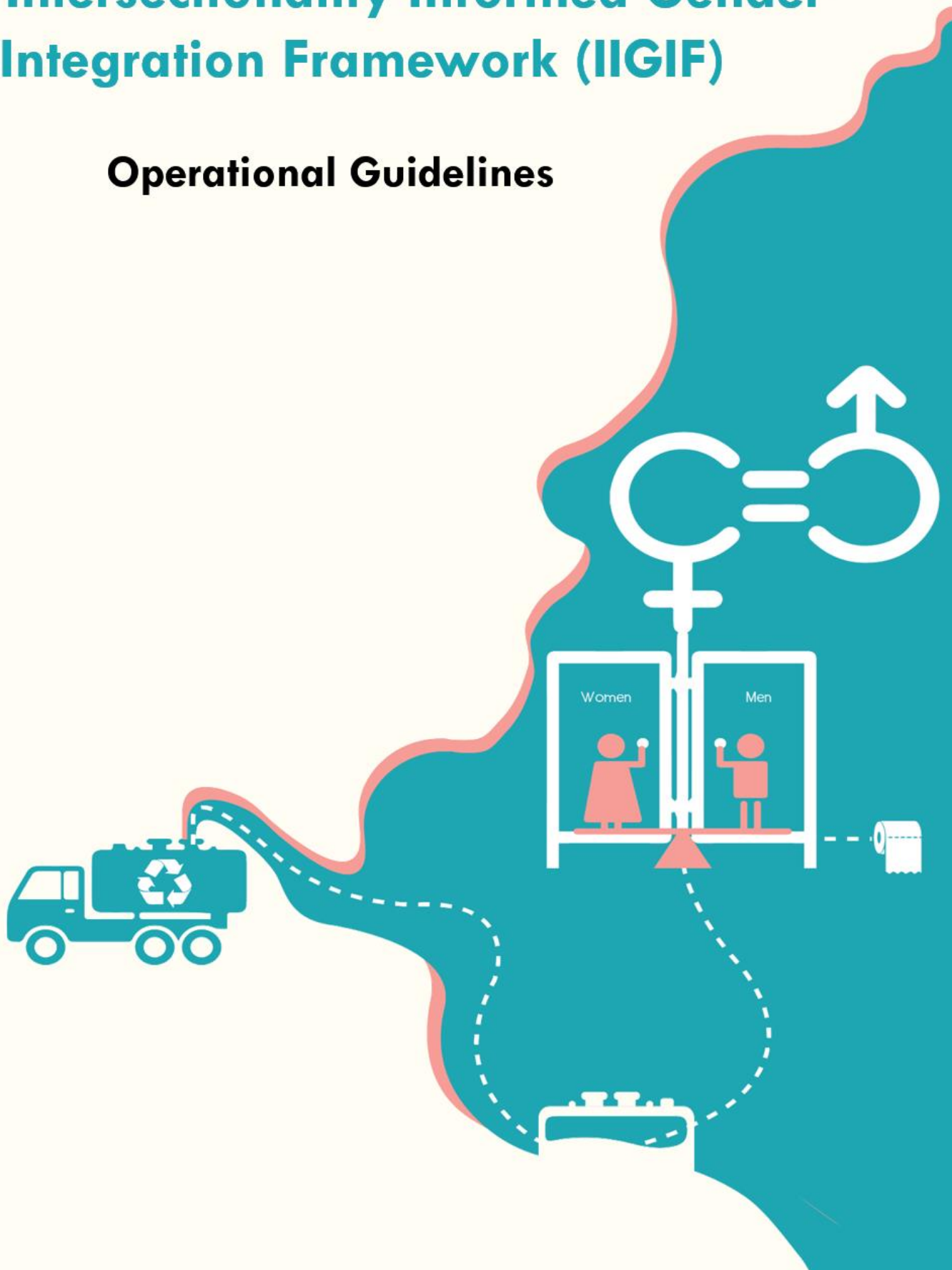
The Intersectionality Informed Gender Integration Framework (IIGIF)

Operational Guidelines



Background

Clean water, adequate sanitation, and good hygiene practices are essential for our survival and development. A cursory glance at the Sustainable Development Goals (SDGs) shows a clear intent towards ensuring that WSH and other basic services are made available to all.

Goal 6 of the SDG involves ensuring the availability and sustainable management of water and sanitation for all. For example, targets 6.1 and 6.2 pertain to universal and equitable access to safe and affordable drinking water, as well as sanitation and hygiene, respectively.

Goals 5 and 11 show a commitment to the larger objectives of gender equality and inclusive urban development. They involve achieving gender equality and empowering all women and girls, and making cities and human settlements inclusive, safe, resilient, and sustainable, respectively.

Gender integration in the service delivery sector is a crucial step towards developing inclusive services. The concerns and experiences of all genders should become an integral dimension of the design, implementation, monitoring, and evaluation of policies and programmes. Gender integration can help ensure that the policy-making and legislative process adds greater value to society. This in turn, can ensure that policies respond more effectively to the needs of all citizens.

A solely women-centric approach in gender integration is not enough to ensure that every individual, including the most marginalised, get access to sanitation. Certain groups are more vulnerable than others which means that the lack or absence of basic services does not affect everyone equally. Therefore, we must consider all the vulnerabilities within and beyond gender, such as age, ability, socioeconomic class, etc.

Since 2017, the Centre for Study of Science, Technology and Policy (CSTEP), the Administrative Staff College of India (ASCI), and the Centre for Advocacy and Research (CFAR) have been engaged in a collaborative project supported by the Bill and Melinda Gates Foundation. This project aims to integrate gender into sanitation planning, implementation, and empowerment in three towns of Andhra Pradesh, India. This document presents key learnings from the successful implementation of this project in the form of a step-by-step guideline.

The purpose of this guideline is to assist and outline the planning requirements of sanitation services. It also proposes pathways for local governments to effectively plan for and deliver on the diverse needs of marginalised or vulnerable groups.. The main objective is to streamline the development process and implement the Intersectionality Informed Gender Integration (IIGI) framework. This in turn, can help the cities attain their transformative potential through ‘sanitation for all at all times’ using an inclusive and participatory approach.

