GENDER RESPONSIVE BUDGETING & SANITATION: FOCUS ON PUBLIC TOILETS FOR WOMEN AND GIRLS IN SWACHCH BHARAT MISSION (URBAN)

A Draft Report

Prepared by:

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NATIONAL FOUNDATION FOR INDIA

National Foundation for India

With support from UN Women

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1. Background

Investments in infrastructure projects particularly those related to water and sanitation have been well recognized to improve women's economic participation (Asian Development Bank, 2011; World Bank, 2010). One critical yet lesser focused area in this discourse, however, has been the link between public toilets and women's economic empowerment.

Public toilets, by definition, imply those provided for floating population or general public in places such as markets, train stations, tourist places, near office complexes, or other public areas where there are considerable number of people passing by (Swachh Bharat Mission (Urban), 2014). Provision of public toilets is not only an important environment and public health concern, but also an essential component in the design and planning of more accessible, inclusive, and convenient cities. The literature shows that unequal and inadequate provisioning of toilets makes it difficult to establish sustainable, healthy, and inclusive cities (Bichard et al, 2004). Limited access to toilets significantly restricts people's mobility in cities and their ability to take part in public life (Knight and Bichard, 2011).

Unfortunately, provision of public toilet remains inadequate in most communities, especially in developing countries such as India, which lack even rudimentary toilet access (Gershenson and Penner, 2009; Molotch and Noren, 2010). Moreover, public toilet provisioning often overlooks the needs of women, children, disabled people, and the elderly (Afacan and Gurel, 2015; Molotch and Noren, 2010; Viswanath and O'Leary, 2011; Anthony and Dufresne, 2007). Even in developed countries such as Canada, New Zealand, Australia, and the UK, the provision of public toilets for women was late, partial, and often only achieved through local and national civil campaigns (Andrews, 1990).

A laudable initiative in this regard is the National Sanitation or Swachh Bharat Mission initiative launched in India. The SBM (Urban Guidelines, 2014) clearly states that, "States and ULBs will ensure that a sufficient number of public toilets are constructed in each city. All prominent places within the city attracting floating population should be covered. Care should be taken to ensure that these facilities have adequate provision for men, women and facilities for the disabled (e.g. ramp provision, braille signage, etc.) wherever necessary."

With increased focus on public toilets at the highest level, it is an opportune time to assess the status of public toilets and their effective utilization for both men and women. National Foundation of India (NFI) and it state partners, thus undertook an analysis of the status and gender responsiveness of the public sanitation component of the SBM (Urban).

2. Purpose and Objectives of the Study

Through this study, an analysis of the gender responsiveness of the SBM (Urban) public sanitation components was thus undertaken in terms of policy, budget allocation and implementation of the public toilets component. There was also an attempt to bring to notice the differential needs of men and women especially low income working class women.

The study aims to address the following objectives:

- To understand the demands, needs and expectation of low-income working women around public toilets.
- To assess the potential of the SBM (Urban) to address these differential gender needs, especially in enabling women's economic participation.
- To understand the extent to which the policy and resource allocation on public toilets under the SBM (Urban) has taken into account the needs and priorities of women.

The study highlights the different possibilities of making the SBM (Urban) more gender responsive, especially regarding women's access to public toilets not only as a health concern, but also for enabling women's economic empowerment.

The study was undertaken in 4 cities of India- Ajmer (Rajasthan); Anantpur (Andhra Pradesh); Bhopal (Madhya Pradesh); and Bhubhaneshwar (Odisha). Within each city one zone (and one or two wards within the zone depending on the size) were covered to map the different public spaces- especially those concerned with low income working women.

The focus was on low- income working women from four categories- Wage Labourers, Salaried, Vendors, and Shop keepers. The study looked at both the workplace and transit sanitation needs of these women. Four types of work places - Construction sites; Local and Municipal Markets; Transit spots; and Public Institutions (municipal offices, government hospitals, educational institutions, etc.), have been covered in the study.

3. Gender Responsive Budgeting (GRB) analytical framework

Gender Responsive Budgeting (GRB) has been recognized as a significant tool to examine the mainstreaming of gender in government policies and budgets. GRB initiatives are strategies for assessing and changing budgetary processes and policies so that expenditures and revenues reflect the differences and inequalities between women and men in incomes assets, decision-making power, service needs and social responsibilities for care.

This does not imply separate budget allocation for men and women but the recognition that almost 99% of the total government budgets can have significant gender impacts. The key aim of GRB initiatives is thus to bring into focus key economic and social matters related to gender that are frequently overlooked or obscured in conventional budget and policy analysis, and decision making. (Sharp and Elson, nd). Another central characteristic of GRB is the need to match resources with the objectives of policies, programs and legislations. Often there is a gap between the said policy objective and actual allocation of funds for the same, further there is diversion in the disbursement of funds from the budget for their planned or expected use. GRB promotes the tracking of allocations and expenditures, which brings higher accountability to government's gender commitments. GRB also promotes output and outcomes budgeting systems that adequately incorporate performance indicators to track progress towards, and retreats from, gender equality and women's empowerment.

There are three widely disseminated functional frameworks utilised by GRB: a) The Five Step Framework; b) Gender Sensitive Expenditure Statement; and c) Gender analysis of the four dimensions of the policy and budget cycle i.e. planning, enactment, implementation and audit. These are, however, not mutually exclusive and often overlap, reflecting the evolutionary and diverse nature of the GRB framework. (Sharp and Elson, nd). Based on the analysis, GRB advocates suggest improvements that encompasses procedures and processes, statistics and indicators, policies and guidelines, allocations and expenditures, design and decision-making structures.

The study builds on the five-step GRB framework to understand the gender responsiveness of the public sanitation component of the SBM (Urban), covering the following aspects:

I. Situation analysis of public toilets in the five cities and the differential needs of women as concerns public toilets
II. Review of the SBM (Urban) guidelines of 2014 and the state/ municipal policies concerning public toilet provisioning.

III. Assessment of allocations and utilization of the budgetary funds for public toilets
IV. Gender disaggregated beneficiary assessment
V. Effect on women's health and economic empowerment

Based on the preliminary context building, and the initial meeting of the research team on 7th April 2017, the study looked at multiple criteria in each of the five steps to assess the gender responsiveness of the SBM (Urban) in the context of public toilets.

4. Study Methodology

The study used the "Embedded Case" approach identifying overall trends through the four city-level cases. Within each city, one ward/zone was selected to map the different public spaces related to working women. Four types of work places - Construction sites; Local and Municipal Markets; Transit Spots; and Public Institutions, were marked within the ward/zone and five existing public toilets near these workplaces were selected for the study.

The study used both quantitative and qualitative data to inform the case analysis. The former was derived from the statistical analysis of the gender-aware user satisfaction survey and the Part A of the structured interviews, in which participants were asked about their needs and satisfaction levels with the existing public toilet facilities. The latter was determined using observation and toilet site profiling and the Part B of the structured interview, in which the participants were asked about the problems they faced due to the lack of access to public toilets. In addition to the above, open interviews of Ward and Zone level municipal officials and engineers were also undertaken to get macro level information. Further, policy and budget documents of the SBM (Urban) at the ULB level were assessed for the final review.

Photo 1: Observation based Site Profiling

Observation and Site profiling- Using structured observation sheet, a detailed profile of the selected public toilet site was developed, which was based on interviews/ data sharing by the supervisor of the toilets, observation and photography. The study included profiling of 20 public toilets, of which 11 were those constructed post the SBM (2014), while the rest were constructed before the SBM. Further, 6 of these were located at transit points, 7 near marker areas, 3 were tourist spots, and 4 near public institutions.

Gender-disaggregated user satisfaction survey- On the day of the site visit, a small user satisfaction survey was conducted with 20 men and 20 women. This was done using the user satisfaction survey form. It was a quick survey mainly to assess the overall satisfaction of the user with the facility. The scoring of the facilities was based on specific points of accessibility, maintenance and security. The survey was undertaken with the first 20 men and women entering

the complex at the time and agreeing to participate in the survey. The basic profile of the users is shared in Figure 1.

