to be customized across gender and age so that they can be used efficiently for sanitary works. They need to be trained and capacitated on the safe handling of waste and use of machinery and tools for waste desludging, transportation.

3.

ROADMAP FOR ACHIEVING INCLUSIVE SANITATION

To mark inclusive sanitation at a city level, cities to institute sanitation infrastructure based on the inclusive needs of the city. For instance, some of the ULBs to make investments on basic inclusive technologies in the first phase while laying out emphasis on advanced technologies and service in subsequent phases. These sustained sanitation solutions to be graded and realistic for the ULBs so that CWIS is achieved in true sense.

Based on the existing situation of the city, cities will formulate its CWIS implementation strategy and a road map. The overall duration for a city to achieve CWIS to span over 5 years, depending on the demographic profile of the city (concentration of urban poor and unregulated urban settlements), accessibility to the sanitation services and the emerging urbanization needs of the city.

Sanitation service planning and investments to

support incremental and integrated systems that prioritize resources for achieving safety, inclusivity, and sustainability. It will be the responsibility of the ULBS to roll out graded CWIS implementation strategies. The broad contours of achieving CWIS to include As-is assessment of public sanitation infrastructure, City level Inclusive Sanitation Planning (CSP) followed by implementation plans of CSPs in phases (First phase: 25%, Second phase: 25%, Third phase: 25% and Fourth phase: 25%) and incorporation of retrofitting needs of dysfunctional sanitation amenities through the lens of equity and inclusiveness. Each implementation phases to be periodically monitored on the sustenance of inclusive sanitation programs and investments

A broad phase-wise implementation plan (for 1-3 years) for achieving City wide inclusive sanitation is exhibited below:



Year	Key Activities
Phase 1	<ul style="list-style-type: none"> ◆ As is assessment to ascertain the existing situation of urban sanitation infrastructure (including CT/PT and FSTPs). ◆ Review of the existing urban sanitation institutional landscape for city wide Inclusive Sanitation ◆ Formation of representative task forces or sanitation groups at City, Ward and Slum level ◆ Cities to undertake inclusive sanitation planning drawing upon insights from the as-is assessment of the existing public sanitation infrastructure. ◆ Cities to integrate inclusive budgeting with planning, reflecting on gender, urban poor and other marginalized sections. Inclusive budgeting to have an incremental increase every year. ◆ Periodic capacity building of ULB staff, elected representatives and sanitation workers
Phase 2*	<ul style="list-style-type: none"> ◆ Implementation of inclusive sanitation in 25% of the public sanitation infrastructure (CT/PTs) ◆ Regular monitoring of the public sanitation infrastructure and scoping the retrofitting needs of dysfunctional sanitation amenities ◆ Periodic capacity building of ULB staff, elected representatives and sanitation workers
Phase 3*	<ul style="list-style-type: none"> ◆ Implementation of inclusive sanitation in 25% of the public sanitation infrastructure (CT/PTs) ◆ Regular monitoring of the public sanitation infrastructure and scoping the retrofitting needs of dysfunctional sanitation amenities ◆ Periodic capacity building of ULB staff, elected representatives and sanitation workers
Phase 4*	<ul style="list-style-type: none"> ◆ Implementation of inclusive sanitation in 25% of the public sanitation infrastructure (CT/PTs) ◆ Regular monitoring of the public sanitation infrastructure and scoping the retrofitting needs of dysfunctional sanitation amenities ◆ Periodic capacity building of ULB staff, elected representatives and sanitation workers
Phase 5*	<ul style="list-style-type: none"> ◆ Implementation of inclusive sanitation in 25% of the public sanitation infrastructure (CT/PTs) ◆ Regular monitoring of the public sanitation infrastructure and scoping the retrofitting needs of dysfunctional sanitation amenities ◆ Periodic capacity building of ULB staff, elected representatives and sanitation workers

* Note- These phases require incremental approach by the cities. So the first phase may have 25% inclusive sanitation in public sanitation infrastructure, followed by another 3 phases to cover full city

In case city is planning for FSSM services (including the construction of FSTP), depending on the year it is initiated, inclusive sanitation features will be accordingly integrated into the implementation strategy.

4.

CHECKLIST FOR INCLUSIVE SANITATION

The checklist for City Wide Inclusive Sanitation (CWIS) will act as the guidance document for establishing systems and processes towards ensuring **sanitation for all at all time**. This checklist will be a reference document for the cities to understand the concerns around adequacy and quality of sanitation infrastructures and services and articulate the same to the **Urban Local Bodies, City Sanitation Task Force, Ward level Sanitation Committee and Slum level Sanitation Committee**.

This checklist, in its current form is exhaustive and envisions towards achieving principles of inclusive sanitation with the flexibility given to the cities. In the subsequent paras, a broad road map along a detailed

outline for CWIS is presented for inputs and guidance.

4.1 SITUATIONAL ANALYSIS: 'AS IS' ASSESSMENT OF THE CITYWIDE INCLUSIVE SANITATION

This broad assessment would help cities assess the gaps between the existing and desired sanitation infrastructure and service delivery across containment (individual household latrine/community/public toilets), emptying and conveyance transport, treatment and reuse and thereafter outline a roadmap for city level equitable and inclusive sanitation. This assessment would be undertaken through sample surveys across the city.



