Female-friendly public and community toilets: a guide for planners and decision makers
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Ahmina Akhter, a cleaner, cleaning Osmani Uddan public toilets, funded by H&M Foundation, in Gulistan, Dhaka, Bangladesh.

Credit: WaterAid/ GMB Akash/ Panos
Purpose of this guide

Who is it for?
This guide is for local authorities in towns and cities in charge of public and community toilets. This includes leaders and officials in charge of funding, planning, designing, regulating, monitoring or managing these facilities. It is also useful for national governments, public and private service providers, NGOs, donors and civil society organisations who have a role in this provision. Although much of the content might apply globally, the focus is on developing country contexts.

What is it for?
The guide can help improve understanding of the requirements of women and girls using public and community toilets. It provides guidance on how to address these in city planning and local-level implementation, so that planning, designing, upgrading and management results in female-friendly toilets that are more accessible to users whose requirements have often been ignored, including women, girls, older people and people with disabilities.

What is it not?
This guide is not a one-size-fits-all blueprint for female-friendly toilets. We have drawn the recommendations and practical steps from existing literature, expert opinion and analysis of pioneering experiences from around the world. The design, implementation and management of the toilets need to be adapted to each context. This involves considering national guidelines, standards and resources on the provision of public and community toilets, and taking into account local preferences, informed by participation of women’s organisations and views of women and girls.

It is not an exhaustive manual covering all aspects of sanitation provision. It focuses on public and community toilets in urban contexts, and does not cover toilets in households, workplaces, schools, health centres or other institutional buildings or along highways. The guide focuses on female-friendly features of toilets and on the planning and implementation processes involved in setting these up. Additional resources referenced provide more in-depth guidance on the wider planning, implementation and management aspects.

It includes some guidance on meeting the requirements of people with disabilities and of older people; however, more comprehensive guidance on accessible toilets is referenced that should be read in conjunction with this guide.

Structure
Section 1: explains the need for public and community toilets and why they must be female-friendly.
Section 2: describes and illustrates the essential and desirable features that make toilets female-friendly.
Section 3: suggests ways to build gender sensitivity into the city-wide assessment of gaps in public and community toilet provision, and in local implementation and management.

Why ‘female-friendly’?
We use the term ‘female-friendly’ because the guide does not cover in detail the whole spectrum of gender identities. Although we touch on the inclusion of gender minorities in public and community toilet provision, we do not cover it in detail, partly because of the lack of evidence and experience that could inform such detail in these guidelines.
The SDGs aim for universal access to sanitation. Sanitation is a human right. Sustainable Development Goal (SDG) 6 includes achievement of universal access to sanitation, and emphasises that to address in particular the needs of women and girls and those in vulnerable situations requires special efforts. However, women and girls continue to suffer disproportionally from inadequate sanitation, and often cannot use a toilet when and where they need.

Few public and community toilets meet the specific requirements of women and girls. In addition to lack of access to household toilets, a key issue for universal access is low availability of public and community toilets. Where they do exist, these facilities typically do not meet the requirements of women and girls. Men and women have different requirements from facilities due to: biological factors including menstruation and pregnancy; and social and cultural factors such as expectations around maintaining ‘dignity’ and ‘modesty’, women still being the main caregivers for children and sick or older relatives and community members and those with disabilities, and women remaining at greater risk of harassment and sexual violence than men.

This has negative effects on women’s lives. Failing to plan, design or manage public and community toilets to ensure they are female-friendly and accessible to all users restricts the movement of women and girls, as well as older people and people with disabilities, and limits their ability to participate in public life.

This guide will help local authorities take action. This guide can support local governments to better understand the sanitation requirements of women and girls. It suggests practical steps towards ensuring public and community toilets respond to these requirements.
Female-friendly public and community toilets must:

1. Be safe and private: be in a safe location; have a clearly marked female toilet section with a separate entrance; have good lighting; have trained male and female attendants; have robust, private cubicles.

2. Cater for menstrual and other hygiene requirements by providing: water and soap; hooks, shelves and mirrors; access to menstrual products; means for washing and/or disposal of menstrual products.

3. Be accessible to all users: be at a reasonable distance from homes or activity centres; be reachable via an accessible path; have at least one cubicle accessible to all users.

4. Be affordable and available when needed: have enough cubicles to avoid long queues, which means allocating extra space and cubicles for women; be open when needed; have an affordable tariff or be free.

5. Be well maintained and managed: have adequate management arrangements and cleaning and maintenance budgets; have safe management of faecal, liquid and solid waste.

6. Meet the requirements of caregivers and parents: have a baby changing station; have a family-friendly cubicle.

Ensuring toilets are female-friendly needs to be a city-wide effort, including assessment...

Authorities need to plan provision of female-friendly public and community toilets at city-wide scale. A participatory city-wide assessment is recommended to analyse: 1) the public spaces and informal settlements lacking public and community toilets; and 2) the extent to which existing toilets meet female-friendly requirements. Planners can then use the results to develop strategies to ensure city-wide coverage, including provision of new female-friendly toilets and the upgrading and expansion of substandard toilets.

...and local implementation.

Capturing the experiences and perspectives of people who already, or need to, use the toilets will help to inform desirable locations of the toilets, opening times, tariffs, aspects of operation and management, and which female-friendly features to prioritise.

The process should involve participation of women and girls throughout.

Both the city-wide assessment and local implementation processes need to be gender-sensitive. This means women and girls and those people and groups who are normally excluded need to play a central role in the processes, to ensure toilets meet their requirements.
1. The need for female-friendly public and community toilets

In this section we highlight the responsibilities of governments and local authorities to provide sanitation for all, and the role of community and public toilets in meeting these responsibilities. We then explain why public and community toilets need to be more female-friendly.

The role of community and public toilets in achieving universal access.

Sanitation as a human right

Going to the toilet is a basic human need. However, many people, in particular women and girls, often cannot go to the toilet when and where they need or want.

Governments’ responsibility to provide universal access to sanitation is clear. In 2010, the UN recognised water and sanitation as human rights. It also stated that they are essential to the realisation of all human rights.¹ Human rights criteria specify that toilets should be sufficient in number, physically accessible, safe, affordable, designed for use by all, culturally appropriate and suitable for all genders.²

The Sustainable Development Goals (SDGs), agreed by 193 countries in 2015, include a target to achieve universal access to adequate and equitable sanitation and hygiene for all by 2030, with special attention to the needs of women and girls and those in vulnerable situations (target 6.2). They also include a target to eliminate all forms of violence against women and girls in the public and private sphere (target 5.2), and a target to recognise and value unpaid care work through, among other things, provision of public services and infrastructure (target 5.4).³
Public versus household toilets

Individual household toilets are the most important way to eliminate open defecation and ensure universal access to sanitation. Community toilets and public toilets are also important.

Household toilets are preferred over shared toilets and community toilets because in most situations they are safer, especially for women and children. They also offer more privacy and ownership and are more sustainable. However, more and more people are living in informal, low-income, high-density settlements. Space in these settlements is very restricted, land tenure issues are common and waterlogging and seasonal flooding can be frequent. These conditions can make household toilets challenging or even impossible. Short of rehousing people, high-quality community toilets are then the only way to provide access to safe sanitation.

People need to use toilets throughout the day, so also need access when not at home. They need toilets in places including schools, workplaces and health centres, and public toilets in places such as markets, parks, travel hubs and other places where people spend time.

Urban planning for quality of life

Inclusive, well designed neighbourhood outdoor and public spaces improve people’s health and quality of life. Access to toilets is central to this. Availability, design and location of public and community toilets affect how people use and move through these public spaces, so can affect their participation in social and economic life.

In many countries planning and providing public and community toilets and sanitation services in urban areas is the responsibility of local authorities. They may be involved directly in providing the toilets or have a role in regulating and supervising privately owned or managed public toilets. Local government officials and planners therefore have a crucial role in making sure public and community toilets are safe and accessible for all users, including women and girls.

Definitions

Although in practice the boundaries between public and community (and shared) toilets are blurred, here we use the following definitions:

Community toilets are sanitation facilities for the shared use of a defined group of local residents as their main toilet facility. They typically serve and are located in or near slums or informal settlements where individual household toilets are scarce. Community toilet blocks generally have many individual toilets, and communities or local authorities may own and manage them. They are different from shared toilets, which are used by fewer households and often belong to one of the households. Those are not covered in this guide.

Public toilets are sanitation facilities aimed primarily at people working in or passing through the area rather than at local residents. They tend to be near public spaces or activity areas including markets, commercial areas, commuting points, parks, religious and tourist places and areas homeless people (including street or pavement dwellers) visit.

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Why do public and community toilets need to meet the requirements of women and girls?

Poor access to sanitation disproportionately affects women and girls. This is because of several factors, such as:

Social and cultural roles, responsibilities and restrictions

It is easier (although not desirable) for men to urinate outside than it is for women. Women and girls are more restricted by what is considered acceptable and appropriate behaviour (i.e. gender norms) and by pressures to maintain ‘dignity’ and ‘modesty’. When toilets are not available, evidence shows women and girls often restrict their eating or drinking to delay the need to use a toilet, which increases their risks of various health problems and affects their quality of life. They might also wait for darkness to relieve themselves outside, which can be dangerous.