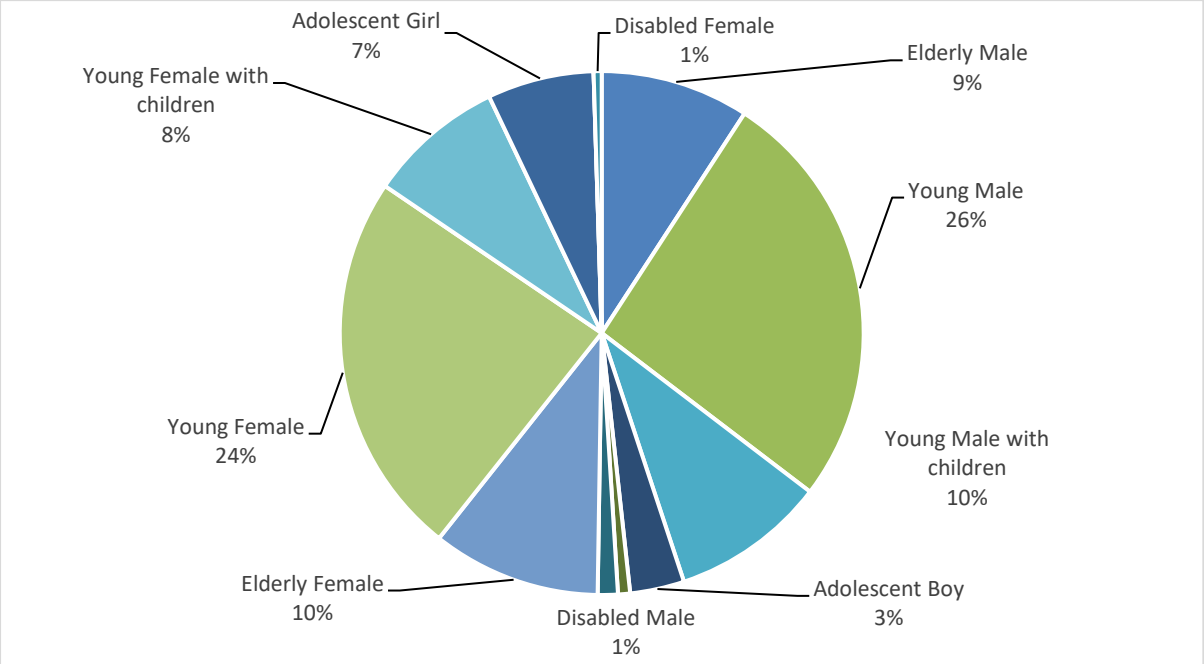


Figure 1: Profile of users visiting public toilets interviewed

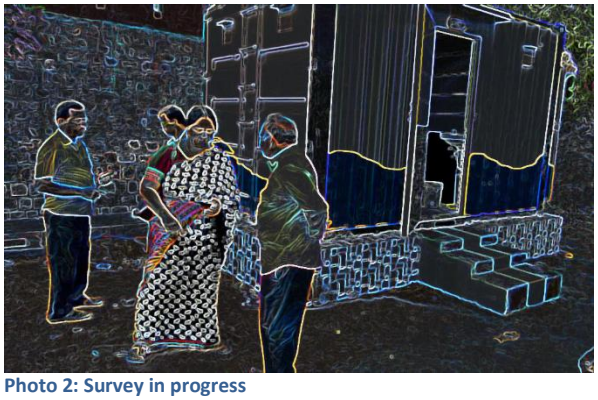


Photo 2: Survey in progress

Structured Interviews- Further, to understand the specific needs, demands and perception of the potential users (working women in the target area), detailed interviews were conducted. In addition to the users thus surveyed, in each city, an additional 100 women from the different work groups

were also interviewed. The focus of the structured interviews was mainly on women from marginalized and low income working class communities. Of the 408 women interviewed, 36 % were from the Scheduled Castes, 2 % were from the Scheduled Tribes, 25 % were from the Other Backward Communities and the rest 37% were from the General Category. A majority of them were in the age group of 25 to 40 years and were mainly involved in low-income work as can be seen from Figure 2.

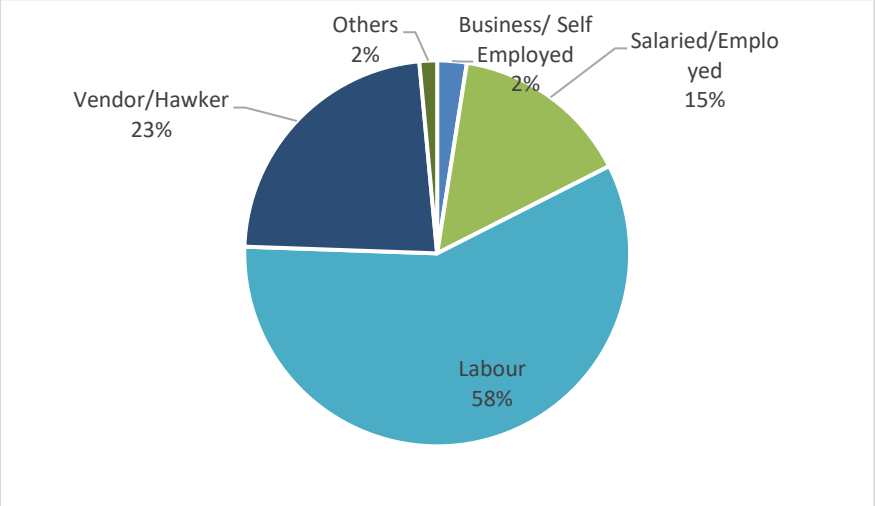


Figure 2: Occupational Profile of the Potential Users- Working Women participants in structured interviews

Overall the study team reviewed profiles of 20 public toilets; undertook user satisfaction surveys of 806 people including 405 men and 401 women; and structured interviews of another 408 potential women users in the four cities.

5. Situational Analysis

a. Gender concerns in Public Toilet provisioning- literature review

Although equal in their rights to the city and to public services, males and females clearly have different toilet needs. Gender differences in public toilets and restrooms have been investigated in terms of behaviour, design, discrimination, and planning (Barkley and Greed, 2006; Greed, 1996; 2004; Moore, 2002; Wang and Huang, 2005; Weisman, 1992). The common problems identified by these studies have been summarized by Anthony and Dufresne (2007) and put into four categories. These include: (i) unequal restrooms for men and women in terms of size and number; (ii) inadequate sanitary conditions in women's restrooms; (iii) difficulty in locating women's restrooms; and (iv) total absence of women's restrooms.

Women, due to menstruation, pregnancy, childbirth, and general physical anatomy, often use toilets more frequently than men do. For some women, giving birth can result in a prolapsed bladder leading to instances of urinary incontinence (i.e., involuntary release of urine) and difficulty in urinating (WebMD, 2014). Because of the biological differences (menstruation, pregnancy) between men and women, men have less to do in the toilet and can do it more easily (Simpson, 2000). Researchers have argued that the differences in biology and habits make women take twice as long as men to use the toilets, and, therefore, they need twice as many toilets as men do (Greed, 2003). Rawls (1988) had further assessed that women take three minutes in the bathroom while men take a mere 83.6 seconds. This, along with lack of sufficient number of toilets, means that, around the world, women are forced to wait in long lines to use public restrooms while men zip in and out in a flash, a subtle form of gender discrimination. (Anthony and Dufresne, 2007).

Box 1: Problems faced in public toilets usage: Women's Experience

Binita Parida is a 52-year-old school teacher who uses public toilets sometimes during the course of her work and also while commuting. Besides, the usual problems that women and girls face while using public toilets such as harassment, lack of security and inadequate number of female toilets, she says that there are health repercussions, which should also to be considered. "Women face additional problems while accessing public toilets during menstruation, especially due to lack of water availability. Once I had to ask my friend to bring some water from the nearby tap," she says. "Women hesitate to use unhygienic toilets during menstruation. Also, it is very difficult for menstruating women to go out in the open when there are no public toilets nearby," she adds. Binita shares her experience of suffering from urinary infection as she had to hold urine for a long time. "Several times while travelling I have to hold urine as there are no suitable places to go to. Once I had severe stomach pain followed by urine infection. My sister and sister-in-law have also faced similar situations." Lack of security at the public toilet is another concern for Binita. She says that she ensures that a friend or a relative accompanies her while going to a public toilet. "Once while returning from work I was harassed by boys while using the public toilet. I was with a friend and the boys started passing lewd remarks but they went away after the security guard came.

Distance from the facility and safety concerns become further barriers in women's access to public toilets. Another factor related to accessibility is cleanliness. For women, cleanliness can be a large determining factor in accessing public toilets and can act as a barrier for all those who deem certain toilets too "dirty" to enter (Canham, 2014).

Box 2: Distance from Public Toilet Facility: Women's Experiences

Ramadevi, aged 38 years, sells fruits from 9.00 am to 7.00 pm. She is a daily wage earner. She works in the old market in Anantapur city. The public toilet is one kilometre away from her work place, making access to the toilet problematic when she urgently requires to go. Sometimes when she suffers from diarrhoea, it's really difficult. As a result, she loses work now and then. Another problem is the public toilet user fee, which at five rupees per trip, is very high. She is unable to afford Rs. 20 – 30 per day only for the use of toilet, from her Rs. 200/- wage. She is forced to use the open space behind a standing tractor in the market place. Many times she faces humiliation and harassment when men come that way. She is already suffering from gastric troubles because of untimely eating due to work related timings. Additionally, she now faces problems because of controlling her bowels.

Moreover, according to Bombeck (1994), women take more time to get dressed and undressed in a confined space. In addition, women often act as primary caregivers to the elderly, disabled, infirm, and children, which again requires that they make supplementary trips to the restroom. These conditions often require the need for gender sensitive and user-friendly facilities such as racks, hangers, baby changing counters, sanitary pad dispensers, emergency call bells, etc. in women's toilets wherever possible.