1	Assessment of existing sanitation Infrastructure	Undertaken (Yes/No)	Means of Verification
	<p>Has your city undertaken the following :</p> <ul style="list-style-type: none"> ◆ Mapping of vulnerable and marginalized groups in the city and preparation of the list of such groups ◆ Mapping of individual household latrine/community/public toilets/ in the city, including for the informal settlements having poor and marginalized communities. ◆ Gender disaggregated data on the number of toilets (with inclusive design parameters) addressing concerns of gender and other excluded communities including PWD, children, elderly and minorities ◆ Assessment of land availability for the community/public toilets in your city ◆ Mapping of density and serving capacity of community/public toilets to assess adequacy levels and thereby the demand and supply gap ◆ Functional and Technical assessment of public sanitation infrastructure in response to differently-abled, gender, elderly, children, transgender, landless, migrants and marginalized ◆ Assessment of maintenance of these infrastructures in the city (for example: sanitation facilities maintained by community groups, emptying and transport services by the private sector, cesspools by marginalized groups) ◆ Service delivery assessment (in terms of service duration, tariff charged for public infrastructure on sanitation) 		<ul style="list-style-type: none"> ◆ List of Vulnerable and marginalized groups ◆ Database on existing sanitation structure and future demand ◆ Assessment Reports
2	Institutional Structure for promoting and strengthening Inclusive Sanitation		
	<ul style="list-style-type: none"> ◆ Does your city have a dedicated institution/.department and management structure in the city governance on issues of inclusive sanitation? ◆ Is City Sanitation Task Force (CSTF) constituted at the city level? Is it operational? ◆ In CSTF, is there adequate representation of women and other marginalized groups (more than 35%) from poor households? ◆ Are community-based participatory forums such as slum forums/ gender forums at slum, ward and city level created ? ◆ Are these community based participatory forums ' institutionalized' as part of city governance structures? ◆ Do all city-wide Urban Local Bodies (ULBs) staffing and operations have the representation of women, vulnerable and other socially excluded groups? ◆ Are there local complaints committee established at the city or the district level as per the Sexual Harassment of women at workplace Prevention, Prohibition and Redressal) Act, 2013 to address grievances of women at work and women construction workers engaged in building sanitation infrastructure including FSTP? ◆ Is there any other grievance addressable mechanisms in CTs/PTs for sanitation (construction of infrastructure, problems related to infrastructure, complaints related to hazardous cleaning by sanitary workers, etc.) for citizens? In the presence of such grievance addressable mechanisms, do they include such provisions? ◆ How soon do the complaints get resolved by the ULBs (within an hour/ within a day /any other)? 		<ul style="list-style-type: none"> ◆ Organogram of the ULB ◆ Notification/ Letters ◆ CSTF notification ◆ Database on Community based groups ◆ Organogram of ULB ◆ Notification ◆ Meeting Minutes ◆ Complaints addressal mechanisms

4.2 POLICY, PLANNING AND IMPLEMENTATION OF CITYWIDE INCLUSIVE SANITATION

1	Policy framework to encourage inclusive sanitation	In place (Yes/No)	Means of Verification
	Is there a Policy Framework and a Guideline for Inclusive Sanitation in place for the city?		Policy/ guideline
2	City Planning		
	<ul style="list-style-type: none"> ◆ Is CSP or any planning process undertaken in the city on sanitation? ◆ Is the planning done in a participatory manner with women and other vulnerable groups, including sanitary workers on situational assessment, needs, designing and implementation of inclusive sanitation? ◆ Are inclusive norms considered in spatial planning for public sanitation infrastructure? (Inclusive norms are detailed out in the checklist enclosed.) ◆ Are location-specific demographics factored in determining toilet seats ratio for men and women with one cubicle reserved for transgender and differently-abled citizen? ◆ Does the city plan or CSPs include a dedicated section on 'addressing exclusion in cities'? ◆ Does the city have disaster mitigation plan with a strong focus on WASH addressing access to sanitation for the vulnerable and marginalized groups during the period of disaster (e.g. Shelter homes with access to toilet facilities for women, men, differently-abled, and transgender)? 		CSP or Planning document
3	Financing Options		
	<ul style="list-style-type: none"> ◆ Is there any policy to earmark funds for poor, women and other marginalized groups? ◆ Is funding available to promote inclusive sanitation from the city as per the emerged priorities (presented in B Section)? (Each city may have multiple sources of funding with inclusive sanitation budget outlined by all, leading to convergence of inclusive sanitation funds) ◆ Is funding available from other than the municipal government, such as from the national and provincial governments, donor agencies, the private sector and the public? ◆ Does your city follow a participatory budgeting process through citizen engagement empowering citizens to decide together how to spend public money?¹⁴ ◆ Is gender budgeting undertaken for provisioning of women and transgender-friendly toilets at the city level? ◆ Are investments made for separate bathing areas for transgender and differently-abled persons in public sanitation infrastructure? 		ULB Budgets (% increased every year for women, urban poor and other marginalized)
4	Convergence with departments/organizations		
	<ul style="list-style-type: none"> ◆ Is convergence approach adopted for better utilization of resources at the ULB level through dovetailing of resources of schemes like Deendayal Antyodaya Yojana – National Urban Livelihoods Mission(DAY-NULM)¹⁵, Swachh Bharat Mission-Urban(SBM-(U))¹⁶ and others towards ◆ Promotion of livelihoods options on sanitation for women's SHGs, informal workers, and other marginalized communities ◆ Linking sanitation workers with other schemes 		Sanitation Livelihood Plans

¹⁴What is participatory budgeting? Fact sheet 23

¹⁵ Deendayal Antyodaya Yojana – National Urban Livelihoods Mission- It is a poverty alleviation project implemented by Ministry of Rural Development, Government of India. This scheme is focused on promoting self-employment and organization of the rural poor. (<http://mohua.gov.in/cms/about-day-nulm.php>)

¹⁶Swachh Bharat Mission –Urban (SBM-U) – It is centrally sponsored scheme implemented by the Ministry of Housing and Urban Affairs (M/o HUA) on urban sanitation.

