

1. Location

- 1.1 District/City:
- 1.2 County/MC:
- 1.3 Sub-county/Div/TC:
- 1.4 Parish/Ward:
- 1.5 Village/Zone/LC1/Cell:
- 1.6 Datum WGS84 please tick applicable
 UTM Zone (35M/36M/35N/36N):
 (appears in-front of coordinates on GPS screen)
- 1.6.1 Eastings/Longitude:
- 1.6.2 Northings/Latitude:
- 1.6.3 Elevation (meters):
 should between 600 and 2500m
- 1.7 If the source is in: -
 Refugee Camp - Name
 (IDP) Camp - Name

4. Operation and Maintenance

- 4.1 Type of Management if not filled then assumed communal
 Communal
 Private/Individual
 Private Operator
 Institutional
 Other - Specify
- 4.2 Does this Source have a WSC Yes No
- 4.3 If Yes, When was this WSC Established
 Yes - Month/Year of Establishment YYYY/MM
 No
- 4.4 If Established, Is was the It trained
 Yes - Month/Year of Training YYYY/MM
 No
- 4.5 Is WSC functional Yes No
- 4.6 If WSC is Functional, tick applicable box
 WSC is collecting user fees
 WSC undertakes regular servicing/minor repairs
 WSC is holding regular meetings
 Environment/sanitation around the source is ok
- 4.7 If WSC is not functional, indicate main reasons why:
 Source Dried Up/Low Yield
 WSC Not trained
 Majority of Members shifted/moved/Died
 Alternative Water facility in place
 Source Brokedown beyond means of Community
 WSC Not Committed
 Other

If WSC exists

- 4.8 No. of members on WSC
- 4.9 No. of active members on WSC
- 4.10 No. of women on WSC:
- 4.11 Are there women in key positions Yes No
- 4.12 No. of women holding key positions:
 Tick applicable position(s) below
 Chairperson Vice-chairperson
 Secretary Treasurer

Attach Photos

Attach Photo of Pointwater Source

2. Type of Source

- 2.1 Tick the applicable box below
 Protected Spring No. of Spouts
 Shallow Well /Hand Dug (less than 30m deep) with hand pump
 Deep borehole (more than 30m deep) with hand pump
 Rainwater Harvesting Tank (6,000 liters and above) Volume of Tank
 WfP Borehole
 Unprotected Spring
 Public Stand Post No. Tapstands
 Kiosk No. Tapstands
 Yard tap for public use No. Tapstands
- 2.2 If Taps, Indicate Scheme/System Details:
 2.2.1 Indicate type of mother Scheme/System:
 Groundwater based (GWB)
 Surface Water Based (SWB)
 Combined Ground and Surface water based
 2.2.2 Indicate Name of Piped System/Scheme:
- 2.3 Is this source within the premise Yes No
- 2.4 No. of Households within the premise
- 2.5 Estimated number of households (using this source):
 i) Within 0 - 500m radius
 ii) Within 500 - 1000m radius
 iii) Beyond > 1000m radius
- 2.6 If Premise is an Institutions, how many estimated students/patients/soldiers/etc
- 2.7 Estimate average people per household

5. Operational Status ((Functionality)

- 5.1 Functionality if not filled then assumed functional
 Functional (in use)
 Functional (not in use)
 Non-Functional
- 5.2 If the water source is non-functional or not in use when did it break down?
 Estimate the day of month
- 5.3 Reasons why the source is non-functional or not in use (you can tick more than one box)
 Dry / Low yielding
 Technical breakdown - specify
 Water Quality (Physical)
 Smelly Water
 Tasty Water (salty etc)
 Brown Water
 Other Coloured Water
 Suspended Particles
 Oily Water
 Dirty Water
 Itchy Water
 Other

- Silted (Valley tanks /Dams)
 Leaking (Rainwater Harvesting Tanks)
 Alternative source nearby
 Vandalism - specify
 Other - specify

5.4 For Non-Functional and not used sources, give more details and explanations of main reason(s) why:

5.5 For both functional and non-functional sources, indicate year/Month of last repairs: YYYY/MM

5.6 Give details on the repairs done, if any:

3. Construction and Ownership

- 3.1 Month/Year of Construction: Estimate Yes No
 If not known, please estimate and indicate (EST) after the year:
- 3.2 Source Name:
- 3.3 Source Number:
- 3.4 Source of Funding
 Private
 NGO - Specify
 GoU - Central Govt
 GoU - Local Govt
 Partnership - Specify
 Other - Specify
- 3.5 Current Ownership
 Private
 Community
 Institutional - Health (Give name of institution)
 Institutional - Education (Name of Institution)
 Other - specify

6. Water Quality

- 6.1 In your Observation, is this source free from contamination Yes No
 If No, give reason (you may tick more than one)
 Environment/Catchment Not well maintained
 Source not well drained
 Animal grazing
 Rubbish around source
 Other Specify

7. Other Info as required by the DWO

8. Village Guide/Respondent

Name:

Sex Male Female

Telephone:

Responsibility:

9. Enumerator Details

Date of Data Collection:

Name:

Designation/Title

Telephone Number

10. Data Verification

Name:

Date:

Signature: Yes No