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TÜV®

CDM team
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Our / Your Reference	Contact	Direct Dial	Date
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Response to Incompleteness Notification regarding the Request for Issuance related to the PoA "Impact Carbon Global Safe Water Programme of Activities (PoA)" (POA9948), notification received on 04/11/2020.

Dear CDM Team,

Please find below the response of the TÜV NORD JI/CDM Certification Program regarding the -info and reporting check incomplete for the above mentioned POA.

With regard to this response, we would kindly request you to continue with the request for issuance process. If you have any questions do not hesitate to contact us.

Yours sincerely,

Stefan Winter
Head of TÜV NORD JI/CDM Certification Program

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Request for Registration/Issuance Incomplete Reason (1)	
Scope and Issue raised by the UNFCCC Secretariat:	The CME/DOE shall provide information how it considered application of 365 days as appropriate for the calculation of the total quantity of water purified during the year y, considering that the CPA-DDs indicate that the quantity of purified water is based on the "average population serviced/system" while the systems do not service the population during periods when population (i.e. the students) are on holidays and the CPA-DDs for 9948-P1-0014 and 9948-P1-0015 provide 291.50 days/year which consider the school calendar.
Response by CME:	The CPAs supply safe drinking water to institutions (day schools, boarding schools, prisons etc.). The application of 365 days of operation for the project units is justified on the basis of the following: I. The number of days of operation is mentioned as 365 days in the registered PoA-DD (refer equation 1.a. on page 70 of the registered PoA-DD). Similarly, the CPA-DDs also mention 365 days of operation in the ER calculation formulae. II. Besides, the number of days of operation is neither an ex-ante parameter nor an ex-post monitoring parameter as per the monitoring methodology or the registered monitoring plan in the PoA-DD. III. The application of 365 days of operation per year for project units is also corroborated by the subsequent versions of the methodology (refer para 17 of AMS-III AV. Version 08.0). IV. Last but not the least, the applied methodology (AMS III.AV version 4.0) caps the volume of drinking water per person per day at 5.5L/capita/day. The PoA has applied a much more conservative cap of 2L/person/day (for days school) and 3.5L/person/day (for boarding schools /prison). These limits are already attributed to minimum survival levels advocated by WHO (Minimum water quantity needed for domestic uses, Technical Note No. 9, WHO/SEARO Technical Notes for Emergencies). Table 1 of the referred document mentions that minimum survival allocation for domestic use (i.e. full day service deemed equivalent to boarding schools and prisons) as 7 l/capita/day (sustainable only for few days), out of which 3-4 ltr is attributed solely for drinking. For schools, it specifies 2 ltr per student per day as the minimum requirement. Also, Water, Sanitation and Hygiene Standards for Schools in Low-cost Settings, published by WHO specified a basic water requirement of 5 l/per/day for day / non-residential schools and 20 ltr/per/day for boarding schools (Page 18, Water, Sanitation and Hygiene Standards for Schools in Low-cost Settings, Indicators for Guidelines). Thus, a consideration of 2 ltr/per/day for day schools and 3.5 ltrs/per/day for boarding schools/prisons is already referring to minimum survival levels and is overly conservative and deemed applicable to entire year. V. Lastly, the weighted average value if $R_{y,i}$ = 2.67 which is much less than the default value of 3 ltrs per person per day given by AMS III.AV. version 8.0 that is also at 365 days of crediting. The aforesaid approach has been discussed (via a clarification request from CDM EB) and approved by CDM-EB during PRC-9948-003. Please refer document DOE clarification 8 – "599_CPA 16 to 22_PRC_VR_Uganda_03.02.19_clean", page 18 of 21, CL06 dated 29/11/2018 and CAR01 dated 21/01/2019. (https://cdm.unfccc.int/PRCContainer/DB/prcp52130222/view). However, given that the CPA-DDs for CPA 14 and CPA 15 refer to 291.5 days per year for crediting hence the ERs for CPA 14 and 15 have been revised conservatively to calculate

	emission reductions for 291.5 days in year instead of 365 days. Please refer revised ER calculator as follows:

MS#	Worksheet Name	Cell Reference	CPA reference	Description
1	PoA 9948_MP2_Uganda ER Sheet_ver 3.0_08122020; Tab: ER Calculation-MS1	Cell: F6 and G6	CPA 14, CPA 15	Number of days of crediting has been multiplied with a fraction of 291.5/365 to ensure that ER equivalent to the service level mentioned din CPA-DD is being accounted.
2	PoA 9948_MP2_Uganda ER Sheet_ver 3.0_08122020; Tab: ER Calculation-MS2	Cell: F6 and G6		

