

WATER SUPPLY OPERATOR QUESTIONNAIRE

Name of the interviewer: _____		Date: __ __ Month: __ __ 2016	
		Time: _____ : _____ (24-hour time)	
Respondents contributing information to the survey:	Name	Position	# of Years in this position

Introduction for the respondent:

My name is I am a water supply and sanitation expert for The Ministry of Environment, the Ministry of Regional Development and Construction, CALM, the World Bank and the ApaSan project are conducting a research study of the water supplies in rural Moldova to investigate their situation and to discuss the challenges and issues at local, regional, and national levels. The results of the research study will be used to set-up a service center by CALM to support small local water and sanitation operators. We are interviewing 50 Local Public Administrations (LPAs) and rural water supply operators that have been randomly selected. As you previously agreed over the phone to participate, we will spend approximately 1 hour and 30 minutes with you to ask some questions about your water supply system and its operations. Specifically, we will discuss A) legal issues and regulations; B) technical and operational details; C) human resources and capacity; D) financial aspects; and E) your priorities and plans to strengthen it in the future. We guarantee that no specific information that you provide will be shared outside of the research team. Your data and information will be analyzed all together with the responses from the other water supply operators. Only the overall statistical data and information will be used for the study. You will be informed by mail as soon as the results of the research will be available.

Section A. Legal and regulatory characteristics

A 1. What is the formal name of your entity that operates the water supply system?	Name: _____		
A 2. What is the recognized name (or popular name) of your water supply system among your customers?	Name: _____		
A 3. In what year was the water supply first constructed?	Year: __ __ __ __	98 Don't know <input type="checkbox"/>	
A 4. At the time when your company/entity began managing and operating the water supply system, list any external support or assistance that was received.			
	Component	Presence	
	i. Training	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
	ii. Technical support	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
	iii. Financial support	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
	iv. Legal support	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
	v. Other _____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
	vi. Other _____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
A 5. In what year did your entity/company begin managing and operating the water supply system?	Year: __ __ __ __	98 Don't know <input type="checkbox"/>	
A 6. Please list the names of each of the settlements that your water supply system currently provides service to and the	A. Name	B. # total of Households	C. # of households served
	i. _____		

corresponding total number of households living in the settlements and number served by your systems. <i>(write in the blank space if you need to add more names)</i>	ii.		
	iii.		
	iv.		
	v.		
	vi.		
	vii.		
	viii. Total:		

A 7. Does your company/entity provide any of the following services to the community besides distributing water through the water supply system?

<u>Service</u>	<u>Presence</u>
i. Water trucking	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
ii. Sewerage	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
iii. Irrigation	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
iv. Street cleaning	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
v. Solid waste management	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
vi. Septic tank pumping/emptying	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
vii. Other (specify) _____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
viii. Other (specify) _____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>

A 8. What entity/company/body is considered to be the owner of the assets associated with the water supply system? (Can also be ,public')

Name: _____
98 Don't know

A 9. Which of the following organisational/legal forms is your company/entity which operates the water supply?

Select only one.

- Municipal enterprise (1)
- Section within the Mayoralty (contractual form) (2)
- Water Consumer Association (3)
- Private Limited Company (Ltd..) (4)
- Joint-stock company (5)
- Cooperative (6)
- Not formalized (7)
- In the process of being formalized (8)
- Other (specify) _____ (96)
- Don't know (98)

A 10. Describe the reasons and circumstances of why your company/entity is operating under its current organisational/legal model (from A9.). [i.e. because of the way it was funded or setup]

Notes:

A 11. For each of the following agencies/bodies, indicate whether you ever report to them the performance and status of your water supply operations? For each that you report to, indicate what type of information you report and the frequency?