Although, not many studies are available in the Indian context on gender and public toilets, Ideo.org (BMGF, nd) has, in a report on 'Public Toilets Design in India', highlighted 12 work areas relevant to the subject. These include : a) Empowering Individuals Via Public Toilets; b) Designing for Cleanliness; c) Planning for Maintenance; e) Setting Expectations Around Reliability; f) Selecting a Good Location For a Public Toilet; g) Fostering Positive Community Relationships; h) Labelling of Toilets for Gender Inclusion; i) Creating Privacy in Public Spaces; j) Positioning the Sink and Mirrors better; k) Designing for Feminine Hygiene; l) Introducing New Technologies;

and m) Considering Payment and Usage. These insights are important from a gender perspective as they mostly reflect the views of women using public toilets in South India. Miriam et al (2015) in her research brief on gender sensitive sanitation solutions has also highlighted the need for gender sensitive design and location considerations for public toilets. These include gender-specific entrances, privacy-minded stall layouts and doors, safe lighting, easy maintenance/cleanliness, discreet menstrual hygiene facilities like incinerators, washing stations, pad dispensers, and smaller, child-friendly seats to support women's role as caretakers.

Public toilets are also very important for women from the perspective of their economic participation and health. Unfortunately, these aspects have been largely ignored by researchers and implementers. There is little evidence-based research available in India, or elsewhere into the availability of public toilets for working women especially those in the informal sector, who largely depend on them (Chaplin S and Kalita R, 2017). This is despite consistent evidence produced by studies (WSP, 2010), which show that the economic losses of urban households in the poorest quintile due to inadequate sanitation is the highest per capita - 1.75 times the national per capita losses and 60 % more than the urban figure. There are occasional studies, which do point to the implications of inadequate access to sanitation on the health and livelihoods of domestic and construction workers and vendors (Rajaraman, el al (2013). WSSCC & Fansa (2016), another study on the subject, found that sanitation and waste workers lacked access to water and sanitation facilities in their work sites and often had to resort to open defecation as they could not afford the use of public toilets. Another study by Jagori and UN Women (2011) in Delhi on safe cities also revealed how lack of clean and safe public toilets add to women's insecurity.

The study took into consideration all the above aspects through multiple data points and both quantitative and qualitative data was used for getting a better perspective on gender and public toilets in India. In addition, the study also explored the much under- researched issue of the impact of lack of access to public toilets on women's economic participation and health.

b. Gender and public toilet provisioning in India- status review

As the Swachh Bharat Mission (SBM)began in 2014, the initial focus was not so much on public toilet provisioning. The data on public toilets was very often merged with the data on community toilets. Even the Swachta Sarvekshan Report 2016 (NSSO, GoI)[1] showed that at the all India level, only 42 % wards were found to have community/public toilets. Among the study states, this percentage was 16.3 % for Andhra Pradesh, 33.5% for Madhya Pradesh, 20.5% for Odisha and 31.7% for Rajasthan; all below the national average.

It is not surprising then that 43% of the 408 women interviewed had faced situations when they had to use a public toilet but could not find one easily. Around 31% reported facing such problems in transit situations, especially when travelling by public transport- bus, shared autos, etc.

Approximately 51% women reported facing problems due to the lack of urinals, 45% reported problems in accessing both and only 3% reported facing more problems due to lack of toilets. Around 75% of the women interviewed reported facing more problems than men in finding places to urinate. The key concern for women as concerns lack of urinals was the cost of using a public toilet. While men have the option of paying only two rupees for using a urinal, in case of women whether they use the toilet or the urinal, the user charge is the same at five rupees. Since the number of times a woman may have to go for urination is high, this means a much higher cost for them for accessing urination places. For example, using it four times a day in an eight hour work day would mean twenty rupees, which is very high for a low income women worker.

[1] Based on rapid survey conducted in April-May 2015.

The Swachhta Sarvekshan Report had also stated that the households without a sanitary facility reported less usage of community/public toilets (only 46%); the households having sanitary toilets, on the other hand, reported a much higher percentage of persons using household/community/public toilet (98.7%). This percentage for the old persons (more than 60 years) was reported to be 98.7%, for adult males (15-60 years) was 99.0%, for adult females (15-60 years) was 99.2% and for children (less than 15 years) was 97.6%. The high preference for use of public toilet was also reported by 99% of the women surveyed. Thus, provisioning of adequate public toilets emerged as an important need for women.

As discussed in the earlier section, cleanliness, distance from the facilities and safety concerns are major barriers to women's access to public toilets. Around 33% of the women interviewed reported that cleanliness was the biggest problem they faced while using public toilets. The Swachhta Sarvekshan Report had also revealed that in only 73% of wards with public/community toilets, cleaning was facilitated by the local municipal corporation. In the rest of the wards, this was being done by resident welfare associations. Also, around 8.6% wards were without any cleaning facility.

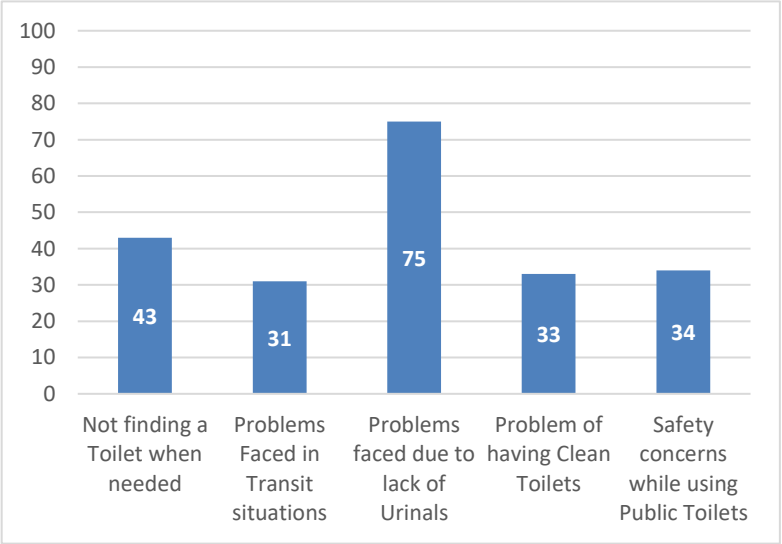


Figure 3: Public Toilets and Concerns of Women

The study further revealed that for more than half of the women interviewed, convenience and safety were the prime concerns while choosing a toilet facility. Around 34% of the women interviewed reported that they faced some kind of safety issue in accessing public toilets. Figure 3 summarizes the various concerns of women emerging from the structured interviews.

6. Swachh Bharat Mission (Urban) Guidelines: a gender review

The Government of India (GoI) launched the Central Rural Sanitation Programme in 1986 with the objective of accelerating sanitation coverage in rural areas. It was restructured in 1999, exhibiting a paradigm shift in the approach, and the Total Sanitation Campaign (TSC) was introduced. Implemented by the Ministry of Rural Development (MoRD), GoI, the TSC aimed to accelerate sanitation coverage in rural India through access to toilets to all by 2012. While this did lead to an increase in sanitation coverage in rural areas, urban pockets especially small and medium towns remained uncovered (Government of India, 2006). Sanitation provision in urban India has been mainly the responsibility of the urban local bodies (ULBs), with financial support from National and State governments. However, most urban water and sanitation programmes at the national level have been focusing on provision of water, sewerage management, and toilet provision as part of slum upgrading programmes (Kavita, 2015).

The major step in this regard came when the Swachh Bharat Mission (SBM) was announced by the Government of India on 2nd October 2014 with the aim to provide sanitation for all. The Ministry of Urban Development (MoUD), the implementing agency for the mission in urban areas

furthered this by announcing a Sub-Mission for the SBM (Urban). The overall goal of this Mission was to transform urban India into community-driven, totally sanitized, healthy and liveable cities and towns.

The change in policy also saw an increase in allocation for urban sanitation post 2014. The total SBM (Urban) project cost is estimated at INR 62,009 crore, of which GoI's share is to be INR 14,787 crore. States and Union Territories (UTs) are to contribute a minimum of INR 4,874 crore. This lead to a huge increase in the annual budget allocations and expenditure on SBM (Urban) (see **Error! Reference source not found.**). There is a huge jump from the Total Urban Sanitation (modified) allocations of 0.01 crores in 2014-15.

