

WASH systems Building Blocks Assessment Tool

Introduction

For over five years, WaterAid and CARE have adopted a significant paradigm shift in Madagascar, moving from a focus on infrastructure, services, and behavior change communication to a comprehensive systemic approach to WASH services. This shift aims to enhance access to sustainable and inclusive WASH services by strengthening the entire WASH system.

From 2017 to 2023, both organizations were part of the consortium for the RANO WASH project and are now involved in the Rano Mahariitra project. These initiatives aim to increase access to sustainable and inclusive WASH services by fortifying WASH systems at national, regional, and local levels, in partnership with the government to support this new approach.

The Wateraid's model used in these projects, illustrated in the graph below, aligns with the WASH systems strengthening framework adopted by many organizations. It involves three main players: the government, communities, and the private sector.

Ingredients needed for a strong WASH system



We collaborated with the government to adapt a global assessment tool developed by WaterAid, which we use to periodically evaluate WASH systems at all levels and adjust intervention strategies for each building block. The tool facilitates annual joint reviews at national, regional, and local levels for self-assessment and strategic planning. Continual improvements are being made in partnership with the government to enhance user-friendliness and ensure its contextual relevance for Madagascar, thereby facilitating more effective action.

How to use the tool

Use the below questions to discuss the strength of each of the WASH system building blocks in small breakout groups during the workshop.

For each question, each group (focused on either water, sanitation, hygiene or WASH in institutions) should write a **short narrative answer** in the corresponding column (water, sanitation, hygiene, WASH in institutions) indicating the **level** being referred to (e.g. **national**,

regional/provincial, local/district), and give a rating (e.g. Non-existent / very low, weak / limited, good / moderate, strong / fully compliant). Where questions are not relevant, please indicate this.

The narrative and ratings of each question should be used to help inform the overall rating of each of the building blocks (using the descriptions of each building block state as a guide pp.7-8).

*NB: Many of the questions are deliberately left ambiguous as to whether they apply to national or sub-national levels. It is acknowledged that many barriers at the local level have their origins at national/regional/provincial levels. The intention is to capture barriers at both/all levels.

A preparatory workshop is organized beforehand with stakeholders at various levels (national, regional, municipal) to specify the terms to be used and identify facilitators as well as potential presentations to prepare for discussions.

Building blocks Ratings

| Building blocks | Non-existent / Very low | Weak / Limited | Good / Moderate | Strong / Fully compliant |
|--|--|--|--|---|
| Policy, strategy and planning | No long-term WASH development plan or strategy. No WASH-related policies at national level. Hygiene components included without evidence or rigorous planning. Gender and social inclusion aspects missing. | WASH-related policies, strategies and plans exist but only respond to donor priorities – gender / sustainability / resilience not addressed. Full life cycle costs not considered in the plan. Weak use of evidence base to plan WASH initiatives. No awareness/understanding of WASH policies, strategies and plans at local level. | Plan in place to extend services but not to sustain them, build resilience or ensure gender responsive WASH. Plan includes up-to-date data (including formative research) and some life cycle costs but is only partially operationalized. Limited awareness/understanding of WASH-related policies, strategies and plans at local level. Some gender and social inclusion aspects considered. | Costed plan to deliver sustained, gender-responsive WASH and long-term resilience in place. Plan built on up-to-date data of WASH service levels, full life cycle costs, formative research and creative process, WASH asset inventory, socioeconomic status, gender and social inclusion considerations etc. Strong awareness/understanding of WASH-related policies, strategies and plans at local level. |
| Institutional arrangements and capacity | Focus on saving lives by providing access rather than on building strong institutions. Institutional mandates are not clear and low capacity of service authorities and service providers. No women working in WASH. | Institutions exist on paper but not functional. Overlapping, unclear roles and responsibilities and numerous gaps in service authority and service provider capacity and resources. Very few women in WASH decision-making, often tokenistic participation. | Partially functional institutions. Roles and responsibilities not fully clear. Some gaps in service authority ^{5F1} and service provider ^{6F2} capacity and resources. Some women actively participating in WASH decision-making. | All necessary institutions, capacities and resources are in place with clear roles and responsibilities for WASH. Service authority and provider staff are incentivized and held to performance objectives. Good representation of women and marginalized people in WASH – good % of women are WASH leaders. |
| Coordination & integration | Humanitarian actors coordinated through WASH Cluster by UNICEF – no one working on long-term development. No WASH integration into Health/Education/Nutrition/other social services/Women's Affairs. | Limited local government coordination of agencies. No/limited integration of WASH into health, education, nutrition, other social services/Women's Affairs. | Good local government-led coordination of agencies within the district. Pilot initiatives to integrate hygiene into health, education nutrition and other social services, women's affairs and WASH in HCF and schools. | Agencies aligned behind comprehensive district level strategy/policy. Integration of hygiene into ongoing health, nutrition, education and other social service programs and women's affairs. strong Cross-sectoral coordination for WASH in schools and WASH in HCFs and integration of hygiene into health and education programs. |