Women and girls (and transgender people, people with disabilities, and children) are at greater risk than are men of sexual violence, harassment and physical violence when forced to defecate in the open or use unsafe, dark or badly located toilets. In Bihar, India, for example, ‘sanitation-related’ rapes made up nearly half of the more than 870 cases of rape in the state in 2012. The fear of rape and violence leads to women and girls avoiding using community and public toilets in the dark or where they feel they are unsafe.

Women and girls are usually the main caregivers of children, sick or older relatives and community members and people with disabilities. They are more likely to accompany others to the toilet, and therefore need accessible and practical facilities to support themselves and those they are caring for to use toilets.

In societies around the world, women and girls face more restrictions and rules affecting their access to public spaces and participation in social, economic and political life than do men and boys. A lack of suitable toilets can even further constrain their personal freedom and mobility, access to employment, health and education, and involvement in political and recreational activities. Women and girls with disabilities face double the disadvantages because even where toilets do exist they are rarely designed and constructed to be fully accessible and safe for them.
Biology and physiology

On any given day, around 300 million people globally are menstruating. They need a private and accessible toilet to change their menstrual products; water and soap to wash their hands, bodies and any reusable products; and somewhere to dispose of menstrual products in a safe, culturally appropriate and dignified way.

Being unable to manage menstruation hygienically affects women’s and girls’ health, mobility and dignity. Using the same sanitary product for too long can increase the risk of infection, while not washing hands after changing menstrual products can help spread infections such as Hepatitis B and thrush. Not having access to safe, clean and appropriate toilets during menstruation can cause discomfort and psychological stress, and adds to the discrimination women and girls already face because of menstruation-related taboos.

Perimenopause (the time leading up to and around menopause) and pregnancy can increase a woman’s need to use the toilet because the bladder is weakened or compressed. And hormonal changes during perimenopause can lead to heavier bleeding, requiring more frequent changing and washing.

Incontinence affects one in four women over the age of 35 years, compared with one in ten adult men. This can be associated with pregnancy, childbirth, menopause, fistula and the structure of the female urinary tract. People with incontinence need a toilet more often.

Women cannot urinate as easily as men can because they need to undress at least partially for both urination and defecation, which requires more space, privacy and time – even more so when managing menstruation. These requirements are greater for older women and those with disabilities.
Impact of inadequate sanitation on women and girls

In Mathare slum in Nairobi, Kenya, there is an average of 85 households per toilet. Results of a study combining quantitative and qualitative methods showed that women and girls living in urban informal settlements are disproportionately affected by inadequate sanitation. Two particular effects were:

**Insecurity and fear of physical safety**
More than 83% of households reported inadequate or no privacy when using a toilet. 68% of women reported experiencing violence. Most women expressed feeling vulnerable when having to use toilets far from their homes and without locks or proper lighting at night. Evidence suggests that most sexual violence in slums occurs when someone is using a toilet, bathing and/or managing their menstruation.

In addition to the physical assault, attacks lead to increased anxiety, a sense of powerlessness and hopelessness, marginalisation and stigmatisation. One young woman in Mathare said:

“I would go to the latrine at any time provided it was not too late. This was until two months ago when I almost became a victim of rape. You have to walk for about ten minutes to use the latrine. I did not report it because one of the four men involved was well known and told me if I report it to official authorities they would look for me and deal with me.”

**Economic and care burden**
Inadequate sanitation in Mathare results in economic burdens because of the cost of pay-per-use toilets (5 Kenyan Shillings or US$0.05 per use), increased healthcare or medical costs (e.g. oral rehydration therapy), and decreased wages for women forced to miss work to care for sick people. One woman said:

“My child has it [diarrhoea] at least once every two months [which] lasts maybe four or six days. I have to pay for transportation to clinic, medicines, and doctor fees. We need extra fuel to boil more water during these days and I try to get him to use the choo [toilet], but maybe not pay so many times. I usually can't sell my wares at the market on those days, so I lose 40–50 bob [shillings] maybe.”

In Mathare slum in Nairobi, Kenya, there is an average of 85 households per toilet. Results of a study combining quantitative and qualitative methods showed that women and girls living in urban informal settlements are disproportionately affected by inadequate sanitation. Two particular effects were:
Case study: India

Why do women in India not use public toilets?\(^{32}\)

Greater Warangal Municipal Corporation (GWMC) in the state of Telangana, India, tried to stop open defecation and urination in the city by providing public toilets in high population density areas.

GWMC built 38 public toilets with raised toilet seats, urinals, handwashing stations, soap, bathing arrangements and regular maintenance schedules. Despite this, the number of women using the public toilets was much smaller than predicted.

GWMC commissioned an evaluation to understand why. This included a quantitative study to understand current use and satisfaction levels of 197 women, and in-depth interviews with 21 women of diverse backgrounds to explore their specific needs and preferences.

Reasons for not using the public toilets included dirtiness; inappropriate location; presence of men near the entrance; and having male caretakers. Features they wanted or liked included running water and soap; female caretakers (or trained older male caretakers if not); women-only blocks; access off the main road (in an arterial road for privacy); toilets in or near petrol stations, bus stops and railway stations; a choice of squatting and raised seats; better availability; and means for disposal of sanitary pads.

The city government used conclusions from this evaluation to design and set up sanitation facilities for women in Warangal, including four women-only toilets.
Monica carries her daughter Mabis on her back to use an overhanging latrine in West Point, Monrovia, Liberia.

Credit: WaterAid/ Ahmed Jallanzo
2. Features of female-friendly toilets

In this section we outline the features needed to make toilets female-friendly, including safety and privacy; menstrual and other hygiene requirements; accessibility; affordability and availability; maintenance and management; and requirements of caregivers. The features are separated into essential and desirable features.

**Broad requirements**

To address the factors outlined in Section 1 and meet the requirements of women and girls, public and community toilets should:

1. **Be safe and private**
2. **Cater for menstrual hygiene management and other hygiene requirements**
3. **Be accessible to all users**
4. **Be affordable and available when needed**
5. **Be well maintained and managed**
6. **Meet the requirements of caregivers and parents**

These six broad requirements are important for all toilet users. However, focusing on the specific requirements of women and girls within these will maximise the benefits for them and reduce the disadvantages they face while also meeting the needs of men and boys and a wider range of toilet users, such as older people and people with disabilities.

**Specific requirements**

The following tables give specific details of the feature in the broad requirements, with recommendations for how to take them into account when building or upgrading public and community toilets. Recognising that there are constraints on budgets, essential features are separated from those that are desirable or dependent on local context and practicalities.

The features are general descriptions rather than technical specifications (see the resource list in the Annex for global specifications for public toilets), and should be read and applied in conjunction with national standards and specifications. They should also be adapted to the local context at the implementation stage, using gender-sensitive participatory processes involving toilet users (see details in the next section).
1. Safe and private

Privacy and safety considerations are vital to make sure that using the toilets does not increase the risk of violence against women and girls, or make users feel vulnerable in any way. Perception is important; if users think a facility is unsafe, it will put them off and force them to use potentially less hygienic alternatives.33

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<tr>
<th>Feature</th>
<th>Essential</th>
<th>Desirable / context-specific</th>
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<tr>
<td>Separate entrance for female toilet section</td>
<td>• Separate male and female sections (clearly labelled).</td>
<td>• Completely separated blocks (i.e. no shared wall between male and female sections) can offer additional safety and privacy.</td>
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<td>• Entrances to male and female sections are at a sufficient distance from each other and, if possible, face different directions or have separating walls.</td>
<td>• A separate gender-neutral or third gender toilet or section may be suitable. Consultation with transgender or third gender groups would be essential to ensure that this is their preferred option and that it would not increase their risk of violence.34</td>
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<tr>
<td>Safe location</td>
<td>• Location is easy and safe to access. It is important to discuss the location with women and girls – they know best which areas or compounds are dangerous for them. Not all safety considerations will be easily identifiable by external actors.</td>
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<td>• Location is reasonably visible and remote or run down locations (e.g. narrow lanes) are avoided if they could make users feel unsafe or appeal to those who want to harass or be violent.</td>
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<td></td>
<td>• Privacy and safety considerations are balanced. For example, entrances that are too hidden or discreet can actually increase risks. Women's groups or representatives can help find context-specific balances between privacy and safety.</td>
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</table>
### Feature Essential Desirable / context-specific

**Good lighting**
- Entrances, exits, walkways, paths and open areas used to access the toilet are well lit with natural light or bright enough lighting, especially when facilities are open at night.
- Internal lighting is bright enough to illuminate entrances, exits, wash areas, cubicles and publicly accessible areas.
- Lighting in the wider area surrounding the toilet block is adequate, so that it is not the only illuminated structure in the area.

**Trained male and female caretakers**
- Male and female caretakers or toilet attendants are appointed in all public toilets and there during all hours of operation.
- Both male and female caretakers are trained to be sensitive and responsive to the requirements of female users and people with accessibility needs.
- In community toilets caretakers or toilet attendants are present, ideally both male and female, unless the block is very small.

**Robust cubicles**
- Solid cubicle doors and structure that users can lock from the inside; and solid structure e.g. bricks/cement.