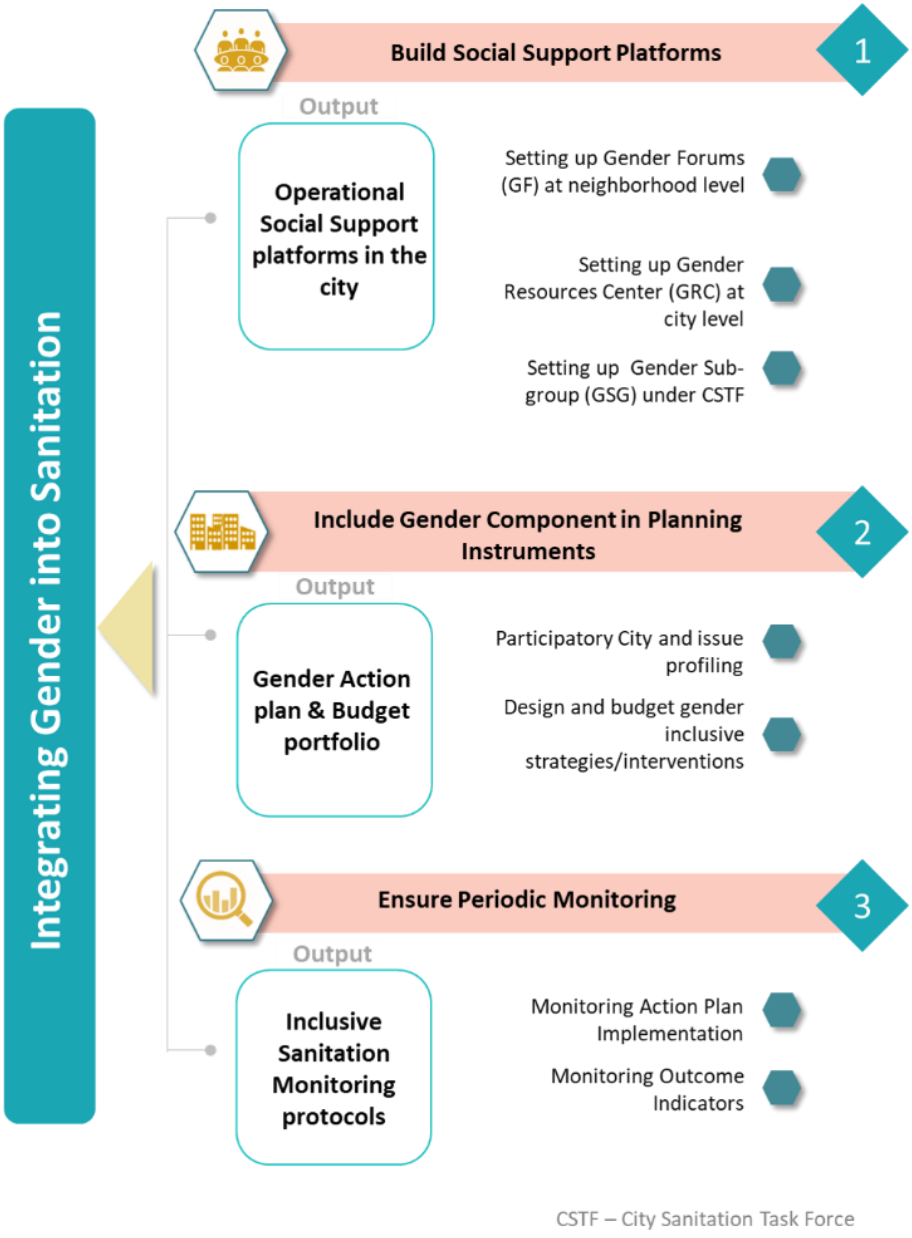
Section - A

The IIGI Framework

The Framework

The Intersectionality-Informed Gender Integration framework (IIGIF) has been designed to place inclusiveness at the heart of sanitation service's planning and implementation. It aims to strengthen agencies and processes at all levels for increased accessibility to sanitation services. The framework looks at the cumulative impacts of different social factors such as gender, age, ability, socio-economic class, etc. It also considers their interactions in relation to access to adequate sanitation services. The framework recommends a decentralised and participatory governance approach, with increased co-ownership of community structures. This can help bridge the gap in sanitation provisioning and strengthen the equity participation of community and community support systems. The framework has been designed to operate along three components to ensure extensive reach and impact.

1. **Build Social Support Platforms**
2. **Include Gender Component in Planning Instruments**
3. **Ensure Periodic Monitoring**



CSTF – City Sanitation Task Force

1. Build Social /Support Platforms

The establishment of social mobilisation platforms are a crucial step towards ensuring the participation, representation, and ownership of women and marginalised communities in the planning and governance processes. Such platforms can help streamline a transparent, empathetic, and swift two-way communication between the community and the service providers and decision-makers. The IIGIF prescribes a multi-level structure that involves the establishment of forums at the settlement, the sub-city administrative (i.e. wards), and the federated city levels. These structures enshrine the concept of intersectionality by adopting an open and inclusive participation of community members.

The following are the multi-level structures formed in the study cities:

Social Support Platforms

Gender Forums (GF)

Gender Forums are formed at the settlement level under the aegis of the state program, MEPMA, and the ULB. GFs are SHGs have been adapted to include vulnerable groups like persons with disabilities (PwD), minorities, street vendors, girls, children, the elderly, sex workers, transgender, etc. GFs are the first point of contact for community members to voice their concerns and channelise them to the right authorities.

Gender Sub-Group (GSG)

The GSG is a sub-committee formed at the city level, under the City Sanitation Task Force (CSTF). The main aim of this body is to focus on equity in sanitation, especially on the needs of women and vulnerable groups. The GSG must ensure that sanitation planning instruments developed for the city effectively imbibe a gender-responsive lens.

Gender Resource Centre (GRC)

The GRC is a platform established at the municipality level. It oversees the implementation of the 'gender integration into sanitation' agenda. The GRC acts as a 'single window' through which the community and the municipality can interact to ensure that all sanitation-related needs and issues are successfully addressed. The GRC also ensures a proactive approach to inclusive sanitation by assisting GFs and the GSG with their functions.

2. Include Gender Component in Planning Instruments

The framework's reflections should be aligned to this existing process for it to be imbibed into the sanitation service provision. The framework recommends a participatory city and issue-profiling to design and prioritise gender inclusive strategies, interventions, and actions. It also recommends the development of an action plan through the active participation of GFs, GRCs and GSGs.

The action plan will be institutionalised in two ways: via either City Sanitation Plans (CSPs), if they exist; or in cases where cities do not have functional CSPs, it can be mainstreamed as the city sanitation planning process. To ensure implementation, the framework outlines crucial activities such as intervention design, inclusive budgeting, city-level institutionalisation, etc. The framework recommends the implementation of a gender-budgeting framework and the earmarking of sufficient budgets for gender integration-related interventions. It also recommends ensuring the flow of resources to support capacity building and the sustenance of community structures such as GF, GSG and GRC.

3. Ensure Periodic Monitoring

Long-term sustainability of any operational framework requires rigorous monitoring and evaluation. The framework recommends tracking the implementation of the action plan through the milestones and indicators of success defined for each intervention. However, this set of indicators is not be enough to truly capture the inclusivity the city. These indicators are also not adequate measures of whether an action plan is on track to demonstrate a social transformation agenda. Therefore, the framework articulates a set of indicators to monitor the inclusivity of the sanitation sector and assess gender gap in the city.

Section - B

Operationalising the Framework

1 Building Social Support Platforms

A Step-by-Step Process

Social support platforms are critical instruments for integrating an inclusive agenda across all levels of sanitation planning and service delivery. They help provide voice and agency to even the most marginalised communities, thereby, increasing their active participation and stake in the planning process. In most urban settlements, there are already one or more social support platforms operating – having been created under various missions and/or policies, such as the Self Help Groups under the National Urban Livelihood Mission or the Mahila Arogya Samitis under the National Health Mission.

However, in most instances, sanitation is not a key part of their mandate. Based on the experience of implementing the IIGI framework, we recommended that such existing structures be leveraged for the execution of a sanitation-focussed agenda. Furthermore, such initiatives require an experienced facilitator who can help build trust between the Urban Local Body (ULB) and the community, and is therefore, of particular importance at the onset of this process.

A six-step process is presented below. It has been developed, based on the IIGI framework's implementation. This process has been adapted from a report prepared by CFAR[1] .

Step 1 – Listening

Stakeholders

ULB officials, Community Resource Persons (CRPs), Self Help Group (SHG) members, members from various related programmes/schemes (such as Mission for Elimination of Poverty in Municipal Areas in Andhra Pradesh), and facilitators.

What does listening mean?

Listening is a two-way exercise that involves the community and the ULB listening to each other about sanitation. This process will help both groups develop a common cause.

Steps

- City-level officials should visit settlements at a time convenient for the community and conduct lane-wise or group meetings with specific user groups - women, girls, men, the elderly, people with disability (PwD), and transgender persons.
- City officials can also take guided, transect walks with proactive members of the community to observe the existing sanitation infrastructure.
- Officials can attend meetings of SHGs and other slum-level groups to understand the expectations and experiences of different users.
- Experiences of front-line workers, Public Health workers, sanitary inspectors, etc., should also be captured to understand the current state of sanitation services.

[1] Centre for Advocacy and Research (May 2019). *Gender Inclusive Sanitation – A Step-by-Step Guide for Urban Local Bodies.* Available at (http://igis.cstep.in/resources-outputs.php)

Step 2 - Early Problem Solving and Confidence Building

Stakeholders
Community representatives, ULB officials, and facilitators.

What does early problem-solving and confidence-building mean?
This step focuses on building trust and confidence among the community members regarding the establishment of empathetic and participatory mechanisms for managing sanitation services. This is done by enabling community representatives to submit applications regarding urgent problems, aggregating the demands of persisting problems, and conducting public hearings or interface meetings. Facilitators play a major role at this step by supporting both the ULB and the community to jointly agree upon a common agenda.

Steps

- Conduct public hearings or interface meetings to arrive at solutions for persisting issues
- Decide the jury stakeholders, date, venue, and time for the meeting
- Invite stakeholders such as Urban Local Bodies, Community representatives, and officials from other concerned departments
- Prepare community representatives to depose and present their concerns
- Facilitate officials and the community to listen, negotiate, and reach a solution

Step 3 - Constituting Social Support Platforms

Stakeholders
Community representatives, facilitators, and ULB officials

What does constitution Gender Forums and Gender Sub-Groups mean?

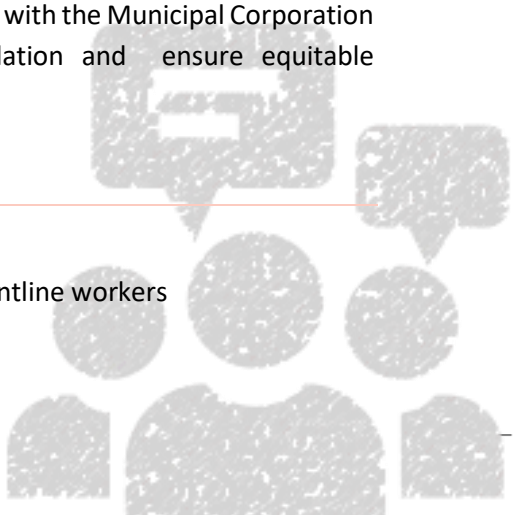
- Enable community representatives to collectivise, form forums, and groups
- Ensure that all user groups are adequately represented in these forums and sub groups

Steps

- Identify members for Gender Forums from among active members of different community platforms such as SHG, other slum-level groups, groups with specific needs (such as PwD), transgender people, the elderly, single women, and adolescents
- Constitute Gender Sub-Group under the CSTF with select representatives from Gender Forums, to represent the issues at the city-level
- Establish common processes: Gender Forums will work closely with the Municipal Corporation to ascertain equal participation of the vulnerable population and ensure equitable distribution of the services to all

Step 4 - Develop Evidence from the Ground

Stakeholders
Trained community representatives from specific user groups and frontline workers



What does developing evidence mean?

