

Community Drinking Water Safety & Security Plan (DWSSP) Participant's Guide



Community Details	
Village Name	
Area Council / Island	
Location (co-ordinates)	
No of Households	
Village Population	
Village Contact Person	
Community Facilitators Name	
Technical Facilitators Name	
Organization Facilitating	
Revision No:	Date:

Drinking Water Safety & Security Plan

Introduction / Content

This report presents the Drinking Water Safety & Security Plan of **Community** (..... island), following the Drinking Water Safety & Security Planning Workshop that was facilitated by on the (date).

The purpose of this report is to:

- Describe the water supply system and sanitation system in use in the community, based on technical assessment of the existing infrastructure,
- Provide an analysis of water availability and safety in the community, based on sanitary surveys and evaluation of water use in the community related to the capacities of existing infrastructure to meet the needs,
- Provide guidance to the community to improve the availability and safety of drinking water in the community.

It contains the following six sections, which correspond to the six steps of the DWSSP process.



- Section 1 – DWSSP Team
- Section 2 – Description of the Current Water Supply and Waste System
- Section 3 – Risk Assessment of the Current Supply
- Section 4 – Improvement Plan for the Community
- Section 5 – Operation, Monitoring and Maintenance
- Section 6 – Committee Actions
- Appendices:
 - Appendix 1 – Results of Water Quality Testing
 - Appendix 2 – Results of Sanitary Surveys for drinking water and toilets

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Section 1A – DWSSP Team

Name	Gender (M/F)	Current Role in Water Committee / Community	Skills Available / Interest in the Water Supply	Contact Details (Address/Phone/E-mail)

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Section 1B – Water Committee				
Name	Gender (M/F)	Water Committee Role	Skills Available / Interest in the Water Supply	Contact Details (Address/Phone/E-mail)

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Section 2A – Description of Current Supply

Description of Existing Water Supply (This should be a written description of the system)

Please describe every water source, storage and distribution system used by the community including photos and a description of the general condition of the system. Use pictures and diagrams where possible. All components of the system should include GPS coordinates.

System Component	Location (Latitude, Longitude, Elevation)	Description	Photo/Diagram	Condition
Spring/Stream source				

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Storage				

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Tap stands				

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Break Pressure Tanks				

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Solar Panels				

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Hand pump/Borehole Source				

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Hand dug well				

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Rainwater Harvesting Structure				

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Desalination Unit				

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Description of Existing Waste System (This should be a written description of the system)

Please describe below the **waste system** in use in the village. Use pictures and diagrams where possible.

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Section 2A – Description of Current Supply

Community System Map Key (Detail symbols used on the map)

Water Supply

Please draw your map symbols for your **water** supply here

Waste System

Please draw your map symbols for your **waste** system here

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Section 2B – Description of Current Supply

Community System Map/Flow Diagram (Image of system)

Please draw a map/flow diagram of the current **water and waste** system

If map is attached separately, please tick here ☐

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Section 2C – Description of Current Supply

Existing Water Supply (Performance information)													
River/Spring ¹ (refer Appendix: Flow rate) <input type="checkbox"/>		Rainwater Capture (refer Appendix: Rainwater capture) <input type="checkbox"/>		Groundwater ¹ (refer Appendix: Flow rate) <input type="checkbox"/>		Desalination ¹ (refer Appendix: Flow rate) <input type="checkbox"/>		Water Storage <input type="checkbox"/>		Water Distribution <input type="checkbox"/>			
Measured Flow_{GF} (litres per day)		No of Buildings Collecting		Average Roof Area (m ²)		Measured Flow (GW) (litres per day)		Measured Flow (DS) (litres per day)		Total Storage Capacity (litres) (TS)		Number of Distribution Points	
		Rainwater available (litres per year)											
Total storage of River/Spring		Total storage of Rainwater Capture		Total storage of Groundwater		Total storage of Desalination		% full:					
CBT (MPN/100 ml)		CBT (MPN/100 ml)		CBT (MPN/100 ml)		CBT (MPN/100 ml)		CBT (MPN/100 ml)		CBT (MPN/100 ml)		CBT (MPN/100 ml)	
						N/A							
		<i>Uses of the river/spring source system if applicable</i> Drinking <input type="checkbox"/> Food Preparation <input type="checkbox"/> Hand Washing <input type="checkbox"/> Bathing <input type="checkbox"/> Toilets <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>											
		<i>Uses of the rainwater harvesting system if applicable</i> Drinking <input type="checkbox"/> Food Preparation <input type="checkbox"/> Hand Washing <input type="checkbox"/> Bathing <input type="checkbox"/> Toilets <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>											