4.3 ACCESS TO SANITATION SERVICES- COMMUNITY AND PUBLIC TOILETS

4.3.1 An Inclusive Sanitation for Women¹⁷ in the city

Community and Public Toilets				In place (Yes /No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Are these safety and privacy features inbuilt into the public sanitation infrastructure to avoid harassment?				
Features	Mandatory	Essential	Desirable	
Safe location	<ul style="list-style-type: none"> Location is easy and safe to access. <p>It is important to discuss the location with women and girls – they know best which areas or compounds are dangerous for them. Not all safety considerations will be easily identifiable by external factors.</p>	<ul style="list-style-type: none"> Location is reasonably visible and remote or run down locations (e.g. narrow lanes) are avoided if they could make users feel unsafe or appeal to those who want to harass or be violent. Privacy and safety considerations are balanced. For example, entrances that are too hidden or discreet can increase risks 	<ul style="list-style-type: none"> Easy and safe to access to public toilets within a radius of 1 km from the residence Installation of CCTVs at the entrance of the toilet block to increase security and reduce vandalism and an alarm bell at strategic places with the facility to prevent the occurrence of crime. Presence of a security guard for female toilet blocks for toilet open during the night. 	
Clear signs, directions and branding	<ul style="list-style-type: none"> Clear and globally recognized male, female, and accessible toilet symbols, along with arrows and text in local language, mark and point towards the different toilet sections. 		<ul style="list-style-type: none"> Public toilets visible on Google Maps as 'SBM Public Toilet.' 	
Separate entrance for female toilet section	<ul style="list-style-type: none"> Separate clearly labelled male and female sections avoiding discreet or hidden entrances 	<ul style="list-style-type: none"> Entrances at sufficient distance for male and female sections such as having different directions or have separating walls. 	<ul style="list-style-type: none"> Completely separated blocks (i.e. no shared wall between male and female sections) can offer additional safety and privacy. 	
Robust structures	<ul style="list-style-type: none"> Clear and globally recognized male, female and accessible toilet symbols, along with arrows and text in local language for different toilet sections Solid cubicle doors and structures that users can lock from the inside; and solid structure e.g. bricks/ cement Proper ventilation systems in place 	<ul style="list-style-type: none"> Solid cubicle doors and structure that users can lock from the inside Ventilation systems that do not compromise privacy, i.e. by design allowing people outside to see or hear what is happening in the toilet block 	<ul style="list-style-type: none"> Entrance or layout of the block to conceal the inside from outside Half-walls, shrubbery or other barriers at entrances make the toilet feel more private as long as this does not compromise security. 	

¹⁷ Female-friendly public and community toilets: a guide for planners and decision-makers, the study undertaken by Water aid, Water and Sanitation for Urban Poor (WSP) and UNICEF (<https://washmatters.wateraid.org/publications/female-friendly-public-and-community-toilets-a-guide-for-planners-and-decision-makers>)

Community and Public Toilets				In place (Yes /No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Are these safety and privacy features inbuilt into the public sanitation infrastructure to avoid harassment?				
Well lit spaces with regular power supply	<ul style="list-style-type: none"> Entrances, exits, walkways, paths and open areas used to access the toilet are well lit with natural light or bright enough lighting, especially when facilities are open at night. 	<ul style="list-style-type: none"> Internal lighting is bright enough to illuminate entrances, exits, wash areas, cubicles and publicly accessible areas. 	<ul style="list-style-type: none"> Regular electricity supply (backed by power support) throughout on the path leading to the toilet with light switches located at the height of 6 ft. from the ground Lighting in the wider area surrounding the toilet block is adequate, so that it is not the only illuminated structure in the area. 	
Designed for Privacy	<ul style="list-style-type: none"> Ventilation systems that do not compromise privacy, i.e. by design allowing people outside to see or hear what is happening in the toilet block. Entrance or layout of the block is designed to conceal the inside from passers-by. 		<ul style="list-style-type: none"> Half-walls, shrubbery or other barriers at entrances make the toilet feel more private , as long as this does not compromise security. 	
Washing or bathing units	<ul style="list-style-type: none"> Access to water, mug and soap for washing 	<ul style="list-style-type: none"> Access to water, mug and soap for washing, ideally within the toilet stall or a dedicated stall, but at least inside the toilet block Water availability for 24 hours with storage facility; functioning taps and no leakage and periodically cleaned to avoid any foul smell, odour and contamination 	<ul style="list-style-type: none"> Bathing units in community toilets in areas where households lack such facilities, and in public toilets in places such as long-distance transport hubs or areas homeless people visit Facilities for ritual cleansing (feet washing) in particular contexts 	
Male and female caretakers	<ul style="list-style-type: none"> Display of contact numbers of caretaker, municipal officials and toll-free number Caretakers/ trained female toilet attendants are appointed in all public toilets and are present during all hours of operation. 	<ul style="list-style-type: none"> Male and female caretakers or toilet attendants to be appointed in all public toilets with provisions for the night too. Caretakers are trained to be sensitive and responsive to the requirements of female users. 	<ul style="list-style-type: none"> In community toilets, caretakers or toilet attendants are present, ideally both male and female. Female caretakers to be appointed for female toilet cubicle 	

Are these menstrual hygiene management and pregnancy-related concerns addressed in the design of public sanitation infrastructure?				
Features	Mandatory	Essential	Desirable	
Access to water and soap, hook and shelf and mirror	<ul style="list-style-type: none"> ◆ Handwashing facilities in each toilet block – a basin, water and soap for handwashing and cleaning of reusable menstrual products ◆ Water access (either through a tap or bucket storage) inside the cubicle, both for increased privacy for managing menstruation ◆ Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface. 	<ul style="list-style-type: none"> ◆ A mirror (above handwashing stations). This enables the user to adjust clothing and caters for self-care requirements, and increases handwashing by providing a nudge or pull factor. ◆ Ensure the mirror's position does not enable people outside to see into the toilet section. 		
Access to menstrual products	<ul style="list-style-type: none"> ◆ Access to products for menstruation, e.g. pads are kept in a visible place that users can take (or buy at an affordable price) from the caretaker (preferably female) 		<ul style="list-style-type: none"> ◆ A vending machine for the same is put in place. 	
Disposal/washing facility for menstrual waste or reusable products	<ul style="list-style-type: none"> ◆ Safe disposal options (dustbins) for menstrual materials inside the cubicle (for privacy) if possible, otherwise inside the female toilet block ◆ Availability of regularly cleaned and covered litter bins 	<ul style="list-style-type: none"> ◆ Options for washing reusable menstrual products provided 	<ul style="list-style-type: none"> ◆ An incinerator (meeting national standards) put in place. ◆ Extra space for washing and drying menstrual cloths, or washing the body, within the female toilet block 	
Are care giver economy concerns addressed in the design of public sanitation infrastructure?				
Features	Mandatory	Essential	Desirable	
Diaper changing station for babies	<ul style="list-style-type: none"> ◆ A clean and safe place for parents (male and female, both) or caregivers to clean and change napkins and diapers for babies. 	<ul style="list-style-type: none"> ◆ Clean and safe place for parents (male and female, both) or caregivers to clean and change napkins and diapers for babies. For example, a sturdy free-standing table or a folding table attached to the wall. 	<ul style="list-style-type: none"> ◆ Ideally, one changing station in the women's toilet section and one in the men's toilet section is recommended. 	
Breastfeeding stations			<ul style="list-style-type: none"> ◆ Include a private and hygienic space for breastfeeding. 	