It is important to conduct a situational assessment of the gaps and shortfalls in existing facilities.

Steps

- Train the Community to conduct Household (HH) surveys and audit sanitation infrastructure
- Conduct Key Informative Interviews with officials of ULB , WCD, Education, Sarva Shiksha Abhiyan, and the Department of Health
- Document case studies and experiential learning of users from distinct Gender Forums –the elderly, PwD, key population
- Organize fact finding in specific institutions such as orphanages, night shelters, hostels, schools, and government offices to rate them for gender inclusive sanitation facilities
- Conduct an assessment of vulnerability, both qualitative and quantitative[2]

Step 5 - Micro-planning using community-led process for targeted improvements

Stakeholders

Community Resource Persons, and ULB officials

What does planning using community-led process mean?

- Conduct site inspections and feasibility tests to develop plans for implementation
- Ensure that the new upgradation and improvements are gender inclusive, and benefit all users

Steps

- Technical feasibility: ULB officials and representatives from Gender Forums/Gender Sub-groups will conduct on-ground inspections for upgradation/improvements
- Leave no one behind: The location will be planned to ensure that no one is excluded or that the facility is designed keeping in mind the special needs of users
- Build consensus on the plans for implementation to avoid conflict of interest
- Plan operationalization: a plan of action with timelines is submitted to the concerned authorities

Step 6 - Institutionalising GRCs and formalizing terms of reference

Stakeholders

Representatives of Gender Resource Centres and ULB

What does institutionalising Gender Resource Centre mean?

- It is essential to institutionalise the Gender Resource Centre model across ULBs to ensure gender integration and inclusivity in sanitation

Steps to be taken

- Institutionalise GRCs by mandating the setting up of a formalised structure (Gender Resource Centre) to work with the ULBs and MEPMA at the ward level; the Gender Resource Centre will be a federated structure, with the Gender Sub-groups at the city-level, and Gender Forums at the settlement-level

[2] A format for vulnerability assessment is given in Section C.

- Formalise administrative processes: A designated Nodal Officer will be appointed to review the activities of the Gender Resource Centre
- Functional processes: The petitions brought forward by the Gender Resource Centre will be discussed, scrutinised, verified for due diligence, and submitted to the concerned official/section after attestation
- Calendar of meetings: The Gender Sub-Group prepares a calendar of meetings. Members of GSGs will meet the nodal officer once a week at the GRC to track the progress of the petitions, and plan the next steps
- Reporting Protocol: The Gender Sub-groups through the Gender Resource Centre will submit a work completion report / progress report to the ULB every fortnight
- Dissemination: Gender Sub-Groups will organise a city-level dissemination of its activities at the GRC every quarter, six months or year

2 Gender Action Plan Preparation

A Step-by-Step Process

The Gender Action Plan (GAP) is a synthesis of the framework and includes insights gained from on-ground experiences. The action plan will help develop a blueprint to identify positive changes and practices. It will also help implement those changes in the sanitation sector. To ensure the continued involvement of the community, civil societies, missions/programmes, implementing agencies like the ULB and service providers should be involved. The GAP should be co-developed with representatives of each of these stakeholder groups signing off on the developed plan. The GAP should also include a clear articulation of the city's vision for the sector, interventions aimed at making sanitation inclusive, and a monitoring framework and budgeting portfolio for these interventions.

Step 1 - Articulate vision for the city

The GAP should clearly articulate what the city wishes to achieve within the next five years in terms of inclusive sanitation. This vision should be decided in agreement with all key sector stakeholders such as relevant NGOs and CSOs, service providers, etc.

Step 2 - Conduct participatory Issue profiling

An evidence-gathering exercise needs to be conducted to ensure that the action plan is sufficiently grounded in the city's context. The outcome of this exercise would be to create a profile of the city's sanitation situation, with specific focus on the status of the inclusive agenda in the sanitation sector. This profile will articulate the key issues faced by different stakeholders and point out the priority focus areas for the action plan.

Steps

- Identify lacunae in available sanitation data
- Develop an evidence-gathering strategy for the following target groups:
    - Population accessing sanitation facilities; particular focus should be on widely marginalised groups such as the poor, women and transgender persons, people with disabilities, the elderly, children, etc. as The assessment should also take into account those living on the fringes of society and facing acute marginalisation, such as slum dwellers, destitute people, and others belonging to marginalised class and castes
    - Urban local bodies, missions
    - Public and private sanitation service providers, including the managerial staff and the frontline sanitation workers who come in direct contact with human waste
    - Not-for-profit and CSOs working with poor and marginalised communities in the city
    - City Sanitation Task Force
    - Any other lateral agency working in the sector
- Under issue profiling, there are two key aspects to consider:

- Firstly, existing and new evidence on sanitation access and penetration in the city is necessary to understand and identify the people most excluded from access to adequate sanitation facilities.
- Secondly, an audit on the quality of professional experience of sanitation workers (in formal and informal employment) is required, to see the current state of sanitation-based livelihood. Some recommended evidence to collect are given in the following table.

For citizens	For sanitation workers

• What has been the progress in sanitation in the city?
• What is the quality of the access to sanitation facilities and services? This includes:
  ○ Individual Household latrines, community toilets, and public toilets
  ○ Connection/access to conveyance systems (sewerage network or desludging trucks)
  ○ Solid waste management – collection
• What are the existing lacunae in sanitation access?
• Who are the groups that face the greatest impact of these lacunae?
	• How many persons are employed in the sanitation sector?
	  ○ Across the sanitation sector
	  ○ In public or private sector
	  ○ Through formal or informal engagement
	• How many employees are likely to come in direct contact with human waste?
	• Do sanitation workers have access to good quality safety gear?
	• Do sanitation workers have access to health insurance, paid leave, and other worker benefits?

Evidence-gathering can be conducted through numerous methods, such as surveys, interviews, focus group discussions, etc. The choice of the method should be based on the type of data required. Some evidence-gathering methods have been elaborated in section C.

Step 3 - Design Inclusive Interventions

The evidence gathered on the state of sanitation in the city, will identify the key areas of intervention required to make sanitation more inclusive and equitable. These interventions should be broken into a series of key milestones the city needs to achieve, based on its vision to ensure inclusive sanitation provisioning.

Steps

- Discuss with key stakeholders - community, social support platforms (GFs, GRC, and GSG), implementing agencies (ULB) - about the kind of interventions that should be carried out in the city. These interventions should contribute towards the vision.
- Focus on potential programmes that:
  - Integrate gender in existing sanitation efforts
  - Introduce new projects towards gender inclusion in sanitation
  - Build capacity of the ecosystem
  - Increase knowledge of WSH and induce positive behaviour change
  - Introduce gender-disaggregated data collection and analysis

- Define crisp, pragmatic, and achievable interventions
- Define intermediate milestones and indicators of success for each intervention
- Phase out the interventions over a five-year period by defining a timeline for achieving milestones.
- Map key stakeholders responsible for the implementation of interventions
- Finalise the phased interventions and milestones with key stakeholders