**Designed for privacy**
- Ventilation systems that do not compromise privacy i.e. by the design allowing people outside to see or hear what is happening in the toilet block.
- Entrance or layout of the block is designed to conceal the inside from passers-by.
- Half-walls, shrubbery or other barriers at entrances make the toilet feel more private where needed, as long as this does not compromise security.

**Clear signs, directions and branding**
- Clear and globally recognised male, female and accessible toilet symbols, along with arrows and text in local language, mark and point towards the different toilet sections.
- Tactile signs and directions are included for visually impaired people.
- Recognisable colouring or branding can be used for easy identification of public toilets.

**Additional safety measures**
- CCTV at the entrance of the toilet block might be useful in some contexts to increase security and reduce vandalism.

### Key resources

UNICEF’s 2017 guide *Gender-responsive water, sanitation and hygiene: key elements for effective WASH programming* gives an overview of how to plan, implement and monitor WASH work to ensure that it is responsive to the requirements and realities of women and girls. Download at [unicef.org/gender/files/Gender_Responsive_WASH.pdf](http://unicef.org/gender/files/Gender_Responsive_WASH.pdf)
Figure 1: An example of the exterior of a female-friendly toilet block.
Credit: WaterAid/ Verónica Grech

Figure 2: An example of the interior of a female-friendly toilet block.
Credit: WaterAid/ Verónica Grech
2. Cater for menstrual hygiene management and other hygiene requirements

Public and community toilets that help users practise key hygiene behaviours – including handwashing and safe, private and hygienic management of menstruation – will benefit the health, wellbeing and mobility of women and girls, and indeed all users. Those planning, designing and building the toilets need to understand the local context and taboos around menstruation from the perspective of women and girls. These should be factored into the design of and services provided in the toilets and the responsibilities of the caretaker or toilet attendant.

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| **Access to water and soap**   | • Handwashing facilities in each toilet block – a basin, water and soap. These enable handwashing and cleaning of reusable menstrual products.  
• Water access (either through a tap or bucket storage) inside the cubicle, both for increased privacy for managing menstruation and for those experiencing incontinence or other illnesses such as diarrhea or sickness. | • A tap or bucket with a jug inside all cubicles is essential where the cultural practice is to use water for anal cleansing. |
| **Access to menstrual products** | • Access to products for menstruation, e.g. pads are kept in a visible place that users can take (or buy at an affordable price) from the caretaker (preferably female). | • If women and girls in the context might feel uncomfortable or embarrassed to ask for products from a caretaker, add a vending machine or other appropriate solution. |
| **Disposal of menstrual products** | • Safe and culturally appropriate disposal options for menstrual materials inside the cubicle (for privacy) if possible, otherwise inside the female toilet block.  
• Options for washing reusable products.  
• Washable bins with a lid for temporary storage of used sanitary materials are a good option.ii | • An incinerator (meeting national standards) might be appropriate in some contexts.iii |
| **Hooks and shelf**            | • Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface. Defecation, urination and menstrual hygiene management require removing clothes and using hands. |                                                                                               |
| **Mirror**                     | • A mirror (above handwashing stations). This enables the user to adjust clothing and caters for self-care requirements, and increases handwashing by providing a nudge or pull factor.37 Ensure the mirror’s position does not enable people outside to see into the toilet section. |                                                                                               |

iiiSee p262-9 of House S, Mahon T, Cavill S (2012) for more detailed information and disposal options including specifications for dustbins and incinerators.
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<tr>
<td>Washing or bathing units</td>
<td>• Access to water and soap for washing, ideally within the toilet stall or a dedicated stall, but at least inside the toilet block. Necessary for washing menstrual materials or the body.</td>
<td>• An extra space without a latrine for washing and drying menstrual cloths, or washing the body, within the female toilet block might be appropriate.</td>
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<td>• Bathing units in community toilets in areas where households lack such facilities, and in public toilets in places such as long-distance transport hubs or areas homeless people visit.</td>
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<td>• Facilities for ritual cleansing (e.g. foot washing for wudu) might be essential in particular contexts.</td>
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*Figure 3: An example of the interior of a female-friendly toilet cubicle.*

Credit: WaterAid/ Verónica Grech
Key resources

A very comprehensive guide (and training manual) to the facts and reality of menstruation and associated taboos and restrictions, and supply and disposal issues, is *Menstrual hygiene matters: a resource for improving menstrual hygiene around the world*. Download the guide at washmatters.wateraid.org/publications/menstrual-hygiene-matters

Another useful resource for understanding menstruation and for technical pointers for addressing it in low-resource contexts is *A toolkit for integrating (MHM) into humanitarian response*. Download the toolkit at rescue.org/sites/default/files/document/2113/themhminemergenciestoolkitfullguide.pdf

3. Accessible to all users

Many people experience difficulties using water and sanitation facilities, such as older people, people with disabilities, pregnant women, small children and their parents or caregivers, and people who are injured or sick. Ensuring toilets are accessible to all users contributes to inclusion, health, poverty reduction and economic empowerment objectives, as well as meeting the human right to sanitation for ensuring all citizens.

Many countries have national standards, codes or laws for accessible infrastructure – these should be taken into account. National and local disabled peoples’ organisations should also be consulted, because they can often provide localised guidance and recommendations on how to ensure infrastructure is accessible. The Annex contains important resources for ensuring accessible water, sanitation and hygiene provision.

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<td>Reasonable</td>
<td>• Community toilets are close enough to the homes they serve.</td>
<td>• The recommended distance depends on local standards, needs and available resources. Examples vary across country and setting, e.g. for community toilets, 75m or 1.5 minutes’ walking distance is suggested in South Africa and 200–350m in India; for public toilets, distances increase up to 1km in India. It is important to take into account layout and terrain when considering distance and to bear in mind that people with disabilities might take longer to travel.</td>
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<tr>
<td>distance</td>
<td>• Public toilets are within or close to the intended activity area or users.</td>
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### Accessible cubicle

- At least one toilet cubicle in each section (male and female) is accessible for people with disabilities and meets national or international accessibility guidelines, including:
  - A wide, outward-opening door (80cm is a recommended minimum width), with a railing or rope on the inside to assist with closing the door.
  - Space for a wheelchair to manoeuvre or for an accompanying carer. The recommended minimum cubicle size is 1.5m wide and 2.2m deep for the whole length.
  - Raised toilet seat and sturdy handrails designed to support body weight extending the whole inside of the cubicle. A galvanised iron pipe of 25–55mm in diameter is robust and suitable for heavy use by many users.
  - Large bolt lock which is easier to grip.
  - All features (sink, hooks, means for anal cleansing and mirror) are positioned at a lower height and menstrual hygiene management facilities such as buckets and taps at suitable distances.

### Accessible path

- Path to the toilet block and accessible cubicle is well lit and wide enough, at least 1.2m and ideally 1.8m.
- Path is flat where possible, even, unobstructed and non-slip. Where ramps are used, the gradient is no more than 1 in 15, and ideally 1 in 20. Handrails to support use of ramp.

### Desirable / context-specific

- Caretakers/attendants are aware of and trained on how to understand and support people with different types of disabilities.
- Tactile paving and/or guiding posts for visually impaired people.
Figure 4: An example of the interior of a female-friendly and accessible cubicle.
Credit: WaterAid/ Verónica Grech

Sarah Quaye using the accessible toilet in the Weinzon Community, Paynesville, Liberia.
Credit: WaterAid/ Ahmed Jallanzo
### 4. Affordable and available when needed

The presence of public and community toilets is not enough – they need to be open at the right times, not have long queues and be affordable. Public and community toilets contribute to public health benefits by avoiding open defecation – being a public good, there is justification for providing free access to them. In many cases, however, fees are levied to ensure financial viability.

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| **Affordability** | • If there are fees, they are affordable – that is, do not prevent anyone from using the toilets.  
• Fees are fair for women and girls and do not disadvantage them because of their bodies or social roles. E.g. if use of men's urinals is free, women's fees for urination should be waived too.  
• Carers are not charged when accompanying others to the toilets.  
• Consult a diverse range of users (and target users), including women and girls, to assess the impact of any toilet user fees.  
• Fee structures do not prevent the poorest or most excluded people from using the toilets (see case study on page 25).  
• Maintenance arrangements and costs are factored into the long-term planning of the costs of any new or existing toilet facility (i.e lifecycle costs). | • It is common to see user fees that are not affordable to all. Instead of always expecting full cost recovery through tariffs, cross-subsidisation and public finance should be mobilised to ensure affordability, economic sustainability and equity. |
| **Open when needed** | • Opening times of toilets are adapted to the community needs and activity area, informed by user requirements and displayed clearly. E.g. community toilets and public toilets near a busy station might have to operate 24 hours. | |
| **Enough cubicles (more female ones)** | • The number of female toilets is sufficient for the context. Guidance on how many toilet seats to include varies between countries and between activity areas, but always take into account that women and girls need more time and space than men do (see Box 1 on page 23). | • The female section of the toilets is bigger than the male section.  
• There are more female toilets than there are urinals plus male toilets.  
• The horizontal distance between the squat hole and the back wall of the toilet is greater in the female toilets than in the male.  
• Predicted increases in population or level of activity in the area are taken into account. |
5. Well maintained and managed