¹Service authorities are the institutions that fulfill functions in relation to water supply and technical sanitation, such as planning, coordination, regulation and oversight, and assistance, but not the actual service provision itself. Typically these authorities are located at the intermediate level and in most countries are carried out by local government (district, municipalities or communes).


²Service providers are the institutions or individuals that deliver water and sanitation services to users/customers. They are responsible for the day-to-day provision of water and sanitation services, and include tasks such as operation, maintenance and administration of the water system. Emptying, treatment and disposal of fecal waste. They may be community organizations, small private operators, public sector utilities or companies, or NGOs and faith-based organizations.


| Building blocks | Non-existent / Very low | Weak / Limited | Good / Moderate | Strong / Fully compliant |
|---|---|---|---|---|
| Financing | Emergency spending directly through NGOs and UN Agencies. | No/limited fiscal decentralization. Donor spending on District Plan ("On Plan") – but insufficient budget to cover full lifecycle costs. Low absorption capacity. No financial mechanisms to ensure pro-poor access. | Fiscal decentralization and donor spending on capital costs but not full lifecycle costs. Financial mechanisms to ensure pro-poor access exist but undermined/not used effectively. | Full fiscal decentralization, external support agencies channel funds through District accounts. Private sector investing. Lifecycle costs matched to sources of finance. Mechanism in place to ensure pro-poor access and ongoing availability of MHH, hygiene and sanitation products. |
| Service delivery and behavior change | Ad hoc emergency interventions. Water tankers/trucking. Hygiene program focused on emergency kit distribution, knowledge improvement and temporary handwashing facilities only. Sanitation interventions heavily subsidized. No/limited WASH services and behaviors in schools and HCFs. | Fragmented, short-term WASH projects, little government oversight. No post implementation support. Hygiene interventions mostly focus on awareness raising. Sanitation initiatives focused on achieving ODF, not completing full service chain. | District authorities and agencies mainly focused on extending coverage. Weak post-implementation support. Hygiene interventions focus both on awareness raising and behavior change but poor reinforcement mechanism for sustainability. Some sanitation initiatives focused on completing full service chain. | Both coverage and post-implementation support to all users fully addressed by service authority/provider (duty bearers). Routine institutions capacitated to continuously deliver / reinforce behavior change. Hygiene interventions focused on sustained behavior change. A menu of service delivery models/approaches are available to be contextualized and applied for inclusive and sustainable WASH in the district including completion of sanitation service chain. |
| Monitoring | WASH monitoring done through WASH cluster and/or only for donor reporting purposes. WASH data collection is led by NGOs for one-off projects. | No common monitoring or review process. No government budget to undertake ongoing monitoring. WASH data is outdated and not used to inform government planning, decision-making or assess program effectiveness. | Clear government-led WASH targets set but data on progress only collected on ad hoc basis. WASH data collected but not systematically used to inform government planning, decision-making or assess program effectiveness. | Government owned, regularly updated monitoring process feeding into strategic planning and budgeting. Large-scale evaluation system established for hygiene programs and key indicators incorporated. Lessons learned reflected upon, captured and used to inform future interventions. |
| Accountability and regulation | No accountability mechanisms exist between service authorities/providers and users. There is no mutual accountability between government and development partners. Civil society is non-existent. There are no national WASH standards for communities, schools or healthcare facilities. | Accountability mechanisms exist on paper but few are used in practice. User feedback is often tokenistic and not used to improve service delivery. Women and marginalized people missing from feedback mechanisms. Civil society is weak. National WASH standards exist but are never/rarely used/enforced. | Mutual accountability for sector progress is emerging, and mechanisms for user feedback are somewhat operational, but women and marginalized groups largely absent. Feedback is not systematically used to improve service delivery/behavior change. Civil society gaining strength. National WASH standards exist but not routinely used/enforced. | Accountability mechanisms are institutionalized, with government and development partners demonstrating and demanding mutual accountability for sector progress. Feedback from women and marginalized groups is used to inform and improve WASH delivery. Strong civil society with duty bearers held to account. National WASH standards operationalized/enforced. |