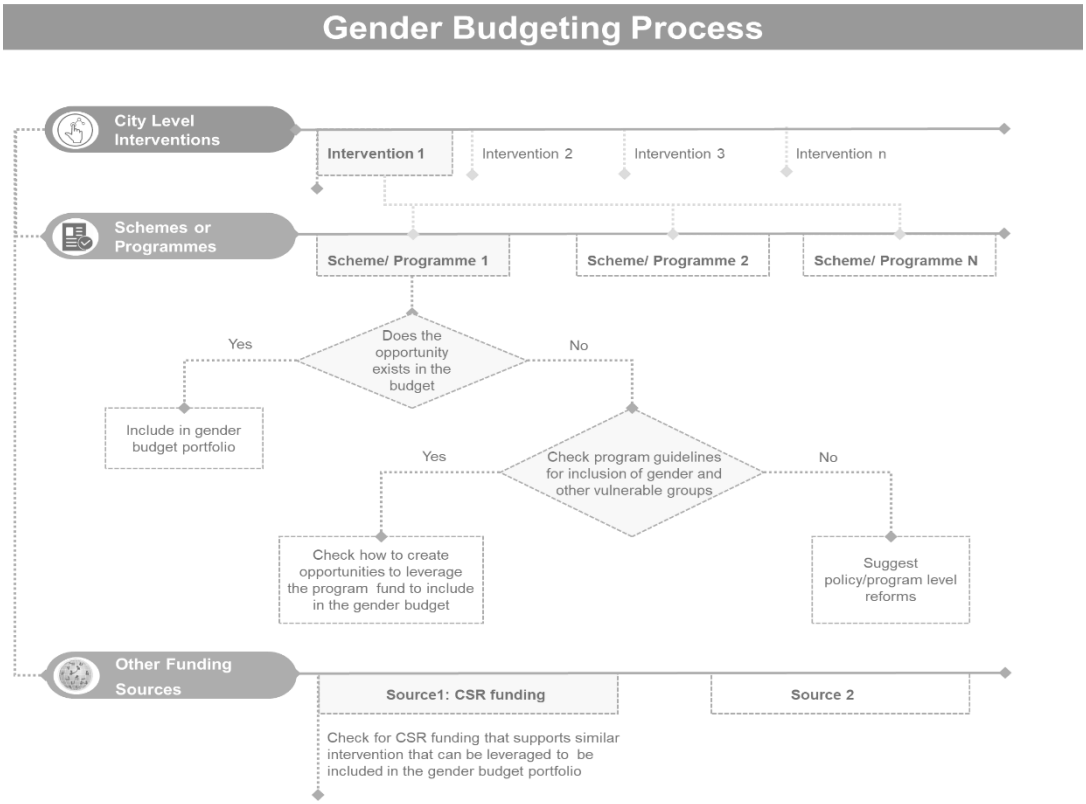
A list of potential interventions developed for the IIGI framework are available online at: http://igis.cstep.in/Upload_files/Compendium-of-Interventions.pdf

STEP 4 - Develop Budget Portfolio for the interventions

The city should make inclusive and responsive budgetary allocations for the chosen interventions for a five-year period. A stronger commitment from various programmes can be secured through a gender budgeting exercise for the IIGM action plan at the city level.

Steps

- Review the programmes/schemes to identify allocation in their budget towards implementation of the same or similar interventions
- Create opportunities to leverage the program fund, which can be included in the budget portfolio
- Review the ULB fund allocation or municipal funding for the sanitation sector
- Prioritise the intervention with available funding sources
- Explore other funding sources, such as the Corporate Social Responsibility (CSR), which supports similar interventions/actions that can be leveraged to be included in the budget portfolio
- Align with other sectoral budgets, which are likely to impact the sanitation sector



- Prepare the budget portfolio with budget requirements for implementation, and the possible sources of budget allocations
- Finalise the budget portfolio, in discussion with key stakeholders in the city

Step 5 - Finalise Action Plan

Outputs from the above steps need to be complied into a single, comprehensive action plan for institutionalisation.

Steps

- Develop a single coherent document from the above steps
- Put up the Action Plan and the budget for consultation with the CSTF, the GSG, GFs, and the community through the GRC
- Finalise the Action Plan based on suggestions and consensus from stakeholder consultations

Step 6 - Formalise/Institutionalise the action plan

The finalised version of the action plan needs to be formally adopted. This can be done in two ways:

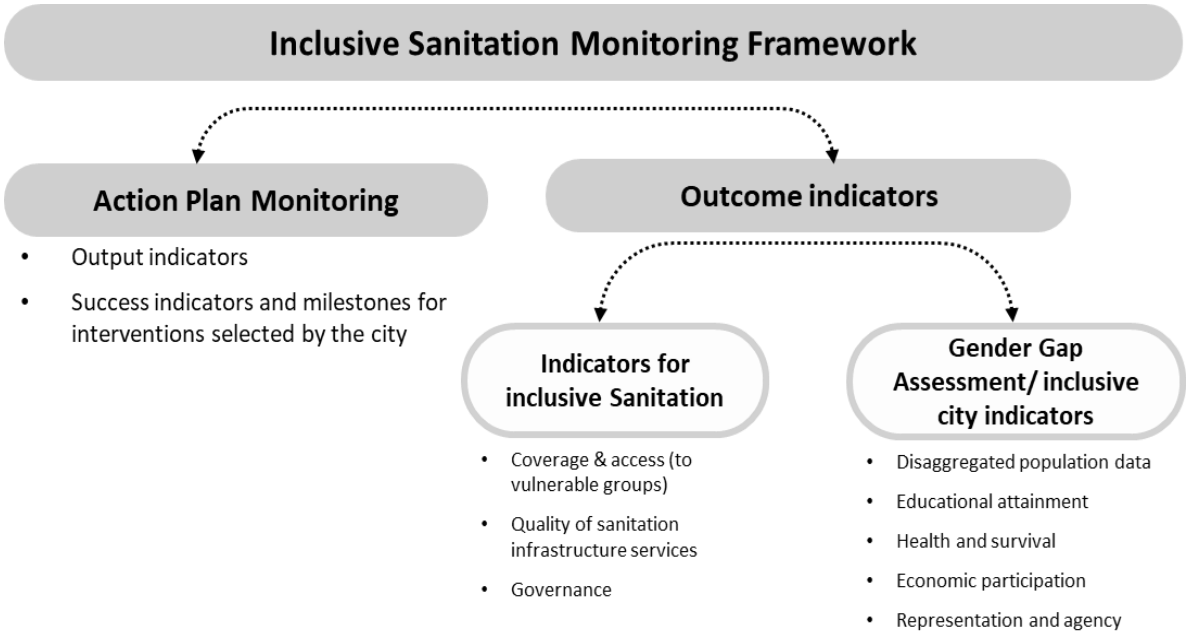
- If the city already has a CSP, the action plan should be appended to the existing CSP
- If the city does not have a CSP, the action plan preparation process should be mainstreamed as the city sanitation planning process

In both cases, the action plan should be notified through a council resolution.

3 Ensure Periodic Monitoring

The Process

Long-term sustainability of any operational framework requires rigorous monitoring and evaluation. There are numerous examples of well-intentioned initiatives failing due to a lack of diligent monitoring, maintenance, and course correction. A comprehensive M&E framework is a crucial tool in tracking and measuring the progress of the implementation of inclusive sanitation efforts and overall indicators of inclusive development. The IIGI framework proposes a two-part monitoring framework, as expressed in the diagram below:



As detailed in the previous chapter, the framework recommends the development of an action plan. There is an element of tracking the implementation of this plan through the milestones and indicators of success defined for each intervention. The city should monitor these indicators annually to review the progress and any required course correction. Key considerations for the review will include:

- Relative success and failures of the milestones
- Community perception and satisfaction of the implementation process
- Availability of more innovative methods
- Availability of additional funding etc.

A template for the action plan monitoring can be referred to in section C.

However, this set of indicators will not be enough to truly capture the inclusivity of the city and whether or not it is on track to demonstrate a social transformation agenda. The framework articulated a set of indicators to monitor the inclusiveness of the sanitation sector in the city. In order to reduce the gender gap through sanitation planning, cities need to be able to correlate sanitation access issues with gender gap indicators, creating targeted interventions. These outcome indicators

aid measuring whether the gender gap has minimised in the city. The framework suggests three broad heads of data requirements under the inclusive city monitoring component.

- **Disaggregated population data:** This data set captures a detailed demographic break-up of the population, both at the city level as well as in urban poor pockets. The groups identified are to specifically capture exclusions existing outside the conventional gender binary of men and women. Some of the categories can be further divided, based on the specific types of excluded groups residing in a city.
- **Disaggregated data on access to sanitation:** A review of existing databases and reporting requirements for various urban sector programmes reveal that disaggregated data for access to sanitation is still largely unavailable. Such generalised representation of access hinders problem-identification for inclusive and equitable sanitation, preventing the creation of targeted interventions. Therefore, it is recommended that the ULB maintain a set of disaggregated data on access to sanitation services.
- **Data for Gender Gap Assessment (GAP) at city level:** Standard metrics for GGA, as adopted by the World Economic Forum, for reporting gender gap at the country level includes four broad categories: a) Economic participation and opportunity; b) Educational attainment; c) Health and survival; and d) Political empowerment. The proposed indicators in the table below are suggested for reporting the Gender Gap at the city level in a pragmatic manner, cognizant of data availability as well as urban governance structures.

The indicators can be referred in the section C.

Data Preparedness of Cities: Need for top-down intervention

Any intervention into the existing monitoring protocols should consider the preparedness of the ULBs in tracking and analyzing new data points. The ULBs report to the State Government for different programmes/schemes periodically, through different reporting mechanisms. Some data is captured for reporting to the state government, while some data is captured through the Census. It is highly recommended that the outcome indicators chosen for tracking remain similar to the evidence already being generated – i.e. they have similar data points. A top-down approach needs to be taken for a transformative change in the kind of indicators being tracked and the way they are being monitored.

The experience from the project shows that in many towns, the data collection, collation, and analysis process is still conducted manually. Therefore the capacity for tracking new indicators and the turnaround time are likely to be constrained. In this regard, state level interventions calling for digital municipal information systems (MIS) can be a boon for tracking outcome indicators.

The recommended list of indicators and the availability of the city-level data points mapping are provided in section C.