Response by DOE:	Verification team has assessed the justification provided by CME and confirms that this issue has been addressed as part of the closure of the CL 01, DOE Assessment dated 07/07/2020, point d) under "However below additional points are identified". The justification provided by the CME is acceptable since the "number of days of operation" • is not a monitoring parameter; • is deemed fixed as 365 as per the equation 1.a) in the registered PoA-DD; • Subsequent versions of the applied methodology (AMS-III.AV. Version 08.0) also utilize 365 days as the days of operation, in the applicable formulae and sample calculation, shown in the methodology. • conservative assumptions for the parameter "$R_{y,i}$"; considering 2 l/person/day for day schools and 3.5 l/person/day for boarding schools/prisons were found to be conservative and acceptable against WHO standards and/or latest version of the methodology. • as well as the quoted PRC's also affirm this explanation provided by the CME; Further, it has been assessed that the CME has updated the ER calculations for CPA-14 and CPA-15 considering 291.5 days of crediting in a year and hence is deemed most conservative and acceptable approach. The CL 01 has been reopened and the justification of the CME and transparent Assessments of VT are reported on the above I&R Incompleteness.
Request for Registration/Issuance Incomplete Reason (2)	
Scope and Issue raised by the UNFCCC Secretariat:	The CPA-DDs indicate the monitoring frequency for the parameter "operational units" as "At least once per verification or biennially as per the monitoring requirements in the methodology". The applied methodology (AMS-III.AV. ver. 04, paragraph 15) requires "at least once every two years (biennial)". The DOE shall provide further information how it verified that the monitoring plan complies with the applied methodology.
Response by CME:	As per the applied methodology AMS-III.AV version 04.0 "Monitoring shall consist of checking of all appliances or a representative sample thereof, at least once every two years (biennial) to ensure that they are still operating or are replaced by an equivalent in service appliance as per the relevant sampling requirements of AMS-I.E". The monitoring frequency of "at least once every two years", is deemed the maximum duration over which the parameter must be monitored at least once.

The term "per verification", on the other hand is provisioned to cover cases when the verification is being conducted for a monitoring period which is less than two years. For example, refer the following:

MP#	Duration	Start date of Monitoring	Justification
2	23 May 2017 – 22 May 2019	MS#1: 11 Nov 2018 MS#2: 03 Nov 2019	Over the two-year period, two annual monitoring events were conducted instead.
3	23 May 2019 – 31 Dec 2019	Jan 2020	MP3 is less than 2 years, still monitoring done again in Jan 2020 despite monitoring done in MP2 MS#2 in Nov 2019
4	01 Jan 2020 – 21 Ma 2020	Sep 2020	MP4 less than 2 years since MP3, still monitoring done again in Sep 2020 despite monitoring done in MP3 in Jan 2020.

This approach avoids application of values established in previous monitoring period (in above example, values determined in MP3), to the subsequent monitoring period (MP4) without monitoring the parameter (because the monitoring frequency is once every two years). Thus, the monitoring frequency of "at least once per verification" applicable to shortened MPs, results in yielding more representative and accurate results of monitoring parameter rather than applying the values established in the previous monitoring period.

Further, the "biennial" monitoring frequency supersedes "per verification" and not the other way around. Thus, in case of a verification covering more than 2-year monitoring period, the PP shall need more than a singular monitoring event to ensure "at least biennial" monitoring frequency is met.

Lastly, the monitoring period under concern as shown in table above, still remains within the "biennial" monitoring frequency.

Thus, the monitoring plan and the concerned monitoring report is compliant with the monitoring methodology.

Response by DOE:

The FVR under section D.4 Sampling Approach explains the appropriateness of the applied monitoring frequency. The CME has observed two separate monitoring events MS1 and MS2 for applied monitoring period MP2 (Refer MR and corresponding ER worksheet). The applied monitoring frequency is in line with the registered monitoring plan as the monitoring frequency follows the requirement of "at least once in two years" and/or "per verification". Besides, a review of subsequent MRs webhosted by CME on UNFCCC website, also confirms that the CME is following a higher monitoring frequency (even better than annual monitoring frequency @ per verification, which is in line with the methodology requirement of at least biennially). The applied monitoring frequency is thus accepted by Verification Team.