Agency/Body	A. Presence of reporting	B. Information reported	C. Frequency of reporting
i. FISC – Serviciul Fiscal de State	<input type="checkbox"/> Yes 1		<input type="checkbox"/> Less than once per year (1)

	(State Tax Service)	<input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98		<input type="checkbox"/> Once per year (2) <input type="checkbox"/> 2-4 times per year (3) <input type="checkbox"/> 5-11 times per year (4) <input type="checkbox"/> 12+ times per year (5) <input type="checkbox"/> No regular reporting (6) <input type="checkbox"/> Don't know (98)				
ii.	CNAM – Compania Națională de Asigurări în Medicină	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98		<input type="checkbox"/> Less than once per year (1) <input type="checkbox"/> Once per year (2) <input type="checkbox"/> 2-4 times per year (3) <input type="checkbox"/> 5-11 times per year (4) <input type="checkbox"/> 12+ times per year (5) <input type="checkbox"/> No regular reporting (6) <input type="checkbox"/> Don't know (98)				
iii.	CNAS – Casa Națională de Asigurări Sociale	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98		<input type="checkbox"/> Less than once per year (1) <input type="checkbox"/> Once per year (2) <input type="checkbox"/> 2-4 times per year (3) <input type="checkbox"/> 5-11 times per year (4) <input type="checkbox"/> 12+ times per year (5) <input type="checkbox"/> No regular reporting (6) <input type="checkbox"/> Don't know (98)				
iv.	BNS – Biroul Național de Statistică	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98		<input type="checkbox"/> Less than once per year (1) <input type="checkbox"/> Once per year (2) <input type="checkbox"/> 2-4 times per year (3) <input type="checkbox"/> 5-11 times per year (4) <input type="checkbox"/> 12+ times per year (5) <input type="checkbox"/> No regular reporting (6) <input type="checkbox"/> Don't know (98)				
v.	LPA – Local Public Administration	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98		<input type="checkbox"/> Less than once per year (1) <input type="checkbox"/> Once per year (2) <input type="checkbox"/> 2-4 times per year (3) <input type="checkbox"/> 5-11 times per year (4) <input type="checkbox"/> 12+ times per year (5) <input type="checkbox"/> No regular reporting (6) <input type="checkbox"/> Don't know (98)				
vi.	Other (specify) _____	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98		<input type="checkbox"/> Less than once per year (1) <input type="checkbox"/> Once per year (2) <input type="checkbox"/> 2-4 times per year (3) <input type="checkbox"/> 5-11 times per year (4) <input type="checkbox"/> 12+ times per year (5) <input type="checkbox"/> No regular reporting (6) <input type="checkbox"/> Don't know (98)				
vii.	Other (specify) _____	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98		<input type="checkbox"/> Less than once per year (1) <input type="checkbox"/> Once per year (2) <input type="checkbox"/> 2-4 times per year (3) <input type="checkbox"/> 5-11 times per year (4) <input type="checkbox"/> 12+ times per year (5) <input type="checkbox"/> No regular reporting (6) <input type="checkbox"/> Don't know (98)				
A 12. How would you rate the overall level of		1	2	3	4	5	97	98
		Not at	Hardly	Somewhat	Very	Extremely	Not	Don't

complexity with the current reporting procedures for your water supply?	all complex complex complex complex applicable know (no reporting)														
A 13. What agency/body has approved the tariffs and fees that your customers are charged? Check only one.	<input type="checkbox"/> The communal council of the village (1) <input type="checkbox"/> Our water supply entity/company itself (2) <input type="checkbox"/> ANRE - Agenția Națională pentru Reglementare în Energetică (3) <input type="checkbox"/> The tariff was not approved (4) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)														
A 14. How would you rate your overall level of satisfaction with the tariffs and fees that your customers are charged for using the water supply?	<table border="0"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>97</td> <td>98</td> </tr> <tr> <td>Not at all satisfied</td> <td>Hardly satisfied</td> <td>Somewhat satisfied</td> <td>Very satisfied</td> <td>Extremely satisfied</td> <td>Not applicable</td> <td>Don't know</td> </tr> </table>	1	2	3	4	5	97	98	Not at all satisfied	Hardly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Not applicable	Don't know
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Not at all satisfied	Hardly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Not applicable	Don't know									
A 15. Please briefly describe the rationale and justification for the level of satisfaction that you have selected. Notes:															
A 16. If your entity/company encountered any difficulties complying with any regulations/standards, which agency/body might you most likely contact for support? Check only one.	<input type="checkbox"/> Local government level I – municipality level (1) <input type="checkbox"/> Local government level II – raion level (2) <input type="checkbox"/> Another water utility (3) <input type="checkbox"/> CALM (Congress of Local Authorities from Moldova) (4) <input type="checkbox"/> State Chancellery (5) <input type="checkbox"/> NGO (6) <input type="checkbox"/> Consultants (7) <input type="checkbox"/> International entities (8) <input type="checkbox"/> No support available (9) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)														
A 17. How satisfied is your company/entity with the way that it is currently regulated to provide water supply services?	<table border="0"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>97</td> <td>98</td> </tr> <tr> <td>Not at all satisfied</td> <td>Hardly satisfied</td> <td>Somewhat satisfied</td> <td>Very satisfied</td> <td>Extremely satisfied</td> <td>Not applicable (no regulation)</td> <td>Don't know</td> </tr> </table>	1	2	3	4	5	97	98	Not at all satisfied	Hardly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Not applicable (no regulation)	Don't know
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A 18. Please briefly describe the rationale and justification for the level of satisfaction that you have selected. Notes:															
A 19. Does your company/entity have any formal agreement,	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>														