Are care giver economy concerns addressed in the design of public sanitation infrastructure?				
Features	Mandatory	Essential	Desirable	
Family-friendly cubicle	<ul style="list-style-type: none"> Space for a caregiver and the caretaker (person they are caring for) to be in the cubicle 		<ul style="list-style-type: none"> At least one cubicle space for a caregiver and the care taker (person they are caring for) to be in the cubicle together without touching doors or walls. Elements suitable for caretaker children such as a smaller toilet seat, and lower urinal and sink to be inbuilt within the compound 	
Do we have user fee /tariff rates designed for public sanitation infrastructure?				
Features	Mandatory	Essential	Desirable	
User fee	<ul style="list-style-type: none"> The equitable user fee for men, women and children 	<ul style="list-style-type: none"> User fee to be displayed on the board/wall 		

4.3.2 Differently-abled wide inclusion¹⁸

Features of Community and Public Toilets				In place (Yes /No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Has the city addressed differently-abled person's concerns in the design of public sanitation infrastructure?				
Features	Mandatory	Essential	Desirable	
Toilet Cubicle	<ul style="list-style-type: none"> Separate toilet cubicle within the compound Door handles and locks to be put in place Washbasin, soap facility, waste disposal location and menstrual products outlet and bathroom facility accessible 	<ul style="list-style-type: none"> One toilet cubicle within the compound to meet the standards given for differently-abled person toilets Anti-skid flooring to be used in these toilets Door handles and locks that to be easily reached by all PwDs Low height washbasin, soap facility, washing facility, waste disposal location and menstrual products outlet and bathroom facility accessible within the cubicle 	<ul style="list-style-type: none"> One toilet cubicle within the compound to meet the standards given for all kinds of differently-abled persons Anti-skid flooring to be used in these toilets Movable toilet seats supported with handrails to be placed over superstructures. Hand lever to replace a foot lever on 'tippy taps' for people with weak legs Door Handles should be fixed between 650 to 1100mm above the floor level. It should be preferably Lever shaped or D type handle. A 150 mm long handle may be fixed on the outside. (as per standards) 	

¹⁸ Handbook on Accessible Household Sanitation for Persons with Disabilities (PwDs), Ministry Of Drinking Water & Sanitation Swachh Bharat Mission (Gramin) Government Of India December 2015 (<https://swachhbharatmission.gov.in/sbmcms/writereaddata/images/pdf/technical-notes-manuals/PWD-Guidelines.pdf>) & ENVIS Centre on Hygiene, Sanitation, Sewage Treatment Systems and Technology, Ministry of Environment, Forests & Climate Change, Govt of India (http://www.sulabhenvic.in/Database/sanitation_TT_2130.aspx)

Features of Community and Public Toilets				In place (Yes/No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Has the city addressed differently-abled person's concerns in the design of public sanitation infrastructure?				
Features	Mandatory	Essential	Desirable	
Entrances		<ul style="list-style-type: none"> ◆ Adequately spaced entrances to toilets ◆ Outward opening door with a signage facility on the occupancy of the toilet. 	<ul style="list-style-type: none"> ◆ Wide entrances to toilets, and enough space inside for a person and her/his helper to turn inside ◆ The doorway should have a clear width of 900mm for a person using wheelchair or those using assistants to get through (as per standards) 	
Signage	<ul style="list-style-type: none"> ◆ Proper signage (the type of toilet cubicles(male, female gender neutral) 	<ul style="list-style-type: none"> ◆ Adequate signage (type of toilet cubicles(male, female gender-neutral) depending on the disability 		
Ramps	<ul style="list-style-type: none"> ◆ Ramp support to be provided for accessibility 	<ul style="list-style-type: none"> ◆ Ramps to be smooth, non-slippery, firm and stable and made of a material that is not likely to wear away quickly. 	<ul style="list-style-type: none"> ◆ Low-gradient concrete ramp with raised sides for safety (measurement 1:12 or more) 1:12 or more) 	
Handrails	<ul style="list-style-type: none"> ◆ Handrails support to be provided to increase accessibility 		<ul style="list-style-type: none"> ◆ Hand Rails to be circular in section with a diameter of 40 to 45mm fixed at two levels: one at 700mm-750mm and another at 850mm-900mm from the finished floor. ◆ It should be extended by at least 300mm beyond the head and foot of the flight and ramp. ◆ Clearance of at least 45mm from the adjacent wall/ surface to which handrails are fixed. 	
Grab bars	<ul style="list-style-type: none"> ◆ Grab Bars to be fixed firmly to the adjacent walls and floors, so that persons with disability can transfer their body weight for movement. 	<ul style="list-style-type: none"> ◆ Grab Bars to be fixed firmly to the adjacent walls and floors, so that persons with disability can transfer their body weight for movement. ◆ Grab bars to be also fixed to the two adjacent walls close to commode. 	<ul style="list-style-type: none"> ◆ Grab Bars are supportive bars which may be of GI or steel pipes of 40 to 45mm diameter attending to persons with all kind of disability. . Ideally, the bars should be provided on both sides on the wall and may be fixed to the floor on the transfer side. This may be of GI pipe and fixed, not movable. Sometimes, the grab bars are also fixed to the two adjacent walls close to commode. 	
Toll-free	<ul style="list-style-type: none"> ◆ Toll-free number to be displayed 		<ul style="list-style-type: none"> ◆ Toll-free number to be displayed in local and differently-abled friendly languages 	