Since, all the above points are covered, the CME response is acceptable and the assessment of acceptance of annual frequency is part of the DOE Assessment under FVR under section D.4 Sampling Approach.

The CL 01 has been reopened and the justification of the CME and transparent Assessments of VT are reported on the above I&R Incompleteness.

Request for Registration/Issuance Incomplete Reason (3)	
Scope and Issue raised by the UNFCCC Secretariat:	The registered CPA-DDS requires that the water quality will be tested as per paragraph 2(b) of AMS-III.AV ver. 4 (i.e. Laboratory test report and/or official notifications (e.g. from national authority on health)). However, the monitoring report shows that Aquagenx testing kits were used to determine the water quality. The DOE shall elaborate how it verified compliance of monitoring with the registered monitoring plan in the included CPA-DDs.
Response by CME:	The CPA-DDs on page 3 states the following: "The application of technologies distributed under the CPA achieve compliance with "Interim or higher" performance target as per "Evaluating household water treatment options: Health based targets and microbiological performance specifications" (WHO 2011) or a comparable national standard or guideline, per the methodology AMS-III.AV Version 4." All technologies that are going to be distributed under this CPA, will be lab tested to ensure they adhere to these guidelines. This has also been made an eligibility criterion (# 7, page 32 of CPA-DD) for inclusion of a technology in the CPA which states the following:

Eligibility criterion - Required condition	Supporting evidence for inclusion	Description of this CPA in relation to the criterion and supporting evidence
The water purification technology/equipment must achieve compliance with either: a) A relevant national standard or b) The interim performance targets as per "Evaluating household water treatment options: Health based targets and microbiological performance specifications" (WHO, 2011)	Verifiable evidence: – Laboratory test report and/or official notifications (e.g. from national authority on health). – Technical specifications document(s)	The water purification technology/equipment are in compliance with the following: (b) The interim performance targets as per "Evaluating household water treatment options: Health based targets and microbiological performance specifications" (WHO, 2011) Supporting Evidence: – – Technical specifications document(s)

Thus, the project technology (Ultra TAB, Ultra Flow or UV) needs to demonstrate that they comply with WHO, 2011 interim performance targets. This has already been confirmed via the technical specifications listed in CPA-DD wherein Log 4 reduction is achieved by UV systems and Log 2 reduction is achieved by Chlorination systems (as mentioned in CPA 02 CPA-DD on page 4 and CPA 16 CPA-DD on page 5, respectively). Thus, the technology's compliance with interim measures has already been demonstrated.

For ex-post water quality monitoring, the CPA-DD on page refers to the following:
"As per the World Health Organizations Guidelines[1] it is more cost-effective and feasible to monitor indicator organisms such as E.Coli. Monitoring of proxies such as E. Coli, faecal coliform counts, chlorine levels may be used to assess water quality. CPA implementer shall be responsible for conducting testing. Enumerators will be trained on proper testing procedures and the appropriate testing technology will be used. CPA implementer shall be responsible for conducting testing".

The CME has used Aquagenx Compartment Based Test (CBT) E.Coli / Total Coliform (ECTC) testing kits to monitor E.Coli as the indicator organism to test the quality of water.

[1] WHO 'Guidelines for Drinking-water Quality, Fourth Edition Page 41.