Section - C

Tools and Templates

1 Vulnerability Assessment

Social Vulnerability

Sr.No.	Slum Name	Ward No.	Population			Literacy			No. of Households (HHs)	HHs with disabled people	Women headed HHs
			Total Population	Male	Female	Approx. Literacy level	Approx. Male Literacy level	Approx. Female Literacy level			
1	Slum 1	1	524	300	224	50%			154	2	5
2	Slum 2	2	963	577	390	80%			257	10	20
3	Slum 3	3	239	121	118	50%			59	20	50
4											
5	*Add rows as necessary*										

Sr.No.	Slum Name	Ward No.	Marginalized community							
			Sex workers	Transgender	Migrants	Minority	Elderly	Destitute	Manual scavengers	Other
1	Slum 1	1	No	No	Low	Low	Medium	High	No	
2	Slum 2	2	No	No	Medium	Low	Medium	Medium	No	
3	Slum 3	3	No	No	Low	Low	High	High	Yes	
4										
5	*Add rows as necessary*									

Sr.No.	Slum Name	Ward No.	Institutions						
			Self Help Groups (SHGs)	No. of SHGs	SHGs strength	MAS	No. of MASs	MASs strength	Other
1	Slum 1	1	Active		10	Active		3	
2	Slum 2	2	Active		3	Active		4	
3	Slum 3	3	Active		32	Active		12	
4									
5	*Add rows as necessary*								

Infrastructure Vulnerability

Sr.No.	Slum Name	Ward No.	Water		Availability of roads	Access to roads for de-sludging	Street lighting
			Supply	Frequency			
1	Slum 1	1	Yes	Once in a week	Partially available	Partially available	Partially available
2	Slum 2	2	Yes	Daily	Fully available	Partially available	Partially available
3	Slum 3	3	Yes	Daily	Fully available	Partially available	Fully available
4							
5	*Add rows as necessary*						

Sr.No.	Slum Name	Ward No.	Sanitation				
			Status of Individual Household Toilet (IHHT)	Presence of insanitary toilets	HHs practicing Open Defecation (OD)	Availability of Community Toilet/ Public Toilet (CT/PT)	Maintenance of CT/PT
1	Slum 1	1	80	Low	30	No	NA
2	Slum 2	2	90	Low	10	Yes	Average
3	Slum 3	3	40	Low	60	Yes	Good
4							
5	*Add rows as necessary*						

Sr.No.	Slum Name	Ward No.	Sanitation				
			Drainage system		Faecal Sludge Management (FSM)	Solid Waste Management (SWM)	
			Availability	Maintenance		Collection	Segregation
1	Slum 1	1	Not available	Not available	Low	Alternate Day	No
2	Slum 2	2	Fully available	Poor	Low	Daily	No
3	Slum 3	3	Fully available	Average	Low	Alternate Day	No
4							
5	*Add rows as necessary*						

Sr.No.	Slum Name	Ward No	Availability of Social Infrastructure		
			Presence of NGOs	Recurrence of flooding	High risk land use
1	Slum 1	1	No	Yes	Yes
2	Slum 2	2	No	No	No
3	Slum 3	3	No	Yes	No
4					
5	*Add rows as necessary*				

Sr.No.	Slum Name	Ward No.	Availability of Social Infrastructure						
			School(s)	Public Health Center(s) (PHC)	Community hall(s)	Anganwadi(s)	Orphanage(s)	Old age home(s)	Night Shelter(s)
1	Slum 1	1	1	0	0	1	0	0	0
2	Slum 2	2	1	0	1	0	0	0	0
3	Slum 3	3	1	0	0	1	0	0	0
4									
5	*Add rows as necessary*								

2 Action Plan Template

Interventions and Milestones										
Interventions Steps	Indicator of Success	Milestones	Time					Specific Actions	Responsible Agency (Public/Private)	Budget
What is the overarching interventions for inclusion?	What are the indicators for measuring the success of implementing the intervention?	What are intermediate milestones in order to achieve the indicator of success?	What is the time frame for delivering the milestones and indicators of success?					What are the specific actions that will be required to deliver the intervention step?	Who is responsible for delivering the specific action?	Fund required to implement the intervention/ achieve the indicators of success/ milestones
			Y1	Y2	Y3	Y4	Y5			
Intervention 1	Indicator 1	Milestone 1.1.1						Action 1.1.1	ULB	INR
								Action 1.1.2	SHG	INR
		Milestone 1.1.2						Action 1.2.1	ULB, SHG	INR
								Action 1.2.2	ULB, SHG	INR
	Indicator 2	Milestone 1.2.1						Action 2.1.1	ULB	INR
								Action 2.1.2	SHG	INR
		Milestone 1.2.2						Action 2.2.1	Private sector	INR
Intervention 2	Indicator 1	Milestone 2.1.1						Action 1	ULB, SHG	INR

3 Action Plan Monitoring Template

Action Plan Monitoring							
Interventions	Indicator of Success	Milestones	Time		Responsible Agency (Public/Private)	Budget	
What is the overarching interventions for inclusion?	What are the indicators for measuring the success of implementing the intervention?	What are intermediate milestones in order to achieve the indicator of success?	What is the time frame for delivering the milestones and indicators of success?		Who is responsible for delivering the specific action?	Fund required to implement the intervention/ achieve the indicators of success/ milestones	
			Targeted Time	Completed Time		Allotted Budget	Budget Spent
Intervention 1	Indicator 1	Milestone 1.1.1			ULB	INR	INR
					SHG	INR	INR
		Milestone 1.1.2			ULB, SHG	INR	INR
					ULB, SHG	INR	INR
	Indicator 2	Milestone 1.2.1			ULB	INR	INR
					SHG	INR	INR
		Milestone 1.2.2			Private sector	INR	INR
Intervention 2	Indicator 1	Milestone 2.1.1			Action 1	ULB, SHG	INR

4 Inclusive City and Sanitation Indicators

Overview of Indicators to Track

Disaggregated Data on Access to Sanitation
Access to HH toilets for different population groups (total/ slum/ BPL/ minority castes/other excluded groups/ HH with transgender persons/ HH with disabled persons)
Access to toilets at workplace for different population groups (total/ slum/ BPL/ minority castes/other excluded groups/ HH with transgender persons/ HH with disabled persons)
Access to toilets in public places (toilets with universal accessibility design, male/ female/ transgender)
Access to toilet in school (separate toilets for male/ female)
Access to Menstrual Hygiene Management (MHM) sanitary facilities in schools
Number of incidences of violence against women, girls and transgender persons while accessing sanitation facilities (total/ in slums)
Data for Gender Gap Assessment at city level
Educational Attainment
Female literacy rate over male
Female net primary, secondary and tertiary education enrolment rate over male
SC/ST/OBC/EBMC, etc. students enrolment rate
Dropout rate of students
Health and Survival
Infant mortality
Maternal mortality
Female healthy life expectancy over male
Economic Participation
Female workforce participation rate over male
Unemployment rate
Preparedness and Safety
Disaster preparedness and emergency management plan
Community-based response and preparedness capacity developed, supported with training and regular simulation/ mock drills

5 Data Preparedness of Cities

Sr. No	Category	Data Point	Required Disaggregation	Does the ULB Collect this Data? (Y/N)	If No, is there an Alternated Source to Collect the Data? (Y/N)	What Could be the Potential Sources
1	Population & Demographics	Total population	Age and gender	Yes	Yes	Census
2		Total number of persons with disability (PwD)	Gender	Yes	Yes	Census
3		Number of people belonging to minority castes (SC/ ST/ OBC/ other religious minorities)	Gender	Yes	Yes	Census
4		Total number of households	Minority castes, woman-headed or not, whether one or more resident is PwD	Yes	Yes	Census
5		Number of households in slum areas	Minority castes, woman-headed or not, whether one or more resident is PwD, whether one or more resident is transgender	Yes	Yes	Census
6	Access to Toilets	Total households with IHHL	Minority castes, woman-headed or not, whether one or more resident is PwD, whether one or more resident is transgender	No	No	Only data is available for SC/ST categories. Swachha Andhra Corporation Web Portal
7		Access to toilets at workplace	Gender, age, caste, class, ability etc.	No	No	
8		Population using CT	Gender, age, caste, class, ability etc.	Yes	Yes	NMC
9		Number of CTs with adequate facilities		Yes	Yes	NMC

