WATER AND SANITATION FOR HEALTH PROJECT



COORDINATION AND INFORMATION CENTER

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The WASH Project is managed by Camp Dresser & McKee Incorporated. Principal Cooperating Institutions and subcontractors are: International Science and Technology Institute; Research Triangle Institute; University of North Carolina at Chapel Hill; Georgia Institute of Technology—Engineering Experiment Station.

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EVALUATION OF CARE/INDONESIA WATER SUPPLY PROJECTS

WASH FIELD REPORT NO. 83
MAY 1983

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Prepared For:
USAID Mission to the Republic of Indonesia
Order of Technical Direction No. 136

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May 10, 1983

Mr. William P. Fuller Mission Director, USAID Jakarta, Indonesia

Attention: Mr. Walter North

Dear Mr. Fuller:

On behalf of the WASH Project I am pleased to provide you with 10 (ten) copies of a report on the Evaluation of CARE/Indonesia Water Supply Projects.

This is the final report by Robert Gearheart and is based on his trip to Indonesia from February 21 to March 4, 1983.

This assistance is the result of a request by the Mission on December 22, 1982. The work was undertaken by the WASH Project on February 10, 1983 by means of Order of Technical Direction No. 136, authorized by the USAID Office of Health in Washington.

If you have any questions or comments regarding the findings or recommendations contained in this report we will be happy to discuss them.

Sincerely,

During B. Warner

Dennis B. Warner, Ph.D., P.E. Director WASH Project

cc. Mr. Victor W.R. Wehman, Jr., P.E., R.S. AID WASH Project Manager S&T/H/WS

DBW:cdej

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WASH FIELD REPORT NO. 83

EVALUATION OF CARE/INDONESIA WATER SUPPLY PROJECTS

Prepared for the USAID Mission to the Republic of Indonesia under Order of Technical Direction No. 136

Prepared by:

Robert A. Gearheart, Ph.D.

May 1983

LIDRA DY, INTERSTATIONAL RUTTER SUPPLY AND DATA CONTROL RUDY AD The Hague Tel. (070) \$14911 ext. 141/142

RN: 4005
LO: 322 ID83

Water and Sanitation for Health Project
Contract No. AID/DSPE-C-0080, Project No. 931-1176
Is sponsored by the Office of Health, Bureau for Science and Technology
U.S. Agency for International Development
Washington, DC 20523

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Chapter 1

INTRODUCTION AND METHODOLOGY

1.1 Introduction

The activities described in this report came about as a result of a cabled request from the USAID Mission in Jakarta (No. 18964, 22 December 1982) in which the Mission expressed its wish to "draw upon WASH services to assist CARE to develop a scope of work for the evaluation of accomplishments to date of the CARE rural water project (underscoring added)." As a result of this cable WASH Order of Technical Direction No. 136 was issued on 10 February 1983 to enable the project to send a consultant to Indonesia.

1.2 Methodology

The WASH consultant visited Indonesia in late February and early March of 1983 to assist in developing a scope of work for the evaluation. Discussions were held with USAID and the CARE project office in Jakarta to arrange site visits and to identify factors to be considered in developing the scope of work for the evaluation. Discussions were also held with Government of Indonesia officials involved in rural water supply development.

The focus of initial discussions with USAID, CARE, and Indonesian Government officials involved with Rural Water Supply programs (INPRES) was their perception of a project evaluation and their needs in terms of project management, training, and technology transfer. Discussions with Indonesia officials centered around the need for GOI to observe the CARE projects and to incorporate their successful aspects into Government programs and the need for the Government to evaluate their own programs in terms of the CARE model. Discussions were also initiated with School of Public Health Officers (APK) regarding incorporating rural water supply planning and implementation in their curriculum for training Pusat Keshatan Masyarahat (PusKesMas) administrators.

As many projects as possible were visited to observe the effectiveness of the projects in terms of planning, design, construction, village participation and acceptance, and operation and maintenance.

Four days were spent in Mataram on the Island of Lombok, visiting one gravity system in the construction phase and two gravity systems already constructed. One deep well handpump project was also observed in a transmigration village. Site visits included discussion with village leaders, field officers, and community members.

Two days were spent on Bali visiting two gravity systems, several rooftop catchment projects, and Indonesian Government projects in rural water supply development.

One day was spent in Bandung inspecting a gravity water supply system and a deep well AID handpump which was installed three years ago by Georgia Institute of Technology.

Three days at the end of the assignment in Jakarta were set aside for discussions with the USAID PVO and HDN office to develop contacts with GOI program people in rural water supply and a presentation of findings to CARE/ Jakarta.

Chapter 2

BACKGROUND

CARE has been operating in Indonesia since 1967 initially in food assistance, training of hospital and health personnel, and school construction. In response to a disaster relief request in 1977 from Bali and Nusa Tenggara Barat (NTB) CARE initiated community development programs. At the present time CARE has programs in seven provinces of Indonesia with additional areas under consideration (see Table 1). The present emphasis is on rural community drinking water programs and sanitation facilities through the construction and/or development and installation of gravity water systems, storage reservoirs, piped water systems, handpumps, rainwater catchment tanks, and public toilets.

CARE maintains a field office in each province staffed by a Chief Representative, a Program Officer, and four to five field officers plus administrative staff. (CARE Bali, though, is being phased out and after January will only maintain two or three field officers/supervisors). CARE Indonesia Headquarters in Jakarta is staffed by the Country Director, Program Coordinator, and administrative staff (see Appendix C). Complete detailed records on individual projects are maintained by the field offices, and the Jakarta office maintains only information pertaining to general programing matters.

Baseline data, especially on health status, for each project site are not available in most cases or are unreliable so they are usually not kept by the field offices.

Table 1 CARE/Indonesia Water Supply and Sanitation Projects (\$000)

AREA	FY	USAID/I	CARE	GOI	TOTAL	M&E*	PROJECT COMPONENTS
Bandung	79	\$122.7	\$126.9	\$ 72.9	\$ 321.9	\$ 54.8	2 GS 53 HPD 26 SF
West Java	80 82	482.8	317.6	259.7	1,030.2	658.5	550 HPS 34 GS 41 FW
Bali	80 82	317.7	386.1	175.3	879.2	371.7	34 FCR 25 GS 21 HPS
Nusa Tenggara Barat	80	602.9	286.3	224.5	1,113.6	310.8	9 GS 280 HPS

GS - Gravity Systems

HPD - Handpump Tubewells
SF - Sanitary Facilities
HPS - Handpump
FCR - Ferrocement Rainwater Catchment

^{*&}quot;Materials and Equipment"--most of which originates in-country.

Chapter 3

PROJECT DEVELOPMENT AND IMPLEMENTATION

3.1 Coordination with Other Agencies

CARE project planning and implementation procedures are coordinated at present through the provicial planning agency. Projects are identified through several mechanisms, and CARE determines the technical feasibility of supplying water through gravity water systems, deep well handpumps, or other means. The final determination involves close coordination by CARE of the community, the provincial planning agency, or other responsible agency.