Features of Community and Public Toilets				In place (Yes /No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Features of Community and Public Toilets				
Features	Mandatory	Essential	Desirable	
Caretakers	<ul style="list-style-type: none"> ◆ Caretakers/ trained toilet attendants are appointed in all public toilets and are present during all hours of operation. 	<ul style="list-style-type: none"> ◆ Male and female caretakers or toilet attendants to be appointed in all public toilets with provisions for the night too. ◆ Caretakers are trained to be sensitive and responsive to the requirements of differently abled persons 	<ul style="list-style-type: none"> ◆ In community toilets caretakers or toilet attendants are present, ideally both male and female 	
Do public sanitation infrastructure address the needs of the citizens suffering from locomotor disability ¹⁹ ?				
Features	Mandatory	Essential	Desirable	
Toilet Cubicle and structures		<ul style="list-style-type: none"> ◆ In the toilet cubicles, there is need for extra space for wheelchair to enter and turn or move a seat to one side or for both users and helpers to stand. ◆ Indian seat located on a raised platform ◆ Western seat located with a ramp for wheelchair accessibility ◆ Need for support rails fixed to the floor, adjustable height, movable frame, and rope or suspended from a beam overhead(as per standards) 	<ul style="list-style-type: none"> ◆ The minimum inner dimension of the room may be considered to be 1.8 mt. X1.5 mt. in case of a Wheelchair User (as per standards) ◆ Indian seat located on a raised platform of 1.5 ft., with cistern located at the height of 3 ft. (as per standards) ◆ Western seat located at the height of 18 inches with a ramp for wheelchair accessibility; cistern located at the height of 3 ft. (as per standards) ◆ Superstructure specifications to be fixed or movable allow wheelchair accessibility including floor space for rotation at 180 degrees, ceiling height 9 ft., cubicle size 6.5x 7.2 ft., door size 7 ft. (as per standards) ◆ Adapted water-lifting mechanisms to be put in place ◆ Movable grab bars (U type) to be provided on transfer side at the height of 480mm from the ground (i.e. at the same height as the commode). The L type bar should be fixed on the wall side to get adequate support while transferring the body weight. ◆ Need for support rails fixed to the floor, adjustable height, movable frame, and rope or suspended from a beam overhead. 4 ft. ramp with 1.2-inch gradient, railing to hold on both side and handle rods for support on the front side (as per standards) 	

Does the public sanitation infrastructure meet the concerns of visually impaired citizens in accessing public sanitation amenities?			
Features	Mandatory	Essential	Desirable
Toilet Cubicle and structures	<ul style="list-style-type: none"> Ramp with railings to provide support 	<ul style="list-style-type: none"> 4 ft. ramp with 1.2-inch gradient, railing to hold on both side and handle rods for support on the front side 	<ul style="list-style-type: none"> Braille signage/ audio messages for various facilities to be put up at the toilet entrance, inside toilet compounds, on the door and within the differently-abled toilet cubicle
Do we have user fee / tariff rates designed differently for differently-abled in accessing public sanitation infrastructures?			
	Mandatory	Essential	Desirable
User fee	<ul style="list-style-type: none"> User fee to be displayed on the board/wall 		<ul style="list-style-type: none"> Zero user fee to be charged for usage and access to sanitation services

- Sanitation aspects on differently-abled women to be taken from the table III.A of the Checklist

4.3.3 Inclusive Sanitation for Transgender

Features of Community and Public Toilets				In place (Yes /No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do public sanitation infrastructures in your city address the needs and sanitation concerns of Transgender?				
	Mandatory	Essential	Desirable	
Toilet Cubicle	<ul style="list-style-type: none"> Handwashing facilities in each toilet block – a basin, water and soap for handwashing and cleaning Hooks and ledges for hanging clothes, keeping belongings off the floor 	<ul style="list-style-type: none"> A separate gender-neutral toilet cubicle and bathing space within the community/public toilet to address transgender needs²⁰ Separate clearly labelled gender-neutral cubicle with symbols, arrows and text in the local language. Internal compound, entrances, exits, walkways, paths and open areas used to access the toilet are well lit during the day and in the night. 	<ul style="list-style-type: none"> Installation of CCTVs at the entrance of the toilet block to increase security and reduce vandalism and an alarm bell at strategic places with the facility to prevent the occurrence of crime. Regular electricity supply (backed by power support) throughout on the path 	

²⁰ There are limited secondary researches available on the design of the transgender toilets. So a basic reference has been outlined which will require intensive consultation with transgender on the designs of the gender-neutral toilet cubicle/ bathing facility. A critical study on Transgender and their inclusiveness in the sanitation is Transgender-inclusive sanitation: insights from South Asia (https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/transgender_southasia_sanitation.pdf)

Features of Community and Public Toilets				In place (Yes /No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do public sanitation infrastructures in your city address the needs and sanitation concerns of Transgender?				
	Mandatory	Essential	Desirable	
Menstrual Hygiene Management	<ul style="list-style-type: none"> ◆ Handwashing facilities in each toilet block – a basin, water and soap for handwashing and cleaning of reusable menstrual products ◆ Water access (either through a tap or bucket storage) inside the cubicle, both for increased privacy for managing menstruation ◆ Access to products for menstruation, e.g. pads are kept in a visible place that users can take (or buy at an affordable price) from the caretaker (preferably female). ◆ Availability of regularly cleaned and covered litter bins ◆ Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface since defecation, urination and menstrual hygiene management require removing clothes and using hands. 	<ul style="list-style-type: none"> ◆ Options for washing reusable menstrual products ◆ A mirror (above handwashing stations). This enables the user to adjust clothing and caters for self-care requirements, and increases handwashing by providing a nudge or pull factor. ◆ Ensure the mirror's position does not enable people outside to see into the toilet section. 	<ul style="list-style-type: none"> ◆ Access to products for menstruation. A vending machine for the same can put in place. ◆ Safe and culturally appropriate disposal options for menstrual materials inside the cubicle (for privacy) ◆ Bathing units in community toilets in areas where households lack such facilities, and in public toilets in places such as long-distance transport hubs or areas homeless people visit. ◆ Incinerator (meeting national standards) for toilets having more than 10 seats 	
Caretakers	<ul style="list-style-type: none"> ◆ Display of contact numbers of caretaker, municipal officials and toll-free number ◆ Caretakers/ trained female toilet attendants are appointed in all public toilets and are present during all hours of operation. 	<ul style="list-style-type: none"> ◆ Caretakers are trained to be sensitive and responsive to the requirements of third gender users. 	<ul style="list-style-type: none"> ◆ In community toilets, caretakers or toilet attendants are present, ideally both male and female, and if possible a third gender person, unless the block is very small. 	
Do we have user fee /tariff rates designed differently for Transgender in accessing public sanitation infrastructures?				
	Mandatory	Essential	Desirable	
User fee	<ul style="list-style-type: none"> ◆ Equity in user fee with transgender charged not more than men and women for using public sanitation amenities 	<ul style="list-style-type: none"> ◆ User fee to be displayed on the board/wall 		