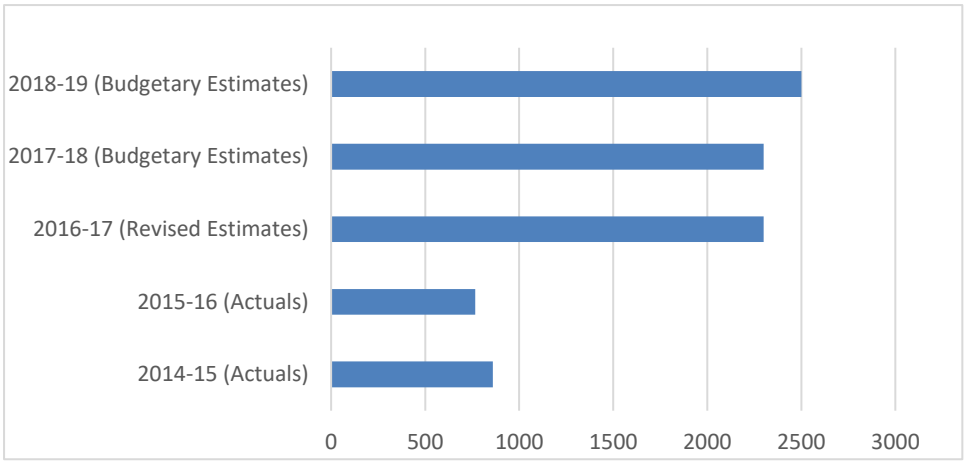


Figure 4: SBM (Urban)

Allocations in Crore Rupees

Release of funds by GoI has also been improving over the years. In FY 2014-15, GoI released only 41 % of its allocation to states. This increased to 94 % in FY 2016 - 17. In FY 2017-18, till 10 January 2018, 61 % of GoI allocations had been released to states (Budget Brief SBM (Urban), 2018-19, Accountability Initiative).

Public toilets have been recognized as one of the six main components of the urban mission. The SBM (Urban Guidelines, 2014) clearly states that, "States and ULBs will ensure that a sufficient number of public toilets are constructed in each city. All prominent places within the city attracting floating population should be covered."

The revised guidelines, issued by the MoUD on 1st August 2017, also has a goal for construction of public toilets for floating population (presumed at 5% of total urban population as per census 2011). To further ensure adequate provisioning of public toilets, the revised guidelines also included that, "*ULBs should ensure that for the convenience of the public, at every public place (banks, post offices, bus stops, petrol pumps, metro stations, hospitals, restaurants, schools, health centres, anganwadis, citizen centres) there should be at least one public toilet available, and that the facility should be kept functional and open for public use.*" Further, for any city or ward to be declared open defecation free (ODF), all commercial areas need to have functional public toilets within a distance of one kilometer.

To ensure convenience of location the revised guidelines also included the need for ULBs to *engage Quality Council of India to map all public toilets in the city on Google maps platform.*

The guidelines further mentioned that care should be taken to ensure that these facilities have adequate provision for men, women and special facilities for the disabled (e.g. ramp provision, braille signage, etc.) wherever necessary, clearly focusing on the need for inclusive public toilet policy.

Interestingly, the guideline also mentions that in calculation of the users it should be assumed that two-thirds of the number are males and one-third females. While this may be true for certain locations, it does point to the fact that the focus is on creation of higher number of facilities for men rather than women in general. As the usage is location specific, such common assumptions may not hold true. Further as argued in many researches mentioned above, women anyways need more number of public toilets than men.

To some extent, this has been recognized in the special norms for women's public toilets incorporated in the technical specifications for public toilets. A higher number of Water Closets (WC) has been recommended for women's toilets than that for men- two for every 100 to 200 women as against one for the same number of men, thereby clearly recognizing the higher need for hygiene in public toilets for women. The revised guidelines further provide for a separate seat for trans-genders.

Unfortunately, the guidelines do not recognize the need for urinals for women. While a sanitary unit is supposed to have one urinal for every 50 men or part thereof, there is no provision for urinals for women, although that was reported as a significant need by 51% women in the structured interviews.

Box 3: Gender Review of SBM (Urban) Public Toilet Policy

Gender Inclusive Parameters	Limitations and Challenges
➢ High focus on improving adequacy and coverage ➢ Distance and convenience parameters included ➢ Need for addressing concerns of women and disabled ➢ Specific norms for women in water closet ➢ Special seat for transgender	➢ No specific norms for addressing inequalities in spatial distribution ➢ No specific focus on non-profitable yet required points ➢ PPP model often limits the possibility of addressing the needs of marginalized ➢ Location specific ratio of men and women not taken into account. ➢ No gender sensitive design specifications included

ULBs also need to ensure that all public toilets being constructed under the SBM (Urban) are built in tandem with water supply arrangements in ULBs. There is also a need to ensure proper drainage and waste treatment systems. However, while detailed designs for these have been laid out, there are no specific provisions to include gender sensitive features. Also, there are no specific provisions for menstrual hygiene management such as sanitary pad vending machines, incinerators, number of dustbins per women user population, lockers or similar facilities for keeping their bags, and baby changing tables, etc. Provisioning of all these various facilities seem to have been subsumed in the "adequate provision for women" clause of the guidelines. However, in absence of specifications on what exactly needs to be done, it is highly unlikely that these facilities will be created.

Another important aspect of the policy has been the clear assigning of responsibility for provision of public toilets to the ULBs. This clear responsibility allocation not only helps in accountability for service provision, but also provides an incentive for innovations. Various ULBs have thus adopted different strategies to promote public toilets.

Box 4: City Level Public Toilet Provision Policies

Ajmer Municipal Corporation (Rajasthan) does not have any specific strategy for provision of public toilets and has been promoting the same based on the SBM (Urban) guidelines. All toilets are on pay and use basis.

Anantpur Municipal Corporation (Andhra Pradesh) provides land free of cost and has a contract with private service providers to build and maintain the public toilets for 25 years. All toilets are on pay and use basis.

Bhopal Municipal Corporation (Madhya Pradesh) has undertaken a tendering process for selection of implementation agency (Sulabh International). Under the contract with this agency, the municipal corporation identifies location and is responsible for acquiring land for construction. The agency then builds and operates the toilets on a pay and use basis. The design for the toilet is also provided by the corporation. Further, Bhopal municipal corporation also encourages public toilet construction on PPP basis, wherein advertisement revenues are used to cross subsidize the capital, operation and maintenance costs. These toilets are generally available for use for free.

Bhubhaneshwar Municipal Corporation (Odisha) has been constructing public toilets for floating population under its Project Samman through the National Buildings Construction Corporation Limited (NBCCL). based on designs developed by their technical partner Abdul Latif Jameel Poverty Action Lab (J-PAL) with funds from Bill and Melinda Gates Foundation. However, it has also introduced the concept of hybrid toilets which cater to floating population and local communities and are constructed by Sulabh International with funds from Housing and Urban Development Department. The maintenance of all public toilets has been given to various partner agencies including Sulabh International, Enkon, Ajanta Advertising, etc. All toilets are on pay and use basis. However, where there is low user base, the municipal corporation compensates the same at a rate of Rs. 20,000/- per month. Site selection and design for toilet is approved by the municipal corporation.

However, the focus on toilets to be run through public private partnership (PPP) mode can compound the problems of inequitable spatial distribution and inefficient operation of toilets.

Photo 3: Pay and use based PPP models do not always work

WSP (2007) in a study on public toilets in New Delhi Municipal Corporation (NDMC) had revealed how such models fail to incentive operation and maintenance as also result in inappropriate site selection. Although the guidelines have attempted to address this with an inbuilt provision of operation and maintenance for at least a period of 5 years. PPP models, however, often fail to address the problem of lack of facilities for women and differently-abled people. (Jonnalagadda and Tanniru, 2014). It is often seen that since the operation and maintenance cost has to be raised in these either through user fees or advertisement revenues, these toilets get limited to areas of high footfall and where the users can afford to pay for the cost.

The guidelines have now also included performance of Public Toilets as a critical aspect directing ULBs engagement with M/s ITI Ltd, Telecommunications Consultants India Ltd or Bharat Sanchar Nigam Ltd to implement ICT based solutions for monitoring Community and Public Toilets performance. One of the limitations of this provision is that it combines the targets for Community Toilets and Public toilets. Thus, even though, there is available data that 48% of the target of 5, 07,587 Community/Public Toilet seats to be constructed by 2019 has been achieved, one cannot assess the actual number of Public Toilet seats constructed. Also this data is not sex-disaggregated, which further limits the analysis from a gender perspective.

7. Budget Allocation and Expenditure at ULB level

The initial SBM (Urban) guidelines issued in 2014 provided for no financial support for construction of public toilets. The guidelines then clearly stated that, "*There will be no Central Government incentive support for the construction of public toilets under SBM (Urban). States and ULBs are encouraged to identify land for public toilets, and leverage this land and advertisements to encourage the private sector to construct and manage public toilets through a PPP agreement*."

One of the major limitations of the programme emerging from the study has been the lack of funding support for public toilets. The need to construct toilets in PPP mode has restricted the coverage of new toilet construction, especially in states that had not provided separate allocations. The lack of a separate budget head also was a limitation for the analysis as the municipal corporations could not provide the exact allocations and expenditure for construction of public toilets. In most cases, it was merged with community toilets. An analysis of the data available also shows the lack of proper utilization of the funds at the municipal corporation level.