Even the most carefully designed and constructed toilet is useless if not kept clean and functional. Cleanliness is especially relevant for women and girls, who, when urinating, have to touch more parts of a toilet than men do. Adequate operation and maintenance arrangements are therefore vital.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Essential</th>
<th>Desirable / context-specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>• A frequent and reliable cleaning schedule is in place. This is often the responsibility of the toilet caretaker/attendant but they should be given the means and resources – including salary and working conditions – to perform this task.</td>
<td></td>
</tr>
<tr>
<td>Well maintained</td>
<td>• Maintenance arrangements ensure the toilet is kept in good working order.</td>
<td>• Constant electricity supply.</td>
</tr>
<tr>
<td></td>
<td>• Guaranteed and consistent water service.</td>
<td></td>
</tr>
<tr>
<td>Solid waste management</td>
<td>• The local authority or relevant body – private or public – provides regular safe removal and disposal of waste, including used menstrual products and soiled nappies.</td>
<td>• On-site management such as incinerators considered carefully to avoid health risks or nuisance to the surrounding area.</td>
</tr>
<tr>
<td>Faecal and liquid waste</td>
<td>• Toilets are close to water supply networks, drainage, and, if present, sewer systems.</td>
<td></td>
</tr>
<tr>
<td>management</td>
<td>• In locations without sewers, septic tanks are easy to access for sludge-emptying trucks. Periodic desludging is agreed with private operators where not directly provided by local authorities.</td>
<td></td>
</tr>
<tr>
<td>Adequately managed</td>
<td>• Clear management arrangements are in place to ensure the above features. This is important for maintaining functionality and financial sustainability (see Section 3 for more details).</td>
<td></td>
</tr>
</tbody>
</table>
6. Meet the requirements of caregivers and parents

Women and girls still hold most caregiving responsibilities for children, and for older and sick family and community members and those with disabilities. Public and community toilets should support them to do so while not preventing men from taking these roles.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Essential</th>
<th>Desirable / context-specific</th>
</tr>
</thead>
</table>
| **Baby changing station**    | • There is a clean and safe place for parents or caregivers to clean and change babies. For example, a sturdy free-standing table or a folding table attached to the wall. | • Ideally, one changing station in the women’s toilet section and one in the men’s toilet section is recommended.  
• If only one station is feasible, put it in the gender-neutral (and accessible) cubicle to enable both men and women to use it when caring for children. |
| **Family-friendly cubicle**  | • At least one cubicle spacious enough for a caregiver and the person they are caring for to be in the cubicle together without touching doors or walls. | • Elements suitable for children, such as a smaller toilet seat, and lower urinal and sink. |
| **Laundry**                  |                                                                          | • Clothes-washing facilities in particular locations such as in community toilets in areas where households do not have such facilities, or in public toilets in areas homeless people visit. |
| **Breastfeeding station**    |                                                                          | • In contexts where breastfeeding in public is not accepted, the block could include a private and hygienic space for breastfeeding. The block should have access to water and soap. |
Box 1: How many seats?

Different countries set different standards for the number of individual toilets (called seats or cubicles) required in public and community toilets. For example, in South Africa the recommendation for community toilets is a maximum of 50 users per seat. In India, standards recommend a maximum of 35 men or 25 women per seat for community toilets, and 200 men or 100 women per seat for public toilets (and 50 men per urinal). For Southeast Asia, ASEAN recommends a minimum of: one cubicle per 550 females; one cubicle (or one urinal) per 1,100 males; and one unisex cubicle for people with disabilities per 10,000 population.\textsuperscript{50,51}

When calculating how many toilets to include in community and public facilities, consider the following factors:

**Community toilets**

- How many people in the area do not have household toilets?
- How many people would be willing to use a community toilet?
- What is considered locally to be an acceptable queuing time for a toilet?
- Projected growth in the community’s population over the next decade.

**Public toilets**

- Type of activity area, for example transport station or terminus, market or commercial area, park, recreational place, tourism location, etc.
- Estimated number of users.
- Norms and standards for how many users per seat.
Case study: South Africa

Innovations for community sanitation

In Durban, South Africa, there is a successful community toilet model that uses repurposed shipping containers. The municipality developed the model through several versions, with a lot of learning by doing. Using a situational analysis to understand initial challenges, they found that households would prefer open defecation to using a facility more than 75m from their home. They also found that unattended facilities did not remain functional beyond three months.

Durban decided to use South Africa’s national budget allocation for household sanitation to pay for part-time cleaners and attendants and to allow communities to use the community toilets for free. At a cost of about US$65,000 each, Durban installed more than 2,500 community containers, open 24 hours a day, across more than 500 informal settlements, serving more than 1 million people.

Figure 6: Community toilets in Durban, South Africa.

Credit: WaterAid

*Case study built on through author’s site visit.*
Making public toilets meet the requirements of all, especially women, girls and people with disabilities\textsuperscript{53,v}

A 2011 study of public toilets in Dhaka, Bangladesh, showed that the city had only 47 public toilet blocks serving around 7 million people. 75% of the blocks did not have female-friendly and child-friendly features, and more than 30% were in very unsafe locations. Furthermore, almost 60% of the blocks did not have a reliable water supply, and more than 80% had no lighting, making them impractical, undesirable and unsafe for women and girls.

75\% of the blocks did not have female-friendly and child-friendly features, and more than 30\% were in very unsafe locations.

The city municipalities decided to start reversing this problem by increasing the number and quality of public toilets to meet the requirements of all, especially women, girls and people with disabilities. They committed to build 100 new public toilets in partnership with WaterAid and other NGOs. As part of the Sunrise project, WaterAid has helped build dozens of female-friendly and accessible public toilets. They have separate male and female sections and features including handwashing facilities, showers, safe drinking water, reliable water and electricity supplies, CCTV cameras and professional male and female caretakers.

Users pay 5 taka (US$0.06) for defecation and urination, 10 taka for a shower and 10 taka to buy a sanitary pad. The toilet use fee is waived for people who say that they cannot pay.

Ahmina Akhter, a cleaner, cleaning Osmani Uddan public toilets, funded by H&M Foundation, in Gulistan, Dhaka, Bangladesh.

Credit: WaterAid/ GMB Akash/ Panos

\textsuperscript{Case study built on through author’s site visit.}
Jessica Teah leaves the shower room of the improved toilet and bath facility in Fanti Town, West Point, Monrovia, Liberia.

Credit: WaterAid/ Ahmed Jallanzo
3. How to assess and address the gaps at city and local levels

This section suggests ways to make sure the processes of planning, constructing (or upgrading) and managing public and community toilets adequately involve women and girls and respond to their specific requirements. It first focuses on assessing the gaps from a city-level perspective and tailoring strategies, then tackles local-level implementation and management. This is not exhaustive guidance but a brief overview, drawing attention to some aspects and to how to make the process gender-sensitive. Resources referenced offer more detailed guidance.

The lack of adequate sanitation facilities in markets and workplaces often leads women to avoid them during menstruation, to the detriment of their economic participation.²

Women and girls move around cities and towns every day, so efforts to provide female-friendly public and community toilets need to be city-wide, and the processes involved must be gender-sensitive. This includes assessment of gaps in provision of public and community toilets at the whole town or city level, devising strategies to address those gaps, and managing local-level implementation. Toilet users' (or intended users’) meaningful participation, particularly that of women and girls, is central to these efforts.

3.1 City-wide assessment

The first step towards ensuring appropriate access for women, girls and those whose requirements are regularly ignored is a participatory city-wide assessment of the gaps in community and public toilet provision. The aim is to answer the following questions:

1. How many community and public toilets does the city have?
2. Where are they located?
3. To what extent do existing facilities meet female-friendly requirements (including functionality, accessibility, suitability of location)?
4. Which areas need but are lacking public and community toilets?
5. What needs to be done to improve the situation and how?

Before trying to answer these questions, the following key principles should be taken into account.
Key principles

This is not a standalone process

This assessment, and wider efforts to improve public and community toilets, should not happen in isolation. It is important to try to cooperate and integrate with:

1) Initiatives to improve household toilet provision, sanitation in institutions (such as schools and healthcare facilities) and in workplaces.

2) Existing or planned work on urban planning, slum upgrading or faecal waste management.

This also applies to the assessment itself; it is useful to build on ongoing consultation groups, participatory processes and primary data collection efforts related to these areas.

Understand the institutional, regulatory and financing framework first

It is important to thoroughly understand the institutional and regulatory framework affecting sanitation provision, and any existing national plans, budgets, financing opportunities and bottlenecks to service provision. This knowledge will shape strategies but it can also be used to tailor the assessment.

Involve the relevant stakeholders

For the assessment, analysis and planning, local authorities should involve people from different government departments that have a role in issues such as public health, engineering, planning, gender, water and sanitation, transport, slum upgrading, tourism and public parks. Working with an existing taskforce or creating a new taskforce might be useful, with members representing NGOs, community-based organisations, women’s groups, inclusion specialists, youth groups, disabled people’s organisations, and slum dwellers’ organisations to name a few.

Prioritise participation of underserved people

In such a taskforce and in participatory and consultative processes generally, capturing and understanding women’s and girls’ perspectives and perceptions is crucial. Make sure location and timing of meetings, data collection processes and the way interviews are conducted suit their practical needs and help them to participate. Select and train facilitators and interviewers to ensure women and girls feel as comfortable (and able) as possible to talk openly. Make similar efforts to ensure minority groups facing direct or indirect exclusion from current services are practically able and feel comfortable to participate in the process and share their views.