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	<i>Uses of the groundwater system if applicable</i> Drinking <input type="checkbox"/> Food Preparation <input type="checkbox"/> Hand Washing <input type="checkbox"/> Bathing <input type="checkbox"/> Toilets <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
	<i>Treatment Methods</i> Filtration <input type="checkbox"/> Chlorine <input type="checkbox"/> UV Light <input type="checkbox"/> None <input type="checkbox"/> Other (Please explain).....		
	<i>Health Data:</i> Number of cases of diarrhoea for under 5-year olds in the last year: _____		
	Comments (including any other information from the village health worker on fecal-oral related illness):		
	Existing Waste System (Amount of sanitation)		
	Number of Sanitation and Waste Management Items in the Community		
	Dry Toilets	Wet Toilets	Rubbish Pits

¹If the system is solar powered multiply the hourly flow rate by 3.5 hrs to estimate the daily volume provided

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Alternative Water Supply (Performance information) – if community is short of water
<input type="checkbox"/> River/Spring (refer Appendix: Flow rate)
Measured Flow_{GF} (litres per day)
CBT (MPN/100 ml)

Alternative Water System – if community is short of water			
System Component	Latitude	Longitude	Elevation
Spring/Stream source			
Proposed Storage Site			

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Section 3A –Assessment (Water Access/Availability)

Water Availability				
Number of People in Community 3A	Number of beds in health clinic 3B1	No. of students in boarding school 3B2	Estimated Daily Water Supply Usage (litres per day) [3C = (3A+(3B+3B2)) * 100 litres/day] 3C	Estimated Rainwater Usage by Population per year (litres per year) [3D = (3A+3B) * 20 l/day * 365] 3D
<p><i>Water Quantity – Piped Supply System (GF) or Groundwater Source (GW)</i> Is the total measured flow in Section 2C enough to meet demand 3C? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, look to improve the system design to increase flow (Please tick) <input type="checkbox"/> Is this source available at all times during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, develop/strengthen Additional Water Source/s (Please tick) <input type="checkbox"/></p> <p><i>Water Quantity – Rainwater Capture (ONLY ANSWER IF RWC IS ONLY WATER SOURCE)</i> Is the Rainwater supply in Section 2C enough to meet demand 3D? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, develop Additional Water Source/s (Please tick) <input type="checkbox"/></p>				
<p><i>Water Storage – Piped Supply System</i> Is the current storage TS enough to meet the required storage amount 3C? Yes <input type="checkbox"/> No <input type="checkbox"/> (If NO, add More Storage) How much extra Storage is required? _____ litres Number of tanks required $\left[\frac{\text{Storage Required}}{5000 \text{ OR } 10000} \right]$ _____ tanks</p>				
<p><i>Water Quantity – Distribution Points</i> Are flow rates more than 6 litres/min at the tap stand/s? Yes <input type="checkbox"/> No <input type="checkbox"/> Do multiple taps work at the same time? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, look to improve the system design to increase distribution flow (Please tick) <input type="checkbox"/> REMEMBER: Doing this can change pressures and flows in the system. It is important to get some technical assistance when planning to change flows in the distribution system.</p>				
<p>Water Access (Only Upgrade if enough water is supplied by the system)</p>				
<p><i>Water Access</i> Do more than 5 households share 1 distribution point? Yes <input type="checkbox"/> No <input type="checkbox"/> Are any distribution points more than 200m away (2-3mins walk)? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES to either question, then you need extra distribution points (Please Tick) <input type="checkbox"/> REMEMBER: Doing this can change pressures and flows in the system. It is important to get some technical assistance when planning to increase the distribution system.</p>				

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How many extra points are required (to ensure taps are within 200m of households and not more than 20 people share one tap)? **PLEASE MARK ON COMMUNITY MAP with GPS co-ordinates**