Between 2015-16 to 2017-18, Ajmer Municipal Corporation (Rajasthan), had received 75 lakhs for construction of public toilets. However, the expenditure was "Nil". Bhubhaneshwar Municipal Corporation (Odisha) too had spent only a quarter of the grants received in 2015-16 and 2016-17. Of the 12.20 crores received for construction of public and hybrid toilets, the actual expenditure has been only 3.41 crores. Anantpur Municipal Corporation (Andhra Pradesh) had made no expenditure on public toilets from 2015-16 to 2017-18, only on construction of community toilets. Here again, of a total of 74.85 lakhs allocation, the actual expenditure was only 26.90 lakhs. Bhopal Municipal Corporation (Madhya Pradesh) was the only one with high fund utilization rate - 88% for community/public toilets in 2016-17. This is not surprising as the city has been making significant efforts towards improving sanitation. (Table 1)

Table 1: Allocations and Expenditure on Public/Community/Hybrid Toilets in the study cities

City	Allocation	Expenditure	Percentage Utilization
Ajmer	3.63 crores (2015-16)	0.24 crores (2015-16)	6%
Anantpur	NA	0.26 crores (2015-18)	
Bhopal	4.42 crores (2016-17)	3.89 crores (2016-17)	88%
Bhubhaneshwar	12.20 crores (2015-17)	3.41 crores (2015-17)	28%

With the revision in the SBM (Urban) Guidelines, the Central government will now incentivize the construction of public toilets and urinals by providing 40% Grant/Viability Gap Funding (VGF) for each toilet block constructed. The new guidelines also set a base unit cost for each public toilets to be constructed at Rs. 98000 per seat. The Central government will provide Rs. 32,000 per seat, while states will need to contribute Rs. 26,134 per seat.[2] For urinals, the base unit cost will be Rs 32,000 per seat, wherein the Central Grant/VGF will be Rs 12,800 per seat.

These new cost norms, however, have no incentive for the construction of public toilets in a more gender sensitive or disabled friendly manner. ULBs such as the Bhopal Municipal Corporation have already experimented with ways to have more women friendly sanitary complexes rather than only public toilets. It is important the National government recognizes such innovations and also provides financial incentives to promote such designs. Without such funding support, these models will remain models and will not be replicated at a larger scale.

Box 5: Hypothetical cost calculation of a Public Toilet Complex as per the norms

Ward Population:	1,00,000
Floating population @5%:	5000
Average users per Public toilet complex:	1000
Number of PT complexes:	5
Assumed male users:	660
Assumed female users:	330
Number of male water closets:	2
Number of female water closets:	2
Number of urinals (male):	13
Per capita costs (male):	12
Per capita costs (female):	5

Interestingly, while the overall state-wise funds envelope for the mission period remains unchanged, the states and the ULBs can identify land for public toilets and leverage this land and advertisements to encourage the private sector to construct and manage public toilets through a PPP agreement. Additional funding support by any other means can also be used for public toilets. The ULBs can also now put up mobile toilets for use as public toilets.

Box 6: Gender Bias in Pay and Use System - the case of Anantpur city

An interesting analysis with regards to the resources generated in pay and use toilets was done in Anantpur. The study team undertook user tallies for the peak periods of five to six hours for all the public toilets surveyed. It emerged that the toilet with the maximum usage had a footfall of 992 persons in 5 hours @ of almost 200 people per hour; while that with the least usage had a footfall of 232 persons in 6.5 hours @ of almost 36 persons per hour. With a user fees of rupees five per person, even with a modest estimation of only 10 hour utilization per day, the amounts earned range from Rs 36 lakhs per annum to Rs 6.5 lakhs per annum. This is a significant amount to recover operation and maintenance costs as well as capital costs over a period of 25 years.

These are significantly high resources and there seems to be a scope of reduction of the user fee, especially since 42% of the women interviewed in Anantpur reported that they could not afford the use of public toilets. They earned only around 200 per day and could not afford to pay Rs 15 - 20 just for urination. This is a significant gender bias, since men have to pay only rupees two for urinals, however since there are no urinals for women they have to pay rupees five irrespective of whether they use the toilet or just for urination.

[2] Cost sharing arrangement for North Eastern and Hilly States and UTs are different.

8. Gender-Aware Output Assessment

A vital aspect of GRB is that it moves beyond budgetary allocations to assess the outputs of the expenditures undertaken.

These outputs need to be looked at two levels:

a) Status of infrastructure and actual service provision
b) User satisfaction with the service

The study looked as both these aspects from a gender perspective.

a. Status of Public Toilets

The most important output expected from the SBM (Urban) is the increase in the number of public toilets within the city with better spatial distribution in terms of adequacy and convenience. Unfortunately, the data of the actual number of public toilets in the city and the number constructed under the SBM since 2014 was not available at the municipal corporation level in any of the project cities. However, the 2017 guidelines also mandated the uploading of public toilet sites on google maps. Based on this information the adequacy of the public toilets available in the study cities was undertaken.

Table 2: Adequacy in Provision of Public Toilets

City	City Population (Census 2011)	Target Population (5% of city Population)	Total Number of Public Toilets	Number of Public Toilets per thousand target population
Ajmer[3]	542321	27116	75	3
Anantpur	261004	13050	13	1
Bhopal[4]	1798218	89911	140	2
Bhubhaneshwar[5]	843402	42170	78	2
Total	3444945	172247	306	2

As can be seen from Table 2, on an average, there are two public toilets available per 1000 of target population. While this may still seem less, it is important to mention here that the numbers are reported to have improved over the last few years, especially in Bhubhaneshwar where the Project Samman was launched in 2012. Only in Anantpur, where no public toilets have been constructed in the last three years, the figures have not improved. This also points to the fact that smaller and relatively resource-poor municipal corporations have not been able to raise private investments for public toilets as envisaged under the 2014 guidelines. Interestingly, as can be seen from Box 6, public toilets in locations with high footfall generate good revenues with quite a few takers for their construction and maintenance. But this is not true for all locations. The policy thus needs to have a specific focus on making investments under the SBM (Urban) Central funds for such low revenue locations. As such, there are already reported spatial differences in the availability of public toilets in all the cities and it is important to use the available funds to bridge the spatial indifference. This is also important from a gender perspective, as often locations which do not see much footfall are deprived of public toilets, thereby creating problems for women (and probably

[3] Ajmer Municipal Corporation has reported availability of 58 public toilets, however in the interest of research analysis the same data of source (google maps) has been used for this analysis.
[4] Similarly, Bhopal Municipal Corporation has reported availability of 188 public toilets
[5] Similarly, Bhubhaneshwar Municipal Corporation had reported only 60 functional public toilets to the team but newspaper reports show 65 public toilets, with 58 new being constructed.

men) during transit. In the study too, 31% of the women interviewed had reported facing problems of availability of public toilets during transit.

Another important aspect to assess from a gender perspective is the parity in provision of water closets for men and women. As discussed earlier, while the guidelines assume larger male user potential, there is a requirement for higher number of water closets for women users. This should translate into roughly equal number of water closets for men and women. However, the toilet profiling data showed that there were 113 water closets for men as against 82 for women in the 20 public toilets surveyed. This means that on an average a public toilet has 6 water closets for men and only 4 for women. At the city level, this means significant gender disparities (see Figure 5) as the number of water closets for men is much higher than that for women (this is the case in all the cities studied). The average ratio of water closets meant for males to those meant for females is 3:2. This is in line with the assumption, mentioned in the guidelines, that male users constitute 2/3rds of the public toilet users. However, this does mean that the norms for higher number of water closets for women is not being followed.

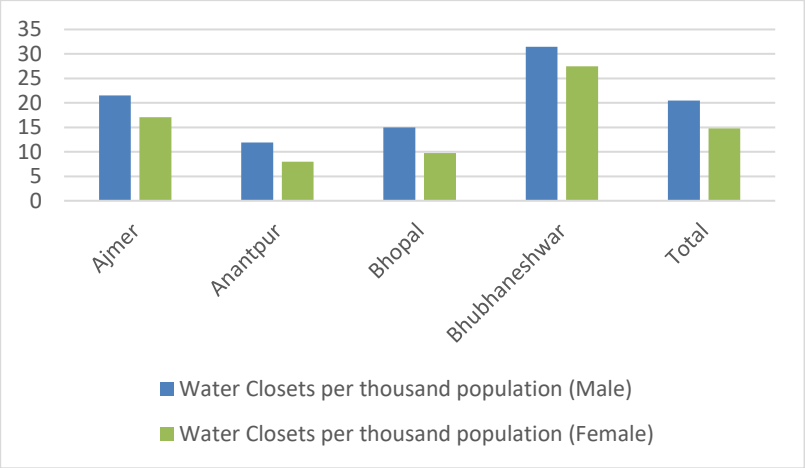


Figure 5: Water Closets Per Thousand Population (Estimated)

Box 7: Need for Gender Parity in Toilet Seat Availability- the case of Ajmer city

The norms for planning the number of water closets seem to be in line with the actual number of male and female users in general. However, an in-depth analysis shows that the norms applicable in general may not be true for individual units. Sometimes there is a need for more toilets for men, than given in the guidelines, and sometimes there is a need for equal number for men and women toilets. The sex disaggregated usage of the multiple toilets in Ajmer clearly shows that while in most toilets there are more male users, the ratio differs by location. (see Table 3). These calculations need to be taken into account while planning the number of water closets and seats, without which the needs of both men and women cannot be satisfied.