| Building blocks | Non-existent / Very low | Weak / Limited | Good / Moderate | Strong / Fully compliant |
|--|--|--|--|---|
| Gender and social inclusion | WASH interventions reinforce stereotypes (gender, disability, marginalized people) and/or put women, girls, PWDs and other marginalized people at risk through lack of consultation and lack of understanding of gender and social/cultural country context. | Women, PWDs and other people who are marginalized physically represented in decision-making but voices often go unheard. Sex, Age and Disability Disaggregated Data (SADDD) is required for all WASH interventions but not collected or used. | Women, PWDs and other people who are marginalized actively involved in decision-making, and Sex, Age and Disability Disaggregated Data (SADDD) is required and used for planning. | Women, PWDs and other people who are marginalized hold leadership positions and are actively involved and responsible for WASH services & decision-making. Sex, Age and Disability Disaggregated Data (SADDD) is required and systematically collected and used for planning. |
| Environment and water resources | No catchment protection or management policies exist. No understanding of threats to water resources. No focus on fecal waste threats and other critical pathways of disease transmission. Limited understanding on how change in settings influence behavior change. Disaster resilient technology and planning not considered. | Catchment protection and management policies exist but are not implemented. Threats to water resources and gender dimensions of threats are poorly understood. No monitoring of water resources. Fecal waste threats and critical pathways of disease transmission understood but no focused intervention to break pathways. No focus on changing social norms and behavioral settings. Disaster resilient technology and planning often not considered. | Catchment protection and management policies exist but are poorly implemented. Threats to water resources and gender dimensions are well understood but not responded to in plans. Monitoring is weak, data is not used to inform planning. Critical pathways of disease transmission understood and threats from fecal waste and key behaviors identified but intervention poorly designed and implemented. Disaster resilient technology and planning considered but poorly implemented. | Catchment protection and management policies are implemented and there is coordinated management of water use across sectors. Threats to water resources (including gender dimensions) are monitored and inform planning resilience. All critical pathways for disease transmission addressed focusing on key behaviors. Interventions focused on whole sanitation service chain and changing physical and social environment and disturbing behavioral settings with the provision of behavioral products. Disaster resilient technology and planning consistently implemented where relevant. |
| Government leadership | No government-owned WASH vision, commitment or strategy. Government has little involvement or oversight of WASH interventions in the area. WASH programs are largely led and implemented by humanitarian actors or INGOs. | Government makes verbal WASH commitments, but these are not turned into plans or strategies and do not prioritize most marginalized areas. Government has some oversight of WASH programs/agencies, but few align with government processes, plans or policies. | Government has WASH vision and strategies/plans which emphasize gender and reaching most marginalized but do not allocate sufficient resources. The government plays an active role in coordinating and providing oversight to WASH agencies/programs. Government co-finance certain interventions and participates in their monitoring and evaluation. | Government has strong WASH vision, strategy, plan which include gender and reaching most marginalized, and allocates sufficient resources to achieve and sustain WASH vision. Strong government leadership ensures WASH investment is well-coordinated, planned, financed, inclusive, aligned to national policy, strategy and regulation, and reaches the most marginalized and has lasting benefits. |
| Active and empowered people and communities | People in the community/district do not know their rights to water and sanitation and play no active | Some people in the community/district feel empowered to demand their rights to water and sanitation and call on service providers/authorities to | Many people in the community, including some women and marginalized people, actively participate in community feedback mechanisms and demand their rights and | Empowered people, including women and marginalized members of the community/district, are aware of and demand their rights to water and sanitation. |


