**POWER Health, WASH CHECKLIST v1.23**

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| **GENERAL INFORMATION** | |
| LOCATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: |\_\_||\_\_|/|\_\_||\_\_|/|\_\_||\_\_|  STUDY STAFF INITIALS (must be at least 2 staff): |\_\_||\_\_||\_\_| |\_\_||\_\_||\_\_| |\_\_||\_\_||\_\_| |\_\_||\_\_||\_\_|  TYPE OF VENUE: 1 Street 2 Guest House 3 Hotel4 Bar 5 Private Home 7 Restaurant  [select all that apply] 8 Brothel 6 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **CORE WASH** | |
| W1. What is the main source of drinking water provided by the venue or location? (check one – most frequently used) | |
| **Improved**   Piped   Tube well/Borehole   Protected dug well   Protected spring   Rain water   Tanker truck   Other:\_\_\_\_\_\_\_ | **Unimproved**   Unprotected dug well   Unprotected spring   Surface water (River/Lake/Canal)   No water source |
| If Street based venue: Is there a public toilet available? | |
| 🞎 NA, not street based 🞎 Yes, public toilet available 🞎 No, no public toilet available  If street-based venue, and public toilet is available, please follow the checklist for this public toilet.  Please write the approximate location of this public toilet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| W2. Is drinking water from the main source currently available at the venue or location? | |
| 🞎 Yes 🞎 No | |
| S1. Type of toilets/latrines (select one – most common): | |
| **Improved**   Flush/Pour-flush to sewer   Flush/Pour-flush to tank or pit   Flush/Pour-flush to open drain   Pit latrine with slab/covered | **Unimproved**   Pit latrine without slab/open   Bucket   Hanging toilet/latrine   None |
| S2 & S3 (alt) How many toilets/latrines are at the venue (insert number)?   |  |  |  |  | | --- | --- | --- | --- | |  | ***Women’s only toilets*** | ***Men’s only toilets*** | ***Common use toilets*** | | *Total number* |  |  |  | | *Number that are currently usable (available, functional, private* |  |  |  | | *For guest houses, insert number of self-contained toilets within the rooms* | | | | | |
| CCG1. Is there a privacy wall separating women’s latrines from men’s latrines? | |
|  Latrines are completely separate   Latrines are joined, and there is a privacy wall separating women’s and men’s latrines   Latrines are joined and there is no privacy wall separating women’s and men’s latrines   Common use latrines only | |

For each toilet/latrine up to 10 toilets/latrines, please record yes/no for each.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Latrine Number | Stable | Holes in Wall | Strong smell of urine or feces | Urine or Feces on floor | Roof | Door | Door locks inside | Functional lighting |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

\*For each toilet, indicate if “not available/in use”.

Please take photo, if allowed, of a latrine that is representative of the conditions.

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| XW1. How many drinking water points (e.g. taps) are at the venue? |
| 🞎 Write Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| XW6a. Does the venue do anything to the water from the main source to make it safe to drink? |
| 🞎 Yes 🞎 No |
| XW6b. If yes, what treatment method is used? |
|  Filtration   Boiling   Chlorination   Solar/SODIS   Ultraviolet   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| H1. Are there handwashing facilities at the venue? |
| 🞎 Yes 🞎 No |
| H2. Are soap and water **currently** available at the handwashing facilities? |
|  Yes, both water and soap   Water only   Soap only   Neither water or soap |
| XH1. Where are handwashing facilities with water and soap located at the venue? *(mark all that apply)* |
|  Toilets   Food preparation area   Food consumption area   Yard   Rooms   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| XH2. How many handwashing facilities with water and soap are located at the venue? *(insert number of taps)* |
| 🞎 Total number of taps \_\_\_\_\_\_\_\_ 🞎 Number with soap & water \_\_\_\_\_\_\_\_ |

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| XS1. Are water and soap available in a private space for women to manage menstrual hygiene? |
| 🞎 Yes, water and soap 🞎 Water, but no soap 🞎 No water or soap |
| CCG2. Separate from the toilets/latrines, is there a private place where women can change or clean themselves? |
| 🞎 Yes 🞎 No |
| XS2. Are there disposal mechanisms for menstrual hygiene waste at the venue? |
| 🞎 Yes 🞎 No |

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| CCG3. How are sanitary pads disposed of at the venue? |
| Thrown in pit latrine Placed in a bin and collected by municipal services Rubbish pit and burned on premises Rubbish pit and buried on premises Women take them with them Don’t Know  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| XS3. Are there covered bins for disposal of menstrual hygiene materials in women’s toilets? |
| 🞎 Yes 🞎 No |
| XS6. Is there at least one usable toilet/latrine that is accessible to women only at the venue? 🞎 Yes 🞎 No |
| XS6a. Is there at least one usable toilet/latrine that is accessible to women that men can also use? 🞎 Yes 🞎 No |
| XS7. Where are the women’s toilets located? [check all that apply] |
|  Within building   Outside building, but on premises   Off premises  XS7B. If Off Premises, What is the distance from the premise? Within 1 minute walk, within 3 minutes walk, more than 3 minutes walk. |
| XS8. When are women permitted to use the toilets/latrines? (applies to women’s only toilets *or* common use toilets) |
|  At all times during the day   During specific times during the day   There are no toilets available for use at the venue |
| XS4. How many times per week are the toilets cleaned? |
|  At least once per day   2-4 times per week   Once per week   Less than once per week |
| XS5. In general, how clean are the toilets? |
|  Clean   Somewhat clean   Not clean   Not assessed (latrines unavailable, in use, or none on site) |

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| XS10. Are latrines or septic tanks emptied (or latrines safely covered) when they fill up? |
| 🞎 Yes 🞎 No 🞎 Unknown |
| XH3. How is solid waste (garbage) from the venue disposed of? |
|  Private waste collection system   Burned on premises   Buried and covered on premises   Openly dumped on premises |
| Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Open text] |