

Check list for the Project Completion

Region: _____ Woreda: _____, Kebele: _____ Gott: _____ WASHCO name: _____ Application No. -----

Date: ____/____/____ Coordinates: _____/_____/_____

Total households served _____; Total number of people served _____; Total costs Estimated Birr _____ ' Acrual Birr _____

Actual CMP contribution Birr _____ ' % _____ Actual community contribution Birr _____; % _____

1	WASHCO constitution	<input type="checkbox"/>	In standard format	<input type="checkbox"/>	In the format of M of M	<input type="checkbox"/>	No constitution
2	WASHCO members	<input type="checkbox"/>	Total no. of members	<input type="checkbox"/>	No. of female members	<input type="checkbox"/>	Chairperson(M/F) <input type="checkbox"/> Treasurer(M/F) <input type="checkbox"/> Secretary(M/F) <input type="checkbox"/>
3	WASHCO registration	<input type="checkbox"/>	Registered and certificate available	<input type="checkbox"/>	Submitted to approval	<input type="checkbox"/>	Process not started
4	Application documents	<input type="checkbox"/>	Available with WASHCO	<input type="checkbox"/>	Not found		
5	Artisan agreement with WASHCO	<input type="checkbox"/>	Available with WASHCO	<input type="checkbox"/>	Not found		
6	Up front cash collection made for O&M	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Total up-front cash Birr _____	
7	Operating WASHCO ledger	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Not closed	Non-settled amount Birr _____	
8	O & M bank account	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Regularly used	<input type="checkbox"/>	Not regularly used
9	Under whose name is the O&M account	<input type="checkbox"/>	WASHCO name	<input type="checkbox"/>	Chair Name	<input type="checkbox"/>	Treasurer name <input type="checkbox"/> Secretary name <input type="checkbox"/>
10	Who are the signatories of the account	<input type="checkbox"/>	Chair	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Secretary <input type="checkbox"/> Others <input type="checkbox"/>
11	O&M fund utilization	<input type="checkbox"/>	Invested	<input type="checkbox"/>	Kept in the bank account	<input type="checkbox"/>	Kept in cash
12	Copied of receipts available still at WASHCO	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
13	Accounting book for O&M	<input type="checkbox"/>	Available	<input type="checkbox"/>	Well kept and updated	<input type="checkbox"/>	Poorly kept
14	Book of minutes of meetings	<input type="checkbox"/>	Available	<input type="checkbox"/>	Well kept and updated	<input type="checkbox"/>	Poorly kept <input type="checkbox"/> Not available
15	Records of labor and material contribution	<input type="checkbox"/>	Available	<input type="checkbox"/>	Well kept and updated	<input type="checkbox"/>	Poorly kept <input type="checkbox"/> Not available
16	Book of stock	<input type="checkbox"/>	Available	<input type="checkbox"/>	Well kept and updated	<input type="checkbox"/>	Poorly kept <input type="checkbox"/> Not available
17	Completion Report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Contains all relevant information
18	Health messages displayed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
19	Public hearing (during action planning)	<input type="checkbox"/>	Done	<input type="checkbox"/>	Not done		
20	Final Public audit (after completion)	<input type="checkbox"/>	Done	<input type="checkbox"/>	Not done		
21	Spareparts available	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Main parts: _____	
22	Tools available	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Main tools: _____	
23	Pump attendant/caretakerr	<input type="checkbox"/>	No	<input type="checkbox"/>	Selected	<input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Trained <input type="checkbox"/>
24	Pump attendant/caretaker payment	<input type="checkbox"/>	No payment	<input type="checkbox"/>	Paid in cash	Amount Birr _____/month/year (underline)	
25	Tariff collection	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Mode of payment: <input type="checkbox"/> In Cash <input type="checkbox"/> In Kind If in cash, amount collected so far Birr -----	
26	Quality of construction(as per the design)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Poor
27	Functionality of the system	<input type="checkbox"/>	Good	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Poor <input type="checkbox"/> Not functioning at all
28	Water quality tested	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes; Tested quality found	<input type="checkbox"/>	Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
29	Water safety plan implemented	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> Not prepared	
30	Users satisfaction	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	(based on interiew of some beneficiaries)	
31	Any variations made	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Describe: _____	
32	WASHCO training	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Describe: _____	
33	Any grievances (especially by disabled)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Describe: _____	
34	Is the water point fenced?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> No need	
35	Is guard assigned/hired for the water point?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Mode of payment: <input type="checkbox"/> In cash(per month/year) <input type="checkbox"/> In kind(per month/year) If in cash, amount Birr..... month/year(underline)	