contract, or license to operate the water supply system?																					
A 20. What agency/government/ authority has given your company/entity its most recent contract/agreement/license to operate?	Name: 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/>																				
A 21. What is the starting year of the current contract/agreement/ license?	Starting Year: 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/> _ _ _ _ _																				
A 22. What is the ending year of the current contract/agreement/ license?	Ending Year: 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/> _ _ _ _ _																				
A 23. In what year did your company/entity first receive a contract/agreement/license to operate?	Year: 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/> _ _ _ _ _																				
A 24. For each of the following components, indicate whether they are specifically <u>assigned to your responsibility</u> as stated in any of your contracts/agreements/licenses (or other documents such as performance agreements and business plans).																					
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A 25. Does your company/entity maintain an up-to-date asset registry/listing of your assets?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/> GO TO A28																				
A 26. Can you show me your asset registry/listing	1 Yes – asset registry viewed by interviewer <input type="checkbox"/> 2 No <input type="checkbox"/> GO TO A28																				

A 27. Interviewer will now check which of the following components are present in the asset registry/listing		
Component	Presence	
i. Location of asset	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
ii. Age of asset	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
iii. Functionality of asset	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
iv. Specifications of asset	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
v. Asset value	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
A 28. Do you have a permit for extracting water from your water source(s)?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> GO TO A30 98 Don't know <input type="checkbox"/>	
A 29. Which body/authority issued your permit for extracting water from your water source(s)	<input type="checkbox"/> State Ecological Inspectorat (1) <input type="checkbox"/> Other (specify) _____ (8) <input type="checkbox"/> Not applicable (no permit for extraction) 97 <input type="checkbox"/> Don't know 98	
A 30. Does any regulatory agency or government authority ever inspect or ask for your reports on the quality of the water that you distribute (i.e. water quality testing results)?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
A 31. Does any regulatory agency or government authority ever inspect or ask for your reports on the geographic area that you provide water supply service to?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
A 32. Does any regulatory agency or government authority ever inspect or ask for your reports on the number of hours per day that you supply water to your customers?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
A 33. Where do you publish your tariffs and fees for the public?	<input type="checkbox"/> We do not publish them (1) <input type="checkbox"/> Posted on a signboard at or around the operator's office (2) <input type="checkbox"/> Posted on a signboard at or around the mayoralty office (3) <input type="checkbox"/> Other (specify) _____(96) <input type="checkbox"/> Don't know (98)	
A 34. How often do you have contact with representatives from your local government to discuss issues related to your water supply services?	<input type="checkbox"/> Never (1) <input type="checkbox"/> Irregularly or only when a problem arises (2) <input type="checkbox"/> Less than once per year (3) <input type="checkbox"/> Approximately once per year (4) <input type="checkbox"/> 2-4 times per year (5) <input type="checkbox"/> 5+ times per year (6) <input type="checkbox"/> Don't know (98)	
A 35. How often do you have contact with representatives from your district (raion) to discuss issues related to your water supply services?	<input type="checkbox"/> Never (1) <input type="checkbox"/> Irregularly or only when a problem arises (2) <input type="checkbox"/> Less than once per year (3) <input type="checkbox"/> Approximately once per year (4) <input type="checkbox"/> 2-4 times per year (5) <input type="checkbox"/> 5+ times per year (6)	

Don't know (98)