Sr. No	Category	Data Point	Required Disaggregation	Does the ULB Collect this Data? (Y/N)	If No, is there an Alternated Source to Collect the Data? (Y/N)	What Could be the Potential Sources
10		Number of operational (and non-operational) CTs (access to sanitary napkins and incinerators, baby changing rooms, bathing facilities, ramps, railings, lighting etc.)	Gender, ability	No	No	
11		Population using PT	Gender, age, caste, class, ability, street venders, construction worker etc.	Yes	Yes	
12		Number of toilet seats available at CTs/PTs	Gender, ability	Yes	Yes	
13		Waiting times for use of CTs/PTs	Gender, ability			
14		Number of PTs with adequate facilities (access to sanitary napkins and incinerators, baby changing rooms, bathing facilities, ramps, railings, lighting , etc.)	Gender, ability	No	No	
15		Number of operational (and non-operational) PTs	Geographic location, gender, ability	Yes	Yes	
16	Access to Toilets (School)	Access to toilet in school	Gender, ability	Yes	Yes	
17		Access to MHM in school (availability of sanitary MHM facilities)	Government and private schools	Yes	Yes	
18		Average no of days adolescent girls missing school due to menstruation	Government and private schools, slum residents	No	Yes	Schools
19		School drop-out for girls attributed to inadequate sanitation/MHM facilities	Government and private schools, slum residents	No	No	Schools
20	Other Services	No. of HHs desludged over the year	Public and private operators	Yes	Yes	FST Plant
21		No. of HHs with access to SWM collection service	Slum, non-slum	Yes		

Sr. No	Category	Data Point	Required Disaggregation	Does the ULB Collect this Data? (Y/N)	If No, is there an Alternated Source to Collect the Data? (Y/N)	What Could be the Potential Sources
22		Frequency of drain desilting		Yes	Yes	
23	Access to Schemes	Total applications for subsidies	Minority castes, woman-headed or not, whether one or more resident is PwD, whether one or more resident is transgender	Yes	Yes	NMC -GRC
24		Applications approved	Minority castes, woman-headed or not, whether one or more resident is PwD, whether one or more resident is transgender	Yes	Yes	NMC -GRC
25	Quality of Sanitation Experience	No of incidences of violence against women, girls and transgender persons while accessing sanitation facilities	Total, slum, non-slum	No	No	
26		Waiting times for use of IHHL or public sanitary conveniences	Gender, ability etc.	No	No	
27		Barriers to usage of IHHL or public sanitary conveniences	Gender, age, caste, class, ability etc.	No	No	
28		Slippage related to ODF	Gender, age, caste, class, ability etc.	No	No	
29		Incidences of sanitation related diseases/common vectors	Gender, age, caste, class, ability etc.	No	No	
30	Quality of Sanitation Experience - Sanitation Workers	Total number of sanitation workers	ULB/public and private sector, gender, age, caste, class, ability etc.	Yes	Yes	
31		Access to high quality safety gear	ULB/public and private sector	Yes	Yes	
32		Maternity/healthcare benefits to permanent/contractual PH workers	ULB/public and private sector	Yes	Yes	
33		Issues that women PH workers	ULB/public and private sector	No	No	

Sr. No	Category	Data Point	Required Disaggregation	Does the ULB Collect this Data? (Y/N)	If No, is there an Alternated Source to Collect the Data? (Y/N)	What Could be the Potential Sources
34	Behaviour Change Communications	Sensitisation/ knowledge awareness events held	Target audience			
35		BCC material produced		Yes	Yes	
36		Percentage of the population reached	Gender, age, caste, class, ability etc.	Yes	Yes	Swachh Sarvekshan
37	Capacity Building	Number of gender sensitisation events held for ULB and other key stakeholder		Yes	Yes	
38		Number of training events held on key topics for ULB and other key stakeholders		Yes	Yes	
39	GRC/GF	Total meetings held		Yes	Yes	Meeting Minutes
40		Total number of issues raised		Yes	Yes	Meeting Minutes
41		Total issues resolved		Yes	Yes	Meeting Minutes

6 Discussion Guide for FGD with Households/ Stakeholders

1. Background:

A focus-group session is an in-depth discussion in which a small number of people from the target population, under the guidance of a facilitator (moderator) discuss topics of importance for a particular study/project. It is basically a qualitative method in which the moderator, with the help of predetermined guidelines, stimulates free discussion among the participants on the subject of inquiry. The order in which the topics are covered is flexible, but generally the discussion starts with more general issues and slowly flows into more specific ones. At the end, a few probing questions are sometimes asked to reveal more in-depth information or to clarify earlier statements or responses.

2. Objectives:

1. To understand the sanitation issues faced by women and vulnerable groups living in slums

2. To understand social exclusions and discrimination linked to access to sanitation infrastructure and services

3. To document the current situation of sanitation infrastructure/ services in the slums

2.1 No of Participants: 10 to 15 people

2.2 Target Audience: Women and vulnerable groups- differently abled, elderly, children, migrants, transgender, SCs/STs, economically disadvantaged, occupationally disadvantaged.

2.3 Discussion flow:

Sr.No.	Discussion Points	Duration
01	Warm up	10 mins
02	General discussion on sanitation and discrimination	15- 20 mins
03	Discussion on usage of toilet	20 mins
04	Cleanliness of toilet/ O&M	20 mins
05	Communication on sanitation	20 mins

2.4 Team members: Two members team should conduct the FGD, one person plays the role of a facilitator and the other person should record all the information, photographs and other needed data.

2.5 Instructions to Facilitator:

- At the beginning, introduce yourself in a very friendly manner and greet each participant individually.
- Make eye contact when you speak to them.
- Help them find a seat in the circle. If the person seems to be very chatty and you feel they might be a talker in the focus group, ask them to sit in the chair to the left or right of you. Place quieter people across from your chair in the circle.
- Chat warmly with them, including new people as they arrive.

- Smile and be friendly. You are the host for the focus group so assume the role of host.
- State the purpose of research and assure them of the confidentiality.
- After explaining the purpose of the FGD, encourage participants to raise queries and provide suitable clarifications.
- Give a clear indication about the time required for this exercise.
- Seek consent of the participants for notes taking and photograph. Tell them that information will be kept confidential if they desire so.
- Ask questions in simple language so that it is easy to understand.
- Do not encourage only observation by participants but also ensure that everyone gets an opportunity to speak.
- Do not promise anything to the community be realistic and ensure that no unrealistic expectations are raised from the participants side.
- Clearly explain the purpose of the FGD.

2.6 Methodology:

- Start with warmup activity, to develop the rapport with the stakeholders to use simple local language.
- The facilitator should use interpersonal communication tool to get the information about the participants.
- Start a general talk on sanitation, to collect the views of the people and observe their attitudes.
- After the general issues, talk on the usage and maintenance of the toilets.
- Discuss on the kind of challenges they are facing without toilets and what they need.

3.0 Implementation Process:

- Ensure that the venue and time is convenient to people as well as for holding the FGD. Invite the participants accordingly.
- Invite participants using key local contacts to identify people; they may be a municipal functionary, local community leader, SHG member, school teacher, senior member of a household, local CBO / NGO representatives, etc.
- Women and men shall constitute separate focus groups in respective areas.
- FGD should preferably be pilot tested before actually roll out.

3.1 Warm-up Activity:

Have a quick warm up with the respondents to ensure that they are comfortable for further discussion:

- Please tell me your name?
- Where do you stay, is your house rented or do you own it? *[Moderator to make a note of it]*
- How many members do you have in your family?
- What do you do for a living? Do you face any challenges in social acceptance because of your occupation?
- Are you a local resident or a migrant? How long has your family been staying in this town? Are you comfortable in this town?
- Do you have an Aadhar Card/ BPL Card/Ration card? Did you face any issues in getting these?
- Religion/caste?

3.2 General Discussions on Sanitation:

What are the activities that should be done / or should not be done in order to maintain sanitation?

Probe:

- What are the things that you do periodically in your home (could be daily, weekly, monthly) to maintain safe sanitation practices? Why do you do so? [*Moderator to take a note of the list of activities mentioned for reference in the next question*]
- Who told you to follow these activities [*Probe – Family traditions, ANM/Doctors, media*]
- What do others in the community follow? What do you feel about their practice?

3.3 Beliefs/ Norms/ Risks:

What would happen if you do not do these activities [*Moderator to reiterate the sanitation related activities mentioned by the respondents and check for each activity]*

Probe:

[*Check for any cultural belief attached*]

- Will lack of sanitation cause illness/diseases?
- What do you know of such diseases?
- What is the incidence of ill health in your family?
- Which type of health services do you prefer to avail and why?
- On an average how much does your family spend on healthcare in a month?
- What are the precautionary measures for such diseases?

[Check if having/using Toilets is mentioned spontaneously]

- If not, do you feel using a toilet is also a part of sanitation and related issues that we are discussing right now?

4.0 Individual Household Toilet:

- Do you currently have a toilet in your household?
- Did you / do you face any challenges in getting a toilet constructed in your household? *[Ask only if they have a HH toilet]*
- On that note, what do you think constitutes a sanitary toilet? Is the current toilet that you are using sanitary? If yes, how? If not, what can be done to make it “sanitary”?
- Does it have a septic tank or pit?
- Does it have the following: Roof, Fixed door, Light bulb inside the toilet, Water connection for washing and flush within the toilet. What is the type of toilet seat
- Is the toilet placed on a raised platform?
- When was it constructed? Was it along with the house?
- If it was added later, why was it added?
- Who designed and constructed the toilet?
- How much did it cost in INR to construct the toilet in your house?
- How did you finance to build toilet? Did you get a subsidy? How much, and was it enough?
- Did you face any issues while availing the subsidy?

