



TIDieR-WASH Checklist

The TIDieR-WASH Checklist includes 14 key items for documenting WASH interventions. The following section provides guidance on how to clearly and consistently describe each item when reporting on the intervention within program documents.

Using the TIDieR-WASH Checklist: Step-by-Step Guidance

The 14-item TIDieR-WASH Checklist offers a clear, comprehensive framework for documenting WASH interventions—promoting clarity, consistency, and completeness in reporting.

How to use it:

- a. Start with the full checklist:**
Use it as a framework to describe your intervention across all key components.
- b. Break it down by component:**
For multi-component interventions, consider completing one checklist per component or expanding the format (e.g., using columns) to address each part separately.
- c. Use it as a reference tool in reports and publications:**
Incorporate the checklist into your reports or publications by noting where each item is documented—such as in the main text, annexes, tables, or supplemental materials. This helps readers and reviewers quickly locate key details and supports transparency and replicability.
- d. Note what's missing:**
If certain details aren't available, mark them as “Not available” to maintain transparency and highlight gaps in documentation.
- e. Use the checklist as a living document:**
Revisit and update the checklist throughout the life of the intervention—especially during planning, implementation, and reflection phases—to ensure it stays current and complete.

The checklist can be applied to projects of any scale or complexity—whether planning, implementing, or reporting on your WASH program.

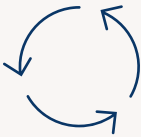


1. Name

Provide a name or phrase that describes the intervention.

When reporting the intervention name:

- if an intervention does not have a specific name (or the name is not descriptive), then a phrase that describes the intervention can be used,
- intervention names or phrases should describe the category of intervention (e.g. drinking water, sanitation, hand hygiene, food hygiene) and the intervention strategy
- (e.g. community-led total sanitation, market-based, systems strengthening), and any abbreviations or acronyms should be spelled out and explained.



2. Theory of Change

Describe how the intervention is expected to affect the target outcomes.

A theory of change (ToC) should include:

- all intervention components,
- mediators/intermediate outcomes,
- moderators/external factors,
- target outcomes,
- arrows or some other indicator of causal relationships between items, and how consideration of the ToC informed intervention design



3. Prior evidence

Describe any prior effectiveness evidence for this or related interventions.

Prior evidence should:

- be reported for both the technology and intervention components (when available),
- include complete references and links to prior evidence, and
- if there is no prior evidence for the intervention, its elements, or similar interventions, then justification for testing a novel approach should be reported



4. Location and setting

List the geographical locations and settings where implementation occurred.

Reporting Location should:

- name the country, region, and geographic areas where the intervention occurred,
- include each location for multi-site interventions, and
- be as specific as possible (e.g., down to the districts and numbers of communities per district).

Reporting Setting should:

- list the types of places the intervention took place, such as household, community, school, healthcare facility, workplace, or level of government.



5. Context

Detail all known relevant contextual factors for each location reached by the intervention.

Context should cover all factors that may be relevant and have bearing on the intervention. Categories of factors that should be considered include:

- social: cultural; religious; economic demographic; normative
- environmental: built (infrastructure, services); natural (geography, geology, climate, weather, natural disasters, seasonal variation)
- governmental and institutional: policies, standards, and regulations; strategies and guidelines; institutional capacities, roles, arrangements, and coordination (including governmental, non-governmental, bi- and multi-lateral, and private-sector institutions); financing, budgeting, and fees; and monitoring and surveillance

Additionally, reporting of context should note at which levels these factors are relevant.

Levels that should be considered include:

- societal/structural
- community
- interpersonal/household
- individual (*individual-level factors should be reported under items 7 and 8—implementers and recipients—and are only included in the list here for completeness)



6. Suitability

Justify why the intervention is relevant and appropriate for where it was implemented.

Reporting of suitability should:

- refer to the context,
- describe why the intervention is relevant (why it is needed for the location, setting, and population where it was implemented), and
- describe why the intervention is appropriate (demonstrate a reasonable expectation that the intervention will have the intended outcome and is sensitive to the context).



7. Implementers

List all the institutions who provided each intervention or type of activity.

Reporting of implementers should include:

- all institutions and local actors involved in implementation,
- the role of each institution (i.e., what component of the intervention(s) each institution implemented),
- the background (including objectives or mandates), and qualifications (including experience and relevant) of the institutions and individuals within those institutions who were directly involved in the intervention, and
- any aspects of intervention delivery whose implementation is gender-specific, and the proportion of individuals involved in implementation who were men and women.



8. Recipients

Report the number of recipients or the population reached, and descriptive statistics of those recipients.

Reporting of recipients should include:

- the number of recipients for each intervention activity. When intervention activities are targeted to population groups (e.g., households, communities, districts), then the number of these units may be reported instead, and
- characteristics of recipients—generally sociodemographic indicators including gender



9. Targeting

Report whether any intervention components were targeted to specific subpopulations, how they were targeted, and how the target subpopulations were identified.

Reporting of targeting should cover:

- any intervention components delivered to only certain sub-groups of the population, and
- if and how any components of the intervention were delivered differently to population sub-groups.



10. Activities

Provide a clear, detailed description of the activities included, their procedures, and supporting activities.

Reporting of activities should include all the following details:

- all activities implemented as part of the intervention,
- who led each activity,
- local actor, volunteer, and community member roles and contributions to each activity,
- the temporality (start- and end-date) of each activity,
- the mode of delivery (types of interactions between implementers and recipients, if activities were in person or remote, delivered to an individual or group, and how hardware was delivered, constructed, or installed), and
- any subsidies delivered as part of the intervention; including who received the subsidies, how those recipients were identified, the level of subsidy (e.g. individual, household, community), the type and value of subsidies, and when they were provided.



11. Intervention dose

Quantify the frequency and number of contacts between implementers and recipients, and the duration of those contacts.

For each activity that involves interactions between intervention implementers and recipients, the following should be reported:

- dose quantity (frequency or number of interactions), and
- dose duration (how long interactions with training or intervention recipients lasted).



12. Fidelity

Report fidelity monitoring and actual fidelity. Include any planned or unplanned modifications to the intervention.

Reporting of fidelity should cover:

- how fidelity was monitored and by who (i.e., oversight, implementation monitoring, quality control, or other efforts to ensure implementation proceeded as planned), and
- actual or measured fidelity to the intervention protocol or plan, including any planned or unplanned modifications to the intervention.



13. Costs

Report the program costs by activity category and input type.

Reporting of cost should cover all program costs (incurred by implementing agencies), and should be disaggregated by:

- actor
- activity category (e.g., planning, materials development, management, supervision, community events, home visits, distribution of materials, construction), and
- input type (e.g., personnel time, materials, travel/transportation, and overhead/indirect).



14. Materials

Describe all materials delivered as part of the intervention or used to guide the intervention.

Reporting of materials should cover:

- any WASH technology transferred, or infrastructure built (e.g., water supplies, latrines, handwashing stations),
- physical materials provided, sold, or distributed (e.g., hand soap, construction materials, chlorine tablets),
- software used in intervention delivery and links or digital copies (e.g., training manuals, behavior-change posters, educational pamphlets), and
- incentives provided to implementers, volunteers, or intervention recipients (e.g., cash transfers, t-shirts, certificates)