

To be inclusive, a WASH programme should respond to the local context. The following checklist gives an idea of what to look for:

1. **Situation analysis** identifies the environmental, attitudinal and institutional barriers faced by different marginalised groups in relation to WASH
2. **Baseline** includes population data disaggregated by sex, age, disability; questions about menstrual hygiene, accessibility of facilities for disabled persons, and traditional attitudes about gender, disability, and age in relation to WASH. Surveys collect views of women, children, older people, disabled people and their households, and any groups living in the area whose needs are likely to be neglected (caste, pastoralists, migrant workers, displaced people, sex workers, prisoners)
3. **Community mobilisation** uses participatory approaches that enable different groups to actively participate, including those with less power. Meeting times and locations are convenient, there are separate discussions with women and with children, and disabled or older persons are visited at home if necessary. Mobilisers use empowering facilitation techniques.
4. **Information about sanitation and hygiene** includes facts about menstrual hygiene, disability, and communicable disease. It reinforces the need to provide access to all, and challenges false beliefs that result in discrimination against disabled or older people, people living with chronic illness, and people of different caste or religion.
5. **Information is provided in local languages and accessible formats with** pictures for people who cannot read or hear, and verbally/ audio for people who cannot see. Everyone has access to relevant information. Girls and women have information about menstrual hygiene management.
6. Information about **technology options for household toilets** include pictures (drawings or photos) of accessible designs, with features for menstrual hygiene management
7. WASH facilities provide privacy for **women to wash their bodies, stained clothing and any cloths** used for menstrual hygiene management.
8. **Public water sources** are located and installed in a way that makes them as accessible and user friendly as possible for all users, including children and people who are older or disabled.
9. **Public or institutional latrines** (in markets, schools health centres) include separate facilities for males and females, with accessible cubicles, and water provided inside the women's cubicles for menstrual hygiene management.
10. There are arrangements for the **disposal of sanitary napkins**, where used.
11. **User committees** include women and members of other marginalized groups, and are facilitated to ensure meaningful participation.
12. **Tariffs include options** for the poorest and people who cannot pay.
13. **Links are made with relevant agencies**, e.g. re health, rehabilitation, etc. to address issues or needs that are beyond the scope of the WASH sector.
14. **Monitoring and Evaluation** indicators reflect targets for
 - facilities with a specified level of accessibility,
 - reduced numbers of the most marginalized lacking access and use of facilities;
 - increased participation of marginalized community members, not only as beneficiaries but also in active roles with responsibilities and payment where possible.