Since there are several programs supplying water to rural and urban fringe communities the coordination and procedure for project selection varies from provinces to provinces. A strong determinant in project identification is the commitment by the community to assist in construction, operation and maintenance, and management. Discussion with field staff identified at least one instance by CARE of cancelling a project due to lack of community support. The exact role community health centers (PusKesMas) plays in project identification and planning was somewhat difficult to assess. In some cases projects are suggested in communities where there is a high incidence of cholera and where there are no other projects. Apparently in some cases there is a minimum of coordination between PusKesMas and CARE in the selection and the development of projects.

In some cases project designs are reviewed by PusKesMas and by the National Planning Board (BAPAEPK) prior to implementation. In general these project identification and planning phases are flexible and do not necessarily follow any common procedure.

3.2 Community Participation

The involvement of the community is fostered early in the project identification phase by CARE field officers. Assistance by the community is used to assist in identifying sources of water and location of storage reservoirs and in field surveys for flows of spring and pipeline alignments.

3.3 Technical Planning

The technical planning for projects appears to be thorough and of a high quality. The level of detail necessary to insure a working hydraulic system and long lived system appeared to be excellent. Elements of hydraulic design such as capturing, delivery pipelines, community reservoirs, pressure relief valves, air release valves, and surface drainage appeared to be excellent both from a design and from a construction standpoint. Several hydraulic profiles were viewed and details of hydraulic design were discussed with field officers and chief representatives. The quality of the construction plans were excellent in terms of both presentation and level of detail.

The level of competence in hydraulic design and management of construction by field officers, program officers, and chief representatives was remarkably high in all offices. All chief representatives, two of the four program officers, and several of the field officers were interviewed.

3.4 Information Gathering for Project Design and Implementation

Demographic information concerning existing population of project areas and rates of increase are gathered from the Provincial Planning Agency. Assumptions on per capita water use are developed based upon levels and types of village activities and in some cases by available water. Water resource planning at present does not include extensive prediction of non-domestic uses such as home irrigation needs, animal watering, and any aquaculture activity. A water demand of 60 liters/capita/day is used for most CARE projects unless circumstances dictate otherwise. Several monitoring projects are under way in NTB to ascertain total water use from a reservoir utilizing a totalizing water meter and a daily survey of how the water is used at the site and off the site. This monitoring should provide feedback for designing future projects.

3.5 CARE's Mode of Operation

CARE's direct counterparts are the Provincial Governments or more precisely the Provincial Planning board. The Provincial Governments propose the project sites and CARE makes the necessary survey and investigation, sometimes with the government staff when they are available, before accepting the sites. Considerations for selections include technical feasibility, community willingness to participate in the implementation and maintenance, and cost effectiveness. Several sites have also been selected as a reault of CARE's own observation and/or as requested by the community. Their final selection is always done in consultation with government counterparts.

When a site is selected, CARE then prepares the design with as much community participation as possible in choosing the pipeline course and selecting location for the public reservoirs or public standposts, etc. At the same time CARE provides extension services to the community to get their participation in providing local materials, digging pipeline trenches and back filling, etc.

The actual construction work always involves several selected villagers and they are thus trained in how the system works, how it should be maintained, and how to overcome common problems. These persons usually take charge of the operation and maintenance of the systems when they are completed.

Village leaders are also encouraged to establish a committee for the implementation of the project which should then continue to manage the system. In most cases, though, the villagers tend to use the already existing LKMD (Village Community Endurance Committee) as both an implementation and maintenance committee. The committee also establishs a users' payment system and appoints the person in charge of the operation and maintenance of the system who usually is paid in cash or in-kind.

A set of tools and several stems of pipes and certain fitting are stored near the site for maintenance purposes. In handpump programs, the community participates in selection of handpump locations, assists the skilled drillers, and provides materials for the base. In West Java especially and sometimes in NTB two persons or more living close to the handpumps are given two-days of training in repairing handpumps. Tools are also provided, one set for a group of several pumps.

Chapter 4

SCOPE OF WORK FOR EVALUATION OF CARE/INDONESIA RURAL WATER PROJECTS

The proposed evaluation would have three distinct elements with individual but integrated objectives. The first phase of the evaluation would be managed by CARE Indonesia (see Appendix D). The goal of this phase would be to develop a "state of the program" document of CARE/AID projects in Indonesia. CARE would gather the relevant information from field offices, program offices, and chief representatives concerning their projects. The information would then be analyzed following a CARE-developed common format. This should be information CARE feels it needs in order to monitor and review projects and in turn would be used in developing new projects in rural water supply and sanitation. The information developed in this phase of the evaluation would need to be completed prior to the second phase. A realistic determination by CARE of the type of information, the timetable, and resource requirements should be made as early as possible to allow for scheduling of the second phase.

The second phase of the evaluation would consist of an evaluation team's reviewing the results of the information gathering and analysis of Phase I and the inspection of selected CARE/AID projects in the various provinces of Indonesia. The objective of Phase II is to summarize and document CARE's project evaluation in such a way as to make more visible the positive results of this project (see Appendix E). The evaluation steps CARE has taken will be reviewed, and selected rural water supply sites will be evaluated. Assessment of aspects of program management and design will be essential elements of the second phase. It is strongly suggested that the team of evaluators consist of representatives from AID/Indonesia, WASH, and Indonesian rural water supply experts (see Appendix F for suggested individuals). It is also suggested that this team spend approximately seven days visiting program sites and three days assembling and preparing the evaluation report.

The third phase of the evaluation should be handled by CARE-Indonesia and USAID/Indonesia. In this phase of the evaluation CARE should make its response to USAID concerning the evaluation findings and time should also be set aside for CARE to discuss the findings with the evaluation team. A secondary benefit of the latter activity will be the opportunity afforded the Indonesian members of the evaluation team to discuss in depth aspects of the project having relevance for the Government's water supply work.

WATER AND SANITATION FOR HEALTH (WASH) PROJECT ORDER OF TECHNICAL DIRECTION (OTD) NUMBER 136 10 February 1983

FEB 1 0 1983

TO:

Dr. Dennis Warner, Ph.D., P.E. WASH Contract Project Director

FROM:

Mr. Victor W. R. Wehman Jr., P.E., R.