	Aquagenx CBT ECTC testing Kits are used extensively across the globe in low resource areas. The Aquagenx Test is very effective testing method in terms of flexibility wrt transportation, for cases involving institutional and community engagement. The test kits detect and quantify E.Coli in 100 mL samples. The water quality assessment using Aquagenx CBT ECTC testing kit follows a standard testing procedure. Each kit includes a sample collection Whirl-Pak Thio-bag and a powder growth medium pack. The powder growth medium has a glucose substrate called X-Gluc. When E. coli metabolize this substrate in Aquagenx's growth medium, the color of the water turns blue, indicating the presence of E. coli. The Aquagenx CBT ECTC is a laboratory-based test with provisions for sample collection in the field directly. Given the project systems are installed in institutions, thus, the water quality sample collection can only be done in the field. The portable water sample collection bags provisioned in Aquagenx CBT ECTC testing kit, renders it as a preferred and viable option for testing water quality for project devices installed in institutions and schools under the PoA. The following standard sample collection procedure is followed: 1. At the time of sample collection in the field - the Whirl-Pak Thio-bag is labeled with the name of the institution, date and time of sample collection and the unique SF ID for that institution. 2. After labelling the bag, it is filled with 100 ml of water from the project system being monitored. 3. The powder growth medium is added to the Whirl-Pak Thio bag. The Whirl-Pak seal is rolled down and the Thio-bag is closed shut. This ensures that the sample collections remain free from any external contamination. 4. The powder medium is dissolved by gently swirling the bag. The sealed Thio bag is then incubated in the in-house lab in the Impact Water's office. The incubation is an ambient temperature incubation for 48 hours. The incubation for 48 hours ensures that even the trace presence of E.Coli gets detected in the water sample collected. The bags are incubated in controlled environment in the lab to prevent contamination and health hazard in the Impact Water's office. After the incubation of 48 hours the results of the water quality test are read by the qualified lab technician. A blue/green color indicates presence of E.Coli in water sample. After the test is completed, chlorine tablets are added in the Thio bag and stranded for 30 minutes to ensure decontamination. The decontaminated water sample is then discharged in the in-house lab itself. Thus, the water sample collection and testing have been conducted by trained staff with extensive prior experience of water quality testing using Aquagenx CBT ECTC testing kits. The same was cross verified by the Verification Team via interviews with the water quality testing staff wrt testing protocol, process of sample collection, testing procedure followed, test results assessment etc. The Verification Team also reviewed photographic evidence of water quality samples and test results to confirm the accuracy to results reported by the CME. For details, refer the testing protocol is available at the following link:

	https://www.aquagenx.com/wp-content/uploads/2020/05/PA-CBT-ECTC-Instructions-DrinkingWater-May2020.pdf The use of Aquagenx CBT ECTC testing kit for determining water quality is therefore in line with the registered CPA-DDs as well as monitoring methodology. The tests have been conducted by trained staff with extensive prior experience of water quality testing. Further, various studies conducted across many locations and environments around the world by academic institutions, national government agencies, international NGOs and United Nations agencies confirm that, the Aquagenx test a Compartment Bag Test (CBT) gives results comparable with more complicated, expensive and less portable tests conducted otherwise. A paper published in "The American Journal of Tropical Medicine and Hygiene, Volume 96, Issue 4, 5 Apr 2017, p. 970 – 975[2] states that: *……., and one sample using membrane filtration (MF) was analyzed by reference laboratories. There were no statistically significant differences in E. coli concentrations between the field and laboratory CBT results, or when compared with MF results. These results suggest that the CBT for E. coli is an effective method to quantify fecal bacteria in household drinking water. The CBT can be incorporated into DHS and other national household surveys as a direct measure of drinking water safety based on microbial quality to better document access to safe drinking water.* Thus, the testing technology deployed by the CME/CPAI is deemed accurate, credible and reliable.
Response by DOE:	As per paragraph 2(b) of the applied methodology: "*It shall be demonstrated based on laboratory testing or official notifications (for example notifications from the national authority on health) that the application of the project technology/equipment achieves compliance either with: (i) at a minimum the performance target as per "Evaluating household water treatment options: Health based targets and microbiological performance specifications" (WHO, 2011); or (ii) an applicable national standard or guideline"* The CME used Aquagenx Compartment Based Test (CBT) E.Coli / Total Coliform (ECTC) testing kits to monitor E.Coli as the indicator organism to test the quality of water. The CME has also explained clearly that the test with its protocol (https://www.aquagenx.com/wp-content/uploads/2020/05/PA-CBT-ECTC-Instructions-DrinkingWater-May2020.pdf) qualifies as laboratory test and meets the compliance required by applied methodology. The Verification Team has verified that the Aquagenix Water Testing kit meets the requirements of the registered monitoring plan and conformance to WHO guidelines via "Aquagenix Testing Kit Specifications". Even during the concerned Verification, the conformance was verified. The Verification Team also took due account of the above explanation of eligibility criteria. The Verification Team assessed the competency of the trained staff, their prior experience of testing via interviews on the process of collecting samples, handling the samples, protocol followed for testing, lab incubation requirements, test results assessment etc to confirm that they had received training before conducting the test. In addition, during the remote-site interviews, the Verification Team requested the CME to submit the evidence of water quality test reports, training procedure, training records,

