

## Holistic city strategy

**Holistic sanitation strategies** need to include Institutional-, Financial-, Management-, Technical-, Planning-, Monitoring- and Public Awareness aspects as well as target the different levels and target groups (city wide, tourists, commercial, slums, general). MCT Project Report – Volume I , Page 48

Table: City wide strategy Tirupati

Category	Strategies
<b>City-wide</b>	
<b>Institutional</b>	<p>Mainstream responsibility matrix for public sanitation provision</p> <p>Include guidelines for – design, construction, materials, O&amp;M, within existing regulatory framework</p> <p>Develop strong monitoring mechanisms, performance indicators (output and outcome related), penalties for non-compliance</p> <p>Develop strong monitoring mechanisms, performance indicators (output and outcome related), penalties for non-compliance</p> <p>Institutionalize planning process for public sanitation provision (Annexure 1)</p> <p>Develop mechanisms to continually monitor OD/open urination</p> <p>Build internal capacities for planning and management</p> <p>Develop contract templates</p> <p>Initiate public awareness campaigns</p>
<b>Financial</b>	<p>Commit funding sources and annual budget allocations for public sanitation</p> <p>Explore possibility to tap into sources such as: Tourist tax, Scavenging tax (Public Health), Collection Charges (Public Health) for sanitation related expenditure</p> <p>Predetermine source of funding for CAPEX (asset creation/major retrofit), prior to designing concession terms such as duration</p> <p>Standardize revenue sharing arrangements for revenues through advertising between TMC/private sector provider depending on choice of location and nature of service provision</p>
<b>Management</b>	<p>Decide management model based on estimated usage at location. BOT (new asset/retrofit) or MC (new/retrofit/existing asset) can be adopted in high footfall areas, cross-subsidization with BOT/MC provider can be considered in areas of low footfall</p> <p>Where private sector is engaged in BOT/MC for public toilets, explore potential to package 4-5 projects to achieve scale and ensure a reasonable mix of usage levels. Build in procedures to ensure cross-subsidization – appropriately package BOT, Maintenance contracts and service provision in slums (e.g. 3 high-to medium footfall: 2 low footfall locations in one package; 3 high-to-medium footfall: 2 open urinals O&amp;M)</p> <p>Allow 7-15 year concession periods for BOT contracts, renewable annually subject to performance.</p> <p>3-5 year periods for Maintenance contracts, renewable annually subject to performance</p>

Category	Strategies
<b>Technical</b>	<p>Follow design and construction standards as laid out in BIS. In case the city decides on alternative materials or methods of design, ensure that these are duly approved</p> <p>Where possible, explore environmental-friendly alternatives such as solar panels, techniques to minimize use of water, better waste management technologies</p> <p>Explore design modifications to existing facilities to improve disabled access</p> <p>Adhere to design and construction standards in new stock and strictly enforce O&amp;M standards/protocols in new and existing stock</p>
<b>Planning</b>	<p>Carry out annual planning exercise and budget allocations for public sanitation provision</p> <p>Integrate spatial planning and planning along demand corridors into planning process</p> <p>Undertake phased conversion of open urinals into covered urinals or public toilets where land is available</p> <p>Develop an action plan to carryout improvements on the city-wide list of “sanitation hotspots” identified in Annexure 2</p> <p>Utilize tools for continual monitoring of OD/open urination, to ensure that these sites receive highest priority during annual planning</p> <p>Undertake efforts to establish baseline and compliance of sanitation requirements for institutional spaces (hospitals, administrative building, schools, public rooms, parks) and integrate these into planning process</p>
<b>Monitoring</b>	<p>Carry out functions as proposed in responsibility matrix</p> <p>Complex to include register to record user complaints</p> <p>Include prominent display of signages indicating user fees and phone numbers for registering complaints</p> <p>Sign boards carrying user fees to be altered after every fee revision to reflect latest user fees</p> <p>Along with cleanliness message boards for users inside toilet units, also display sign boards encouraging users to pay only displayed fees</p> <p>During periodic supervisions, city officials to review the following:</p> <ol style="list-style-type: none"> <li>1. Evaluate quality of facility, compliance with contractual O&amp;M obligations</li> <li>2. Review register containing user complaints/comments</li> <li>3. Talk to users on user experience, fees, quality, improvements</li> <li>4. Evaluate footfall/demand</li> </ol> <p>If possible, carry out periodic review of financials maintained by service provider on their toilet complexes</p>