AID WASH Project Manager

AID/S&T/H/WS

SUBJECT:

Provision of Technical Assistance Under WASH Project Scope of Work for USAID/Indonesia and CARE/Indonesia

REFERENCE:

A) Jakarta 18964, dated 22 Dec 1982

B)

- WASH Telex No. 522, dated 24 Jan 83 WASH Telex No. 525, dated 25 Jan 83 WASH Telex No. 533, dated 7 Feb 83 C)
- D)
- WASH Telex No. 534, dated 8 Feb 83
- 1. WASH contractor requested to provide technical assistance to USAID/Indonesia as per Ref A, para 1-4. Consultant to work in close concert with USAID/Indonesia PVO officer or his representative.
- 2. WASH contractor/subcontractor/consultants authorized to expend up to 22 person days of effort over a four (4) month period to accomplish this technical assistance effort.
- Contractor authorized to expend up to 18 person days of international/domestic per diem to accomplish this technical assistance effort.
- 4. Contractor to coordinate with ASIA/TR/HNP (Jalil Karam), ASIA/PD/ENGR (Hasan Hasan) and Indonesia Desk Officer and should provide copies of this OTD along with periodic progress reports as requested by ASIA Bureau staff or S&T/H/WS staff.
- Contractor authorized to provide up to one (1) international round trip from consultants home base to Washington D.C. (for briefing) to Jakarta, Indonesia and return to consultants home-base through Washington D.C. during the life of this OTD.
- 6. Contractor authorized local travel within Indonesia as necessary and appropriate to accomplish this technical assistance effort NTE \$2300 without the prior written approval of the AID WASH Project Manager.
- 7. Contractor authorized to obtain local secretarial, graphics, reproduction or local professional services in Indonesia as necessary and appropriate to accomplish this effort NTE \$1100 without the prior written approval of the AID WASH Project Manager. These services are in addition to the level of effort specified in para 2 and 3 above.

- 8. Contractor authorized to provide for car or vehicle rental or hire to facilitate effort. Contractor authorized to travel by aircraft in Indonesia to facilitate effort. Costs for local Indonesian travel NTE \$1900 without the prior written approval of the AID WASH Project Manager.
- 9. WASH contractor will adhere to normal established administrative and financial controls as established for WASH mechanism in WASH contract.
- 10. WASH contractor should definitely be prepared to administratively and/or technically backstop field consultants and subcontractors.
- 11. New procedures relating to subcontractor cost estimates and contractor justification for selection of consultants remains in effect.
- 12. Contractor to provide field draft coordinated report to USAID/Indonesia PVO Officer in English before consultant returns to U.S. Final report to be in English and to be due to USAID/Indonesia and S&T/H/WS within 30 days of return of consultant to the U.S.
- 13. Mission and ASIA/TR(PD) staff should be contacted <u>immediately</u> and technical assistance initiated as soon as convenient to USAID/Indonesia.
- 14. Appreciate your prompt attention to this matter. Good luck.

HICOMHIC

PAGE 31 ACTION AID-80 JAFART 18964 2205032

4844 020576 AID6844

ACTION OFFICE STME-01 INFO ASEM-01 ASDR-02 PROCE-01 PDRR-01 PRB-03 ASPO-03 ASTR-01 STMO-01 SAST-01 ENGR-01 HHS-09 STEN-01 REQC-01 STMP-01 DAEN-01 MAST-01 ASSR-02 7032 AS 823

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UNCLAS JAKARTA 18964

CORRECTED CORY (TEXT: PARA III)

AIDAC

FOR CARL MCJUNKIN

EO 12356: N/A

SUBJECT: EVALUATION CARE INDONESIA RURAL KATER SUPPLY PROJECT

1. HAVE AGREED WITH ELLIS FRANKLIN, DIRECTOR OF CARE/
INDONESIA AS TO UTILITY OF AN EVALUATION OF CARE'S RUPAL
WATER PROJECT. SINGE 1988 CARE HAS CONSTRUCTED 70 SMALL SCALE RURAL WATER SYSTEMS COMPRISING 530 WELLS AND NUMEROUS GRAVITY FLOW SYSTEMS IN OVER 100 VILLAGES SPREAD OVER THREE PROVINCES AT A COST OF ABOUT DOLS. 2.3 MILLION. SIMILAR ACTIVITIES ARE IN APPROVAL PROCESS FOR AID FINANCING FOR THE NEXT YEAR, BUT DIRECTION OF PROGRAM UNCERTAIN THEREAFTER. AN EVALUATION OF ASPLISMENTS TO DATE WOULD HELP ESTABLISH WHAT MAKES AN EVALUATION OF ACCOM-SENSE FOR THE FUTURE.

2. MISSION WOULD LIKE TO DRAW UPON WASH SERVICES TO ASSIST CARE TO DEVELOP A SCOPE OF WORK FOR THE EVALUATION. MISSION CURRENTLY ENVISIONS THE MAIN PURPOSES OF THE EVALUATION TO BE TWO FOLD. ON THE ONE HAND THE MISSION AND CARE WOULD LIKE TO ASSESS THE COST EFFECTIVENESS AND IMPACT OF COMPLETED WORKS. SECONDLY THE MISSION WOULD LIKE TO ASSIST CARE TO CONSIDER A STRATEGY FOR LEVERAGING THEIR RESOURCES TO IMPACT ON GOVERNMENT WATER PROGRAMS.

MISSION ESTIMATES THAT THE SCOPE OF WORK COULD BE AMISSION ESTIMATES THAT THE SCOPE OF WORK COULD SE DEVELOPED IN 18-15 MAN DAYS. THIS SOULD ALLOW EVALUATION CONSULTANT TIME TO REVIEW THE CARE PROGRAM, VISIT SITES AND VEST WITH CONCERNED PARTIES. THE MISSION WOULD HORE THAT SERVICES OF A CONSULTANT LIKE SOB GEARHEARDT, WITH PRIOR INDONESIAN EXPERIENCE, WOULD BE AVAILABLE IN JANUARY OR EARLY FESTUARY. THE MISSION WOULD HORE THAT THE EVALUATION COULD BE CARRIED OUT IN MARCH OR ADDITION OF 83. CARE HAS ALREADY DONE CONSIDERABLE PREPARATORY WORK On a prototype of a scope.