Gather information from diverse sources

Appropriate sources include:

- Government documents – both published (census, surveys, reports, websites) and unpublished (internal reports and information, which may be scattered across different teams or departments).
- Sources from residents, market associations and slum dwellers’ organisations – these might be even more relevant and up-to-date than government documents for a given local area, as in the example in Box 2.
- Satellite image maps – analysing these can be useful.
- Primary data collection – this can be used to cover any gaps or outdated information and is a good way to better understand the reality from the perspective of the toilet user. This can be based on surveys and inspection visits to a sample of toilets.
- Accessibility and safety audits of at least five facilities are also recommended (see Box 3 for more information on these).
Be realistic

A city-wide assessment is the aspiration, but this is based on the assumption that there is scope for taking action at city-wide scale. In reality, this can be difficult because of constraints in budget, political will or capacity to take action. In such situations, a lighter city-wide assessment might still be useful as a way to identify major problem areas and prioritise interventions. Another option is to concentrate the assessment in a sample of facilities or areas (e.g. a couple of informal settlements) to pilot the data collection and as a means of advocating more attention to and funding for these issues (for which existing publications can be used).

Box 2: Know your city is a global campaign by Slum Dwellers International (SDI), United Cities and Local Governments of Africa (UCLG-A), and Cities Alliance to collect city-wide data and information on informal settlements. Slum dwellers submit the information, creating alternative systems of knowledge that the communities own. SDI's databases are becoming the largest repositories of informal settlement data in the world and the first port of call for researchers, policy makers, and local and national governments. Available at knowyourcity.info/explore-our-data/

Assessing and mapping gaps and possible strategies

What follows is one of many possible ways to assess the gaps in community and public toilet provision and to think of the response strategies. Although the process is broadly similar for public and community toilets, we have presented them separately to highlight some key differences.

Gaps in community toilet provision

Gathering the following information on the status of informal settlements and existing community toilets is desirable:

- **Informal settlements**
  - Location
  - Legal status and tenure security
  - Settlement density (in terms of space for household toilets and additional community toilets, and access for mechanical desludging)
  - Coverage of individual household sanitation
  - Epidemiological data and nutrition indicators (if readily available)
  - Indicators for gender-based violence (if readily available)

- **Community toilets**
  - Location of the block
  - Compliance of each block with female-friendly features. Depending on the level of detail desired, this could focus on the essential features listed in Section 2, or a subset of those, such as:
    - Number of male, female and gender-neutral toilets and urinals and their functionality
    - Opening times
    - Safety of location
    - Cleanliness and availability of water and soap
    - Presence of male/female caretakers
    - Provisions for managing menstruation
    - Accessibility features
  - Depending on the diversity of management models and actors involved in the city, it might also be relevant to capture information on management and operation, such as:
    - Responsible institution and management structure
    - Faecal, solid and liquid waste disposal mechanisms and services
    - Tariff structure, numbers of users and running costs (water, electricity, desludging, caretaker’s pay)
Once this information is collected, it can be compiled and plotted into a map, as a way to visualise the gaps and possible strategies. Software options that can be used for this include MyMaps by Google Maps (google.com/mymaps), QGIS, mWater, MAPinr or Arc GIS.

Suggested steps for mapping the information:
1. Locate the informal settlements on the city map (e.g. draw the boundaries).
2. Locate the community toilets on the map.
3. Draw a ‘catchment area’ around each community toilet, i.e. the zone less than 5 minutes’ walk from the toilet (or any other distance as per local standards).
4. Colour code the zones, for instance:

<table>
<thead>
<tr>
<th>Colour code</th>
<th>Zones</th>
<th>Strategies suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Zones with no access to community toilets or with defunct community toilets.</td>
<td>Provide new female-friendly and accessible community toilets or fully renovate defunct ones. Prioritise these zones, starting with settlements with least household sanitation coverage and worst indicators for nutrition and for gender-based violence.</td>
</tr>
<tr>
<td>Amber</td>
<td>Zones served by community toilets that are not female-friendly.</td>
<td>Upgrade and expand toilets, addressing the female-friendly features that are missing.</td>
</tr>
<tr>
<td>Green</td>
<td>Zones served by female-friendly community toilets.</td>
<td>Monitor whether toilets are and remain female-friendly. Apply any necessary corrective action.</td>
</tr>
</tbody>
</table>

Table 1:

It is important to note that for simplicity Table 1 assumes that construction of individual toilets is not feasible for most households in those settlements due to, for example, tenure security issues or space constraints) and community toilets are the only option to provide access to sanitation. As discussed in Section 1, provision of individual household toilets is always the preferable solution wherever feasible.

Providing new facilities is more straightforward than upgrading facilities, which might need more ingenuity. Upgrading might involve, for example: retrofitting some features that increase security; changing the female to male seats ratio; adding an accessible gender-neutral toilet; introducing changes in the paths to the toilets; or revamping the management model. A more detailed local analysis and consultation might be necessary to work out the details (see Section 3.2 on local implementation).
Figure 5 shows the result of a mapping exercise like the one suggested. It is based on information from an actual participatory mapping exercise from Mathare in Kenya (see mapkibera.org/theme/watsan). We have added the categorisations of toilets and zones for illustration purposes – these are not real.

Key resource

Guidelines for public and community toilets management by cities in Andhra Pradesh provides in-depth guidance for administrators in city-wide planning for, and effective service delivery of, public and community toilets. Developed by Swachha Andhra Corporation (SAC), Government of Andhra Pradesh and GIZ in 2016. Download the guidelines at susana.org/_resources/documents/default/3-2933-7-1517379253.pdf
Gaps in public toilet provision

For public toilets, the focus is on public spaces or activity areas. These include commercial markets (including informal ones); shopping streets; commuter points, such as metro, train or bus stations, taxi stands, interchanges and areas with high numbers of pedestrians; recreational areas or tourist attractions, such as parks, riverfronts, and heritage areas; religious places; and locations that homeless people or street/pavement dwellers visit.

Although local authorities provide most public toilets, market associations and retail centres commonly provide (or are required to provide) public toilets. All public toilets need to be included in the assessment, irrespective of the institution in charge.

The following information would be desirable to characterise activity areas and existing public toilets:

• **Activity areas**
  - Type of area
  - Location
  - Number of people, disaggregated by gender, estimated to frequent that area daily (see note after this list)
  - Evidence of open defecation
  - Epidemiological data and nutrition indicators (if readily available)
  - Indicators on gender-based violence (if readily available)

• **Public toilets**
  - Location
  - Number of male, female and gender-neutral toilets and urinals and their functionality
  - Opening times
  - Safety of location
  - Cleanliness and availability of water and soap
  - Presence of male/female caretakers
  - Provisions for managing menstruation
  - Accessibility aspects

• Depending on the diversity of management models and actors involved in the city, it may also be relevant to capture information on management and operation, such as:
  - Responsible institution
  - Management structure
  - Faecal, solid and liquid waste disposal mechanisms and services
  - Tariff structure, numbers of users and running costs (water, electricity, desludging, caretaker’s pay)

**Note:** There is no exact formula to calculate the number of people who visit a specific activity area. Informed estimates could be based on numbers of customers, commuters or visitors, sourced from transport service providers, market associations, entry registers or ticket counters.

**As with community toilets, the information can then be mapped:**

1. Locate the activity areas in the city map (e.g. draw the boundaries).
2. Locate the public toilets on the map.
3. Draw a ‘catchment area’ around each public toilet, i.e. the zone less than 5 minutes’ walk from the toilet (or any other distance as per local standards).
4. Colour code the zones. The table on the following page gives one way of doing this.
One strategy suggested in Table 2 is leveraging toilets in private ownership. This refers to, for instance, toilets in restaurants, hotels, malls and petrol stations. Pioneering cities have used regulations or incentives to do this. The required owner’s action here would be to make the toilets accessible for the public, ensure they include female-friendly features and add clear signage and directions.

These strategies are broad directions for the different types of zones in a city and some pointers for prioritisation. There are many more steps necessary to prepare a city-wide strategy for providing female-friendly public and community toilets. One key aspect is budgeting and planning, and development of service-delivery models might also be required, where existing ones are not mature enough. Oversight and enforcement of regulation or service standards are also important features. It is out of the scope of this guide to cover these in detail – see key and additional resources to fill those gaps if needed.