Category	Strategies
<b>Public Awareness</b>	<p>Strategies should aim to bring about hygiene and behaviour changes. Appropriate mechanisms involve IEC campaigns centred around:</p> <ul style="list-style-type: none"> <li>▪ Interpersonal Communication (smaller audience, community toilets) - focus group meetings, community and individual discussions)</li> <li>▪ Mass Media Communication (larger audience, public toilet users) – radio, television, visual and audio visual presentations and other forms like brochures, leaflets and posters</li> </ul> <p>Focus areas of awareness campaign:</p> <ol style="list-style-type: none"> <li>1. Environmental degradation, public health implications of unsafe sanitation - health hazards of open defecation and its economic impact and benefits of safe sanitation</li> <li>2. Empowerment of community – ownership and management of the toilet facilities</li> <li>3. Good sanitation practices including washing hands, keeping toilets clean and user/community's role in monitoring</li> <li>4. Grievance redressal procedures</li> <li>5. Need for monitoring by user</li> </ol> <p>Campaign strategy design must be clear on: Target areas (slums/commercial/general/transit), Target Group (household, women, children, tourists, commercial, tourist), Purpose (prioritized by intended outcome), Strategy (stakeholder partnerships), Intervention (IEC method)</p>
<b>User Type Specific</b>	
<b>Tourist</b>	<p>Integrate pilgrim movement patterns and demand in transit corridors into public sanitation planning for this corridor</p> <p>Undertake efforts to assess compliance of prescribed sanitation requirements for hotels and restaurants in this corridor</p> <p>Owing to high usage along this corridor, recommended management models include BOT for new assets and maintenance contracts for new and existing assets</p> <p>High usage levels and high revenues can be leveraged towards cross-subsidization in low income areas</p> <p>High usage and demand at the RTC Bus stop and Railway Station necessitate increasing supply and improving quality of facilities near these locations on priority</p>
<b>Commercial</b>	<p>Continually assess demand along this corridor, identify locations and construct toilets in unserved areas</p> <p>Undertake efforts to assess compliance of prescribed sanitation requirements for shops, commercial offices, hotels, restaurants, warehouses in this corridor</p> <p>Footfall (approximately 200- 500 persons per day) in most locations along corridor justifies BOT models or Maintenance contracts</p>

Category	Strategies
Slums	<p>Undertake phased efforts towards household coverage by leveraging schemes such as RAY</p> <p>Explore mobile toilet options where demand is high but land is scarce</p> <p>Conduct extensive user consultation and buy-in prior to planning for sanitation at a non-household level, involving a community or small group of households. This will ensure sustained use</p> <p>Where land is available but not at household level, effective mid-term strategy would be to create shared facilities, where household control access, cleaning and maintenance</p> <p>In mobile toilets, community or shared facilities, TMC to ensure water supply, sewerage, electricity connections and subsidize monthly charges for the same</p> <p>Subsidize construction of any facilities in these areas through its own budget, central/state schemes</p> <p>Community or mobile facilities can serve restricted households as well, with a payment of a minimal monthly charge, which will cover O&amp;M expenses</p>
General	<p>Any strategies for expansion of public sanitation across the city must be demand-driven, based on an understanding of ward profile, sanitation coverage and requirements</p> <p>Prioritize areas with low coverage and high OD/open urination</p> <p>Management, Operator and financing model will be influenced by estimated usage levels and user characteristics</p>