



Whole System in the Room WASH Mapping Tool

Contact Information

Organization Name:

Type of Organization (*check one*):

- Multilateral
- Bilateral
- PVO
- NGO
- Association
- School
- Religious Institution
- Youth Group
- Government Structure *Specify:* _____
- Other *Specify:* _____

Organization Address:

Telephone Number(s):

Fax Number: _____

E-mail:

Name of Person Interviewed:

Title of Person Interviewed:

Networks and Alliances

Member of a Network(s) or Alliance(s):

No Yes (specify):

Organization They work Most Closely With (on WASH efforts)

Organizations They Sometimes Work With (on WASH efforts)

Organizations Ever Share Resources With Over the past year [however you finalize] (including training, TA, Equipment, staff, etc.)

Organizations Desire/Need to Work With in the Future:

Geographic Coverage

Criteria Used to Select Geographic Area/Beneficiary Population (check all that apply):

- Economic Status
- Population Size
- Population Density
- Disease Burden
- Water Supply Coverage
- Sanitation Coverage
- Religious Reasons
- Government Request
- Other Donors
- Other Program Activities in Area (specify)

- Other Criteria (specify): _____

Geographic Coverage

Service Number	Name of Zone	Name of Woreda	# of Kebeles Served by Project	Total # of Beneficiaries Served by Project		
				Water	Hygiene	Sanitation

WASH Activities *(Note all that apply)*

Water

- Supply
- Quality
- Other (specify): _____

Water Activities

6.1 Water Supply

Ser. No	Type of water system	No	Yes	If yes, No. of systems this YEAR	If yes, Population served this YEAR
6.1.1	Protected springs				
6.1.2	Borehole				
6.1.3	Hand dug wells				
6.1.4	Water disinfection at source				
6.1.5	Water disinfection at point of use			# households	
6.1.6	Water protection				
6.1.7	If subsidy, what?			WHAT?/ how much?	
	Pump				
	Pipe.				
	Cement				
	Iron bar				

	Water Protection				
	Other (specify)				
	Other (specify)				
6.2.	Excreta Disposal and other disposal	No	Yes	If yes No. of systems this YEAR	
6.2.1	Traditional pit latrine (TPL) No sanitation platform				
6.2.2	Improved traditional pit latrine (ITPL) san plat				
6.2.3	Ecosan				
	Urinals				
	Solid Waste Disposal				
	Wastewater Disposal				
	Other (specify) _____				
6.2.6	Subsidies given				
6.2.7	If yes what? <input type="checkbox"/> Technical assistance			WHAT?/ how much?	
	<input type="checkbox"/> Cash money				
	<input type="checkbox"/> Slab				
	<input type="checkbox"/> Construction materials (nail, CIS)				
	<input type="checkbox"/> Hand washing facilities				
	<input type="checkbox"/> Other _____				
	<input type="checkbox"/> Other _____				
Hygiene Hardware					
	Hand Washing Sites/Tippy Taps				
	Showers				
	Laundry Washing Sites				
	Other (specify)				

Hygiene Promotion

Ser.No	Parameters	No	yes	How Many?
	Any hygiene education program?			--
	If yes, who promotes hygiene?			
	• H.C sanitarian			
	• HEW			
	• Volunteer promoters			
	• Others (<i>specify</i>) _____			

Hygiene Promotion – Topics/Technical focus of hygiene promotion (*Check all that apply*)

- (General) personal hygiene
- Hand washing with soap or ash
- Eye Hygiene (trachoma)
- Proper latrines construction and use
- Clean and safe water use/safe water chain/water treatment at point of use
- Food protection
- Environmental sanitation
- Operation and maintenance of water and sanitation facilities
- Other (*specify*) _____

Behavior Change Promotion – Type of Activities (*Check all that apply*)

- Discussion
- Lecture
- Demonstration
- Audio Cassettes and Discussion
- Drama
- Puppets
- Other (*specify*): _____

Behavior Change Promotion – Sites (*Check all that apply*)

- House-to-House
- Water Point
- Market
- Church
- Coffee Ceremony
- Health Center/Post
- Media

Other (specify): _____

Support Materials Used / Produced by**

** Ask for copy if possible.. each material should be catalogued in IEC Catalogue*

	Material	Produced By...
<input type="checkbox"/>	Posters	<input type="checkbox"/> M.O.Health <input type="checkbox"/> Health Communication Partnership <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____
<input type="checkbox"/>	Flip Charts	<input type="checkbox"/> M.O.Health <input type="checkbox"/> HCP <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____
<input type="checkbox"/>	Recorded Messages	<input type="checkbox"/> M.O.Health <input type="checkbox"/> HCP <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____
<input type="checkbox"/>	Discussion Cards	<input type="checkbox"/> M.O.Health <input type="checkbox"/> HCP <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____
<input type="checkbox"/>	Leaflets	<input type="checkbox"/> M.O.Health <input type="checkbox"/> HCP <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____
<input type="checkbox"/>	Manuals	<input type="checkbox"/> M.O.Health <input type="checkbox"/> HCP <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____
<input type="checkbox"/>	Other (specify): _____	<input type="checkbox"/> M.O.Health <input type="checkbox"/> HCP <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____
<input type="checkbox"/>	Other (specify): _____	<input type="checkbox"/> M.O.Health <input type="checkbox"/> HCP <input type="checkbox"/> Self (the NGO) <input type="checkbox"/> Other _____