Section B. Operational characteristics

B 1. What is the total number of service connections to your water supply system (including domestic, public, commercial connections)?	Number: _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/>																				
B 2. How many households utilized in the last month the service provided by your water supply system (including those using public connections, standpipes, shared private connections)?	Number: _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/>																				
B 3. If you also provide sewerage services (question A7, answer ii), what is the total number of service connections to the sewerage system?	Number: _ _ _ _ _ _ _ 97 Not applicable (no sewerage) 98 Don't know <input type="checkbox"/>																				
B 4. How many total households exist in your service area?	Number: _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/>																				
<p>B 5. What do you believe to be the top 3 reasons why some households in the network area choose not to connect to your water supply system.</p> <p><i>Interviewer should let the respondent answer freely and fill-in the ranks (#1, #2, #3) into the table below. If the respondents provides an answer that is not already listed, they should fill-in the answer options in the 'other' category.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 80%; text-align: center;"><u>Reason</u></th> <th style="width: 20%; text-align: center;"><u>Rank (#)</u></th> </tr> </thead> <tbody> <tr> <td>i. Cannot afford the connection fee</td> <td></td> </tr> <tr> <td>ii. Cannot afford the tarrif for water usage</td> <td></td> </tr> <tr> <td>iii. Not satisfied with the aesthetic quality of the water (taste, smell, appearance)</td> <td></td> </tr> <tr> <td>iv. Not satisfied with the safety of the water (the degree of protection of the water system from likely sources of contamination that could threaten health)</td> <td></td> </tr> <tr> <td>v. Not satisfied with the reliability of the water supply (i.e. the number of hours per day that water service is available)</td> <td></td> </tr> <tr> <td>vi. Not satisfied with the billing and payment system</td> <td></td> </tr> <tr> <td>vii. Already satisfied with their existing water source</td> <td></td> </tr> <tr> <td>viii. Other (Specify) _____</td> <td></td> </tr> <tr> <td>ix. Other (Specify) _____</td> <td></td> </tr> </tbody> </table>		<u>Reason</u>	<u>Rank (#)</u>	i. Cannot afford the connection fee		ii. Cannot afford the tarrif for water usage		iii. Not satisfied with the aesthetic quality of the water (taste, smell, appearance)		iv. Not satisfied with the safety of the water (the degree of protection of the water system from likely sources of contamination that could threaten health)		v. Not satisfied with the reliability of the water supply (i.e. the number of hours per day that water service is available)		vi. Not satisfied with the billing and payment system		vii. Already satisfied with their existing water source		viii. Other (Specify) _____		ix. Other (Specify) _____	
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B 6. How many water supply connections did you have one year ago (including domestic, public, commercial connections)?	Number: _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/>																				
B 7. How many service connections did you (temporarily) disconnect over the past 1 year due to customer non-payment?	Number: _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/>																				
B 8. Do you have individual service contracts with each of your customers?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>																				
<p>B 9. What do you believe to be the top 3 reasons why some households who once had a connection chose to disconnect from the water supply system.</p> <p>97 Not applicable (no households decided to disconnect) <input type="checkbox"/></p>																					

Interviewer should let the respondent answer freely and fill-in the ranks (#1, #2, #3) into the table below. If the respondents provides an answer that is not already listed, they should fill-in the answer options in the ,other' category.

<u>Reason</u>	<u>Rank (#)</u>
i. Can no longer afford the tarrif for water usage	
ii. Not satisfied with the aesthetic quality of the water (taste, smell, apperence)	
iii. Not satisfied with the safety of the water	
iv. Not satisfied with the reliability of the water supply (i.e. the number of hours per day that water service is available)	
v. Not satisfied with the billing and payment system	
vi. Households have secured a new water source which they prefer to use	
vii. Moved away from service area	
viii. Other (Specify)_____	
ix. Other (Specify)_____	

B 10. Do you consider illegal connections to be a problem affecting your water supply operations?

1 Yes 2 No 98 Don't know

B 11. What water source(s) does your water system draw water from? Consider all sources used throughout the past year. Check all that apply.