- Do you share it with anyone? It yes, who?
- Who all use the toilet?
- Do all men in the HH use a toilet? If no, why?
- Do women also use the same toilet? If no, why?
- What about boys, do they use the HH toilet? What about girls?
  [If the toilet use is different for children, check who gets to decide all this]
- What about the elderly and disabled persons in the HH, are they comfortable using the toilet. Why/why not?
- How often does everyone in your family use the toilet?
- Who cleans the toilet at home?

Probe:

[Check for irregular/ no usage and reasons for the same]

- Is there any difference in day and night usage?
- Is there any separate place within the house for use at night?
- Has the usage been same since the construction of the toilet?
  Any increase/decrease in usage, reasons for the same?
- Have you heard about MHM practices?
- Do women in your HH use Sanitary napkins?
- If no, what do they use?
- How is used napkin/ cloth disposed?
- Who maintains the toilet?
- Do you think cleaning a toilet has an ill-effect on your health?
- Who takes decisions related to toilet infrastructure in your HH?
- Are you satisfied with your toilet?
- Do you know where the waste water from kitchen and bathroom gets discharged?
- Can you afford desludging?

Water Supply:

- What kind of water supply do you have? Municipal individual connection/ shared connection/ deep well boring/ stand post/open well etc.
- For what purposes, do you use it? Drinking/cooking/toilet & bathing etc.
- If individual connection, do you get it every day, and for how many hours?
- If not, who usually brings the water from a well/stand post outside?
- How far is the source of water located from the toilet?
- What are the issues faced by individual when carrying the water to home?
- Is the quantity of water available sufficient to maintain the toilet in your house?

4.1 CT/PT Use:

- Since you do not have a toilet, do you use a PT or a CT?
- Do you use a PT/CT when you are outside?
- Where is the PT/CT Located? How far is the PT/CT from your house?
- Are there enough toilets for men and women?

- Is it accessible to women?
- Is it accessible to elderly/ disabled?
- What is the status of cleanliness/maintenance of the PT/CT?
- Is there any frequent incidences of bad odour?
- For the PT/CT that you use, do you pay any usage charges? How much?
- Are the user charges for PT/CT a burden?
- Who maintains the PT/CT?
- Do you know how frequently the toilet is cleaned?
- How satisfied are you with PT/CT?
- Any specific issues or concerns (such as men crowding, unsafe, not permitted to use, etc.)
- Is the caretaker skilled enough for the operation and maintenance of the PT/CT?
- How long do you need to wait to use a PT/CT?
- Are there any instances when the PT/CT is shut?
- If yes, what do you do then?
- Do you feel safe to use the PT/CT at all times of the day? If no, which time of the day do you feel unsafe to use the CT/PT?
- If no, why do you feel unsafe?
- Any suggestions to improve the CT/PT?

Maintenance

- How is the CT/PT maintained? How is it kept clean?
- Who does the cleaning?
- How often is it cleaned?
- Is there any designated authority that takes care of the maintenance and cleaning of the toilet? Please share details about it.
- Are they skilled enough to take care of the operation and maintenance of the PT/CT?
- Do you have to pay extra for the cleaning?
- Would you be willing to be contribute to the maintenance of the community toilets? If yes, in what capacity do you think you can contribute (resources, labour)?

4.2 No Toilet/Open Defecation:

[Ask if they defecate in open]

- How far do you have to go for defecation?
- What time do you go for it?
- What is the availability of water at that spot?
- Are you comfortable going in the open? Do you face any problem? Please share?
- How do women, children, elderly manage? Are they comfortable going in the open? Why/why not?
- What about boys and girls, how do they manage?
- What do you do in case of illness (such as diarrhoea)?
- If given a choice what would you prefer, using a HH toilet, CT/ PT or open defecation?
- What are the problems associated with using a CT/PT

[Check for harassment/discomfort]

- Would you be willing to pay for the use of CT?

[Ask women only- *Check for usage during menstrual period*]

- Usually men gather at such places, any discomfort with that?
- What are the problems associated with going in the open for defecation?
- Can go only early in the morning or after dark *[Check for risk of harassment, discomfort of not being able to use it through the day]*
- How do you manage the menstrual waste/disposal? Do you use HH toilet or CT/PT during that time? Why/why not?
- How do the girls manage during menstrual period?

5.0 Sanitation at Workplace:

- Do you have access to toilet at work place? If yes, where? If no, why?
- What do you do if there is no toilet? OD? Where? What are the problems associated with OD?
- If yes, what type of toilet do you have access to where you work? IHHT, CT/PT?
- If it is an IHHT, where is the CT/PT located?
- Does it have the following: Roof, Fixed door, Light bulb inside the toilet, Water connection for washing and flush within the toilet. What type of toilet seat is provided?
- Is the toilet placed on a raised platform?

(Only if it is a CT/PT)

- Are there enough toilets for men and women?
- Is it accessible to women?
- Is it accessible to elderly/ disabled?
- What is the status of cleanliness/maintenance of the PT/CT?
- Is there any frequent incidences of bad odour?
- For the PT/CT that you use, do you pay any usage charges? How much?
- Are the user charges for PT/CT a burden?
- Who maintains the PT/CT?
- Do you know how frequently the toilet is cleaned?
- How satisfied are you with PT/CT?
- Is the caretaker skilled enough for the operation and maintenance of the PT/CT?
- How long do you need to wait to use a PT/CT?
- Are there any instances when the PT/CT is shut? If yes, what do you do then?
- Do you feel safe to use the PT/CT at all times of the day? If no, which time of the day do you feel unsafe to use the CT/PT? If no, why do you feel unsafe?
- How far is CT/PT from your work place?

6.0 Communication:

Do you watch TV, listen to radio, read newspaper etc.?

- How often and when do you access it?
- How much time do you devote daily on each medium?
- Do you have a mobile? How do you use it?
- Can you check SMS, WhatsApp? Can you reply back to an SMS/ WhatsApp message?
- How often do you use SMS? Generally for which purposes do you use it?

- Have you ever replied back to any SMS, which asks you to give answers and send back on a toll free number?
- Do you download apps on your mobile? Are these paid apps/ free ones? What kind of apps do you download?
- Have you ever heard anything about sanitation/toilet, etc. on TV, radio, newspaper, hoarding etc.? Can you tell us in details about the message and what did you learn from it?

6.2 Awareness and Interest in SBM
(Only ask those using CT/PT or OD)

- Are you aware that the State government is providing funds for toilet construction?
- Where did you gain the information?
- Have you been part of any awareness campaign related to sanitation?
- If yes, what was the medium of dissemination?
- Would you be interested in availing benefits under the SBM program?
- If no, why would you not be interested?
- Have you applied for toilets under SBM programme?
- If yes, what is the status of your application?

Private Providers

- Do you have any private provider in this locality that constructs toilet? Why didn't you consider contacting them?

7. Governance:

- Have you recently been part of any government stakeholder consultation meetings?
- If yes, what is the major issue that was discussed?
- Have you been part of any stakeholder consultation meeting?
- If yes, how many?
- How many were related to sanitation?
- Was there an incident when you were not allowed to attend a stakeholder consultation?
- If yes, state why you were not allowed?
- Whom do you go to for solve sanitation related grievances?
- If you take the grievances to corporator or ULB, does your grievance get solved?
- If no, what is the reason?
- Has your sanitation situation improved after being part of CBO/SHG/SLF/TLF?
- Do you vote?
- Do you believe you have a voice in the governance of the city – in specific context of sanitation?
- Do you feel the need for a forum to address your specific concerns?

8. Presence of Children in HHs:

- What type of toilet do you have access to in school?
- Does your school have separate toilet for girls and boys?
- How would you rate the cleanliness of toilets at school?
- Do you feel safe to use the school toilets at all times of the day?

- If no, why?
- *(For adolescent girls*), do you get sanitary napkin at your school?
- Do you have water and soap in schools?

9. Presence of Transgender persons in the HHs:

- Do you use PT/CT?
- If yes, do you need separate toilet?
- Where do you use PT/CT?
- What problems do you face while using PT/CT?
- Are you aware of transgender pension scheme?
- Which forums do you seek support?

10. Presence of Disabled persons in the HHs:

- If individual toilet is used, does it have vertical/horizontal handrails?
- If PT/CT is used, does it have the following:
    - Separate toilet for physically challenged
    - Suitable arrangement of vertical/horizontal handrails
    - Ramp and railing
    - Guiding block near the entry with a textural difference for visually impaired
- Are there any design specific challenges faced?
- Do you get pension monthly?

11. Women-headed HHs:

- As women do you think you have lesser right?
- Have you been discriminated at any instance?
- Do feel safe being in the community?
- Do you feel you have forum to voice your ideas, concerns, ideas?

