

Information Sheet: Interventions

Metadata reference

Please use this sheet to report on current and planned activities.

Data Management

Source Type	<input type="text"/>	Date	<input type="text"/>
Entry Agency	<input type="text"/>	Intervention Agency	<input type="text"/>

Location

Region	<input type="text"/>	District	<input type="text"/>
Source name	<input type="text"/>	GPS Make and Model <input type="text"/>	
North	<input type="text"/> °	Positional accuracy	± <input type="text"/> m
East	<input type="text"/> °	Nearest settlement name	<input type="text"/>
Elevation	<input type="text"/> masl	Nearest settlement distance	<input type="text"/> km

Intervention funding Donor	<input type="text"/>		
Proposal Status	In progress <input type="radio"/>	Accepted <input type="radio"/>	Rejected <input type="radio"/>
Grant Code	<input type="text"/>	Grant Dates	<input type="text"/>
		Start Date	Finish Date

Intervention Components	Source	New	<input type="radio"/>	Improve	<input type="radio"/>	Rehabilitate	<input type="radio"/>
	Source Protection	New	<input type="radio"/>	Improve	<input type="radio"/>	Rehabilitate	<input type="radio"/>
	Water Lifting System	New	<input type="radio"/>	Improve	<input type="radio"/>	Rehabilitate	<input type="radio"/>
	Storage	New	<input type="radio"/>	Improve	<input type="radio"/>	Rehabilitate	<input type="radio"/>
	Supply & Distribution System	New	<input type="radio"/>	Improve	<input type="radio"/>	Rehabilitate	<input type="radio"/>

Intervention Activities	System Operation	Physical	<input type="checkbox"/>	Training	<input type="checkbox"/>	Education	<input type="checkbox"/>
	System Maintenance	Physical	<input type="checkbox"/>	Training	<input type="checkbox"/>	Education	<input type="checkbox"/>
	System Management	Physical	<input type="checkbox"/>	Training	<input type="checkbox"/>	Education	<input type="checkbox"/>
	Water Treatment	Physical	<input type="checkbox"/>	Training	<input type="checkbox"/>	Education	<input type="checkbox"/>
	Sanitary	Physical	<input type="checkbox"/>	Training	<input type="checkbox"/>	Education	<input type="checkbox"/>
	Hygiene	Physical	<input type="checkbox"/>	Training	<input type="checkbox"/>	Education	<input type="checkbox"/>

Planned Intervention?	Start Date	<input type="text"/>	Finish Date	<input type="text"/>	Lead Agency	<input type="text"/>
	Start Date	<input type="text"/>	Finish Date	<input type="text"/>		Partner Agency
Actual Intervention?	Start Date	<input type="text"/>	Finish Date	<input type="text"/>	Partner Agency	<input type="text"/>
	Start Date	<input type="text"/>	Finish Date	<input type="text"/>		<input type="text"/>

Please Provide a brief Description of the intervention in not more than 500 words

Intervention Active Yes No