<u>Water source</u>	<u>Presence</u>
i. Shallow groundwater (i.e. < 25 meters)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
ii. Deep groundwater (i.e. >25 meters)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
iii. Spring	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
iv. Lake / reservoir (standing surface water)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
v. River / stream (flowing surface water)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
vi. Another utility or water supply system	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
vii. Other (specify) _____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>

B 12. Has the maximum/potential yield of your primary water source ever been assessed?

1 Yes 2 No 98 Don't know

B 13. What is the latest measurement of your maximum/potential annual yield of your water source

Number: |_|_|_|_|_|_|_| 98 Don't know
m³/year

B 14. Does your current water source(s) have sufficient capacities of water to meet the needs of your customers during the hottest/driest times of the year?

1 Yes 2 No 98 Don't know

B 15. Does your current water source(s) have sufficient capacities of water to meet your expansion plans over the next 1-year?

1 Yes 2 No 97 Not applicable (no expansion plans) 98 Don't know

B 16. Indicate whether your water supply system has each of the features and components listed below:

Component	A. Presence	B. Maximum volume
------------------	--------------------	--------------------------

i.	Water intake pump (for water from the source)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
ii.	Raw water storage/tank/reservoir	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	Volume: _ _ _ _ _ _ _ meters³
iii.	Any water treatment	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
iv.	Floculation/sedimentation system	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
v.	Filtration system	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
vi.	Disinfection system at the facility (i.e. ozone, UV)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
vii.	Residual disinfection in the distribution network	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
viii.	Treated water storage/reservoir	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	Volume: _ _ _ _ _ _ _ meters³
ix.	Gravity-fed distribution system	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
x.	Pumping system to pressurize the distribution system	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
xi.	Metered household connections	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
xii.	Unmetered household connections	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
xiii.	Public standpipes / access points	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	

B 17. Do you record and monitor how often breakdowns and breakages occur in the entire water supply system (i.e. water intake, treatment, storage, and distribution systems)?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
--	---

B 18. Do you regularly both <u>monitor</u> and <u>record</u> the pressure of the water supply at various points in the distribution network?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
---	---

B 19. Does your water supply system measure water in/out flows at any of the following points? If so, what is the total volume of water at each stage for the past 1-year?			
Stage	A. Presence of flow measurements		B. Recorded or estimated volume (m ³ /year)
i. Input/pumping from the water source(s) (raw water)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	97 Not applicable <input type="checkbox"/>	98 Don't know <input type="checkbox"/> Number: _ _ _ _ _ _ _ m³/year
ii. Treated water (water exiting the treatment system)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	97 Not applicable <input type="checkbox"/>	98 Don't know <input type="checkbox"/> Number: _ _ _ _ _ _ _ m³/year
iii. Exiting from the water supply facility (into the distribution network)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	97 Not applicable <input type="checkbox"/>	98 Don't know <input type="checkbox"/> Number: _ _ _ _ _ _ _ m³/year
iv. Sold / distributed to private/public connection points	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	97 Not applicable <input type="checkbox"/>	98 Don't know <input type="checkbox"/> Number: _ _ _ _ _ _ _ m³/year

	(i.e. water meters)		
B 20. What is the <u>maximum</u> volume of water/day that your system is designed to supply/produce?			Volume: _ _ _ _ _ _ _ Meters³/day
B 21. How many service connection points have <i>functional</i> water meters?			Number: _ _ _ _ _ _ _
B 22. How many service connection points have <i>dysfunctional</i> water meters?			Number: _ _ _ _ _ _ _
B 23. How many connection points have no water meter?			Number: _ _ _ _ _ _ _
B 24. Consider your water supply operations for the time period over the past 1 month...			
Recent operations		Status	
i. Do you feel that your customers have typically been satisfied with the level of water pressure?		1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
ii. Do you feel that you have had any water pressure problems at the ends of the distribution system?		1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
iii. On average, approximately how many hours per day have your customers been able to access water from the service over the past 1 month?		Hours/day: _ _ _ 98 Don't know <input type="checkbox"/>	
iv. Do you supply water 24 hours per day? 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> TO B24vi			
v. If <24 hours per day, what are the main reasons why you are unable to provide water for 24 hours per day? (<i>Let the respondent answer freely and fill-in the table below accordingly</i>)			
Reason		Presence	
i. Insufficient water in the source		1	
ii. Intake pump is already operating at full capacity		2 <input type="checkbox"/>	
iii. Water storage volume is operating at full capacity		3	
iv. Water treatment system is operating at full capacity		4	
v. Insufficient staffing to operate for additional hours		5	
vi. Leakages in the distribution network		6	
vii. Irregular electricity supply		7	
viii. Electricity costs		8	
ix. Other (specify)_____		9	
x. Other (specify)_____		10	
xi. Other (specify)_____		11	
vi. Do you feel that your customers have typically been satisfied with the number of hours per day they can access water from their tap?		1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
B 25. We will define a <u>major</u> problem as when a problem occurs			Number: _ _ _ 98 Don't know <input type="checkbox"/>

