[Water Scheme Name] Water Users Association
[Address]
[County]
[Phone Number / Email]

Ref. No.

Date: [Insert Date]

County Executive Committee Member (CECM) – Water
County Government of [County Name]
Subject: Confirmation of Household Coverage With Improved Water Services Under [Name of Scheme]

We, the undersigned officials of **[Name of Water Scheme]**, wish to confirm that the scheme is operational and providing improved water services to the households it serves, in accordance with the definitions provided in **Section 11 of the Program Operations Manual (POM)**.

Specifically, we confirm that:

1. **At least 90% of households** served by the scheme have access to an **improved water service**, as defined in the POM.
2. The scheme provides services through one or more of the following typologies:
    - Metered household or yard connection;
    - Shared yard tap;
    - Water kiosk with public standpipe; or
    - Hand pump installed on a lined and covered well.
3. The scheme is functional and has been verified by the relevant County Department of Water technical officers.

We understand that this confirmation is being submitted as part of the documentation requirements for **DLI 2/10.1** under the **Kenya Water, Sanitation and Hygiene (K-WASH) Program.** Enclosed is the names of the persons in leadership positions of the water scheme.

We, the undersigned, hereby confirm the status of households reported under the [Water Scheme Name] as having gained access to improved water services during the period

Name	Position	Signature	Contact
_____	Chairperson	_____	_____

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_____	Vice Chairperson	_____	_____

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Annex 1: List of Households Gaining Access to Improved Water Services

Name of water scheme/project_____

Sub County_____

Ward_____

Village_____

Beneficiary Household ID (unique identifier – can be a number)	GPS Coordinates near to household/of water scheme	Number of Persons in the Household	Number of Male Persons	Number of Female Persons	Type of Water service (piped/point source. If point source choose from categories specified in the footnote[1])	Date service made available (MM/YY)	If non-piped (e.g., handpump, protected spring), is the service within a 500 m radius?

[1] Authorized water service types are as per the POM: (a) A metered connection to a piped water system at a household's yard or house. (b) A yard tap shared by more than one household. (c) A water kiosk with a public tap or standpipe connection; or (d) A hand pump shared by more than one household. Where a hand pump is fitted to a hand dug well, the well must be lined with cast in place or pre-cast concrete, brick or stone, and fully covered with a slab. If you believe your scheme still classifies as "improved" but is not within one of these categories, first contact the PMU to check if permissible, then specify (x) other KWASH approved improved water service