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| | role in demanding access or improvements to WASH services. There is no willingness to pay for WASH services or practice improved behaviors. High levels of gender/social marginalization. | make improvements using informal channels. However, women and marginalized community members are not empowered to demand their rights. Less than half the population is willing to pay for WASH services and practice improved behaviors. | improvements to water and sanitation services. More than half the population is willing to pay for WASH services and practice improved behaviors. | They actively engage in planning, monitoring and provide feedback on WASH services to ensure their rights are met. The vast majority/whole community is willing to pay for WASH services and practice improved behaviors. |
| Private sector | Businesses have scattered and low profitability patterns, mainly funded by projects interventions with important discontinuities, actors are not structured or inexistant, service quality is not maintained | Actors are structured around constructions and infrastructure activities, low diversification of private sector, service quality is maintained over years, and supply chain is more structured for WASH services | Scale dimension is integrated into the business conception, private sector is diversified and linked, business model is adapted for scaling up services, financial investments from private sector for service implementation | Integrated actions between different sectors other than WASH, market development plan provides visibility for private sector, central enterprises model for financing available |

Building Blocks Assessment



| Building blocks | Guiding questions to analyze strength of WASH system building blocks | Narrative and rating for WATER <i>E.g., National level policies exist and include aspects of gender and reaching the hardest to reach. However, aspects that affect sustainability of services and behaviors are missing.</i> Rating: Weak/limited. | Narrative and rating for SANITATION <i>E.g., Monitoring of sanitation at the local level is done on an ad hoc basis by NGOS – there is no local government monitoring system.</i> Rating: Weak/limited | Narrative and rating for HYGIENE <i>E.g., Government have prioritized hygiene as a key development priority and integrated hygiene into local health programs.</i> Rating: Good/moderate | Narrative and rating for WASH IN INSTITUTIONS 1. Schools 2. Health care facilities <i>E.g., National standards for WASH in health care facilities and schools exist but are not routinely applied in practice.</i> Rating: Good/moderate |
|---|---|---|--|--|--|
|  Policy, strategy and planning | Do national WASH-related policies, strategies, plans and roadmaps exist and do they adequately address the critical challenges faced, including issues of gender, inequality and sustainability? | | | | |
| | Are strategies, plans and roadmaps for achieving policy objectives clearly defined and understood at the local level? | | | | |
| | Are strategies, roadmaps and annual plans developed through a transparent, participatory and inclusive process to achieve policy targets? For WASH in health: To what extent is WASH prioritized in national health development budgets and plans? | | | | |
| | Do policies, strategies, plans and roadmaps establish realistic targets and milestones and identify priority areas for service coverage (based on identified needs)? Do targets align to the | | | | |

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| | SDG timeline and SDG indicators? | | | | |
| | Is there a strategic framework in which environmental and climate change adaptation policies and strategies (including National Adaptation Plans (NAPs) and Nationally Determined Contributions (NDCs)) are well aligned with those of WASH, and vice versa? If so, how well is it used to guide programs and interventions towards building more resilient services and behaviors? | | | | |
| | To what extent are WASH plans based on an analysis of risk and vulnerability, which includes climate change considerations and disease vulnerability? | | | | |
|  Institutional arrangements and capacity | Are roles and responsibilities of the institutions mandated for ensuring safe, sustainable, universal WASH in different settings (rural/urban; household/community; schools; health care settings) clearly defined? | | | | |
| | Has both financial and decision-making responsibility been decentralized? To what extent | | | | |


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|-----------------|---|---|--|--|--|
| | has decentralization of responsibility been achieved? | | | | |
| | To what extent do the institutions responsible for WASH have the capacity, resources and management structure needed to carry out their roles and responsibilities effectively? Have gaps between existing human capacity and policy/strategy targets been assessed? | | | | |
| | Are there training and professional development opportunities for WASH sector workers? Does the relevant ministry have adequate training manuals and tools to increase WASH sector worker capacity? Are there specific training, coaching, development opportunities for women working in WASH? | | | | |
| | Do formal and informal WASH workers e.g. sanitation workers, have safe and dignified working conditions? | | | | |
| | Are institutions responsible for WASH provision and decision-making diverse and reflective of the populations they serve? For | | | | |

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| | example by having women staff and leaders. | | | | |
| | To what extent are institutional roles and responsibilities for ensuring climate resilient WASH clearly defined (for example between actors in the WASH, environment and climate change sectors)? | | | | |
| | To what extent do the institutions working with WASH have the capacity to address the integration of climate change risk reduction into WASH delivery and ongoing management? | | | | |
|  Coordination and integration | How well do stakeholders (including NGOs) align their approaches with national policy and guidelines? | | | | |
| | Is there a mechanism to support collaboration and coordination between stakeholders in the WASH sector and between the WASH sector and other sectors (Health, Education, Climate as well as including rights groups, small scale private sector, media etc.)? Are water, sanitation and hygiene given the same priority in government decision-making? | | | | |