PLEASE ADVISE ON AVAILABILITY OF WASH SERVICES FOR THIS JOS. OLNOM

APPENDIX B

Schedule of Activities

2/21 Monday	USAID office - Ross Coggins CARE Office - Ellis Franklin & Mr. Iskandar To Denpensar 17:30 Hrs
2/22 Tuesday	Travel to Lombok CARE Program Office - Scott Faiia
2/23 Wednesday	NTB Mataram
2/24 Thursday	NTB Mataram
2/25 Friday	Back to Bali Merpati - 351
2/26 Saturday	Site visit Bali - North Coast
2/28 Sunday	Site visit Bali - North Coast
2/28 Monday	Bali-Jakarta 16:30 - 18:00 GA 665
3/1 Tuesday	Jakarta-Bandung - Site visit
3/2 Wednesday	Bandung-jakarta - Report writing
3/3 Thursday	Report writing - Late morning and early afternoon
3/4 Friday	Debriefing - Late morning and early afternoon Short exit interview with AID Director

APPENDIX C

Job Description

Position:

Program coordinator

Incumbent:

Iskandar

<u>Responsibilities</u>

- 1. To coordinate and help supervise AIP submissions and participate in project proposal write-ups for each project. Supervise PIE submissions three times a year, monitor and follow-up with each project on evaluation of targets and intermediary goals. Help supervise, design and coordinate evaluation procedures; baseline data material, program histories, site surveys, project reports. Draft replies and/or assist with letters to and from New York Headquarters regarding programs and programming matters.
- 2. Government and non-Government contacts: Assist in the negotiations of new project agreements and extensions of old ones, follow-up with counterparts on program matters. Liaison with the appropriate Central Government authorities, corresponding with the Provincial Government Counterparts, through which our project activities are developed and carried out. Preparation of reports requested by Central government authorities as necessary.
- Development of project activities to be implemented from the Jakarta office. Preparation of MYP and all other necessary CARE project papers for such projects.
- 4. Field visitations: Field visits to sub-offices and project activity sites to keep abreast of project progress and related sub-office programming matters.
- 5. Public relations are resource development activities: Assist with donor letters as program reporting, and other public relation reports, presentations and activities.
- 6. Training and coordination of national programming staff and assist in orientation of new international/national personnel. Assist in evaluation of sub-offices' capabilities and in introducing improvements as appropriate.
- 7. Additional related programming assignments as may be assigned by the director from time to time.

Job Description

Position: Program Officer

The program officer is responsible to assist the Chief Representative in the development, planning, implementation, monitoring, and evaluation of all program activities. To accomplish these tasks he is expected to travel extensively, deal with all levels of people, collect information and be culturally sensitive and aware. He must be creative and propose viable solutions to difficult problems. He must constantly strive to improve the quality of CARE's work. His duties include the following:

1. Liaison with Government

- 1.1 To arrange meetings with the Government whenever required.
- 1.2 To discuss and solve problems which may arise during project implementation with the Government.
- 1.3 To report on project activities to the Government whenever required.
- 1.4 To ensure that the government adequately understands CARE's policies, procedures and regulations.
- 1.5 To be fully informed of government development plans, programs and priorities.

2. Project Development

- 2.1 To investigate any potential program areas.
- 2.2 Assisting the Chief Representative in preparation of MYP and AIP proposals.
- 2.3 To actively process and discuss the project agreement with the Government.
- 2.4 To keep abreast of current trends in development planning and philosophy, successful programs, technical advances etc. through contact with other organizations and literature surveys.

3. Project Implementation

- 3.1 To participate in project surveys, site selection and planning.
- 3.2 To review the project designs submitted by the Field Officers before they are implemented.
- 3.3 To stimulate community participation.
- 3.4 To assist in monitoring and controlling project purchases.
- 3.5 To ensure acceptable quality of construction.

3.6 To monitor progress and ensure timely completion of activities.

4. Project Evaluation

- 4.1 To prepare the PI submission.
- 4.2 To actively participate in the project evaluation including collection of baseline data and follow up surveys.

5. Supervision of Field Officers

- 5.1 To supervise and coordinate the Field Officers in all aspects of their work and responsibility.
- 5.2 To provide training and guidance to the Field Officers whenever necessary.

6. Public and Donor Relations

- 6.1 To represent and explain CARE to all interested parties.
- 6.2 To obtain favourable local publicity for CARE.
- 6.3 To prepare reports and supply any necessary information on actual or potential donors.
- 7. Other tasks that are appropriate as may be assigned by the Chief Representative.

International Staff Job Description

Country:

Indonesia

Position:

Chief Representative NTB Province

Position Presently Filled by: A. Scott Faiia

Date: January 3, 1983

I. Job Description

a. Program Development

- Establish and maintain appropriate Government and counterpart contacts.
- 2. Identify and develop CARE assistance programs in cooperation with the various levels of the regional governments, communities and non government agencies as appropriate, in line with Indonesia's development plans and objectives and as appropriate to CARE capabilities and programming criteria.
- 3. Educate counterparts to procedures of successfully cooperating with CARE and determine counterparts ability to support a project.
- 4. Develop and maintain control systems to ensure that CARE's assistance is being properly utilized.
- 5. Seek appropriate guidance from CARE-Jakarta on program negotiations/ discussions and proposal preparations, while concurrently keeping all other appropriate parties informed of the status of project discussions and/or negotiations.
- 6. Timely preparation of required project documents/documentation.
- Oversee project planning, implementation and evaluation to ensure that targets and goals can/are being met, including frequent field travel.
- 8. Special actions as requested/required by CARE Jakarta/the Country Director.

b. General

- Supervision of all office administration including budget planning, financial control, report submissions, vehicle control, communications, and special actions as requested/required by CARE Jakarta/the Country Director.
- 2. The CR should master all information contained in the CARE Overseas Operations Manual so as to be able to act as a resource of advice and information for the rest of the staff.

- 3. Training of National Staff in all areas of CARE operations with the objective of developing a strong, experienced and responsible National Staff so as to be able to phase down and eventually out of the full time need for International Staff positions.
- 4. Maintenance of appropriate Liaison with government and other international and national agencies in NTB province.
- 5. Assist in finding ways and means of increasing the efficiency of CARE operations.
- Attend appropriate/CARE related functions, as the CARE NTB Chief Representative.

II. Job Qualifications

- a. Past experience and demonstrated capability with CARE programming and administrative techniques. Strengths and capabilities in organizational, communication, planning/evaluation and financial skills as well as small scale rural civil engineering techniques.
- b. Desire and ability to learn to live and work with different types of people and cultures, and to learn Bahasa Indonesia to a useful degree of competence within a short period of time.
- c. Capacity to assume responsibility for program/office management, frequent field travel, and to display qualities of leadership and human relations skills as a CARE representative. To be able to represent CARE in a manner which furthers the organization's reputation as a competent and action oriented international development agency.

Job Description

Position: Field Officer

The CARE Field Officer actively assist in the planning, design, implementation and evaluation of all project activities. He is CARE's link to and representative in the communities where he works. A chief and essential role of the F.O. is to animate the community to become involved in all aspects of the program and extend their interest even beyond the program. He also usually has special expertise in some technical area. His general tasks can be described as follows:

1. Investigation of New Areas of Project Development

- a. Provide information on possible new project areas.
- b. Seek out communities that need and can effectively use CARE assistance.
- c. Provide relevant information and actively participate in the site selection process.
- d. Explain to the community what CARE is and how it works.

2. Project Survey

- a. Animate the community to become aware of the importance of the project and therefore readily involved in all aspects of the program.
- b. Provide information for design purpose.
- c. Provide/collect baseline data and information on community and needs.
- d. Prepare information on potential for community participations based on the reuslts of his animation.