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**Table 2: Suggested colour coding for zones when mapping public toilets.**

<table>
<thead>
<tr>
<th>Colour</th>
<th>Zones</th>
<th>Strategies suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red</strong></td>
<td>Activity areas with no access to public toilets or with defunct public toilets.</td>
<td>Provide new female-friendly and accessible public toilets, leverage privately owned toilets or fully renovate defunct ones. Start with areas with high rates of unserved female users, such as parks or markets, and areas with evidence of open defecation or with high rates of gender-based violence.</td>
</tr>
<tr>
<td><strong>Amber</strong></td>
<td>Activity areas served by public toilets that are not female-friendly.</td>
<td>Upgrade toilets, addressing the female-friendly features that are missing.</td>
</tr>
<tr>
<td><strong>Green</strong></td>
<td>Activity areas served by female-friendly public toilets.</td>
<td>Monitor whether toilets are and remain female-friendly. Apply any necessary corrective action.</td>
</tr>
</tbody>
</table>

---

**Key resource**

*Public toilet management (PTM) process overview.* This resource proposes a five-step process for managing public toilets: demand and supply assessment; planning and strategies; implementation; monitoring; and sustainability, with detailed advice and a toolkit. Developed by GIZ and the Ministry of Urban Development (India). Download the guide at susana.org/en/community/integrated-content/public-sanitation

**Key resource**

The report *Shared and public toilets: championing delivery models that work* highlights how to take into account context dimensions, users’ needs, and characteristics of service providers and of responsible service authorities for decision-making processes. It includes checklists and case studies. Developed for the World Bank Water Global Practice in 2018. Available at openknowledge.worldbank.org/bitstream/handle/10986/30296/W18035.pdf
The city of Visakhapatnam, India, population 2 million, achieved open defecation free status in October 2016, the result of a coordinated set of activities led by Greater Visakhapatnam Municipal Corporation. The first step in the process was a city-wide sanitation mapping exercise by Urban Migrant Centre, Ahmedabad, which generated data on 1) open defecation hot spots in the city; 2) the reasons behind open defecation; and 3) the prevalence, location and functionality of community and public toilets.

The mapping exercise indicated that more than 20,000 people relied on the city's public and community toilet blocks. Of the 262 such blocks in operation, the study found only six to be in 'good' condition. Upgrading these facilities was identified as a crucial component of city-wide activities to eliminate open defecation. In response to the mapping exercise and gender-needs assessment, particular attention was given to the needs of women and girls in upgrading 198 of the toilet blocks – approximately 4,000 toilet seats – where WSUP and the Greater Visakhapatnam Municipal Corporation implemented gender-sensitive retrofitting plans.
3.2 Gender-sensitive planning and implementation

Once the assessment is finalised and a strategy developed, it needs to be carefully implemented at the local level.

Often community toilets are built without consulting the community about the location, design, construction or maintenance. As a result, the toilets might not meet the nuances of a community’s requirements or benefit from their local understanding of terrain or power dynamics. This could cause weak ownership of and attachment to the facilities, further exclusion of some users and little motivation to maintain them, potentially resulting in a vicious cycle of ‘build-neglect-disrepair-rebuild’. Similarly, public toilets that have been built without taking into account users’ views and needs risk being unused and becoming unsustainable.

For local implementation in a specific activity area or informal settlement, local authorities should therefore involve existing and potential toilet users. Using participatory processes, with a focus on women and girls and others currently underserved, the aim is to understand their experiences and perspectives on a range of operational factors and social factors that affect their ability or desire to use public or community toilets.

As a guide, the following questions or areas of discussion can be explored during engagement and consultations:

- What is the experience of the toilet users (especially women and girls) and what are their demands from future provision?
- What are the most suitable locations for toilets? What spaces should be avoided and why?
- What should be the opening times? If ‘24 hours’ is not an option, what are the alternatives available during ‘closed’ hours?
- How could the toilets be operated and managed to make them safe and accessible for all users?
- Which female-friendly features or additional services should plans prioritise?
- How will female representatives be involved in management, operation and maintenance and monitoring processes?
- How will any planned tariff structures ensure fair and equitable access to all intended users? (See Bangladesh case study, page 25).
- Are there any related activities that can be linked to the toilets to generate revenue (such as producing/selling soap, laundry services)?

Public toilets that have been built without taking into account users’ views and needs risk being unused and becoming unsustainable.
Key principles:

• **Do not assume that all women’s requirements are the same.** Actively include women and girls with disabilities, older women, and women and girls from a range of classes, castes and/or ethnic and religious groups, etc. This might mean holding separate meetings or engagement activities to target these different groups of users, being mindful of the times and places that suit women and girls and any marginalised groups, and working with existing community-based organisations or NGOs that represent the diverse groups.

• **Disaggregate data** by sex, disability, age and social group to understand more deeply the different users’ perspectives and requirements.

• **Involve gender-sensitive (and trained) female facilitators** to make it easier for women and girls to participate and provide their opinion and more likely for them to do so.

• **Ensure communication methods are suitable for people who are often excluded.** This might mean conducting consultations in all relevant languages including minority languages, or providing consultation questions in braille for visually impaired people.

There are many tools and participatory processes for consultation and planning for community and public toilets. For example:

• Prepare and share detailed/schematic maps (which could be preceded by transect walks) showing the existing sanitation infrastructure and services. Get users to highlight areas where sanitation problems are most acute, and areas to avoid because of religious, safety or other reasons.

• Run formal and informal discussions (from in-depth interviews to focus group discussions or participatory design sessions) with residents to address any of the questions listed above. It might be advisable to conduct sex-separated focus group discussions to ensure participants can openly discuss female requirements.

• Run participatory accessibility and safety audits of existing facilities with a diverse group of women and girls, as detailed in Box 3.

• Conduct visioning exercises and discussions on toilet locations. Based on considerations of distance, infrastructure and safe locations of toilets, and estimation of how many toilet blocks will be needed, implementation teams can identify possible locations for the toilets, and discuss these with groups to incorporate their views before making final decisions.

A mapping exercise can enable users to highlight areas where sanitation problems are most acute and areas to avoid because of religious, safety or other reasons.
Box 3: Participatory accessibility and safety audits

Accessibility and safety audits can be used for both public and community toilets. They are an excellent way to increase understanding of the usability of toilets and directly involve women and girls and people with disabilities in assessing, planning and designing them.

The audits can be concentrated on specific female-friendly features (see Section 2). Several tools exist to guide this process. Importantly these audits should be done collaboratively with a group of female users (preferably of diverse ages, abilities and needs) and implementers. In this way the process of getting to, getting inside and using the toilets can be assessed from the users’ perspective and the people responsible for providing the facilities can understand it.

Two examples:

1. WEDC and WaterAid: *Accessibility and safety audit for latrines and market centre latrines*. Available at washmatters.wateraid.org/publications/accessibility-and-safety-audits
### 3.3 Construction, operation, maintenance and monitoring

- The construction (or upgrading) of toilets is an important step at which to ensure toilets are female-friendly, because the infrastructure will be difficult and expensive to change once built.
- Adequate operation and maintenance is essential to making toilets female-friendly.
- Monitoring is necessary to ensure sustainability; it is crucial throughout the process of construction, operation and maintenance, and insights from initial phases should be used to review and improve the work.

Although the resources in the Annex detail the many aspects to take into account for construction, operation, maintenance and monitoring, below is a **checklist of some elements to consider from a female-friendly perspective.**

<table>
<thead>
<tr>
<th>Construction/upgrading</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are female-friendly considerations included in calls for tender from contractors and the contracts that are agreed?</td>
<td></td>
</tr>
<tr>
<td>Is budget allocated to including female-friendly features?</td>
<td></td>
</tr>
<tr>
<td>Are commitments to, and records of, being inclusive, community engagement and gender sensitivity considered in contractor selection?</td>
<td></td>
</tr>
<tr>
<td>Do toilet block layouts take into consideration that equal capacity female sections will require more space than male ones?</td>
<td></td>
</tr>
<tr>
<td>Are there plans to actively monitor female-friendliness of facilities being built?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operation and maintenance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there designated caretakers, including female caretakers?</td>
<td></td>
</tr>
<tr>
<td>Are regular trainings organised, to build the capacity of staff to work with people of all genders and abilities?</td>
<td></td>
</tr>
<tr>
<td>Are there clear operating standards that consider female-friendly features?</td>
<td></td>
</tr>
<tr>
<td>Is there menstrual waste disposal provision that is safe and culturally appropriate?</td>
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<td>Are women equally involved and remunerated in operation and management of the toilets?</td>
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<tr>
<td>Are there arrangements (budget, plan, etc) in place for cleaning and upkeep?</td>
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<tr>
<th>Monitoring</th>
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<tr>
<td>Are key female-friendly features included in monitoring mechanisms?</td>
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<td>Is there a safe and confidential complaints system to enable feedback on community and public toilets?</td>
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<tr>
<td>Do these ensure women’s and girls’ perspectives will be taken into account?</td>
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<tr>
<td>In addition to capturing users’ views, will monitoring mechanisms also include people potentially left behind (for accessibility, affordability or other reasons)?</td>
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Case study: Gender-inclusive approach to communal sanitation in practice

Water and Sanitation for the Urban Poor (WSUP) supported work to provide communal toilets in low-income, high-density settlements in Naivasha, Kenya and Maputo, Mozambique. They made efforts to ensure women had a central role in a four-step planning and management process.

1. Needs-based location/site planning
   Getting the location right is the first step. In Maputo, a needs assessment led by the local leader and community meetings informed the locations for the communal toilets. At least 80% of the participants were women, partly thanks to mobilisation activities to encourage them.

2. Women-centred infrastructure design clinics
   Toilet design clinics are women-only focus groups with project planners and engineers. These were used in Naivasha, while in Maputo community meetings had a majority of women participants. The processes led to: designing toilets with separate cubicles for men and women; a decision to lock the toilet blocks at night but make the key easily available; including a separate space for washing clothes; and discussions to address taboos around menstrual hygiene.