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| | Is there an effective review process that tracks progress towards sector plans and targets? Are all relevant stakeholders (including women and representatives from marginalized groups) involved in the review process? | | | | |
| | How well do government departments responsible for WASH coordinate with each other (including the Ministry of Finance, Ministry of Education and Ministry of Health)? E.g., joint planning, representation of different departments in coordination meetings... | | | | |
| | To what extent are there integrated WASH programs? E.g., health, education, nutrition, climate change programs that incorporate WASH and/or hygiene behavior change components. | | | | |
| | What form of inter-ministerial/inter-departmental coordination mechanism exists between departments responsible for climate change, environment, agriculture, energy, | | | | |


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|--|--|---|--|--|--|
|  Financing | water resources and for water supply and sanitation? | | | | |
| | How is climate change risk and vulnerability integrated into sectoral dialogues, joint sector reviews, information exchange and coordination meetings – thus strengthening collaboration between departments and agencies? | | | | |
| | How well are the life cycle costs of ongoing service provision and behavior change known and matched to sources of ongoing funding, including national and sub-national government budgets? (including costs for large-scale capital and maintenance expenditure and replacement costs, and ongoing behavior change) | | | | |
|  Financing | Do criteria exist for determining equitable allocation of funds and are they applied? Is there a mechanism to allocate separate funds for water, sanitation and hygiene or WASH as a whole? | | | | |
| | To what extent are guidelines on affordable tariff setting and tariff collection understood and | | | | |


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|-----------------|--|---|--|--|--|
| | enforced? (at which level do they exist – national or local?) | | | | |
| | Does the national strategy / roadmap have a built-in costed plan and financing modalities? Or finance strategy? | | | | |
| | Has adequate budget for the proposed scope of work set out in the WASH strategy, roadmap, annual WASH been agreed? What proportion of the budget has been allocated? What percentage is currently utilized? | | | | |
| | Is there a mechanism to track budget and expenditure? Is there a mechanism to track expenditure across departments and separately for water, sanitation and hygiene? | | | | |
| | Are medium-term funding allocations for WASH, health and education sufficient to meet local WASH targets? Are budget and funding allocations sufficient to meet and sustain universal WASH in the focus area and support effective community and stakeholder participation? | | | | |


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|--|--|---|--|--|--|
| | Is there a comprehensive assessment of the cost of climate adaptation for WASH (in schools, health care settings, households and communities) under different scenarios, i.e., prolonged droughts and more frequent floods? Are funding gaps estimated? | | | | |
| | To what extent are national priorities for risk management and adaptation localized and supported with adequate financing mechanisms and sufficient funds? | | | | |
|  Service delivery and behavior change | Are there nationally accepted / approved technology options, approaches, tools and packages for hygiene behavior changes in different locations (rural/urban; household/community; schools; health care settings)? To what extent are these applied/enforced at the local level? | | | | |
| | Are there nationally accepted / approved design and construction standards to ensure the quality of infrastructure, and inclusive and accessible technologies, in different locations (rural/urban; | | | | |

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| | household/community; schools; health care facilities)? To what extent are these standards applied/enforced at the local level? | | | | |
| | Are service levels and performance criteria clearly defined and understood by service providers and consumers? | | | | |
| | How appropriate are models for supporting service delivery in different locations? How effectively are the models being applied in practice? | | | | |
| | Are post-construction and post intervention / promotional support mechanisms in place to develop and support service providers and communities? To what extent are the effective at sustaining services and behaviors? | | | | |
| | Are roles and responsibilities for all components of defined service delivery and behavior change models clear (e.g., assessment/formative research, design, installation / implementation, operation, management, emptying, | | | | |


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| | maintenance, treatment, disposal, monitoring etc.)? | | | | |
| | Are end-users / communities (especially women and marginalized groups) involved in planning the type of service to be provided and behaviors to be reinforced? | | | | |
| | Are water and sanitation service delivery and hygiene behavior change management mechanisms based on locally led risk analysis that addresses climate change factors and do these mechanisms minimize population exposure to potential failure arising from climatic threats in different contexts? | | | | |
| | To what extent are water and sanitation service delivery and hygiene behavior change management mechanisms resilient to climate change and contributing to build community resilience to the impacts of climate change? | | | | |
| | To what extent are users/communities practicing and enforcing the behaviors that ensure climate resilience/water resource sustainability? | | | | |


