

Researcher's observation checklist

Team leader/researcher: _____

Date: ____ / ____ / 2025 ____ / ____ / 2025

District: _____

Province: _____

School GPS coordinates _____ lat./ _____ long.

SCHOOL				
Name:	Functional	Poor or intermittent	Not functional at present	Not applicable – non existent
Classrooms				
Photo taken and uploaded	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Teacher houses				
Photo taken and uploaded	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Power				
Photo taken and uploaded	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Water				
Photo taken and uploaded	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Toilets				
Photo taken and uploaded	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vehicles				
Photo taken and uploaded	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

CLINIC/POST				
Name:	Functional	Poor or intermittent	Not functional at present	Not applicable – non existent
Clinic building				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Staff houses				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Power				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Water				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Toilets				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vehicles				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

VILLAGE COURT				
Name:	Functional	Poor or intermittent	Not functional at present	Not applicable – non existent
Building				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Designated area				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Power				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Water				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Toilets				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vehicles				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

POLICE STATION/POST				
Name:				
	Functional	Poor or intermittent	Not functional at present	Not applicable – non existent
Building				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Staff houses				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Power				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Water				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Toilets				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vehicles				
<i>Photo taken and uploaded</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Other significant photos (eg research team in action; location)