Project Planning

- a. Prepare detailed technical design.
- b. Prepare detailed material lists and budgets.
- c. Prepare a schedule of implementation in close consultation with the community.

4. Project Implementation

- a. Monitor the receipt and use of materials.
- b. Supervise the labor to insure satisfactory quality of construction.
- c. Arrange for the purchase of any necessary local materials.

- d. Provide technical advice and training of the community.
- e. Maintain good relations with the community in order to get their maximum support and involvement.
- f. Prepare and submit routine implementation report as requested by his Field Office.

5. Project Evaluation

- a. Collect data relevant to the project evaluation needs.
- b. Actively participate in project evaluation.

6. Routine Tasks

- a. Maintain of vehicle assigned to him.
- b. Fulfill all routine administrative tasks such as travel reports, SCR's, beneficiaries receipt etc.

APPENDIX D

FRAMEWORK ON WATER PROJECT EVALUATION

1. General

These evaluation activities cover the following areas:

- a. Physical Condition of the Water System
- b. Available Water Flow
- c. Water Usage
- d. Water Quality
- e. Maintenance and Administration
- f. Benefits

Information on items a through d should be obtained for all water systems. For items c and f it will not always be possible to obtain detailed information. However, the sum total of all the above information will give a fairly good indication as to whether or not the water system has been properly constructed, is adequately maintained, functions as designed, and is providing some of the intended health benefits. Also, equally important, the information and process of obtaining it will lead to an improved understanding of water systems and how to better design and construct them.

2. Physical Condition of the Water System

A physical inspection of the water system's condition should be carried out immediately upon project completion and again six months and one year after the initial evaluation. There are four main areas of interest as follows:

- a. Condition of spring protection
- b. Condition of the pipeline
- c. Condition of reservoirs and break pressure tanks
- d. Changes or additions to the system

Items a, b, and c, should be evaluated with the aid of checklists and samples of three checklists are attached. Item d is evaluated by comparison with the original design. The original design should have noted any planned changes and the distinction between planned and unplanned changes should be clearly stated. Also any deliberate tampering with the pipeline or valves influencing water distribution should be noted.

3. Available Water Flow

The available water flow should be measured immediately on project completion and again six months and one year after completion. Water flow should be measured at the source and at each distribution point when all faucets are fully open. The water flow at each reservoir is measured as part of the physical evaluation. The information on available water flow should be checked against the information on usage and population distribution to ensure that the distribution is equitable. Any noticeable fluctuations in the flow of the source which have occurred in intervening time periods should be recorded.

Especially important is whether or not the system has adequate flow during the dry season. The evaluation may not be during this critical time but the users will usually be able to provide sufficient information.

4. Water Usage

Usage is measured in two ways, from information provided by the users themselves and by direct count. Two forms used for this are attached. The information provided by the users should be

obtained for all water distribution points and the forms distributed at each reservoir and standpipe. The actual count should be conducted at a representative number of distribution points, usually two, one with expected heavy usage and one with expected light usage. These forms should be utilized twice; immediately on project completion and one year following completion.

5. Water Quality

Water samples for bacterial analysis should be obtained from the water source and a representative number of the distribution points. If people normally store water in their homes before using it then representative samples should be obtained from these containers. Samples should be taken immediately upon project completion and six months and one year afterwards.

- 6. Maintenance and Administration Information should be obtained on any maintenance or repair during the first year of the system's operation. The following points are of particular significance:
 - a. How many times has the system been repaired?
 - b. What were the repairs?
 - c. What was the cost?
 - d. Who repaired the system?
 - e. What is the mechanism or method the community uses for repairs?
 - f. Is there any routine maintenance carried out? If so, describe it.
 - g. Who has possession of keys for access to valves etc?
 - h. Does a committee exist for handling system operation?
 - If not, was there one during construction of the system?
 - If so, why was it disbanded? If there is no committee is any one individual assuming responsibility for the system?
 - i. Are any charges levied for water use? If so, are there any payment problems?
 - j. Have any special regulations governing water usage been adopted? If so, are they actually enforced? By what means?
 - k. Are any tools and spare parts available?

1. If there have been maintenance problems what is the most probable cause?

7. Benefits

It is not possible to specifically measure the benefits of most water systems. However, useful observations are possible and desirable. The following are important considerations:

- a. Has the village had a high incidence of water associated diseases in the past? If so, what are they? Has the water system had a noticeable effect on them?
- b. Are any data available on the water quality of the water system compared to previous water sources?
- c. Is there any indication of changes in water use habits such as increased bathing or increased water usage?
- d. Have any latrines been constructed since installation of the water system?
- e. Has there been any reduction in the amount of time necessary for obtaining water?
- f. Are other sources of water used for specific uses? How does the pattern of usage change and the sources change during the dry season?
- g. Is any of the water from the system used for irrigating small vegetable gardens or trees?
- h. Have any new fishponds been constructed since installation of the water system?
- i. Have any new village industries such as

brickmaking been started since the installation of the water system? Have any existing industries expanded?

It will not be feasible to collect detailed information on all of the above items. They should be regarded as general guidelines in seeking information which, if available, will give an indication as to the effects or benefits of the water system.

EVALUATION ACTIVITIES

- 1. The development of questionnaires to be used in the evaluation process. This activity has already been accomplished by CARE staff.
- 2. Establishment of a schedule for the evaluation. Initial efforts have been made in this regard by CARE staff in coordination with USAID/Indonesia. The final schedule for the total evaluation process should be established by early May.
- 3. The selection of the evaluation team by USAID and CARE. The team could consist of combinations of the following representatives: USAID PVO staff, GOI water supply health officials, international water supply and sanitation officials, and a WASH consultant.
- 4. Identification of field sites to be visited by the team.
 An itinerary and an outline of the evaluation process should be forwarded to each field office to alert them of the proposed evaluation process and the role they will play in the site visits.
- 5. Summary of CARE's evaluation of all projects with specific information on those sites to be visited by the team. This should be packaged and forwarded to all members of the evaluation team.
- 6. The evaluation team should meet and be briefed by USAID and CARE prior to the site visits.
- 7. Interview with CARE field staff at field office to review their planning, design, operation-maintenance activities, prior to going to the sites.
- 8. Field visits to selected project sites. More important to see all elements of a few projects than to see portions of many projects. The process is the important element.
- 9. Interviews with users, non-users, and village leaders concerning project to further develop information to be used in conjunction with material developed by CARE staff.
- 10. Interviews with government officials at the implementation level (Provincial and District) of project

process. The local Health, Planning, and Public Works officials should be included in some aspect of the site visit. This will require coordination by the CARE staff and possibly reinforcement by higher level government officials. The value of this step is self explanatory.