3. Women involved in construction
   To support the construction of the facilities, the community contributed labour for construction. Male and female volunteers worked together in Maputo, whereas paid roles were introduced in Naivasha, with women joining the traditionally male-dominated workforce and countering preconceptions that women were not capable of working in the industry.

4. Women-led management
   In Maputo the sanitation block management committee, comprised of five elected representatives, was in charge of managing the toilet. Women were encouraged to volunteer for leadership positions. 47% of the committees’ presidents were women, 58% had a woman vice-president and 67% a woman treasurer. Most of the stand post operators were women, enabling them to benefit economically from the blocks because they could retain a small profit from the service tariffs.

A communal sanitation block in Chamanculo, Maputo, Mozambique.

Credit: WSUP
# Annex: Useful resources

## A. Gender and sanitation

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<tr>
<th>Name</th>
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<tr>
<td>Schmitt ML, Clatworthy D, Ogello T, Sommer M (2018). <em>Making the case for a female-friendly toilet.</em></td>
<td>An up-to-date, detailed account of how and why inadequate access to a private, comfortable, and well located toilet remains a critical challenge for many girls and women around the world. This article highlights the need for more dialogue between the female users and designers, policy makers, water, sanitation, and hygiene (WASH) practitioners and other relevant actors about how to adapt toilets in a range of development and emergency contexts and operations to better address these critical needs of girls and women.</td>
<td>mdpi.com/2073-4441/10/9/1193</td>
</tr>
<tr>
<td>House S, Ferron S, Sommer M and Cavill S (2014). <em>Violence, gender and WASH: a practitioner’s toolkit. Making water, sanitation and hygiene safer through improved programming and services.</em> Co-published by 27 agencies.</td>
<td>Highlighting the risks of violence associated with WASH and the potential benefits of WASH, this toolkit encourages practitioners to recognise their capacity to make WASH safer and more effective, by clarifying the practical steps that can be taken through improved policy, programming and service provision.</td>
<td>washmatters.wateraid.org/violence-gender-and-wash-toolkit</td>
</tr>
<tr>
<td>Reed BJ, Coates S, Parry-Jones S et al (2007). <em>Infrastructure for all: meeting the needs of both men and women in development projects – a practical guide for engineers, technicians and project managers.</em></td>
<td>This guide gives engineers and technicians an understanding of the context and the practical information they need to ensure their ‘product’ is suitable for both men and women and all of society.</td>
<td><a href="https://wedc-knowledge.lboro.ac.uk/resources/books/Infrastructure_for_All_-_Complete.pdf">https://wedc-knowledge.lboro.ac.uk/resources/books/Infrastructure_for_All_-_Complete.pdf</a></td>
</tr>
<tr>
<td>Chaplin S (2017). <em>Gender, urban sanitation inequalities and everyday lives: a literature review and annotated bibliography.</em> Centre for Policy Research.</td>
<td>This paper examines existing literature to find out what is known about how inequalities in urban sanitation access impact on poor women and girls. It summarises evidence-based research and grey literature mainly from India, Bangladesh, Kenya, Uganda, Malawi and South Africa focused on: how women and girls cope without access to adequate sanitation; gender-based violence and toilet insecurity; and gender and urban sanitation policies, programmes and projects.</td>
<td>cprindia.org/system/tdf/working_papers/Chaplin%20(2017)%20Gender%20&amp;%20urban%20sanitation%20literature%20review.pdf?file=1&amp;type=node&amp;id=6352</td>
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<tr>
<td>UNICEF (2017). <em>Gender-responsive water, sanitation and hygiene: key elements for effective WASH programming.</em></td>
<td>This resource gives an overview of essential elements that WASH practitioners should take into account at all points in the programme cycle to enhance a gender-responsive approach to their work. It includes good pointers for mainstreaming gender in situation analysis, programme design, target-setting, implementation and monitoring and evaluation.</td>
<td>unicef.org/gender/files/GenderResponsive_WASH.pdf</td>
</tr>
<tr>
<td>House S and Cavill S (2015). <em>Making sanitation and hygiene safer: reducing vulnerabilities to violence.</em> Frontiers of CLTS: innovations and insights.</td>
<td>This issue of Frontiers of CLTS brings together lessons on violence related to sanitation and hygiene and examples of good practice from a range of contexts, including urban and humanitarian as well as rural. It proposes good practice for CLTS practitioners for how they can contribute to reducing vulnerabilities to violence through how they work.</td>
<td>communityledtotal-sanitation.org/sites/communityledtotal-sanitation.org/files/Frontiers5_Gender_Violence_WASH.pdf</td>
</tr>
<tr>
<td>House S, Mahon T and Cavill S (2012). <em>Menstrual hygiene matters: a resource for improving menstrual hygiene around the world.</em> Co-published by 18 agencies.</td>
<td>An essential resource for improving menstrual hygiene for women and girls in low- and middle-income countries. It gives practical guidance on how to address menstrual hygiene needs with evidence and examples from around the world. It provides an overview of the issues that planners and local decision makers need to consider.</td>
<td>wateraid.org/publications/menstrual-hygiene-matters</td>
</tr>
<tr>
<td>Sommer M, Schmitt M, Clatworthy D (2017). <em>A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response.</em> Co-published by 27 agencies.</td>
<td>This resource provides streamlined guidance to support organisations and agencies seeking to rapidly integrate menstrual hygiene management into existing programming across sectors and phases. This toolkit was informed by an extensive desk review, qualitative assessments with a range of humanitarian actors and organisations, and direct discussions with girls and women living in emergency contexts and directly affected by this issue. French and Arabic versions available.</td>
<td>rescue.org/sites/default/files/document/2113/Themhminemergenciestoolkitfullguide.pdf</td>
</tr>
<tr>
<td>UNICEF (forthcoming). <em>Programming guidance for menstrual health and hygiene.</em> United Nations Children's Fund.</td>
<td>Programme guidance aimed primarily at UNICEF WASH specialists in country offices working at national and sub-national levels. It is developed with UNICEF education, health, gender, adolescent development and participation, and disability colleagues in mind, in recognition of the inherent intersectionality of menstrual health and hygiene. However, this guidance might also be relevant for government and other partners working to advance menstrual health and hygiene at national and sub-national levels.</td>
<td>unicef.org</td>
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<tr>
<td>UNICEF (2018). <em>Product and procurement guidance for menstrual materials. United Nations Children's Fund.</em></td>
<td>A review providing an overview of English-language literature to February 2018 on materials for menstrual hygiene management commonly used in emergency and development contexts. Developed as a background paper for product and procurement guidance, which UNICEF is to develop for menstrual materials. The review is not intended to recommend any particular menstrual product, and this document does not necessarily reflect the views of UNICEF. Rather, it is intended to familiarise the reader with the different materials and to critically reflect on the characteristics of different products.</td>
<td>unicef.org</td>
</tr>
<tr>
<td>Agol D and Harvey P (2018). <em>Gender differences related to WASH in schools and educational efficiency.</em></td>
<td>This paper tests the hypothesis that improved WASH in schools can lead to educational efficiency and progression, especially for teenage girls, using quantitative data collected from more than 10,000 schools in Zambia. The analysis showed that lack of WASH led to high rates of class repetition and dropout from school for girls compared with boys, especially from the age of 13 years and in grades 6, 7 and 8.</td>
<td>water-alternatives.org/index.php/alldoc/articles/vol11/v11is-sue2/437-a11-2-4/file</td>
</tr>
<tr>
<td>Hulland KRS, Chase RP, Caruso BA et al (2015). <em>Sanitation, stress, and life stage: a systematic data collection study among women in Odisha, India.</em></td>
<td>This paper examines sanitation-related psychosocial stress (SRPS) across women’s reproductive lives in three distinct geographic sites (urban slums, rural villages and rural tribal villages) in Odisha, India.</td>
<td>journals.plos.org/plosone/article?id=10.1371/journal.pone.0141883</td>
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### B. Examples of national and international planning guidance and standards for public and community toilets

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<tr>
<td>GIZ and Ministry of Urban Development, India (2017). <em>Five step public toilets management process.</em></td>
<td>This provides tools and advice to support the demand and supply assessment; planning and strategies; implementation; monitoring; and sustainability elements of public toilet provision.</td>
<td>susana.org/en/community/integrated-content/public-sanitation</td>
</tr>
<tr>
<td>Water Services Trust Fund Kenya (2010). <em>The toolkit for urban sanitation projects.</em></td>
<td>Offers a complete set of tools to help plan, design, implement, manage, monitor and evaluate sanitation projects for low-income urban areas.</td>
<td>waterfund.go.ke/sanitation/</td>
</tr>
<tr>
<td>ASEAN (2016). <em>The ASEAN public toilet standard.</em></td>
<td>The objective of this standard is to help ensure the quality, comfort, safety and proper waste management of public toilets in the region. It is divided into four main criteria, which recommend how a public toilet should be maintained: design; environmental management system; amenities; and facilities.</td>
<td>asean.org/storage/2012/05/ASEAN-Public-Toilet-Standard.pdf</td>
</tr>
<tr>
<td>International Code Council and WorldToilet.org (2011). <em>Global guideline for practical public toilet design (ICC G3-2011).</em></td>
<td>The purpose of this guideline is to help provide clean, convenient, hygienic and safe public toilet facilities of appropriate design and quality, and to give guidance on the basic care and maintenance of such facilities. It is targeted at those responsible for providing public toilets throughout the global community.</td>
<td>shop.iccsafe.org/icc-g3-2011-global-guideline-for-practical-public-toilet-design-1.html</td>
</tr>
<tr>
<td>World Bank (2018). <em>Shared and public toilets: championing delivery models that work.</em></td>
<td>This is a primer on shared and public toilets, highlighting how context dimensions, users’ needs, characteristics of service providers and responsible service authorities should be taken into account in decision-making processes. It also has checklists and case studies.</td>
<td><a href="http://documents.worldbank.org/cu-rated/en/122091535055956605/pdf/129628-WP-P165603-Shared-and-Public-Toilets-PUBLIC.pdf">http://documents.worldbank.org/cu-rated/en/122091535055956605/pdf/129628-WP-P165603-Shared-and-Public-Toilets-PUBLIC.pdf</a></td>
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Note: There is a charge to download these guidelines.
### C. Accessibility guidelines and standards – national and global

