

MINISTRY OF WATER & ENVIRONMENT

Piped Scheme Database

FORM 2: DATA COLLECTION FORM FOR PIPED WATER SYSTEMS/SCHEMES (version 09/2015, (*) are mandatory fields)

1. Enumerator Details & Survey Time

- 1.1 Date of data collection: _____
- 1.2 Name: _____
- 1.3 Designation/Title: _____
- 1.4 Telephone number: _____

4. Type of piped scheme/system

- 4.1 Type of scheme (Tick the applicable box below) *
- Groundwater based (GWB)
- Surface water based (SWB)
- Combined ground & surface water based (GWB/SWB)
- 4.2 Local ID number of piped system/scheme:
- _____
- Name of piped system/scheme: *
- _____

- 4.3 Energy sources for pumping (combinations are possible):
- Gravity Flow Scheme National Grid/Electricity
- Generator/Diesel Solar powered Windmill

4.4 Type, name and number of source(s)

- Lake, indicate name: _____
- River, indicate name: _____
- Borehole(s), indicate DWDno.(s): _____
- indicate the number of sources if more than 1
- Spring(s), indicate name(s): _____
- Other - give type & name: _____

6. Operation and maintenance

- 6.1 Type of management/operator *
- Private operator - Name: _____
- Water and Sanitation Committee (WSC)
- Private/Individual - Name: _____
- NWSC
- Other - Specify: _____

- 6.3 Is the scheme registered with an umbrella organisation?
- yes no If yes, which umbrella? _____

- 6.4 Is a Water Board (WB) in place? yes no
- 6.4 Functionality of the WB/WSC, tick applicable boxes:
- WB/WSC holds quarterly meetings
- WB/WSC undertakes monitoring visits
- WB/WSC checks books of accounts of the operator

- 6.5 If the WB/WSC is not functioning, please indicate main reasons why: _____

Give details on members and women participation in the Water Board/WSC:

- 6.6 No. of members on Water Board/WSC: _____
- 6.7 No. of active members on Water Board/WSC: _____
- 6.8 No. of women on Water Board/WSC: _____
- 6.9 No. of women holding key positions: _____

Tick applicable position(s) below

- Chairperson Vice-chairperson
- Secretary Treasurer

2. Location of the water source

If several water sources exist, give the details of main ones below separated by a slash (/)

- 2.1 District: * _____
- 2.2 County: * _____
- 2.3 Sub-county: * _____
- 2.4 Parish: * _____
- 2.5 Village/LC1: * _____
- 2.6 WSDF region: _____

- 2.6 GPS coordinates (UTM) take the position closest possible to the location where water is drawn from

Datum * WGS84 please tick if confirmed

2.6.1 UTM Zone (35S/36S/35N/36N): * _____

2.6.2 Easting: * _____

2.6.3 Northing: * _____

2.6.4 Elevation (metres): _____ should be between 600 and 2,500 m

5. General information

5.1 Date of commissioning (dd/mm/yyyy): _____

If not known, please estimate and indicate (EST)

5.2 Treatment system in place: yes No

5.3.1 Total pipe length: _____ m 5.3.2 Transmission: _____ m

5.3.3 Distribution: _____ m

5.4 Total storage capacity (all reservoirs): _____ m³

5.5 Source of funding

- GoU - Central Govt (specify): _____
- GoU - Local Govt (specify): _____
- NGO - Give name: _____
- Other - Specify: _____

7. Operational status (Functionality)

7.1 Functionality *

- Functional (whole system is fully functioning)
- Non-functional (whole system is completely down)
- Partially Functional - specify the key problem areas: _____

7.2 If the system is not fully functional, when did it become non-functional or only partially functional? (dd/mm/yyyy, or mm/yyyy, or yyyy) _____

7.3 Reason(s) why the scheme/system is not fully functional (Several options may apply, you can tick more than 1 box)

- Dry / Low yielding source
- Technical breakdown - specify: _____
- Power problems - specify: _____
- Non-payment of water fees
- Water quality - specify: _____
- Alternative sources nearby
- Poor management
- Other - specify: _____

7.4 Year of last major repair/replacement: _____

7.5 Give details of the repairs & replacements done, if any: _____

3. Service levels & service areas

3.1 Total number of current connections/outlets

3.1.1 No. of Public stand posts: _____

3.1.2 No. of Yard taps: _____

3.1.3 No. of Kiosks: _____

3.1.4 No. of House connections: _____

3.1.5 No. of Institutional connections: _____

3.1.6 Give qty and types (i.e. health, education, police etc) of all connected institutions: _____

3.2 Service areas for the piped scheme/system:

Name all (incl. Town Councils, Town Boards) that are partially or fully served by this scheme/system

3.2.1 Sub-county(ies): _____

3.2.2 Parish(es): _____

3.3 If the scheme/system is serving an urban setting beside TC/TB, please give additional details below use "I" if more than 1

Rural Growth Centre - Name: _____

(Former) IDP Camp - Name: _____

3.5 Population served by system _____

3.6 Urban/Other Scheme ID number _____

3.7.1 Is the local gov. officially gazetted as Water Authority? yes no

3.7.2 If yes, what is the Water Authority?

district sub-county parish NWSC

8. Other info as required by the DWO

9. Operator/Respondent

Give details of the person at the site who is providing information on the piped water system/scheme

Respondent

Name: _____

Gender: Male Female

Title/Responsibility: _____

Telephone no.: _____

10. Data verification

VERIFIED BY:

District Water Officer Date: _____

Name: _____

Signature: _____

Telephone no.: _____