Drought Risk and Preparedness							
Risk Factors	Yes	No	Mitigation Measures	Yes	No	Risk (delete/cross out item below which is not relevant)	Improvements (delete/cross out item below which is not relevant)
Significant dry periods >3months			High storage capacity			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	Fix/optmise system
Variation in source water level/s			Multiple water sources				Increase storage
							Develop additional source
Significant leaks in system			Water resource management (WRM) undertaken e.g. locking tanks, turning off water over night, turning on water for only a few hours every day				Implement WRM
Other (Please list)							Household water treatment and storage
							Other (Please list)
			Household water treatment and storage				
			Other (Please list)				

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Flood Risk and Preparedness							
<i>Risk Factors</i>	<i>Yes</i>	<i>No</i>	<i>Mitigation Measures</i>	<i>Yes</i>	<i>No</i>	<i>Risk (delete/cross out item below which is not relevant)</i>	<i>Improvements (delete/cross out item below which is not relevant)</i>
<p>Significant periods of heavy rain causing unusable dirty river, spring or well water</p> <p>Damage to intake, pipes, tanks</p> <p><i>Other (Please list)</i></p>			<p>High storage capacity</p> <p>Multiple water sources</p> <p>Good spring or well-head protection</p> <p>Water resource management (WRM) undertaken</p> <p>Household water treatment and storage</p> <p><i>Other (Please list)</i></p>			<p>High (Action Needed Now)</p> <p>Medium (Upgrades Needed)</p> <p>Low (No Action Required)</p>	<p>Fix/optmise system</p> <p>Repair broken covers</p> <p>Bury pipelines</p> <p>Relocate tanks at risk of landslide</p> <p>Household water treatment and storage</p> <p><i>Other (Please list)</i></p>

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Volcano							
<i>Risk Factors</i>	<i>Yes</i>	<i>No</i>	<i>Mitigation Measures</i>	<i>Yes</i>	<i>No</i>	<i>Risk (delete/cross out item below which is not relevant)</i>	<i>Improvements (delete/cross out item below which is not relevant)</i>
Ash fall			High storage capacity			High (Action Needed Now)	Cover Water Sources
Acid rain			Multiple water sources			Medium (Upgrades Needed)	Tie Down storage tanks and rainwater collection roofs and gutters
Earthquake			Good spring or well-head protection			Low (No Action Required)	Strengthen road/river pipe crossing
			Tie down storage tanks				Construct housing around valves
			Stabilise slope above source				Reinforce pipe stands
			First flush system				Install first flush
			Removable spout				<i>Other (Please list)</i>
			Isolation valves				
			<i>Other (Please list)</i>				