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<tr>
<td><strong>Examples of national government guidelines</strong></td>
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<tr>
<td>Royal Government of Cambodia (2017).</td>
<td>National guidelines and recommended processes for inclusion and creation of accessible WASH facilities and decision-making processes surrounding WASH work. They can be adapted for the urban space.</td>
<td>washmatters.wateraid.org/publications/cambodia-national-guidelines-on-wash-for-persons-with-disabilities-and-older-people</td>
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<tr>
<td>Government of India and WaterAid India (2015).</td>
<td>A handbook for Government officials, water and sanitation engineers, local institutions, WASH sector professionals, disabled people's organisations, disability service providers and organisations representing or working with other socially excluded groups. It explores the problems faced by people with disabilities, older people and other vulnerable groups in accessing water, sanitation and hygiene and provides possible solutions to address these challenges. It can be used in capacity building of district-level engineers and NGOs.</td>
<td>swachhbharatmission.gov.in/sbm-cms/writereaddata/images/pdf/technical-notes-manuals/PWD-Guidelines.pdf</td>
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<tr>
<td><strong>WASH and sanitation sector guidelines and resources</strong></td>
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<tr>
<td>WHO (2018).</td>
<td>The WHO sanitation and health guidelines provide evidence-informed recommendations on and guidance for setting international, national and local sanitation policies and undertaking actions that protect public health.</td>
<td>who.int/water_sanitation_health</td>
</tr>
<tr>
<td>Jones H and Reed B (2005).</td>
<td>The focus of the book is facilities for families in rural and peri-urban areas of low- and middle-income countries, but many of the approaches and solutions may also be applied in institutional settings, such as schools and hospitals and in emergency situations. Chapter five is very good for technical specifications.</td>
<td>wedc-knowledge.lboro.ac.uk/details.html?id=16357</td>
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<tr>
<td>UNICEF (2018). <em>WASH technical paper: the case for investment in accessible and inclusive WASH.</em></td>
<td>Using up-to-date evidence from WASH experts and actors including people with disabilities in 30 countries, this technical paper makes the case that accessible and inclusive WASH is achievable at low cost by using universal design, community-driven change, and existing knowledge, expertise and methods. The paper reveals promising starting points for understanding the impact of and case for accessible and inclusive WASH. It calls for new emphasis on understanding and measuring impacts, to address the current evidence gaps and to advocate change towards accessible and inclusive WASH for all.</td>
<td>unicef.org/disabilities/files/UNICEF_The_case_for_investment_in_accessible_and_inclusive_WASH_Technical_paper.pdf</td>
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</table>
| WEDC and WaterAid (2014). *Accessibility and safety audits (various – facilitators’ guide, water points, latrines, school latrines).*  
WEDC and Plan (2015). *Accessibility and safety audits – market centre latrines.* | These accessibility and safety audits can be used to do a participatory, practical and rapid assessment of usability of toilets. They are designed to involve women and people with disabilities in the assessment as well as designers, planners, engineers and builders/masons so that all stakeholders understand, from the perspective of the user, what needs to be done to make facilities safer and more accessible. | washmatters.wateraid.org/publications/accessibility-and-safety-audits |
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<tr>
<td>Reed RA and Shaw RJ (2008). <em>Sanitation for primary schools in Africa.</em></td>
<td>Excellent book with detailed designs. Particularly good for direct pit latrines. It also has a good assessment tool.</td>
<td>flowman.nl/wedschoolsanitation20081007.pdf</td>
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### D. Other useful guidelines

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<tbody>
<tr>
<td>WEDC, WaterAid and SHARE (2014). <em>Compendium of accessible WASH technologies.</em></td>
<td>Manual for making WASH technologies more accessible. Although this is not as relevant for institutional settings, it might provide good ideas.</td>
<td>washmatters.wateraid.org/publications/compendium-of-accessible-wash-technologies</td>
</tr>
<tr>
<td>The National Disability Authority’s Centre for Excellence in Universal Design. <em>Building for everyone: a universal design approach – sanitation facilities.</em></td>
<td>This guide promotes the concept and philosophy of the universal design approach and encourages developers, designers, builders and building managers to provide solutions that meet the needs of all building users. It contains very good technical specifications and guidance on design issues such as calculating toilet seat numbers, height of grab rails in an accessible cubicle and size of cubicles.</td>
<td>universaldesign.ie/Built-Environment/Building-for-Everyone</td>
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### E. Community engagement

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<tr>
<td>WEDC and PLAN (2015). <em>Guidance note: dialogue circle on social inclusion.</em></td>
<td>Provides guidance on how to conduct consultations and engage with residents, to identify their issues and ensure participation of vulnerable groups.</td>
<td>wedc-knowledge.lboro.ac.uk/resources/learning/El_Dialogue_circle_on_social_inclusion_guidance_note.pdf</td>
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### F. Survey tools for local-level planning

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<tr>
<td>Peprah D, Baker K, Moe C et al (2015). <em>Public toilets and their customers in low-income Accra, Ghana.</em></td>
<td>This article explains how dependency on shared sanitation facilities has been assessed at micro level in four settlements of Accra, Ghana – the country with the highest reliance on shared sanitation facilities.</td>
<td>communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/PublicToilets_and_their_customers_Accra_%20Environment_and_Urbanization.pdf</td>
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### G. Operation and management of toilets

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<tr>
<td>Swachha Andhra Corporation (SAC), Government of Andhra Pradesh and GIZ (2016). <em>Guidelines for public and community toilets management - by cities in Andhra Pradesh.</em></td>
<td>Puts forward recommendations and in-depth guidelines to help city administrators involved in city-wide planning of public and community toilets to be effective in service delivery.</td>
<td>susana.org/_resources/documents/default/3-2933-7-1517379253.pdf</td>
</tr>
<tr>
<td>Concerted Municipal Strategies (2010). <em>Methodological guide no 5: how to manage public toilets and showers.</em></td>
<td>A decision-making aid aimed at local decision makers and providing practical advice and recommendations for managing toilet blocks situated in public places, deprived neighbourhoods, schools and health centres.</td>
<td>pseau.org/outils/ouvrages/pdm_ps_eau_cms_guide_n_5_how_to_manage_public_toilets_and_showers_2010.pdf</td>
</tr>
<tr>
<td>Swachh Bharat. <em>Improved operations, maintenance and monitoring of public and community toilets.</em></td>
<td>A short e-learning tutorial (film) explaining three operational models and concepts of standard operating procedure for public and community toilets. It includes details on different inclusive tariff-setting options and management models.</td>
<td>swachhbharat.cloudapp.net/home/course/222?lessonid=00001271</td>
</tr>
<tr>
<td>World Bank and Swachh Bharat. <em>Slum sanitation programme, Mumbai.</em></td>
<td>This e-learning tutorial covers details of the lessons from the World Bank-supported Slum Sanitation Program in Mumbai, India. It demonstrates the benefits of a partnership effort, engaging all stakeholders and involving community-based organisations in operation and maintenance through a memorandum of understanding.</td>
<td>swachhbharat.cloudapp.net/home/course/72?lessonid=00001155</td>
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References


31. (ibid.)


36. (ibid.)


43. The ASEAN Secretariat (2016). ASEAN public toilet standard. Jakarta: ASEAN Secretariat. Available at asean.org/storage/2012/05/ASEAN-Public-Toilet-Standard.pdf (accessed 4
Female-friendly public and community toilets: a guide for planners and decision makers

Sep 2018).


45 (ibid.)

46 (ibid.)


Rubina working at a community toilet and water area, Mollah Bosti Slum, Dhaka, Bangladesh.

Credit: WSUP
Acknowledgements

This guide was written by Priya Nath (WaterAid), Andrés Hueso (WaterAid), Meghna Malhotra (Urban Management Center) and Shipra Patel (Urban Management Center).

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We are grateful to all the colleagues and sector experts who provided input in the initial phases or feedback to drafts, and to the government officials who responded to our initial consultations.

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Download the guide and linked resources at washmatters.wateraid.org/female-friendly-toilets


The statements in this publication do not necessarily reflect the policies or views of UNICEF.
This guide can support local governments to better understand the sanitation requirements of women and girls. It suggests practical steps towards ensuring public and community toilets respond to these requirements, so that women and girls can move more freely and participate more fully in public life.

washmatters.wateraid.org/female-friendly-toilets