Note-Sanitation aspects on differently-abled women transgender taken from the table III.B of the Checklist

4.3.4 Senior Citizen /Elderly Citizen wide inclusion

Features of Community and Public Toilets				In place (Yes /No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Has the city addressed elderly citizen's concerns in the design of public sanitation infrastructure?				
Features	Mandatory	Essential	Desirable	
Toilet Cubicle	<ul style="list-style-type: none"> ◆ Washbasin, soap facility, waste disposal location and menstrual products outlet and bathroom facility accessible within the cubicle ◆ Toll free number to be displayed in local languages 	<ul style="list-style-type: none"> ◆ Ramps to be smooth, non-slippery, firm and stable and made of a material that is not likely to wear away quickly. ◆ Wide entrances to toilets, and enough space inside for a person and her/his helper to turn inside ◆ Low height wash basin, soap facility, washing facility, waste disposal location and menstrual products outlet and bathroom facility accessible within the cubicle ◆ Door handles and locks that can be easily reached by all. 	<ul style="list-style-type: none"> ◆ Outward opening door with a signage facility on the occupancy of the toilet. ◆ Anti-skid flooring to be used in these toilets ◆ Handrails: Clearance of at least 45mm from the adjacent wall/ surface to which handrails are fixed. Hand Rails to be circular in section with diameter of 40 to 45mm fixed at two levels: one at 700mm-750mm and another at 850mm-900mm from the finished floor. It should be extended by at least 300mm beyond the head and foot of the flight and ramp. ◆ Grab Bars are supportive bars which may be of GI or steel pipes of 40 to 45mm diameter, fixed firmly to the adjacent walls and floors, so that elderly persons can transfer their body weight for movement. Ideally, the bars should be provided on both sides on the wall and may be fixed to the floor on the transfer side. This may be of GI pipe and fixed, not movable. Sometimes, the grab bars are also fixed to the two adjacent walls close to the commode. ◆ Movable toilet seats supported with handrails to be placed over superstructures. ◆ Hand lever to replace a foot lever on 'tippy taps' for people with weak legs 	

4.4 INCLUSIVE SANITATION IN INSTITUTIONS –SCHOOLS, HOSPITALS AND ULBS

4.4.1 Schools Toilets

School Toilets				In place (Yes/No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do School Toilets in your city address the concerns of inclusive sanitation?				
Features	Mandatory	Essential	Desirable	
Toilet Cubicles	<ul style="list-style-type: none"> ◆ Separate toilet cubicles for men, women, third gender and differently-abled school staff ◆ Proper signage, along with arrows and text in the local language on type and usage of toilet cubicle(male, female, third gender and differently-abled) ◆ Handwashing facilities in toilet block – a basin, water and soap for handwashing ◆ Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface. 	<ul style="list-style-type: none"> ◆ Entrances to different toilet cubicles to be at a sufficient distance from each other in different directions or to have separating walls ensuring privacy. ◆ Internal compound, entrances and exits to be well lit during the day and in night ◆ Water availability for 24 hours with storage facility; functioning taps and no leakage and periodically cleaned to avoid any foul smell, odour and contamination ◆ A mirror to adjust clothing and for other self-care requirements. 	<ul style="list-style-type: none"> ◆ Installation of CCTVs at the entrance of the toilet block to increase security and an alarm bell at strategic places with the facility to prevent the occurrence of crime. ◆ Regular electricity supply (backed by power support) throughout on the path leading to the toilet 	
Caretakers	<ul style="list-style-type: none"> ◆ Display of contact numbers of caretakers and school officials ◆ Caretakers/ trained female toilet attendants are appointed in all public toilets and are present during all hours of operation. 	<ul style="list-style-type: none"> ◆ Caretakers are trained to be sensitive and responsive to the requirements of female or third gender users and people with accessibility needs. 		

School Toilets				In place (Yes/No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do School Toilets in your city address the concerns of inclusive sanitation?				
Features	Mandatory	Essential	Desirable	
Menstrual hygiene management	<ul style="list-style-type: none"> ◆ Handwashing facilities in each toilet block – a basin, water and soap for handwashing and cleaning of reusable menstrual products ◆ Water access (either through a tap or bucket storage) inside the cubicle, both for increased privacy for managing menstruation ◆ Access to products for menstruation, e.g. pads are kept in a visible place that users can take (or buy at an affordable price) from the caretaker (preferably female). ◆ Availability of regularly cleaned and covered litter bins ◆ Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface since defecation, urination and menstrual hygiene management require removing clothes and using hands. 	<ul style="list-style-type: none"> ◆ Options for washing reusable menstrual products ◆ A mirror (above handwashing stations). This enables the user to adjust clothing and caters for self-care requirements, and increases hand washing by providing a nudge or pull factor. ◆ Ensure the mirror's position does not enable people outside to see into the toilet section. 	<ul style="list-style-type: none"> ◆ Access to products for menstruation. A vending machine for the same can be put in place. ◆ Safe and culturally appropriate disposal options for menstrual materials inside the cubicle (for privacy) ◆ Incinerator (meeting national standards) for toilets having more than 10 seats 	