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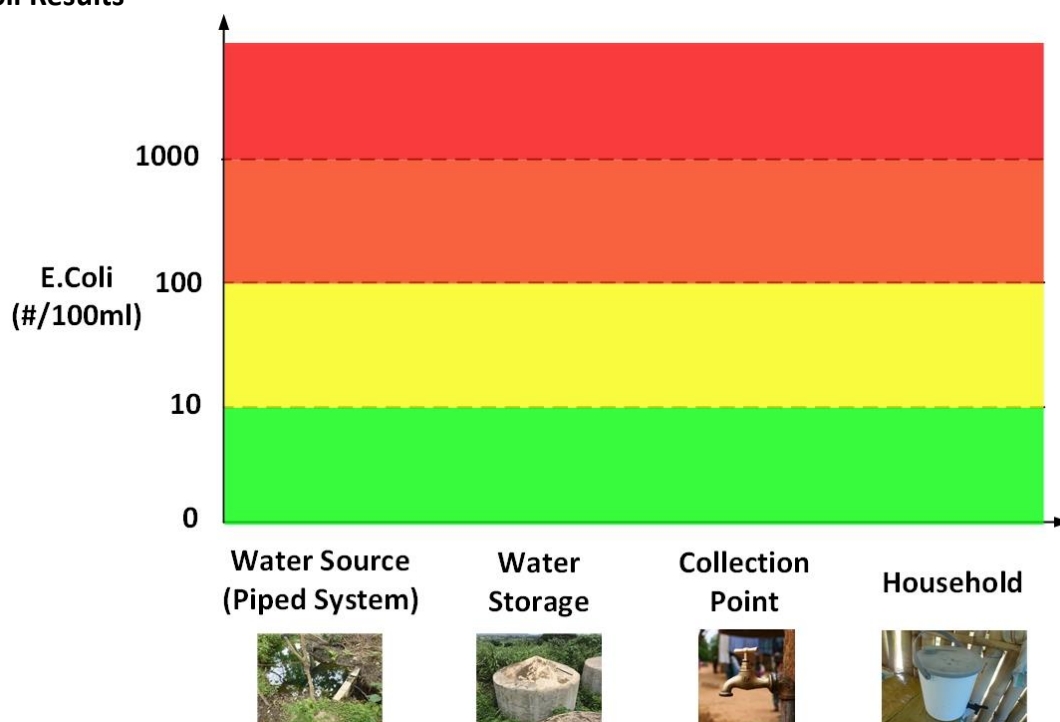
Cyclone Risk and Preparedness							
<i>Risk Factors</i>	<i>Yes</i>	<i>No</i>	<i>Mitigation Measures</i>	<i>Yes</i>	<i>No</i>	<i>Risk (delete/cross out item below which is not relevant)</i>	<i>Improvements (delete/cross out item below which is not relevant)</i>
High winds			High storage capacity			High (Action Needed Now)	Cover Water Sources
Damage to intake, pipes, tanks			Multiple water sources			Medium (Upgrades Needed)	Tie Down storage tanks and rainwater collection roofs and gutters
<i>Other (Please list)</i>			Good spring or well-head protection			Low (No Action Required)	Strengthen road/river pipe crossing
			Water resource management (WRM) undertaken				Construct housing around valves
			<i>Other (Please list)</i>				Reinforce pipe stands
							<i>Other (Please list)</i>

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Section 3B – Assessment (Water Safety)

Water Quality Results

E.Coli Results



Turbidity Results

Turbidity
(NTU)



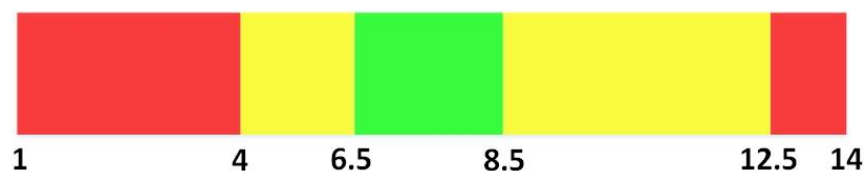
Conductivity Results

Conductivity
($\mu\text{s}/\text{cm}$)



pH Results

pH
(no units)



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Section 3B – Assessment (Water Safety)

Water Source – Surface Water Source				Do you use a Surface Water Source? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>				
Hazard	Contamination Source	Yes	No	Current Control Measures	Yes	No	Risk (delete/cross out item below which is not relevant)	Improvements Required (delete/cross out item below which is not relevant)
Bacteria in Water	Human houses upstream Farm animals nearby/upstream Crop farming nearby/upstream Toilet within 30m Other (Please list)			Fencing around source Intake screen present Gravel or Sand Filter Household Treatment Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	Build Fence Install screen Install Filter Move Source Move Toilet Household Treatment Other (Please list)
Chemicals in Water	Use of pesticides in area Waste water discharge in area Algae present at source			Gravel or Sand Filter Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	Install Filter Move Source Stop use of pesticides in area Stop farming in area Other (Please list)

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	<i>Other (Please list)</i>							
Bad Colour	Soil Erosion at source <i>Other (Please list)</i>			Gravel or Sand Filter Storage and settlement tanks <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	Install Filter Install Storage <i>Other (Please list)</i>
Bad Flow or Pressure	High pressure in taps Significant leaks in pipes Low pressure in taps <i>Other (Please list)</i>			Minimum Head Device Break Pressure Tank <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	Install Head Device Install Break Pressure Tank Install Storage Supplement with new water source <i>Other (Please list)</i>

