

MONTHLY MONITORING CHECKLIST FOR WASH IN SCHOOL PROGRAMME

Name of School: LGA.

Total Population: No of Classes:

Month covered: Date of Monitoring visit:

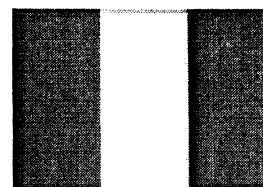
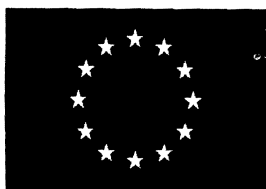
S/N	School WASH Facility Indicators	Quantity	Remarks
1	Water		
	Source of Water Supply (1,2,3)		
	No of Water Points in School		
	Type of water storage facility in the class		
	No of cups for use by children		
2	Latrine		
	No of latrines in school		
	Type of Latrine (i, ii, iii, iv, v)		
i	Pit latrine with cover		
ii	Pit latrine without cover		
iii	Improved Pit Latrine		
iv	Pour flush Latrine		
v	Collapsed Pit		
	No of Latrines available to classes for use		
	No of Toilet Roll provided daily/weekly		
	Hand washing facility beside latrine		
	Hand washing facility in front of every classroom		
	No of open defecation observed		
3	Personal Hygiene		
	No of times children are checked weekly		
	No of children with skin infection		
	No of children with personal cups and drinking utensils		
	No of children absent for the month		
	No of children reported sick with (I,ii,iii,iv,v,vi)		
i	Diarrhea		
ii	Dysentery		
iii	Cholera		
iv	Malaria		
V	Typhoid Fever		

Anambra State Technical unit, State Government House, Onitsha-Enugu Express Way, Awka.

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SCORE SHEET FOR WASH IN SCHOOL PROGRAMME

Name of School:LGA.....

Total Population:.....No of Classes.....

Month covered.....Date of Monitoring visit:.....

S/N	ITEM	CLASS	REMARKS
	Cleanest Classroom		
	Cleanest Pupil		
	Class with sufficient WASH facilities		
	Evidence of improved behavioural change in: (I,ii,iii,iv)		
i	Personal cleanliness		
ii	Classroom cleanliness		
iii	Effective hand washing @ critical times		
iv	Proper latrine use		
Overall Score/scoring parameter: A = Excellent, B+ = Very Good, B = Good, C = Fair, D = poor			

vi	Tooth ache		
3	EHC activities/Advocacy		
	No of EHCs in the school		
	No of EHC activities weekly		
	Type of EHC activity (I, ii, iii, iv, v)		
i	Meetings		
ii	Debates		
iii	Learning visits		
iv	Bob – a – job		
v	others		

LGA Monitoring Officer:.....Sign.....Date.....

ASUBEB Officer.....Sign.....Date.....

MOE Officer.....Sign.....Date.....

SPIUSign.....Date.....

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