[2] http://www.ajtmh.org/content/journals/10.4269/ajtmh.15-0717

	experience of enumerators' (refer CAR 04 under FVR and its resolution) and found the submitted Evidence appropriate and confirming the testing to be conducted by experienced staff and under standard conditions. Thus, the results from the Aqugenx tests conducted by the monitoring team were found to be reliable and meeting the conditions of the applied methodology. Since, all the above points are covered in the CME response and the corresponding assessment is part of the DOE Assessment/ FVR. The CL 01 has been reopened and the justification of the CME and transparent Assessments of VT are reported on the above I&R Incompleteness.
Request for Registration/Issuance Incomplete Reason (4)	
Scope and Issue raised by the UNFCCC Secretariat:	The DOE shall provide further information on how it has crosschecked the operation of the project activity and continuous availability of safe drinking water as per paragraph 304 (c) of VVS for PoA, considering that the monitoring method was based on survey questionnaire alone (e.g. the question "When was the last time, a supply of cartridges/tablets were received?") and no information is provided regarding the crosschecking of the monitored data against other sources such as quantity of chlorine/No. of cartridges used during this monitoring period.
Response by CME:	Firstly, the monitoring methodology para 15 states: "Monitoring shall consist of checking of all appliances or a representative sample thereof, at least once every two years (biennial) to ensure that they are still operating or are replaced by an equivalent in service appliance as per the relevant sampling requirements of AMS-I.E". Para 16(b) of the methodology states: "The quantity of purified water in year y shall be derived from the capacity of the equipment established by manufacturers' specifications and the number of functional project appliances as per paragraph 15" Thus, the continuity of service (continuous availability of safe drinking water) is to be determined via ex-post sampling and if the project device is found functional during ex-post monitoring, the continuity of service is deemed being maintained over the entire monitoring period. However, during the ex-post monitoring, the CME has taken additional measures to ensure continuous availability of safe drinking water as follows: The monitoring survey form consists of the following questions: **Question pertaining to continuity/Maintenance:** • Has routine supply/maintenance been conducted for the IW System? (Yes/No). • When was the last time supply/maintenance was conducted? (DD-MMM-YYYY). **Question pertaining to usage:** • Is the IW unit being used for water treatment? (Yes/No) • Presence of other water treatment technologies / devices in the institution The question pertaining to continuity /maintenance is intended to ensure that the user is receiving regular supplies / maintenance which ensures system's continuity. The date of last supply / maintenance serves as an objective evidence to cross-verify regular supplies/ maintenance being received by the user at the time of survey. Further the date of last supply / maintenance provides the surveyor an option to check if

	last delivery has reached the user and have been put in use. This is achieved by physically cross verifying the product ID mentioned in the last delivery note / installation log with the system found installed on site (TAB packs available in case of UltraTAB and cartridge installed in case of UltraFLO). This also confirms that earlier supplies have been consumed, ensuring continuous availability of safe drinking water. The questions related to usage confirms that the system is functional as per para 16. Additionally, none of the monitored schools were found using any other form of water treatment technology / device. This further substantiates imperative use of project devices, given drinking water is a basic sustenance need, and continuity of use of project devices. In addition, the CME has implemented the following system to ensure continuous availability of the safe drinking water in the institutions: • At the time of installation/distribution of the water purification systems (WPS) in the institution, the CME train the institution staff on usage of the WPS to ensure that the project devices are put to use and any apprehension regarding their quality and safety is resolved. • The CME Call Center in the country offices, regularly follow ups with the institution regarding operational status of the project system of their installed WPS as well as the expected date of next supply. The schools are supplied with reinforcements in time to ensure system's continuity. • Additionally, the CME country office contact detail is available in the system Purchase Order and Delivery Notes available with institution and also pasted on the system tank or school wall in form of sticker. The institution can anytime call the CME office for the subsequent supply of the UltraTab pack or UltraFlo cartridge if needed, or as and when required. It has been verified by the DoE during remote assessment that schools are aware of the phone number to contact in case of needing maintenance / supplies. • Lastly, the subsequent supply of the UltraTab packs and UltraFlo cartridges in the institution is recorded in the CME database management software (SalesForce). The information on each supply made during the monitoring period (product quantity and serial number) has been provided for each school as well as for each supply (refer ER calculator, worksheet "ER Calculation-MS1" and "Sales Databse-MS2" column S:AP). The details of these supplies have also been cross verified against the delivery notes / installation records available at the CPAI office, by the DoE during remote assessment. Also, the DOE has cross verified the product ID reported in the last supply with the product ID found mentioned on the physical systems on site for sampled schools. The above sales and monitoring provisions ensure uninterrupted supply of safe drinking water in the institution
Response by DOE:	The Assessment Team assessed the survey forms submitted by the CME. The Verification Team (during the remote audits) reconfirmed the below particulars with the end users to confirm the credibility of the monitoring data. The sample snapshot of Monitoring Survey protocol for Institutional Water Treatment (WT) Units is given below **Reference: Brighton Junior School** • **confirm that all appliances are in continued operation based on traceable maintenance schedules confirming** continuous supply of cartridge/tablets, through the questions stated below as 'Question pertaining to continuity/Maintenance' and also checks the operational status through 'Question