4.4.2 Hospitals²¹

Hospitals and other health care facilities				In place (Yes/No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do Hospital Toilets in your city address the concerns of inclusive sanitation?				
Features	Mandatory	Essential	Desirable	
	<ul style="list-style-type: none"> Hospitals and other health-care facilities having toilet facilities for children, elderly and disabled built into the facility. Toilets and bathrooms have a call cord or alarm button instructing patients to always get help Proper signage, along with arrows and text in the local language on type and usage of toilet cubicle (men, women, children, third gender and differently-abled) Handwashing facilities in toilet block – a basin, water and soap for handwashing Hooks and ledges for hanging clothes, keeping belongings off the floor 	<ul style="list-style-type: none"> Hospitals having handrail systems for patients with restricted mobility and agility. Toilets having the flush routed through a spray nozzle to wash bedpans and rinse out handheld urinals. Hospital showers to have many sturdy handrails and adjustable spray heads Entrances to different toilet cubicles to be at a sufficient distance from each other in different directions or to have separating walls ensuring privacy. Water availability for 24 hours with storage facility; functioning taps and no leakage and periodically cleaned to avoid any foul smell, odour and contamination Internal compound, entrances and exits to be well lit during day and in night 	<ul style="list-style-type: none"> Hospitals and other health-care facilities having specialized toilets, bedpans, handheld urinals (both for male and female), bedside commode or portable commode, showers and other health care equipment for children, elderly and disabled built into the facility. In the toilet cubicles, rails mounted to the two walls behind and beside the toilet, and one rail to be folded down from its stowage position against the wall. Toilet cubicles for men, women, children, third gender and differently able to be designed as per the hospital's strength (medical staff, administrative staff and patients turnover A mirror to adjust clothing and for other self-care requirements. Regular electricity supply (backed by power support) throughout on the path leading to the toilet 	
Caretakers	<ul style="list-style-type: none"> Display of contact numbers of caretakers, Hospital administration staff and Municipal officials Caretakers/ trained female toilet attendants are appointed in all public toilets and are present during all hours of operation. 	<ul style="list-style-type: none"> Male and female caretakers or toilet attendants to be appointed with provisions for night too Caretakers are trained to be sensitive and responsive to the requirements of third gender users. 		

²¹ <https://toilet-guru.com/hospital.php>

Hospitals and other health care facilities				In place (Yes/No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do Hospital Toilets in your city address the concerns of inclusive sanitation?				
Features	Mandatory	Essential	Desirable	
Menstrual hygiene management	<ul style="list-style-type: none"> ◆ Handwashing facilities in each toilet block – a basin, water and soap for handwashing and cleaning of reusable menstrual products ◆ Water access (either through a tap or bucket storage) inside the cubicle, both for increased privacy for managing menstruation ◆ Access to products for menstruation, e.g. pads are kept in a visible place that users can take (or buy at an affordable price) from the caretaker (preferably female). ◆ Availability of regularly cleaned and covered litter bins ◆ Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface since defecation, urination and menstrual hygiene management require removing clothes and using hands 	<ul style="list-style-type: none"> ◆ Options for washing reusable menstrual products ◆ A mirror (above hand washing stations). This enables the user to adjust clothing and caters for self-care requirements, and increases hand washing by providing a nudge or pull factor. ◆ Ensure the mirror's position does not enable people outside to see into the toilet section. 	<ul style="list-style-type: none"> ◆ Access to products for menstruation. A vending machine for the same can put in place ◆ Safe and culturally appropriate disposal options for menstrual materials inside the cubicle (for privacy) ◆ Incinerator (meeting national standards) for toilets having more than 10 seats 	

4.4.3 Offices of ULB/ Public Institutions/ market Places/ Bus & railway Stations or any other institution including FSTP sites

Public Places				In place (Yes/No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do Toilets in institutions in your city address the concerns of inclusive sanitation?				
Features	Mandatory	Essential	Desirable	
Toilet Cubicle	<ul style="list-style-type: none"> ◆ A separate toilet cubicle for men, women, third gender and differently-abled ◆ Proper signage, along with arrows and text in the local language on type and usage of toilet cubicle (men, women, children, third gender and differently-abled) ◆ Handwashing facilities in toilet block – a basin, water and soap for hand washing ◆ Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface. 	<ul style="list-style-type: none"> ◆ Entrances to different toilet cubicles to be at a sufficient distance from each other in different directions or to have separating walls ensuring privacy ◆ Internal compound, entrances and exits to be well lit during the day and in the night ◆ Water availability for 24 hours with storage facility; functioning taps and no leakage and periodically cleaned to avoid any foul smell, odour and contamination ◆ A mirror to adjust clothing and for other self-care requirements 	<ul style="list-style-type: none"> ◆ A separate toilet cubicle for men, women, third gender and differently-abled as per ULB's capacity. ◆ Regular electricity supply (backed by power support) throughout on the path leading to the toilet ◆ Installation of CCTVs at the entrance of the toilet block to increase security and an alarm bell at strategic places with the facility to prevent the occurrence of crime. 	
Caretakers	<ul style="list-style-type: none"> ◆ Display of contact numbers of caretakers and Municipal officials ◆ Caretakers/ trained female toilet attendants are appointed in all public toilets and are present during all hours of operation. 	<ul style="list-style-type: none"> ◆ Male and female caretakers or toilet attendants to be appointed to take care of male and female toilets separately ◆ Male and female caretakers or toilet attendants to be appointed with provisions for the night too 		

Public Places				In place (Yes/No) Indicate 1 for Mandatory, 2 for Essential and 3 for Desirable
Do Toilets in institutions in your city address the concerns of inclusive sanitation?				
Features	Mandatory	Essential	Desirable	
Menstrual hygiene management	<ul style="list-style-type: none"> ◆ Handwashing facilities in each toilet block – a basin, water and soap for handwashing and cleaning of reusable menstrual products ◆ Water access (either through a tap or bucket storage) inside the cubicle, both for increased privacy for managing menstruation ◆ Access to products for menstruation, e.g. pads are kept in a visible place that users can take (or buy at an affordable price) from the caretaker (preferably female). ◆ Availability of regularly cleaned and covered litter bins ◆ Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface since defecation, urination and menstrual hygiene management require removing clothes and using hands. 	<ul style="list-style-type: none"> ◆ Options for washing reusable menstrual products ◆ A mirror (above handwashing stations). This enables the user to adjust clothing and caters for self-care requirements, and increases handwashing by providing a nudge or pull factor. ◆ Ensure the mirror's position does not enable people outside to see into the toilet section. 	<ul style="list-style-type: none"> ◆ Access to products for menstruation. A vending machine for the same can be put in place ◆ Safe and culturally appropriate disposal options for menstrual materials inside the cubicle (for privacy) ◆ Incinerator (meeting national standards) for toilets having more than 10 seats 	