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Water Source – Spring Source					Do you use a Spring Source? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hazard	Contamination Source	Yes	No	Current Control Measures	Yes	No	Risk (delete/cross out item below which is not relevant)	Improvements Required (delete/cross out item below which is not relevant)
Bacteria in Water	Animals can access source Spring box/cover is dirty Silt/soil/dirt near source Surface water can flow Into spring water Toilet within 30m Other (Please list)			Spring box and cover Fencing around source Air vent (Clean) Diversion ditch Household Treatment Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	Build Fence Build spring box Install/Clean cover, vent Dig diversion ditch Move Toilet Household Treatment Other (Please list)
Chemicals in Water	Use of pesticides in area Waste water discharge in area			Gravel or Sand Filter Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed)	Install Filter Move Source Stop use of pesticides in area

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	Algae present at source <i>Other (Please list)</i>						<i>Low</i> (No Action Required)	Stop farming in area <i>Other (Please list)</i>
Bad Colour	Silt/soil/dirt near source <i>Other (Please list)</i>			Gravel or Sand Filter Storage and settlement tanks <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	Install Filter Install Storage <i>Other (Please list)</i>

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Water Source – Rainwater Capture					Do you use a Rainwater Capture? (Please Tick)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazard	Contamination Source	Yes	No	Current Control Measures	Yes	No	Risk (delete/cross out item below which is not relevant)	Improvements Required (delete/cross out item below which is not relevant)
Bacteria in Water	Roof is dirty Gutters are dirty Open access to tank Tank is cracked Tap is leaking Water collection area is dirty / standing water Pollution (e.g. trees, Excreta etc) near system Collection bucket dirty Other (Please list)			Tank cover in place Tank inlet has mesh/sieve First flush filter Household Treatment Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	N° Clean roof/gutters Install covers on tank Install inlet mesh/sieve Install first flush filter Repair cracks Repair/replace tap Add drainage/clean collection area Remove pollution Household Treatment Other (Please list)

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Chemicals in Water	Roof is corroded/rust <i>Other (Please list)</i>			First flush Filter <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	Install Filter Repair/replace/paint roof <i>Other (Please list)</i>

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Water Source – Groundwater				Do you use a Groundwater Source? (Please Tick)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hazard	Contamination Source	Yes	No	Current Control Measures	Yes	No	Risk (delete/cross out item below which is not relevant)	Improvements Required (delete/cross out item below which is not relevant)
Bacteria in Water	Toilet within 10m of well							
	Toilets above well height							Move toilets
	Other pollution within 10m of well e.g. rubbish			Fence around well				Build fence around well
	Standing water within 2m of well			Well is sealed to 3m depth				Repair/Install concrete
	Broken drainage channel			Drainage channel installed				Line well to 3m depth
	Surface water can enter From broken wall			Household Treatment				Repair well wall
	Cracks in concrete wall			Other (Please list)				Clean well area
	Collection bucket dirty							Remove pollution
								Household Treatment
								Other (Please list)

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	<i>Other (Please list)</i>							
Chemicals in Water	Salty water Use of pesticides in area Waste water discharge in area <i>Other (Please list)</i>			Water treatment system <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	Install Treatment Move Source No farming in area No use of pesticides in area <i>Other (Please list)</i>

Water Storage – Storage Reservoir					Do you use Water Storage? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Hazard</i>	<i>Contamination Source</i>	<i>Yes</i>	<i>No</i>	<i>Current Control Measures</i>	<i>Yes</i>	<i>No</i>	<i>Risk (delete/cross out item below which is not relevant)</i>	<i>Improvements Required (delete/cross out item below which is not relevant)</i>
Bacteria in Water	Open access to tank Vents/screens are dirty Tank is cracked Pipes are leaking			Tank cover in place Tank inlet has mesh/sieve Tank has air vent Household Treatment <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i>	Install covers on tank Install inlet mesh/sieve Install air vent Repair cracks

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	Dirty inside tank <i>Other (Please list)</i>						(No Action Required)	Repair/replace pipes Clean tank Household Treatment <i>Other (Please list)</i>
Chemicals in Water	Pipes are corroded <i>Other (Please list)</i>			Treatment Filter <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	Replace corroded pipe Install Filter <i>Other (Please list)</i>
Bad Flow or Pressure	High pressure in pipes Low pressure in pipes Significant leaks in pipes <i>Other (Please list)</i>			Overflow pipe (clean) Float valve <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	Install overflow pipe Install float valve <i>Other (Please list)</i>