- 11. Review of findings and a statement of preliminary conclusions to CARE staff prior to departing. Allows for correcting any findings not valid and gives staff an immediate feedback of their projects for future work.
- 12. Evaluation team prepares preliminary draft report with initial findings and conclusions.
- 13. Evaluation team presents this draft report to CARE Jakarta for their review and input.
- 14. Final draft report prepared as a WASH technical report and presented to CARE for their review and comments.
- 15. Prepare final report as a WASH technical report.

PROPOSED SCHEDULE FOR SITE VISITATION

Monday CARE Orientation - Jakarta - 1/2 day

1/2 day travel to West Java Projects

Tuesday Visit West Java Projects

Back to Jakarta

Wednesday Fly to Bandung

2 hr. Orientation - Chief Representative

1/2 Day Site Visit Spend Night in Bandung

Thursday 1/2 Day Site Visit

Travel to Jakarta

Friday Travel to Bali

2 Hr. Orientation - Chief Representative

Saturday 1/2 Day Site Visit

Sunday Bali

Monday Travel to Lombok

2 Hr. Chief Representative Orientation

1/2 Day Site Visit

Tuesday 1/2 Day Site Visit

Travel Lombok to Jakarta

Wednesday Prepare Draft Report

Thursday Prepare Draft Report

Friday Prepare Draft Report

Discussion with CARE/AID

ESTIMATE OF TIME REQUIREMENT FOR EVALUATION

			MAN-DAYS	
		Field Time	Office Time	Total
Bandung FY 79	2 Small Piped System	1	1/2	
FY 82	53 Tube Wells	5	2	
	New Systems		2 1/2	9
West Java Rura	l Water		•	
	550 Pumps	15	3	
	34 Piped Systems	11	3 2 3	
	41 Sanitation	12	3	
	New Systems	28	8	36
Bali Community	Development			
·	34 Ferrocement Rainwater	5	2	
	25 Piped Water Systems 21 Hand pumps on	7	2	
	Dug Wells	3	1	
		15	5	20
NTB	•			
	9 Piped Systems	6	2 3	
	280 HandPumps	10	3	
		16	5	21

Assume 3 Chief Representatives 4 Program Officers 13 Field Officers

20

86 Man-days or 5 days/person

RESERVOIR INSPECTION CHECK LIST

Vil	.lage:			Date:
Nei	ghborhood:			Inspector:
Res	servoir No:			
1.	MANHOLE	a.	Is there a manhole?	yesno
		b.	Does it have a cover?	yesno
		c.	Is the cover locked?	yesno
		d.	Is there a raised lip supporting the cover?	yesno
		e.	How high and wide is the l	ip?
			cm wide	em high
		f.	Is there a possibility of contamination entering the	manhole?
				yesno
		g.	Are the manhole dimensions to the design?	according
			yestoo smallto	o large
2.	OVERFLOW	a.	Is there an overflow?	yesno
		b.	Is it screened?	yesno
		c.	Is there an elbow on the outside?	yesno
		d.	Is it far enough away from the wall?	yesno
		e.	Is the diameter large enough?	
			yestoo smallto	o large
		f.	Is the inside length long enough?	
			yestoo long too	short

		g.	Is the overflow higher that the inlet pipe?	n
			yestoo lowtoo	high
	•	h.	Is there proper drainage for water from the overflo	w?
				yesno
3.	WASHOUT	a.	Is there a washout?	yesno
		b.	Is it closed with a valve or cover?	yesno
		c.	Is the diameter large enough?	
			yestoo smallto	o large
		d.	Is the washout level the s as the base of the reservo	
			yestoo lowtoo	high
4.	INLET PIPE	a.	Is the inlet properly installed?	yesno
		b.	Is there a valve to contro the inflow?	l yesno
		c.	Is the valve properly protected?	yesno
		d.	Is there a float valve	yesno
		е.	Is the inlet pipe near the manhole?	yesno
		f.	Is the inlet at the proper level?	
		٧	correctStoo low	_too high
		g.	What is the water flow int the reservoir?	0

5.	RESERVOIR	VOLUME	
		a.	Is the reservoir width the same as planned?
			yestoo shorttoo long
		b.	Is the reservoir length the same as planned?
			yestoo shorttoo long
		c.	Is the volume the same as planned?
			yestoo smalltoo large
		d.	Is there any leakage? yesno
		e.	If so where
		f.	Is the slope of the inside floor adequate?
			yesno
		g.	Is the cover bowed? yesno
		h.	Is the cover strong
			enough? yesno
6.	Faucets	a.	Is the number of faucets the same as planned
	•		yestoo manytoo few
		b.	Is there any leakage? yes no
		c.	How many faucets functioning?pieces.
		d	How high and the Country of the
		u.	How high are the faucets from the reservoir floor?em.
7.	BATHING AR	EA a.	What is the size of any bathing area?
			xm.

8.	FAUCET	AREA	a.	What is the size of the concrete floor?
				xm.
			b.	Is the size adequate for proper drainage?
				yesnot enoughtoo sloping
9.	SALURAN	PEMBUANO	}	
			a.	Is there a drain? yesno
			b.	Is it well constructed? yes no
			c.	Where does the water drain to?
				ditch/riversoakage pitother
			d.	Does the water flow smoothly yes no
10.	QUALITY	OF CONST	RUC	CTION
			a.	Is the quality of construction satisfactory? yesno
			b.	Are the walls bowed or slanted? yesno
			c.	Are the inside corners straight or square
			d.	Are the outside corners straight or square?
			e.	Is the plaster neat and without cracks?
				not enoughyesno
			f.	Are all pipes well installed? yesno

11.	OTHERS	а.	identification number?	yes	_no
		b.	Do the users hang any complaints?	yes	_no
		c.	Are any health education medisplayed on the reservoir		
			•	yes	_no
			If so what are they?		
		d.	Comments:		
			· · · · · · · · · · · · · · · · · · ·		

PIPELINE INSPECTION CHECKLIST

- 1. Is any PVC pipe exposed? If so at what point?
- 2. Is any pipe not buried? If so, is it properly secured with concrete pillars?
- 3. Has any leakage been observed anywhere along the pipeline? If so, at what points?
- 4. Is the pipeline properly secured and supported at all valley or stream corssings?
- 5. Are there pipeline markers for any buried pipe? If so, what are their spacing? The recommended maximum spacing is 200 m.
- 6. Are there washouts at all low points?
- 7. Are there air valves at all high points?
- 8. Are all valves properly protected?
- 9. What is the depth of all buried pipe? Check and measure it at least every 500 meters.
- 10. Does the pipeline pass close to any large trees whose roots may disturb it?
- 11. Are there control valves at all junctions?

