

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)
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	Total O&M fund available Birr: _____
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
10 Who are the signatories of the account	<input type="checkbox"/> Chair	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Others
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
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)	