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Water Distribution – Stand Pipes					Do you use Stand Pipes? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hazard	Contamination Source	Yes	No	Current Control Measures	Yes	No	Risk (delete/cross out items below which is not relevant)	Improvements Required (delete/cross out items below which is not relevant)
Bacteria in Water	Leaks in surrounding pipes Animals access to area Standing water in collection area Rubbish/pollution near tap stand Tap stand is cracked Taps are leaking Other (Please list)			Fence around stand pipe Drainage area/channel Household Treatment Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	No Build fence/s Install drainage Repair/replace pipe/s Repair/replace pipe stand/s Repair/replace tap/s Clean collection area/s Household Treatment Other (Please list)

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Chemicals in Water	Pipes are corroded <i>Other (Please list)</i>			Plastic piping <i>Other (Please list)</i>			<i>High</i> (Action Needed Now) <i>Medium</i> (Upgrades Needed) <i>Low</i> (No Action Required)	N° Replace corroded pipe/s <i>Other (Please list)</i>
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Water Consumers – Households					Was this assessed during the visit ? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hazard	Contamination Source	Yes	No	Current Control Measures	Yes	No	Risk (delete/cross out items below which is not relevant)	Improvements Required (delete/cross out items below which is not relevant)
Bacteria in Water	Non covered storage Containers are dirty Household Rainwater Dirty buckets for collection Other (Please list)			HH Chlorine tablets UV treatment oil water Sealed storage containers Filter water Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	Obtain sealed storage containers Clean/disinfect storage Containers & buckets Begin boiling water Household treatment Other (Please list)
Chemicals in Water	House pipes/storage is corroded Other (Please list)			Treatment to remove chemicals Other (Please list)			High (Action Needed Now) Medium (Upgrades Needed) Low (No Action Required)	Replace corroded pipe Install Treatment Other (Please list)

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Section 3C – Assessment (Sanitation System)

Toilet Sanitary Survey Result (See Appendix No. 2)

How many toilets need **replacing**?

How many toilets need **upgrading**?

Replace/Install New Toilets

Are replacing or installing new toilets? (Please tick) Yes ☐ No ☐

Toilet Options (Please indicate the type and amount of toilets required taking into consideration the amount of water available and the accessibility for maintenance of septic systems)

VIP Toilet <input type="checkbox"/> Number Required	Pour Flush Toilet <input type="checkbox"/> Number Required Has soil permeability test been performed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Button Flush Toilet <input type="checkbox"/> Number Required Has soil permeability test been performed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Upgrade Existing Toilets

Do existing toilets require upgrading? (Please tick) Yes ☐ No ☐

What toilet type/s do you want to upgrade? (Please tick all relevant ones)

VIP Toilet ☐ Pour Flush Toilet ☐ Button Flush Toilet ☐

VIP Toilet – Number requiring upgrade:

Number requiring repairs to structure
 Number requiring a vent with fly wire
 Number requiring upgrade of slab / riser
 Number that would require lining of pit

Pour Flush Toilet – Number requiring upgrade.....

Number requiring repairs to structure
 Number requiring vents
 Number with drainpipes requiring a vent
 Number with drainpipes requiring inspection access
 Number requiring a new septic tank
 Number requiring a drainage trench

Button Flush Toilet – Number requiring upgrade.....

Number requiring repairs to structure
 Number requiring vents
 Number with drainpipes requiring a vent
 Number with drainpipes requiring inspection access
 Number requiring a new septic tank
 Number requiring a drainage trench

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Section 4 – Improvement Plan

Water Security – Availability and Access

Improvement Required	Materials	Costing	Responsibility (specify people responsible)	Timeframe

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Water Source – Surface Water Source				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water Source – Spring Source				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water Source – Rainwater capture (Community RWCs)				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water Source – Rainwater capture (private RWCs)				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water Source – Groundwater (open-dug well/borehole)				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water Source – Desalination				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water storage – Storage reservoir				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water Distribution – Standpipes				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Water Consumers – Households				
Improvement Required	Materials	Costing	Responsibility	Timeframe

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Sanitation				
Improvement Required	Materials*	Costing*	Responsibility	Timeframe

* Standard material list and costs are available by contact a representative from the Environmental Health team, Ministry of Health.