4.5 CAPACITY BUILDING OF THE STAKEHOLDERS

A	ULB Staff and Elected Representatives	Undertaken (Yes/No)
	<p>Are your ULB staff and elected representatives periodically trained on?</p> <ul style="list-style-type: none"> ◆ Various Acts and Legislations such as Sexual Harassment of women at workplace Prevention, Prohibition and Redressal) Act, 2013 , Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 ◆ Gender and Inclusive Sanitation to deal with the complex social and gender issues identified within the institution and in service delivery of non-sewered services ◆ Gender Responsive Budgeting, Framework and Reporting 	
B	Sanitary Workers	
	<p>Are capacity building programmes organized periodically for sanitary workers on</p> <ul style="list-style-type: none"> ◆ Acts and Legislations -Sexual Harassment of women at workplace Prevention, Prohibition and Redressal) Act, 2013 and Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 ◆ Other programmes and schemes which benefit them ◆ Use of safety equipment, protective gear and safety protocols for waste desludging, transportation and containment. ◆ Linking Sanitary workers with different schemes and programmes ◆ Are service providers given training on Occupational and Safety Health (OHS)? 	
C	Women and Transgender workers in the Sanitation Chain	
	<p>Are women and transgender in the Sanitation Chain trained on-</p> <ul style="list-style-type: none"> ◆ FSSM, desludging operations and other FSTP works? ◆ State-led skill upgradation training in plumbing and masonry for both women and transgender with placement opportunities in the sanitation sector 	
D.	Care Takers	
	<ul style="list-style-type: none"> ◆ Male and female caretakers are trained to be responsive to the requirements of female users. ◆ Caretaker trained to look into the maintenance issues and coordinate with the community for proper water storage, management, and distribution. 	
D	IEC material developed for Capacity Building	
	<ul style="list-style-type: none"> ◆ Has IEC material developed for capacity building of women, men and transgender in accessing sanitation services and addressing barriers to inclusive sanitation? ◆ Has IEC Material on prevention of manual scavenging and hazardous cleaning? 	

4.6 INCLUSION OF FRONT LINE SANITARY WORKERS

Front Line Sanitary Workers (including rag pickers)	In place (Yes/No)	Means of Verification
<ul style="list-style-type: none"> ◆ Do sanitary workers association (rag pickers' association and or FSSM worker's associations) exist in the city? ◆ Are they engaged in the business of waste management ◆ Do waste workers handle waste mechanically? ◆ Do they have access to full safety gear as per the prescribed norms? ◆ Do they use the safety gear while involved in cleaning, emptying, transportation? ◆ Are health checkup carried out for sanitary workers periodically? 		<p>Registration of Associations</p> <p>Company profile</p> <p>Mechanical Equipment's & Safety gears</p>

4.7 INCLUSION IN FECAL SLUDGE SEPTAGE MANAGEMENT SYSTEMS

Fecal sludge and septage management aspects*	In place (Yes/No)	Means of Verification
<ul style="list-style-type: none"> ◆ Does the city follow the FSSM guideline developed by the state? ◆ Does the city have its own FSSM operative guideline or plan? ◆ Have cities defined mechanisms for defining performance levels and setting meaningful, progressive, and inclusive targets? ◆ Do cities have a system to reach out to different segments within a city efficiently and equitably. ◆ Do cities incorporate the futuristic urbanisation needs (expansion of urban boundaries and population growth) in its current design? ◆ Do ULBs provide emptying services at a discounted rate for poor settlements or marginalized population? ◆ Do ULBs have licensed service providers (private/public) registered with them? ◆ Do cities have O&M guideline to introduce KPI and regular water quality and sludge test? ◆ Do cities meet their operational efficiency and financial viability? ◆ Do cities have a system for periodic review of service operators (public/private) based on their performance (against the target of tanks emptied) and adherence to safety standard on safe emptying? ◆ Do cities have periodic monitoring systems in place – for the number of loads received and quantity of septage treated so far? ◆ Is there any FSSM worker's association in the city? ◆ Do waste workers and desludging service providers handle waste mechanically? ◆ Do waste workers and desludging service providers have access to full safety gear as per the prescribed norms? ◆ Are waste workers and desludging service providers trained on subjects of health and safety, service Levels, regulation and others? ◆ Are health checkups carried out for waste workers and desludging service providers periodically? 		<p>Operational guideline/regulations</p> <p>Registration of Associations</p> <p>Mechanical Equipment & Safety gears</p>

* Note-In case city is planning for FSSM services (including the construction of FSTP), depending on the year it is initiated, inclusive sanitation features will be accordingly integrated into the implementation strategy.

4.8 SUSTENANCE- OPERATIONAL EFFICIENCY

Operational efficiency to include the following	In place (Yes/No)	Means of Verification
<ul style="list-style-type: none"> ◆ Are There City, Ward and Slum level MoUs signed for delegating power and ownership to Community forums such as Ward forum and Slum forums for operation and maintenance of the public sanitation infrastructures (CT/PTs and FSTPs) in their respective areas? ◆ Does your city have differential tariff structure (user charge) put in place across women, aged, children, differently-abled persons, transgender, migrants, marginalized and urban poor for accessing public sanitation infrastructure? ◆ Are ULB's performance targets monitored and tied to regulatory penalties and incentives? ◆ Does your city have accountability systems, for example, performance regulators which are autonomous and independent? ◆ Are public sanitation infrastructure in your city able to meet operational expenses around the provision of safe water, proper water storage, water distribution, electricity expense, desludging costs, toilet maintenance/renovation and caretaker's pay? ◆ Is there any convergence of property tax, water tax, sanitation tax/ and other local taxes to improve the financial capacity of the community/public toilets? ◆ How often public sanitation infrastructure are cleaned (once a day/ twice a day/ any other)? ◆ Does your city have regular periodic monitoring by ULBS to include aspects such as cleanliness, availability of adequate water, status of electric power points, status of minor repairs, major repairs, waste disposal system, behaviour of staff with users of toilets, level of maintenance of building etc.? 		MoU/contracts with Community groups

Source: *Female-friendly public and community toilets: a guide for planners and decision-makers*, the study undertaken by Water aid, *Water and Sanitation for Urban Poor (WSP)* and UNICEF (<https://washmatters.wateraid.org/publications/female-friendly-public-and-community-toilets-a-guide-for-planners-and-decision-makers>)