Non-WATSAN NGOs programs				
Ser No	NGO involvement	yes	No	Potential collaboration area
5.1	HIV/AIDS *			
5.2	Nutrition*			
5.3	Family planning*			
5.4	Reproductive health*			
5.5	IMCI *			
5.6	Other			

Supervision Does your project have routine supervision: No Yes ... How Often:

- Once a week
- Once a Month
- Twice a Month
- Every Other Month
- Other (specify): _____

Who Does Supervision: _____

How is Supervision Done: _____

Does Your Organization Use a Supervision Tool: No Yes (specify): _____

Does Your Org Have Vehicles for Supervision No Yes (specify): _____

How does your organization do *Quality Control* for sanitation and hygiene work?

Budget and Finance

Total Organizational Budget US \$ or other

Organization Budget Allocated to S & H Annually US \$ or other % of Total Budget _____

Budget Breakdown:

Water Hardware \$_____ %_____

Sanitation Hardware \$_____ %_____

Hygiene Hardware \$_____ %_____

Hygiene Promotion \$_____ %_____

Think about the total hours worked of all staff and volunteers

Try to estimate as accurately as possible the percent of human resource effort that goes

- towards promotional activities of HW, water disinfection or sanitation?
- Toward constructing latrines or handwashing stations/devices
- Toward promoting water disinfection?
- Toward installing, managing, supporting water supply?
- Toward all other activities?

[Should total 100%]

Subsidies and/or Incentives Provided (*circle one*) No Yes

Subsidies and/or Incentives (*✓ or write in all that apply*)

Subsidy/ Incentive	Given To							Given By Whom
	Community	Community Volunteer	HEW	HC Sanitarian	Other HC Staff	Other (specify)	Other (specify)	
Cash								
Cash Amount (in EB)								
Cement								
Cement Slab								
Hand Pump								
Pipes								
Iron Bar								
Other Construction Material(s)								
Latrines								
Children's Potty								
Hand Washing Sites								
Showers								
Soap								
Hats								
Tee-Shirts								
Bags								
Bicycles								
Food								
TA								
Training								
Other (specify)								
Other (specify)								
Other (specify)								

Human Resources					
Type	Total Number	Paid ✓	Volunteer ✓	Type of Training Provided	How Often
Water Engineer					
Civil Engineer					
Environmental Health Officer					
Sanitarian/Environmental Health Technician					
Health Officer					
Nurse					
Social Worker					
Hygiene Promoters					
CHW					
HEW					
IEC Specialist					
Trainer-of-Trainers					
M & E Specialist					
Other (specify)					
Other (specify)					
Other (specify)					
Other (specify)					
Other (specify)					
Community Participation Required					
Community Participation NOT Required					

IEC Materials / Guidelines/ Manuals

Description of Material/Name/Title

Type of material

- Poster
- Flip Charts
- Recorded Messages
- Discussion Cards
- Leaflets
- Manuals/Guideline
- Other (specify): _____
- Other (specify): _____

Methodology

- PHAST-style discussion cards
- Education-style "lecture
- Self Administered (e.g. Pamphlet)
- Other _____

Produced by

- M.O.Health
- HCP
- NGO (specify which) _____
- Other _____

Currently used by

- Health Personnel
- School Teachers
- NGO CHWs
- Community Based Organizations
- Other _____

Description/Quality assessment:

Audience for Material Clearly Defined

- Mothers
- Fathers
- School children
- Teachers
- Families
- Religious Leaders
- Other _____
- Not clearly articulated, but appropriately general
- Not clear/ unfocused

Focus / Specific behaviors being addressed (*check all that apply*)

HW w soap or soap substitute

- Promo
- How-to use (handwashing station, tippy taps)
- Hand washing at critical times
- Safe Handling, Storage of Water

Water Treatment/ Disinfection

- Promo
- How-to / PoU Water Treatment (SODIS, Sur Eau, boiling, Slow Sand filtration)

Disposal of Feces

- Promo
- How-to
- Children's feces
- Other : Personal hygiene, including trachoma prevention
- Other, (specify): _____

Technical accuracy

- Solid (Excellent/ Good)
- Inadequate (Fair/lacking)

Up-to-date with current national policies and guidelines

- Yes
- No

Cultural specificity/ relevance

- Yes (specify) _____
- No

Pre-Test Report Available

- Yes
- No

Text (check all that apply)

Text appropriate for the audience

- Yes (specify) _____
- No (specify) _____

Graphics (check all that apply)

- Photos
- Drawings
- None, few

- Clearly/appropriately illustrated
- Inadequately illustrated
- Graphically cluttered

Estimated number produced

Estimated number in circulation

Multiple copies available for distribution?

- No
- Yes

How can they be accessed?