Table 3: Toilet Seats and User Pattern Observed in Ajmer City

Toilets	Male					Female				
	Toilet Seat	Bathroom	Urinal	Users	Users per Toilet Seat	Toilet Seat	Bathroom	Urinal	Users	Users per Toilet Seat
Toilet-1	3	2	0	313	104	3	2	0	141	47
Toilet-2	4	3	3	254	64	3	1	0	112	37
Toilet-3	2	1	3	390	195	2	0	0	51	26
Toilet-4	6	3	4	170	28	4	1	0	50	13
Toilet-5	3	1	3	740	247	1	1	0	104	104
Total	**18**	**10**	**13**	**1867**	**104**	**13**	**5**	**0**	**458**	**35**

In addition to the availability, it is important to address inequalities in spatial distribution to ensure adequacy of toilet availability. A review of the city level maps shows that, while this has been addressed to some extent with the increase in number of toilets, these are still concentrated in certain parts of the city and are not equally distributed across various locations in the city.

Box 8: Issues due to lack of gender parity in public toilets: Women's Experience

Shardabai stays nearby and is a regular user of public toilet at new market. She shared her experience raising concern over the safety of women in accessing public toilets during rush hours. She pointed out that there is heavy rush of toilet users daily in the evenings and on the weekends. On some of the busy days, she found that males barged into latrines for females and used them. Some of them were even drunk. This was despite being prohibited by the concerned supervisor. The men fight with the supervisor on the pretext that it's a rush time and they need to attend to the natural call. Sometimes, the supervisor, habituated to these situations, keeps listening to music and prefers to ignore the situation. According to Shardabai, this is common scenario at least 2-3 times in a month. This poses a great safety issue for women accessing those public toilets. She suggested having more of separate urinals for men and women to address the safety issue.

Another important aspect connected to availability is the quality of the infrastructure created and its maintenance. A review of the 20 public toilets studied[6] shows that:

- Around 15 were at a distance of 100 ft or less from the main road indicating easy accessibility. Also 16 had clear sign boards for easy location.
- All the toilets had unbroken entrance gates. However only 12 of them were reportedly convenient for women to enter with dignity, with only 11 having separate male and female entrances.
- Also, only 3 of the 20 public toilets surveyed had ramps to enable accessibility for differently - abled persons.
- Around 14 units were seen to be following the practice of locking toilets, of which 8 toilets were those constructed under the SBM (Urban).
- In 12 of the 20 toilet sites surveyed, there was garbage/solid waste pilled near the site. In 7, these were very close to the entrance areas.

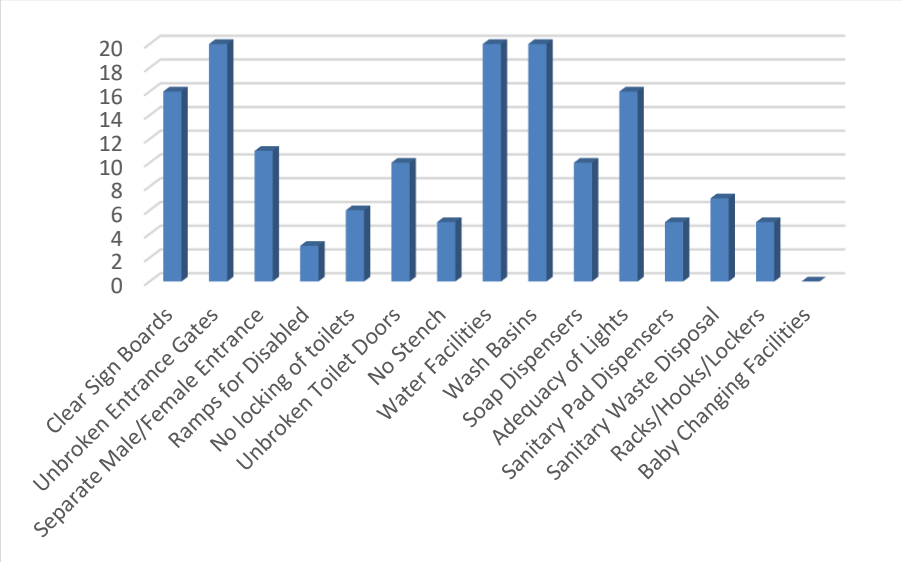


Figure 6: Basic Facilities available in public toilets

[6] Of these 11 were built under the SBM and 9 were existing ones. Only 4 public toilets in Ajmer were managed directly by the ULB, all others are privately managed. Except one PT in Bhopal which is run by an advertising agency all the others were run on a pay and use basis.

- Around half of the toilets had broken doors, of which 5 were those under the SBM (Urban). In 11 units there was graffiti written on the doors, of which 6 were those built under SBM (Urban).
- Around 15 toilets had problem of stench, 9 of which were built under the SBM (Urban). Of these, 10 toilets were observed to be very unclean of which 5 were built under the SBM (Urban).
- All toilets had water facilities, and on an average there were 5 working taps per toilet unit. Importantly, 3 units had no ablution taps.
- All 20 units had wash basins at an average of 2 per unit. This is much less than that specified in the guidelines. Further, only 10 sites had soap dispensers.

Photo 4: Neat and Clean, Well Light Public Toilet Complex

Of these, particularly important from a gender perspective are the following parameters:

- Around 16 of the total toilets surveyed had adequate lighting facilities, which contributes highly to feeling of security.
- In 9 of the surveyed sites, there was less privacy for women users. Of these, 5 were built under the SBM(Urban).
- Only 5 of the 20 units surveyed had sanitary pad dispensers, of which 4 were those under the SBM(Urban). Of these, 4 units were in Bhubhaneshwar and 1 in Bhopal.
- Only 7 units had sanitary pad disposal system, most being in Anantpur. Only 15 units had dustbins (average 2 per unit).
- Only 3 toilets had built in rack facilities and only 3 had hooks to hang belongings, which women generally carry with them.
- Only 1 toilet had door opening on the outside, which is relatively convenient for women especially those with children and/or wearing sarees.
- None of the toilets had baby changing facilities in male or female sections.

Photo 5: A simple hook can be very useful for women

Box 9: Innovations in Gender and Public Sanitation- the case of Bhopal city

Bhopal Municipal Corporation has constructed two "**She Lounges**"- State of the Art Public Toilets for Women in Bhopal city. "She Lounges" was incorporated as a feature of the smart city project with the aim to provide clean toilet facilities and amenities for lady shoppers and working women in commercial areas. In terms of facilities , "She Lounge" includes:

- a free-to-use air-conditioned zone;
- a women staff;
- sanitary napkin disposer;
- waiting room with seating facilities;
- Wi-Fi , FM radio, ATM and
- a novelty shop of cosmetics and daily need items.

The 'She-lounge' concept was awarded for being the best smart city initiative in the Elets Smart city conference, Delhi. Bhopal Municipal Corporation now has plans to come up with 5 new 'She Lounges' across the busiest locations in Bhopal.

Bhopal also became the second city in the country, after Mysore, where a separate toilet has been constructed for the Third Gender community. The toilet, built at a cost of Rs 35 lakh, also has a change room/make-up room.

b. Gender- Disaggregated User Satisfaction levels

Along with an analysis of the infrastructure status, the study also undertook a user satisfaction survey with 806 persons including 401 women/girls. Around 62% of these users were either people who worked in the locality or had come there temporarily in connection to their work.

Interestingly, a very high level of user satisfaction was revealed in the study. When asked to rank the overall satisfaction levels on a scale of 1 to 10, most users gave scores higher than 6. The satisfaction levels among females was slightly lower than that of males. (Figure 7). Adolescents and disabled were comparatively less satisfied than others.