QUESTIONNAIRE "SURVEY ABOUT WELLS"

1.	Location
	Respondent
	Owner
2.	Number of userfamiliespersons.
3.	Is there any other source of water near here? Yes/No
	If yes, name the type
	Name the distance from this well
4.	When was this well completed?
	How many weeks did it take to build?
	How many persons worked to build it?
	How deep is the well?
5.	Who takes care of this well?
6.	Since it was built/improved, does this well always have water all year long? Yes/No
	If no, how long is it dry?
7.	Compared to before the well was built/improved:
	Does it have more water or less?
	Why?
	Is the water now cleaner or less clean?
	Why?
	Is it easier or less easier to get water now?
	Why?
8.	Compared to before the well was built/improved:
	Is diarrhea less now or more?
	Why?

Is typhoid/cholera less or more? Why?

- 9. What are the problems faced after the well is built/ improved?
- 10. What is the planning to increase the usefulness of the well?

When is the planning going to be implemented?

- 11. Why was the well built/improved?
- 12. Who pointed this location?
- 13. What is the assistance received (from PLAN)?

 Material/cash
- 14. From whom do you know that PLAN helps build wells?

 SW/CD/MW/EW/Neighbors/Others (Specify)

APPENDIX E

Objectives of the Evaluation

To assess the effectiveness of the CARE/Indonesia project by answering the following questions:

- A. Function: The physical system and engineering and planning aspects of the project.
 - 1. Is there sufficient planning information gathered and analyzed prior to project implementation?
 - 2. How are project selected in light of question 1 and how does the GOI stay in touch with the project as it relates to planning?
 - 3. How are springs and/or wells selected for sources of water?
 - 4. Does the capturing procedure adequately protect the water (quality and quantity) and does it consider other uses of the water?
 - 5. Does the boring of wells adequately supply sufficient quantity and quality of water to targeted beneficiary (drilling, protection and apron)?
 - 6. Does the rooftop catchment system (collection and storage) supply sufficient quantity and quality of water to targeted beneficiaries?
 - 7. Do deep well and shallow well pumps perform to design standards and is there a maintenance program to insure project operation after CARE leaves?
 - 8. Are pipelines properly constructed (bedding, connections, crossings, materials, etc.)?
 - 9. Are reservoirs properly constructed and maintained (taps, other connections)?
- 10. Is there sufficient supervision and control of the construction management to ensure all objectives are met?
- B. Process: The use of the water system by members of the communities.
 - 1. Have the deep and shallow wells increased the number of people served?
 - 2. Have the gravity water systems increased the number of people served?
 - 3. Have the rain catchment systems increased the number of people served?
 - 4. Have the deep and shallow wells increased the amount of water per capita and/or added new users of water in the community?

- 5. Have the gravity water systems increased the amount of water per capita and/or added new uses of water in the the community?
- 6. Have the rain catchment systems increased the amount of water per capita and/or added new uses of water in the community?
- 7. How is a community selected to be a CARE project?
- 8. How are community members involved in the selection process?
- 9. How are reservoir sites selected within a community?
- 10. How are spring sites selected?
- 11. How are inter-village relationships developed to successfully implement a multi-village water project?
- 12. How are territorial concerns as they relate to springs and pipelines handled by the initiating community and by CARE?
- 13. What are the water use patterns--amount and categories of use--per person per day?
- 14. What were the communities' existing sources of water--where would they go to get water if their system failed?
- 15. What is the extent of community involvement in the construction and maintenance of the wells, gravity water systems, and rain catchment systems? (Specifically how are they repaired?)
- 16. How is the sanitation component of the village life related to the availability of water?
- 17. What is the health education component of the project and how effective is the component?
- 18. Have there been any socio-economic effects from the actual construction of the project?
- 19. What are the sources of contamination after the water leaves the well?
- 20. What is the water used for in the household?
- 21. How is greywater discharged?
- C. Outcome: Users perspectives
 - 1. How many targeted and non targeted beneficiaries are there for each of the following groups?
 - a. Gravity water systems
 - b. Shallow well

- c. Deep well
- d. Rain catchment
- 2. How have community members perceived the availability of clean water (compare to old source)?
 - a. Income generating
 - b. Health
 - c. Time saving
 - d. Sanitation
- 3. What does the community see as the next step in developing their village water supply?
 - a. More water
 - b. More water closer to the home
 - Tap in every home.

APPENDIX F

Potential In-country Evaluation Team Members

- Wilfredo L. Reyes
 World Health Organization, FKM P.O. box 302
 Jakarta Tel 32-13-08 Ext 266
- 2. Mr. Soewardi Assistant manager RSMD
 PUSDIKLAT
 Jl. hang Jabat III, Bebayoran Baru
 #3F Tel 775468
 also
 Advisor to WidodoP3M Direktorat Sanitasi
 Jl. Percetakan Negara 1
 Jakarta Tel 417608 Ext Directorate of Sanitation
- 3. Mr. Soebagio
 UNICEF Sarabaya Contact through Soewardi

APPENDIX G

ell Horizontal Vertical Well Waterlevel Waterlevel Poorest	WAI	ER RESOURCES					
2) Wet season months	1.	A. Meterolo	gical Facto	ors			
Rainfall mm/season 3) Dry season months to		1) Annua	al rainfall	mm/year			
3) Dry season months to		2) Wet s	eason month	1S	to _	-	
Rainfall mm/season 4) Longest historical dry period months Year of occurence Approximate period B. Groundwater Conditions 1) Depth of wells and water level depth for existing wells 2) General quality factors - Turbidity Coliform Iron Taste & Odors Month of the process of t		Ra	infall mm/s	season			
4) Longest historical dry period months Year of occurence Approximate period B. Groundwater Conditions 1) Depth of wells and water level depth for existing wells 2) General quality factors - Turbidity Coliform Iron Taste & Odors Month of the depth for existing wells 4		3) Dry s	eason month	ıs	to _		
Year of occurence Approximate period B. Groundwater Conditions 1) Depth of wells and water level depth for existing wells 2) General quality factors - Turbidity Coliform Iron Taste & Odors Month of Month of Month of Poorest		Ra	infall mm/s	eason			
Approximate period B. Groundwater Conditions 1) Depth of wells and water level depth for existing wells 2) General quality factors - Turbidity Coliform Iron Taste & Odors Month of the control		4) Longe	st historic	al dry	period	months	
B. Groundwater Conditions 1) Depth of wells and water level depth for existing wells 2) General quality factors - Turbidity Coliform Iron Taste & Odors Month of the conditions and water level waterlevel Poorest		Υe	ar of occur	ence			
1) Depth of wells and water level depth for existing wells 2) General quality factors - Turbidity Coliform Iron Taste & Odors Month of the color of t		Ap	proximate p	eriod			
2) General quality factors - Turbidity Coliform Iron Taste & Odors Month of the coliform Month of the col		B. Groundwa	ter Conditi	.ons			
IronTaste &Odors Month of the Horizontal Vertical Well Waterlevel Waterlevel Poorest		1) Depth	of wells a	nd water	level depth	for existing	wells
Odors Month of Horizontal Vertical Well Waterlevel Waterlevel Poorest		2) Gener	al quality	factors	- Turbidity	Colif	orm
ell Horizontal Vertical Well Waterlevel Waterlevel Poorest					Iron		
	ell ocation						