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Section 5 – Operation, Monitoring and Maintenance

Operation Schedule (e.g. lock some tanks at start of dry season)

System Component (Tick if present)	Activity?	How Often?	Who?	Tools needed?	Allowance of person responsible?
5A Primary Water Source <input type="checkbox"/> Type.....					
5B Secondary Water Source <input type="checkbox"/> Type.....					
5C Water Storage <input type="checkbox"/> Type.....					
5D Water Treatment <input type="checkbox"/> Type.....					
5E Water Distribution <input type="checkbox"/> Type.....					
5F Primary Toilet Type <input type="checkbox"/> Type.....					
5G Secondary Toilet Type <input type="checkbox"/> Type.....					

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Section 5 – Operation, Monitoring and Maintenance

Monitoring Schedule (e.g. include measuring flow rate every month)

System Component (Tick if present)	Activity?	How Often?	Who?	Tools needed?	Allowance of person responsible?
5A Primary Water Source <input type="checkbox"/> Type.....					
5B Secondary Water Source <input type="checkbox"/> Type.....					
5C Water Storage <input type="checkbox"/> Type.....					
5D Water Treatment <input type="checkbox"/> Type.....					
5E Water Distribution <input type="checkbox"/> Type.....					
5F Primary Toilet Type <input type="checkbox"/> Type.....					
5G Secondary Toilet Type <input type="checkbox"/> Type.....					

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Section 5 – Operation, Monitoring and Maintenance

Maintenance Schedule – Actions when something is broken.

System Component (Tick if present)	Activity?	How Often?	Who?	Tools needed?	Allowance of person responsible?
5A Primary Water Source <input type="checkbox"/> Type.....					
5B Secondary Water Source <input type="checkbox"/> Type.....					
5C Water Storage <input type="checkbox"/> Type.....					
5D Water Treatment <input type="checkbox"/> Type.....					
5E Water Distribution <input type="checkbox"/> Type.....					
5F Primary Toilet Type <input type="checkbox"/> Type.....					
5G Secondary Toilet Type <input type="checkbox"/> Type.....					

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Section 6A – DWSSP Team Actions			
Community Training – What do you need to teach the community?			
Activity	How Often?	Who?	What is needed?

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Section 6B – Water Committee Actions

Community Training – What do you need to teach the community?

Activity	How Often?	Who?	What is needed?

Community Training – What external training does the community need

Community Development Training ☐

Plumbers training ☐

Other training

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Emergency – What will you do in an emergency?			
Activity	How Often?	Who?	What is needed?

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Appendix 1

Water Quality Results

System Part	Position and Time	Temp (°C)	pH	TDS (mg/L)	Conductivity (µs/cm)	Turbidity (NTU)	Salinity (ppt)	Res Chlorine [if used] (mg/L)	E.Coli (#/100ml)	Total Coli (#/100ml)

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Appendix 2A

Water Supply Survey Results

Survey Questions	Type of Supply	System Component Number															Total Number
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
Total Score																	

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Appendix 2B

Sanitary Survey Results – Toilets

Survey Questions	Type of Toilet	System Component Number																				Total Number
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
Total Score																						

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Training Evaluation Form for participants in DWSSP Training

Date: _____

Title and location of training: _____

Trainer: _____

Instructions: Please indicate your level of agreement with the statements listed below:

Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. The objectives of the training were clearly defined.					
2. Participation and interaction were encouraged.					
3. The topics covered were relevant to me.					
4. The content was organized and easy to follow.					
5. The materials distributed were helpful.					
6. This training will be useful experience in my work.					
7. The trainer was knowledgeable about the training topics.					
8. The trainer was well prepared.					
9. The training objectives were met.					

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Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
10. The time allotted for the training was sufficient.					
11. The meeting room and facilities were adequate and comfortable.					

12. What did you like most about this training?

13. What aspects of this training could be improved?

14. Would you like to have refresher DWSSP trainings in the future?

15. Please share other comments and or expand on previous responses here

THANK YOU FOR YOUR FEEDBACK