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|--|---|---|--|--|--|
|  Monitoring | Are there nationally agreed indicators and standards for service delivery and behavior change that are consistently monitored? | | | | |
| | Is there a functional local WASH management information system? Is WASH integrated into other sector MIS e.g., health and education? | | | | |
| | Is there a national monitoring system which records WASH data and other relevant sector information? How effective is it? | | | | |
| | To what extent is local monitoring data (on WASH and disease burden) collected regularly and used to inform sector coordination and planning processes, including targeting of priority areas? To what extent is WASH and health data accessible to different departments and stakeholders? | | | | |
| | Are plans to monitor priority threats to water resources and water and sanitation infrastructure developed and to what extent are monitoring plans used? | | | | |


| Building blocks | Guiding questions to analyze strength of WASH system building blocks | Narrative and rating for WATER <i>E.g., National level policies exist and include aspects of gender and reaching the hardest to reach. However, aspects that affect sustainability of services and behaviors are missing.</i> Rating: Weak/limited. | Narrative and rating for SANITATION <i>E.g., Monitoring of sanitation at the local level is done on an ad hoc basis by NGOS – there is no local government monitoring system.</i> Rating: Weak/limited | Narrative and rating for HYGIENE <i>E.g., Government have prioritized hygiene as a key development priority and integrated hygiene into local health programs.</i> Rating: Good/moderate | Narrative and rating for WASH IN INSTITUTIONS 1. Schools 2. Health care facilities <i>E.g., National standards for WASH in health care facilities and schools exist but are not routinely applied in practice.</i> Rating: Good/moderate |
|--|--|---|--|--|--|
| | How effective has monitoring data been in managing and/or addressing realized threats? | | | | |
|  Accountability and regulation | Are regulatory mechanisms for WASH at a national, sub-national and local levels in place and operational? To what extent do they enable governments to hold service providers to account? | | | | |
| | How are users / citizens able to hold service providers to account for the quality of WASH services and behaviors? Are these mechanisms accessible and appropriate for women and marginalized or excluded groups? | | | | |
| | How effective are mechanisms that enable users / citizens to hold governments accountable for WASH decision making? | | | | |
| | How diverse is the range of users / stakeholders providing feedback through accountability mechanisms? | | | | |
| | Are there governmental mechanisms to monitor progress towards climate change adaptation national targets and international commitments that are related to water and | | | | |

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| | sanitation (e.g., NDCs; NAP) and is the information made public? Are there accountability mechanisms to regulate and hold large water users to account and to ensure their operations do not pose a risk to water resources or to people's right to water and sanitation? | | | | |
|  Gender and social inclusion | How well are the barriers to achieving greater gender equality and social inclusion in WASH being addressed? (think about institutional, environmental and attitudinal barriers) | | | | |
| | How are women participating in sector forums, including coordination processes? | | | | |
| | How well are sex, age, wealth and disability related WASH inequalities being monitored and used in government decision-making? (e.g., access for female-headed household or by income quintile, or availability of female-friendly public/community toilets etc.). | | | | |
| | To what extent do service delivery models and behavior change approaches address the needs of women and | | | | |

| Building blocks | Guiding questions to analyze strength of WASH system building blocks | Narrative and rating for WATER <i>E.g., National level policies exist and include aspects of gender and reaching the hardest to reach. However, aspects that affect sustainability of services and behaviors are missing.</i> Rating: Weak/limited. | Narrative and rating for SANITATION <i>E.g., Monitoring of sanitation at the local level is done on an ad hoc basis by NGOS – there is no local government monitoring system.</i> Rating: Weak/limited | Narrative and rating for HYGIENE <i>E.g., Government have prioritized hygiene as a key development priority and integrated hygiene into local health programs.</i> Rating: Good/moderate | Narrative and rating for WASH IN INSTITUTIONS 1. Schools 2. Health care facilities <i>E.g., National standards for WASH in health care facilities and schools exist but are not routinely applied in practice.</i> Rating: Good/moderate |
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| | marginalized and vulnerable people? To what extent are issues of gender and social inclusion integrated into health workforce training (WASH and HCF, WASH and IPC) and WASH-Fit processes? | | | | |
| | To what extent is investment in WASH prioritized/targeted towards most marginalized/in need populations/locations? | | | | |
| | How well understood are the different impacts of climate change on men and women, sexual and gender minorities, and marginalized and vulnerable people as they relate to water, sanitation and hygiene? | | | | |
| | To what extent are women and men, and marginalized and vulnerable groups, meaningfully involved in vulnerability assessments and in developing and implementing adaptation strategies? | | | | |
| | How are threats to water security identified and what process is in place to assess them? | | | | |
| | Are catchment management plans in place and implemented | | | | |