pertaining to usage'.

2. Maintenance

2.1. Has routine supply/maintenance of filters / cartridges / tablets been conducted for the WT unit?	Yes ✓	No
2.2. When was the last time, a supply/maintenance of filters / cartridges / tablets was received?	DD-MM-YYYY 29/07/2018	

- **Assessment of the continued availability of the drinking water-** The above questions pertaining to continuity/maintenance ensures that the institution is receiving continuous supplies and hence have remained under continued use during the monitoring period. The questions pertaining to usage confirm that these supplies are being uninterrupted. The response to these questions confirms that the WT unit was used for the water treatment; the end users did not avail boiling/ unsafe drinking water during the applied monitoring period. Based on the review of the all the submitted monitoring survey forms read with the observation during remote assessment with the representatives of sampled end users, it can be concluded that there was continued availability of the safe drinking water.

3. Usage

3.1. Is the WT unit being used for water treatment?	~~Yes~~ ✓	No
If answer to 3.1 is Yes, jump to 3.3 directly, else continue to 3.2 and stop the survey		
3.2. If answer to 3.1 is No, then mention month & year the WT units was used last ?	Month	Year
3.3. Do you also boil water after treatment by the WT device?	Yes	~~No~~ ✓
If answer to 3.3 is Yes, continue to 3.4, else jump to 3.7 directly		
3.4. If "Yes" to 3.3, how much treated water do you boil? (In Liters/day)		
3.5. Equipment used for boiling treated water (tick any one. In case of 'Others', please specify)	Unimproved Cookstove	
	Improved Cookstove	
	LPG Stove	
	Kerosene	
	Others.....	

All the interviewed institution heads of "randomly sampled systems" were interviewed by the VT to confirm that

- the product installed in the school was currently in operational condition and
- they have been receiving continuous supply of cartridge/tablets thus, getting continuous supply of safe drinking water. Any institution reporting the product as being functional, cannot be out of supplies.

The Verification Team has assessed all the above data points while interviewing, the sampled school representatives. As stated above this data is already part of the submitted ER worksheet

Additionally, during the remote assessment the VT checked if there are provisions in place to ensure continuous supply of safe drinking water

- **Call Centers:** The CME representatives confirmed that follow up calls with the institutions regarding usage, users are performed to gauge the expected date of next supply next supply of (cartridge/tablets). This fact was also confirmed by the verification team with the school representatives.
- **Other Evidence (Purchase Order, delivery notes etc):** The objective Evidence delivery notes, installation records, maintenance records and the traceability of customer care number/email for supply / repair on the system's tank or school wall in form of sticker were checked to confirm that the CME country office contact detail is available to the institution staff and they can contact the CME in case they

	find any issue with the performance, breakdown, problem with the product or need additional tablets / cartridge. During the remote assessment (telephone call and video calls) with the institution heads VT confirmed the availability and use of contact numbers to register their complaints regarding the product or their request for supplies. • The VT is already in receipt of the sales database which captures the supplies with their product IDs for each institution, which is presented in the ER sheet (refer ER calculator, worksheet tabs "Monitored samples-MS1" and "Sales Database-MS2"). The VT has also assessed the scanned copies of delivery notes made available for cross verification of the subsequent supplies made to an institution. The verification team had checked it for the sampled institutions. The evidence reviewed confirmed the quantities of supplies mentioned in the ER sheet. Thus, the above monitoring provisions ensure uninterrupted supply of safe drinking water in the institution. The CL 01 has been reopened and the justification of the CME and transparent Assessments of VT are reported on the above I&R Incompleteness.