7 Guide for Key Informant Interviews

Name of Interviewer_____ Date of Interview_____

Perception on Sanitation

- How would you describe the sanitation situation in the city?
- What do you think are the biggest sanitation challenges the city is facing? How have you planned/are planning to address them?
- Are there any particular groups that you feel face more issues when it comes to sanitation?
- Are there any specific steps that you have taken with these groups in mind?

Policies & Plans

- Can you briefly describe the process of developing the CSP process that was undertaken in your city?
- If yes, how many stakeholder consultations were conducted for the CSP preparation?
- What would you say the composition of participants in the stakeholder consultations were like?
- Do you think it is necessary to have participation by marginalised group, etc. in the plan making/ implementation? Please justify your answer.

Schemes/ Missions/ Mandates/ Norms/ Standards/ Guidelines

- What has been the experience in executing the schemes/missions/mandates etc.
- What has been the impact of these schemes, mandates, and missions?
- Does the norm / guidelines / standards, mandate the participation of communities? If yes, how? And which groups/identities are covered?
- If no, do you think it affects the implementation /O & M?
- Beyond these, are there different guidelines or standards that this department follows for sanitation sector?
- Are you aware of City Sanitation Task force (CSTF) and Gender Sub-Committee?
    a) If yes, are you part of task force?
    b) If yes to (a), what aspects are discussed in CSTF meetings?

Gender Budgeting

- Have you heard of gender budgeting?
- Have you done / are you doing gender budgeting? If yes, then why (hint)? If no, then why not?
    a) (If no), what do you think is the purpose of gender budgeting?
    b) (If yes), do you think gender budgeting is helpful in improving the situation of marginalised group? If so, in what way? (prompt)
    c) (If yes), can you please give us an approximate percentage of the total municipal budget apportioned under gender budgeting?
    d) (If yes), who makes the gender budget in your municipality? Have they been trained? Is there a guidance document / guidelines?
    e) (If yes), do you have specific recommendations to improve the existing gender budgeting, particularly for sanitation?

Operations & Maintenance and Monitoring

- How do you monitor the sanitation situation in the city?
- What sort of data do you collect, particularly for sanitation? How is that data used?
- Do you collect disaggregated data? Is the data stored and maintained in a disaggregated manner as well?
- Do you have an online dashboard for displaying the data, tracking indicators, submitting complaints or service requests, etc.? If yes, please describe in brief. If no, is there any plan for developing such a system?
- Who is responsible for the maintenance of PTs/CTs? What are their key functions?
- What is the nature of grievance you receive?
- What is the mechanism of collecting grievance and redressing them?
- At the HH level, who raises the grievance / service request, particularly for sanitation?
- How many communities report grievance related with sanitation?

Awareness (Behaviour Change Communication)

- What are the behavioural changes required for safe and hygiene sanitation practices?
- What efforts have been/are being undertaken in creating awareness about these? What are the different mediums you use for advocacy?

- Does the content differ for different groups?
- What is the level of engagement from the community in such activities?
- What has been the impact?

Capacity Building

- Do you think the departments have the capacity to plan, design and implement sanitation strategies which are inclusive in nature?
- Have there been any training sessions for this? How frequently are they conducted?
- Do you have access to a support system to guide you towards inclusive planning, design and implementation?

Technology & Design

- What are the guidelines or standards used to design sanitation facilities?
- Who is responsible for designing sanitation facilities?
- Do you think the design of the sanitation technologies is inclusive in nature/can be easily accessed by all? If yes, please describe the features/aspects that make the technologies accessible. If no, please comment on how could the existing technologies be made more accessible for these groups?
- Do you engage with the stakeholders before, during and after designing? Are the stakeholders consulted before construction/ implementation of the sanitation facilities?

Public Health (Indicators of Impact of Inadequate Sanitation)

- Approximately how many cases of diarrhea diseases have occurred in the past year? Have there been any deaths among them? Has this number increased or decreased over previous years?
- How many children under the age of 5 have suffered from diarrhea diseases? Have there been any deaths among them?
- Approximately how many infectious diseases, known to be caused by or connected to poor WASH, have been recorded over the past year? Has this number increased or decreased over previous years? How many of these have resulted in deaths?
- Who are most susceptible to infectious diseases?
- Apart from poor sanitation, are there any other factors that may increase exposure to such diseases? What are the specific health issues that have been reported among groups of people with limited access to sanitation

8 Observation Checklist

Name of Surveyor_____ Date of Survey _____

Section-A: Community Toilet/ Public Toilet		
Survey area *(Fill the details)* 1. Town : 2. Ward Number : 3. Sanitation Zone : 4. Locality :		*Type of Facility* 1. Community Toilet 2. Public Toilet
1	**No. of toilets available**	a. Men : b. Women : c. Disabled : d. Transgender : e. Children:
2	**Sanitation Infrastructure**	
	Does the CT/PT have the following	a. Yes b. No
	1 Separate entrances for men and women	
	2 Ramp/ railing for the disabled persons	
	3 Waiting area for women with children	
	4 Changing room for infants/children	
	5 Separate bathing cubicles for all genders	
	6 Separate washing cubicles for all genders	
	7 Suitable arrangement of vertical/ horizontal handrails	
	8 Guiding block near the entry has a textural difference for visually impaired	
	9 At least one unit for physically challenged person in each block	
	10 At least one WC for pregnant women and elderly	
	11 Toilet signs in brail on wall or large signs for complete or partial visually impaired people	
	12 Separate caretaker room	
3	**Quality of services/ cleanliness of CT/PT**	
	Do the CT/PT have the following facilities in terms of cleanliness and hygiene	a. Yes b. No

	1 Running water connection for toilet basins, urinal basins and wash basins	
	2 Working flush systems	
	3 What type of water supply is present for each toilet	a. Tap b. Common storage tank/drum
	4 Natural ventilation	
	5 Lighting	
	6 Wash basin & mirrors	
	7 Hand washing soap	
	8 Dustbins	
4	**Are the septic tanks or soak pits over flowing?**	a. Yes b. No
5	**How would you rate the cleanliness of latrines**	a. Very good b. Good c. Average d. Poor e. Very poor
Section-B: Schools		
Name of the school : **Location :**		
1	No. of toilets	Girls : Boys : Disabled :
2	Does it have separate entrances for boys, girls and transgender children?	a. Yes b. No
2	Does the toilets have a ramp and railing for the disabled children?	a. Yes b. No
3	Does it have guiding block near the entry with a textural difference for visually impaired?	a. Yes b. No
4	Toilet signs in braille on wall or large signs for complete or partial visually impaired people	a. Yes b. No
5	**Do the school toilet have the following facilities in terms of cleanliness and hygiene**	
	1 Running water connection for toilet basins, urinal basins and wash basins	
	2 Working flush systems	

	3 Natural ventilation	
	4 Lighting	
	5 Wash basin & mirrors	
	6 Hand washing soap	
	7 Sanitary disposal mechanism	
6	**How would you rate the cleanliness of latrines**	f. Very good g. Good h. Average i. Poor j. Very poor
Section-C: Fuel Stations		
Fuel Station: **Location:**		
1	**Does the fuel station have toilet facility** **If yes, go to 2**	a. Yes b. No
2	**If yes, is it open for public?**	a. Yes b. No
3	**Does it have separate toilet for men and women?**	a. Yes b. No
4	**No. of toilets available**	a. Men: b. Women: c. Combined:
5	**Does it have the following**	a. Yes b. No
	1 Running water connection for toilet basins, Urinal basins and wash basins	
	2 Working flush systems	
	3 Lighting	
	4 Wash basin & mirrors	
	5 Hand washing soap	
6	**How would you rate the cleanliness of toilet**	a. Very good b. Good c. Average d. Poor e. Very poor
Section-D: Railway Station & Bus Station		
1	**No. of toilets**	Men : Women :

		Disabled :
2	**Does toilet have the following**	a. Yes b. No
	1 Separate entrances for men and women	
	2 Ramp/ railing for the differently abled	
	3 Waiting area for women with children	
	4 Changing room for infants/children	
	5 Separate bathing cubicles for all genders	
	6 Suitable arrangement of vertical/horizontal handrails	
	7 Guiding block near the entry has a textural difference for visually impaired	
	8 At least one unit for physically challenged person in each block	
	9 At least one WC for pregnant women and elderly	
	10 Toilet signs in brail on wall or large signs for complete or partial visually impaired people	
3	**Do the CT/PT have the following facilities in terms of cleanliness and hygiene**	a. Yes b. No
	1 Running water connection for toilet basins, Urinal basins and wash basins	
	2 Working flush systems	
	3 Natural ventilation	
	4 Lighting	
	5 Wash basin & mirrors	
	6 Hand washing soap	
	7 Dust bins	
4	**How would you rate the cleanliness of toilet**	a. Very good b. Good c. Average d. Poor e. Very poor