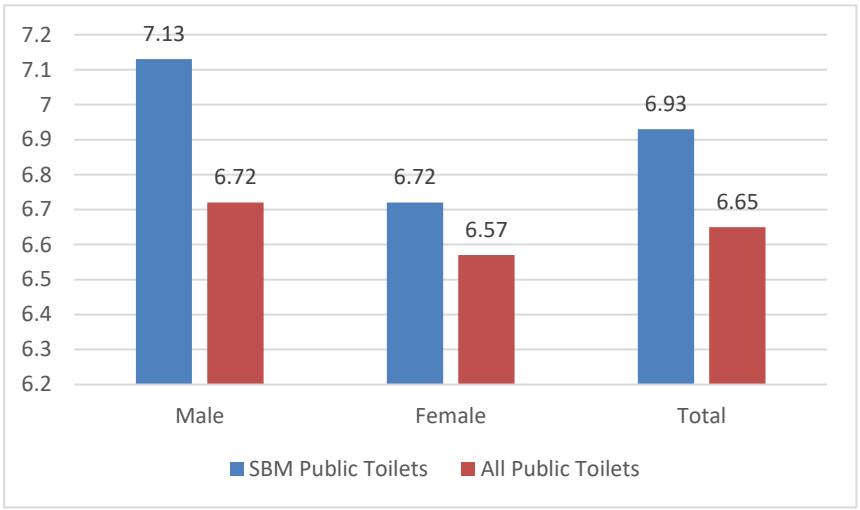
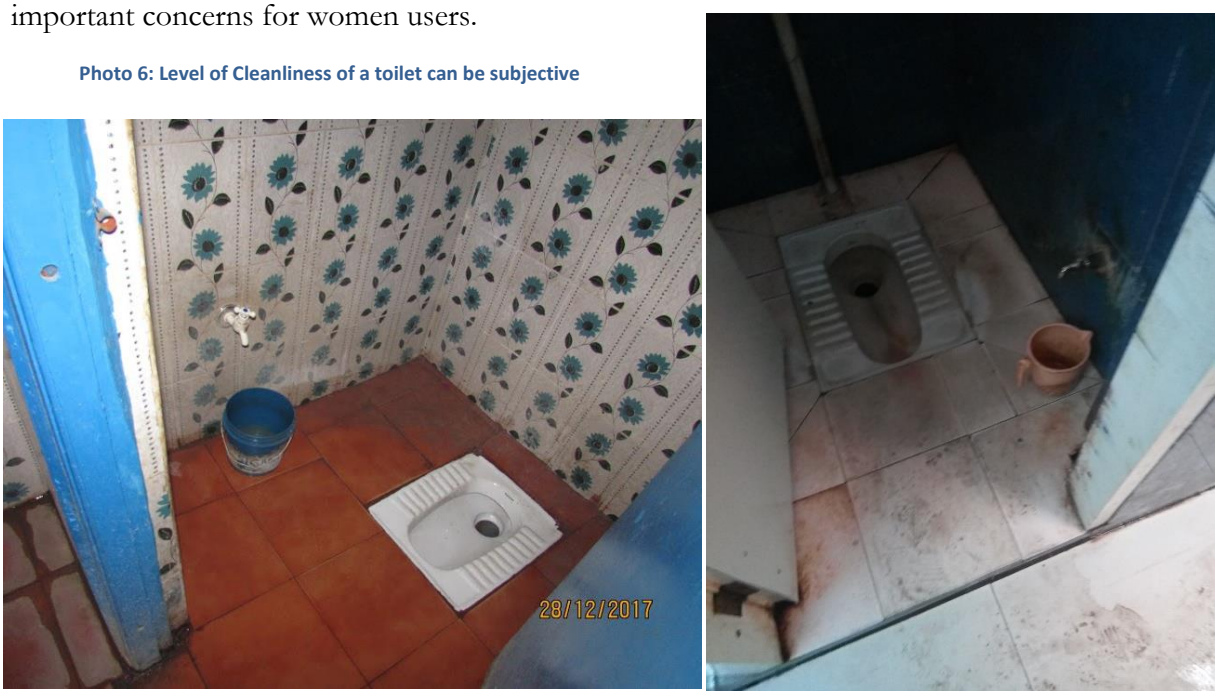


Figure 7: Average User Satisfaction Scores on a scale of 1 to 10

It is also important to mention here that the user satisfaction level was relatively higher for the public toilets constructed post 2014 after the SBM was launched than for those which had existed for long. The new toilets were ranked higher for their new infrastructure, cleanliness, privacy and safety- parameters, which are very important concerns for women users.

Photo 6: Level of Cleanliness of a toilet can be subjective



However, female users were not all fully satisfied with the service. Only 36% reported full satisfaction, 45% reported adequate level of satisfaction and 19 % reported not being satisfied with the quality of service. There are interesting gender differences seen in the level of satisfaction with the service both overall and on various parameters as can be seen in Table 4 below. As can be seen, while overall level of satisfaction with the public toilets is less for women than for men, women's level of satisfaction on parameters important to them such as cleanliness, safety and privacy has been higher than that of men. This is probably due to the fact that the service availability in itself is a great facility. Almost 25 to 30 % women interviewed in most cities reported facing harassment during open defecation.

Table 4: Gender Disaggregated Public Toilet User Satisfaction Analysis

Parameter	Male			Female		
	Fully Satisfied	Adequately Satisfied	Not Satisfied	Fully Satisfied	Adequately Satisfied	Not Satisfied
Easy Accessibility	64%	32%	4%	56%	37%	5%
Adequacy	54%	40%	6%	49%	45%	6%
Convenience	44%	38%	18%	47%	41%	12%
Cleanliness	37%	46%	18%	50%	35%	15%
Safety	53%	34%	13%	50%	43%	7%
Privacy	42%	48%	10%	54%	39%	7%
Overall	**44%**	**40%**	**17%**	**36%**	**45%**	**19%**

The most important gap, from a women's perspective, exists with respect to accessibility and adequacy of public toilets. This finding emerged from the structured interviews, underlining the need for more investment in public toilets and increasing the number of public toilets in a city. Another vital area of concern that emerged is the high user charges. Many women users suggested reduction in user charges and/or provision of urinals for women, which can be used for low or no charges.

Box 10: Gender Responsive Specifications- the case of Bhubhaneshwar city

Bhubhneshwar Municipal Corporation has made some very important additions to the public toilet design guidelines. Accordingly, there are specific provisions for display of signage for toilet entrance, display of rate charts, display of grievance redressal mechanisms, provision of supervisor, provision for sanitary napkin vending machines and incinerators in the public toilets. Sanitary napkin vending machines along with incinerators have been installed in 11 public toilets in Bhubhaneshwar. Further, in case of 7 out of 10 seat toilets (mainly hybrid toilets), there are also toilets with children seats. Further, usage of toilets is free for disabled persons. Additionally, in special projects under Project Samman, women and girls are also consulted during both construction, operation and maintenance of the toilets.

Provision of public toilets with urinals for women emerged as an important suggestion from both the users and the potential users (women participants in structured interviews). The major concerns/suggestions raised by women user include:

- Inadequate number of public toilets: As a woman construction worker shared "*There are inadequate public toilets due to which I face problems. I am forced to urinate in open space*." Another

woman working in a road side cabin shared *"More public toilets are necessary. It is really embarrassing for employees to urinate in open space during the periods*." Also those available are dirty and not having adequate water facility. "*There is no water in this public toilet as the tap is broken. The water keeps flowing till the tank empties. So, I have to urinate in open space and frequently put up with harassment from men.*" added another woman.

- Incidences of harassment from men and boys often in the evening and especially from those who come with the patronage of the supervisor: As one woman mentioned "*Without any reason people are sitting outside the toilet. Such people should not be allowed there.*" Another woman shared, "*The supervisor at the public toilet is often away. It makes me feel vulnerable, especially after 6pm, as the locality is remote and sparsely populated*." Also many times doors are broken and there is inadequate lighting.
- No facilities for menstrual hygiene: "*Dirty clothes are kept lying on the floor due to which we do not feel good. In the toilets there should be a system of sanitary pads disposal so that other users feel well. There should be separate dustbins for sanitary pads.*"
- Timings of the toilet: As one women shared, "*Toilet close at 9 pm, after which we cannot use this toilet. Sometimes, in cases of stomach ache we use toilet which is far away. Toilet should be open till the market is open*"
- High user charges for urination: As one women user shared "*Urinals are used by males. There are no urinals for females because of which women go to the toilet every time, even for urine, and the supervisor charges money every time for the use of the toilet.*" Also the charges are not displayed and the supervisors charge based on their whims and fancies. Another women shared, "*Whole day we work here and we use toilet many times in a day. If do not give user fee, the toilet operator does not allow us to use the toilets.*"
- No storage facilities: As one woman observed, "*For luggage there is no place or locker. To keep the luggage and other things space should be available*."

Box 11: Concerns related to Public Toilets: Women's Experience

Manisha Pani is a 34-year-old woman who works as an assistant in a shop located near Ruchika Market in Bhubhaneshwar. Her working hours are from 10 am to 8pm and she does not have access to a toilet at her work place. Manisha uses the public toilet at Khandagiri II. However, lack of operation and maintenance at the toilet poses several problems for female users like Manisha. Non-availability of water in the public toilet at all times is another major problem. In many of the public toilets, either the taps are damaged or the tank is emptied. "There is no water in this public toilet as the tap is broken. The water keeps flowing till the tank is emptied. So, I have to urinate in the open and have to frequently put up with harassment by men," she says. "It is difficult for women to urinate in open as it attracts unwanted attention from men." She says that women and girls are harassed while going to public toilets during working hours by men and boys who loiter around the toilets. But the presence of supervisors at the public toilets gives a sense of security to the women. "Yes I was once harassed by boys chatting near the toilet but the Supervisor came to my help," Manisha reveals. Lack of privacy is also a concern as some of the doors did not function properly. Narrating her experience, Manisha says that the doors for the female toilets need to be repaired as they are damaged. It is difficult to shut the doors properly." Manisha feels that inadequate public toilets, especially in public areas such as bus terminals and bus stops pose a problem for females in transit. She says that several times while travelling she had to hold urine for long hours due to lack of appropriate space to urinate. "I was earlier working at a village school in Nimapada for which I had to travel for long hours. There was no place I could relieve myself while travelling and had to wait till I reached the school or the house," she says.