1. 2. 3. 4. 5. 6. r 7. -40**-**

C.	Streamflow Conditions for Potential Water Supplies
	1) Average annual flowm ³ /sec
	2) Minimum flowm ³ /sec
	-Month of minimum flow
	3) Depth of water high flowm
	4) Depth of water low flowm
	5) Approximate deviation of stream bed relative to use sitem
D.	Spring System
	1) Average annual flowm ³ /sec
	2) Minimum flowm ³ /sec
	3) Depth of flow presently availablem
	4) Potential depth of flow at sitem
	5) Approximate elevation of spring relative to use-sitem
Ε.	Water Needs
	1) Per capita useliters/day Family Size
	2) Family useliters/day # of Families
	3) Community needliters/day
	4) Storage requirements
F.	Irrigation Needsliters/day
G.	Animal Water Needsliters/day

н.	Commercial Needs	liters/day
ı.	Total Needs	_liters/day Average
		liters/day Storage
. J.	Distribution of Water Use	Stressed Use Average Use (Dry Period, etc.)
,	Drinking	liters/day
	Cooking	liters/day
	Dish washing	liters/day
	Clothes washing	liters/day
	Bathing	liters/day
	Hygienic	liters/day
	Culture + Religious	liters/day
	Others	liters/day
	TOTAL:	liters/day liters/da

HEALTH:	: Summarize data from health surveys if available or a	ask
	local health center staff to assist - confirm in the	9
	field.	
Α.	Distance to Nearest Health Facility	
	Number of visits per month to health facility	
В.	Immunization Campaign:	
	Dyphteria Tetanus Measle	5
	Whooping Cough TB	
С.	Which Illnesses, Conditions are Most Common	
	Number from most common to least common:	
	1: Most Common, 5: Least Common	
	1) Excessive coughing/sore throats	
	2) Malnutrition/poor nutrition	
	3) Vomiting/diarrhea	
	4) Worms, intestinal problems	
	5) Malaria	
	6) Skin disorders	_
	7) Accidents	_
	8) Others	_
D.	Mortality	
	1) Average life expectancy at birth	
	2) Infant mortality (birth to one year) Last calendar year	
	3) Under five mortality last calendar year	

Number of	cases of the following	diseases -	reported
1)	Typhoid fever		
2)	Gastro-intestinal disorders		
3)	Internal parasites		
4)	External parasites		
5)	Cholera		
6)	Respiratory		

E. Morbidity

ECONOMIC

1. List the crops in village and close proximity:

					<u> </u>	<u> </u>
	Crop	Growing Season	Total Proc	duction Proposed	Water Requesting	uirement Proposed
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.					<u>-</u>	
9.						
10.					<u> </u>	
			Total Wa	ter Require	ment	Existi
						Propos

2.	List	the	animals	raised	in	village	and	close	proximity:
----	------	-----	---------	--------	----	---------	-----	-------	------------

	Animals	Rearing 1	Period	Total Pr Existing	oduction Proposed	Water Requ	
•							
•			<u> </u>				
•							
•							
•							
			•				
•							
		 					
				Tota	al_Water∈Requ	irement	
	3. Small	business -		and Manufact	turing:		Propose
_	3. Small		Number			W	Propose ater irement
_			Number	and Manufact	turing: Sphere of	w Requ	Propose ater irement
_	Type of 1		Number	and Manufact	turing: Sphere of	w Requ	Propose ater irement
-	Type of 1 1. 2. 3.		Number	and Manufact	turing: Sphere of	w Requ	Propose ater irement
-	Type of 1 1. 2. 3. 4.	Business	Number	and Manufact of People luded	turing: Sphere of	w Requ	Propose ater irement
	Type of 1 1. 2. 3. 4.		Number	and Manufactor of People luded	turing: Sphere of	w Requ	Propose ater irement
_	Type of 1 1. 2. 3. 4. 5.	Business	Number	and Manufactor of People luded	Sphere of Influence	w Requ	

4.	Des	cription of village economic setting:	
	Α.	Average annual income - based upon production and services	10 T T T T T T T T T T T T T T T T T T T
	В.	Percentage of annual income which produces currency	
	c.	Season of greatest economic activity	
	D.	Season of lowest economic activity	

POPULATION

l.	Α.	Total Estimated Population:	
	В.	Age Structure:	
		- Infants less than 1 year old	
		- Children 1 - 4	
		- Other age groups:	
		5 - 14	
		15 - 59	
		60 - Over	
		- Classify age groups by sex:	
		Male	Female
		5 - 14	
		15 - 59	
		60 and Over	
	c.	Total Households	
	D.	Average Number of Individuals per Household:	
·	D.	Average Number of Individuals per Household: Total Number of Households in Village	
<u>?</u> .			
2.		Total Number of Households in Village	

	1) Hand-dug wells
	2) Gravity-tap
	3) Rooftop catchment
	4) Others
c.	Number of Households with Community Source
	Number of People
	1) Community hand-dug
	2) Community bore well
	3) Community gravity

CONSTRUCTION CONDITIONS AND AVAILABILITY OF MATERIALS

Α.	Geological Settings				
	1. Soil type	Depth of	top soil	m	
	2. Subsurface Geol	ogical Strata			
	Top 1	meter			
	2-5	meters			
	5–10	meters			
	10-15	meters			
	Greater than 20	meters	· • · · · · ·		
	3. Type of surface	rock outcropp	ings		
	4. River sedimenta	tion	***	mm/years	
	Floor	ding season		_	
В.	Availability of Construction Material				
	1. On-site	<u>Material</u>	Cost		
	Clay		·		
	Sand				
	Structural Wood	d			
	Fiber				
	Rock				
	Lime	-			
	Firewood/Charcoal/Coal				
	2. Off-site	Material	Cost	Distance	
	Clay				
	Sand	, 	·		
	Structural Woo	d			
	Fiber				
	Rock	·			
	Lime				
	Firewood/Charcoal/				

c.	Availability of Materials	Location	Cost
	1) Galvanized pipe and fittings		
	2) Plastic pipe and fittings	<u> </u>	
	3) Taps		
	4) Pulleys and rope		
	5) Buckets and pails		
	6) Hand pumps		
	7) Cement		
	8) Plumbing tools		
	9) Brazing capability		
	10) Welding capability		
	11) Reinforcement rods		
	12) Hand levels	<u> </u>	
	13) Construction tools		
	14) Others	_ 	
D.	Human Resources		
	1) Well digger (hand)		
	2) Well digger (bore-hand)		
	3) Pump installer		
	4) Pawang		
	5) Pump repair		
	6) Construction labor		
	7) Material production		
	8) Others		