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|  Environment and water resources | to ensure water resources and land use are well managed? | | | | |
| | Are water allocations determined in line with sustainable use, social equity and economic efficiency? Are fecal waste management policies and practices equitable and risk-based? | | | | |
| | To what extent are the gender dimensions of water security threats understood and used to inform mitigation and response plans? | | | | |
| | What level of climate, fecal waste flows and water resources monitoring data is available, at appropriate temporal and spatial scales? How appropriate are data collection and storage standards applied to inform national and/or catchment scale water resources strategic planning? | | | | |
| | How well have climate data and climate change projections been used to conduct a risk analysis (with local actors leading the process)? And does that risk analysis consider different climate hazards, the level of | | | | |

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| | exposure of infrastructure and population, as well as vulnerabilities of the water and sanitation sector (e.g., vulnerability mapping) in relation to climate change and to prioritizing interventions? | | | | |
| | What form of drought and flood management strategies exist in the country (linked to early warning and contingency planning)? Do they prioritize the use of water for human consumption over other uses in the event of scarcity? Do they include scheduled/seasonal sludge emptying? | | | | |
|  <p>Strong government leadership</p> <p>Government leadership</p> | To what extent are government leaders ensuring WASH is well coordinated, planned, financed and monitored? | | | | |
| | To what extent do government leaders engage and listen to women and most marginalized people? | | | | |
| | To what extent are WASH interventions aligned to government policy and plans? | | | | |
| | To what extent do government leaders have a vision for WASH and spearhead and/or initiate | | | | |

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| | WASH interventions/programs? | | | | |
| | To what extent are women and marginalized people actively involved in government WASH decision-making as leaders? | | | | |
| | How is government demonstrating active leadership on the climate resilient WASH agenda? | | | | |
| | To what extent has government created or supported a conducive environment for private sector engagement in WASH in the local area? To what extent are private sector involved in WASH service delivery and hygiene behavior change initiatives, backed by government? | | | | |
|  Active, engaged people and communities | To what extent do people / communities have access to information about WASH e.g., WASH rights, coverage, water quality, WASH budgets, planning processes, importance of hygiene practices? | | | | |
| | How actively are users/communities engaged in planning and monitoring of | | | | |

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|---|--|---|--|--|--|
| Active and empowered people and communities | WASH services to ensure their rights are met? | | | | |
| | To what extent do WASH and hygiene behavior change programs empower marginalized and excluded communities? To what extent is a people-centered approach to WASH in healthcare settings adopted and addressing barriers to health service uptake and delivery? | | | | |
| | To what extent do users / communities know of and demand their rights to water and sanitation? | | | | |
| | To what extent do women and marginalized people know of and demand their rights to water and sanitation? | | | | |
| | To what extent are people in the community willing to engage, be responsible and invest in WASH facilities, to pay for services and hygiene products, and practice hygiene behaviors? | | | | |
| | To what extent are people/communities and institutions undertaking local adaptation measures to make WASH services and behavior | | | | |

| Building blocks | Guiding questions to analyze strength of WASH system building blocks | Narrative and rating for WATER <i>E.g., National level policies exist and include aspects of gender and reaching the hardest to reach. However, aspects that affect sustainability of services and behaviors are missing.</i> Rating: Weak/limited. | Narrative and rating for SANITATION <i>E.g., Monitoring of sanitation at the local level is done on an ad hoc basis by NGOS – there is no local government monitoring system.</i> Rating: Weak/limited | Narrative and rating for HYGIENE <i>E.g., Government have prioritized hygiene as a key development priority and integrated hygiene into local health programs.</i> Rating: Good/moderate | Narrative and rating for WASH IN INSTITUTIONS 1. Schools 2. Health care facilities <i>E.g., National standards for WASH in health care facilities and schools exist but are not routinely applied in practice.</i> Rating: Good/moderate |
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| | change programs are more resilient? | | | | |
| | Is there a mechanism in place for people/communities to demand action on climate resilient WASH? | | | | |

