

Appendix 5.

Latrine-monitoring Forms

1) Institution/settlement: _____

2) Location/address: _____

3) Name of interviewee(s): _____

4) Number of facilities?

Latrines	
Urinals	
Handwashing	

5) Number of latrines/urinals observed being used (based on visual inspections)?

Male	Female	Mixed
LATRINES		

Male	Female	Mixed
URINALS		

Where there is more than one latrine the number of positive or negative responses can be written in the respective boxes for Yes (Y) or No (N).

6) Were doors locked on arrival?

Y	
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N	
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7) If yes, why? _____

8) Does the latrine show evidence of use?

Y	
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N	
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EXCRETA DISPOSAL IN EMERGENCIES

9) If yes, is the pit/chamber observed to be (inspect with torch)

Hardly Used	¼ Full	½ Full	¾ Full	Nearly Full

10) Are the vault contents wet? Y N

11) Have latrines been emptied yet? Y N

If yes, have chambers been resealed? Y N

12) Was it difficult to empty the latrines? Y N

If so, why _____

13) How much did it cost to empty the latrines? _____

14) What is the observed condition of the latrines?

	No	Small Amount	Large Amount
Are faeces visible?			
Are flies present?			
Do latrines smell?			

APPENDIX 5. LATRINE MONITORING FORMS

15) Has the toilet slab/pedestal been fouled (based on visual inspection)? Y N

16) Is the slab/pedestal considered hygienic to use? Y N

If no, observations? _____

17) Is the area around the latrine (in front and behind) clean? Y N

If no, observations? _____

18) Is the water source operational? Y N

If no, explain? _____

19) Distance to main water source from latrine? _____ metres

20) Is there water at the hand- washing point ? Y N

If no, explain? _____

21) Is there soap at handwashing point? Y N

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22) Condition of other elements? (photograph defects)

	Good	Broken
Roof		
Vent pipe		
Door		
Door hinges		
Walls		
Chamber		
Steps		

24) Other information / summary of observations

Date: _____ Interviewer: _____

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