9. Women's Livelihood and Health outcomes

The study also attempted to understand the link between public toilet provisioning and women's economic empowerment. The interviews with potential users thus focused on working women, especially those from low-income communities. The focus was on four different categories of working women. Around 39 % women interviewed reported having faced loss of employment due to the lack of public toilets. About 43% women also accepted that availability of toilet facilities at or near workplace is often a consideration while taking up employment.

Box 12: Access to Public Toilet and Women Livelihood: Women's Experiences

Tara was a salaried employee at a private company. Her office was located in the Thaddaram Commercial complex in MP Nagar, Bhopal. She suffered a lot of sanitation related issues due to the lack of basic sanitation/latrine facility at her work place. She and other female staff members used nearby *Sulabh* public toilet in the complex to relieve themselves. This public toilet was usually surrounded by the flock of men as it was located in a commercial complex. Women, most of the times, had to make way through the men crowding outside the toilet. Evenings are the worst as stalking by men was very common. Besides, surrounding it were liquor bottles and cigarettes making it highly unsafe for women to access the toilet. Tara, shared that she and other women staff were compelled to hold urine for long periods due to the lack of proper sanitation at workplace. Also, it was not feasible for them to visit their homes during emergencies. All the women staff members requested the owner of their company to make alternative arrangements for sanitation, which went unheard. As a result, Tara finally decided to quit her job.

Anjamma, aged 49 years, shared that she had to lose three days of work during her menstruation before these public toilets were built. She expressed that she has found the public toilet to be a very convenient facility. She had to spend half an hour to use it, and hoped that she could have a toilet in her house. She was happy that the government is building toilets at the household level.

35 year-old Nilima Murmu is a construction worker and the only bread earner of her family, which includes her old mother and two children. She belongs to the Scheduled Tribe (ST) community and works at construction sites in Bhubaneswar. She used to work temporarily at the construction site at Khandagiri. "I always face problems at the work sites which do not have toilets," she says. "Sometime, have to hold urine for long, which is very uncomfortable. Once I also suffered from severe back pain and stomach pain, which lasted for about a month," she reveals. During this time Nilima could not go for work.

Inadequate toilet provisioning not only impacts the livelihood of women but also has health implications for them. Around 23% of the women interviewed reported having faced health problems due to non-availability of public toilets. In fact 37% women reported that they have had to control urinating many a times, often for five to six hours, due to lack of adequate, clean and affordable public toilets.

Box 13: Access to Public Toilet and Women Health: Women's Experiences

Narayanamma is a middle aged women of 56 years. She works near the Arts college main road as a Tea vendor. Her husband works with her. She recalled how she had to control her bladder for several hours when there was no public toilet in her vicinity. She was embarrassed when she had to urinate in very difficult circumstances without a toilet in her area. She felt humiliated

and ashamed. She had to undergo intense abdominal pain because of controlling urination. Even now she finds the public toilet really far away- half a kilometre by walk. Further, she is afraid that she may contract urinary tract infection from the unhygienic toilets.

Lingamma, aged 52 years, sells fruits on a cart. She works from 9.00 AM to 7.00 PM and uses the toilet at the Bus terminal, which is a very busy place. The toilets are used by many and Rs. 5/-is charged per use. She has to leave her cart unattended when she goes to the crowded toilet. The toilets are also smelly. Lingamma shared her personal problems with regard to lack of access to toilets. She had to lose five days' work when she was menstruating and had heavy bleeding. Accessing water, and sanitary pads was not possible. It was very difficult to work with smelly unchanged napkins. Even walking during those days was very difficult. She referred to a medical doctor. She realised that she could have been infected from the unhygienic toilets. Now she is diabetic and needs to urinate at least 6 times a day during working hours. It costs Rs.30/- per day and is very expensive. She clearly demanded that more toilets at the women's work site are required.

10. Conclusion and Recommendations

The provision of public toilets in itself is a gender responsive strategy as the service is required by women more than men. For women, availability of public toilets is not only a health issue but also one of safety, dignity, personal health and livelihood. The focus of the SBM (Urban) on provision on public toilets is, thus, a commendable initiative. However, the accessibility and adequacy of public toilets still need to be improved. Also, the public toilet design needs to be more gender responsive.

a. Increase in accessibility and adequacy

There needs to be specific policy focus on this with the guidelines clearly specifying the standards for calculation both in terms of population and space. There should be atleast one public toilet per 100 persons (for 5% of the city population), along with one separate public toilet in every square km radius. This should be in addition to the current norm of having a functional public toilet every one-km for a ward to be declared open defecation free. Also, the directive of the Ministry to ensure public toilets in public institutions should be more widely publicized and action must be taken against those not adhering to the norms.

b. Gender responsive norms included in public toilet design

It is also important to make the guidelines more gender responsive. Some of the key suggestions emerging from the study should be included in the guideline itself and a design of the gender sensitive public toilet with all requisite facilities should be included as a part of the specifications. These should inter-alia include:

a) Provision of urinals for women with lower or no user charges.
b) Directive for having separate male and female entrances wherever possible, with clear marking of entrance.
c) Provision of sanitary napkin vending machines and incinerators (or alternative disposal mechanisms) in larger public toilet complexes. In smaller units there should be a separate dustbin/ sanitary waste collector. All units should have sanitary napkin disposable bags.
d) Having hooks on doors and racks in all women's toilets. Also wherever possible, locker facilities must be made available.

e) Having separate child seats and baby changing spaces in both men and women's toilets, specifically in women's toilets.
f) The ratio of male and female toilet seats and urinals should also be made flexible based on local conditions.

c. Specific budget allocations for gender sensitive public toilets

The revision of the guidelines in 2017, which provided for Central funding for public toilets, has been the first step towards GRB under the SBM (Urban). However, it is also important to ensure that there is adequate utilization of the funds. Further, it should be ensured that more investments should be in locations with low footfall, which cannot recover capital costs. Specifically, spaces with high women floating population like markets, transit points (bus-stops), hospitals, etc should be covered under these investments. The guidelines can also have separate unit cost for male and female toilets and urinals, with higher costs for the latter to enable inclusion of menstrual hygiene management, child care and safety concerns. There should also be a separate budgetary provision for exclusive toilets facilities for women- 'She Lounge' and separate toilets for Third Gender. Corporates should be encouraged to invest in such facilities as part of their CSR initiatives.

d. Improving maintenance for better user satisfaction

User Satisfaction from the public toilets both overall and on various parameters has been high for both men and women. However, the percentage of fully satisfied users is still less than half. Also, the fact remains that a lot of potential/target users are unable to use public toilets either due to accessibility, cleanliness, safety or affordability concerns. These issues need to be addressed in the implementation stage.

Privacy greatly matters to women users. Thus, secure doors and locking systems, separate entrances, clear pathways for female toilets and bathrooms have to be guaranteed. Recruitment of women as supervisors and in greater numbers as cleaning staff, especially from Self Help Groups, must be ensured to help provide empowerment through employment.

Women are physically more vulnerable to infections and hence have greater need for hygiene. Although public toilets ranked high on cleanliness satisfaction, the study shows that cleanliness is still inadequate. Attention should be paid to regular cleaning, uninterrupted water supply, building of functional racks, hooks and soap dispensers in sufficient numbers and placing of mugs, buckets and air fresheners. Sanitary pad dispensers and facilities for effective disposal must exist in every public toilet. Systematic operation and maintenance (O&M) of public toilets would also ensure that they are not dirty or smelly, are safer and more usable. Regular O&M will encourage female users to use public toilets in greater numbers.

The effectiveness of the O&M can also be further assured through beneficiary participation. A simple way to do this is by providing the users options for giving their feedbacks such as providing a simple feedback register or mechanised methods as are being explored in Bhopal. The Singapore method of negative feedback directly reaching the concerned officials and generating required action can also be explored.

To conclude, one may say that public sanitation has not been adequately focused on till date in India. The SBM (Urban) has brought it into the mainstream agenda. Public toilets, however, have still not got the required attention especially as the initial 2014 guidelines did not provide any investment support for the same. The revision of guidelines in 2017 is a welcome step in this regard. However, with the increased funding support, it also needs to be ensured that not only do the number of public toilets in cities increase but also that they are more equitably distributed throughout the cities. This is important to increase accessibility public toilets to all women. Further, specific policy and budgetary changes need to be made to ensure that the public toilets constructed herewith are more gender sensitive in design and maintenance.

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