<p>with the water supply that causes the system to be offline for more than 24 hours. Approximately how many major problems has your water supply system had in the past 1 year?</p>																						
<p>B 26. How many weeks ago was the last time your water supply had a major problem?</p>	<p>Weeks ago: 96 Never <input type="checkbox"/> 98 Don't know <input type="checkbox"/> _ _ _ _ _ GO TO B32</p>																					
<p>B 27. When this event occurred, for how many days was there no water available?</p>	<p> _ _ days <input type="checkbox"/> Don't know (98) <input type="checkbox"/> Not applicable (no problem) (97)</p>																					
<p>B 28. How many days did it take until the major problem was repaired?</p>	<p> _ _ days <input type="checkbox"/> Don't know (98) <input type="checkbox"/> Not applicable (no problem) (97)</p>																					
<p>B 29. What was the primary cause of the major problem?</p> <p>Notes:</p>																						
<p>B 30. What was the approximate cost to repair and fix the major problem?</p>	<p>Cost: _ _ _ _ _ _ _ _ Moldovan Leu</p>																					
<p>B 31. Who contributed funds towards the cost to fix the major problem? How much money did they contribute? <i>Select all that apply</i></p>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Contributors</th> <th style="width: 15%;"></th> <th style="width: 50%;">Contributed amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">i. Water supply entity/company</td> <td style="text-align: center; padding: 5px;">1</td> <td style="padding: 5px;">Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu</td> </tr> <tr> <td style="padding: 5px;">ii. Local Public Administration (level I – municipality)</td> <td style="text-align: center; padding: 5px;">2</td> <td style="padding: 5px;">Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu</td> </tr> <tr> <td style="padding: 5px;">iii. Local Public Administration (level II – raion)</td> <td style="text-align: center; padding: 5px;">3</td> <td style="padding: 5px;">Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu</td> </tr> <tr> <td style="padding: 5px;">iv. International entity</td> <td style="text-align: center; padding: 5px;">4</td> <td style="padding: 5px;">Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu</td> </tr> <tr> <td style="padding: 5px;">v. Service authority</td> <td style="text-align: center; padding: 5px;">5</td> <td style="padding: 5px;">Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu</td> </tr> <tr> <td style="padding: 5px;">i. Other (specify) _____</td> <td style="text-align: center; padding: 5px;">6</td> <td style="padding: 5px;">Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu</td> </tr> </tbody> </table>		Contributors		Contributed amount	i. Water supply entity/company	1	Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu	ii. Local Public Administration (level I – municipality)	2	Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu	iii. Local Public Administration (level II – raion)	3	Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu	iv. International entity	4	Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu	v. Service authority	5	Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu	i. Other (specify) _____	6	Cost: _ _ _ _ _ _ _ _ 98 Don't know <input type="checkbox"/> Moldovan leu
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<p>B 32. We will define a minor problem as when a problem occurs with the water supply that does not interrupt the service or only for less than 24 hours. Approximately how many minor problems has your water supply system had in the past 1 year?</p>	<p>Number: _ _ _ 98 Don't know <input type="checkbox"/></p>																					
<p>B 33. How many weeks ago was the last time your water supply had a minor problem?</p>	<p>Weeks ago: 96 Never <input type="checkbox"/> GO 98 Don't know <input type="checkbox"/> _ _ _ _ _ _ TO B36</p>																					
<p>B 34. What was the cause of the minor problem?</p>																						

Notes:																			
B 35. What was the approximate cost to repair and fix the minor problem?	Cost: _ _ _ _ Moldovan Leu																		
B 36. Describe any routine maintenance that your company/entity performs to ensure the continued functionality of the water system and to prevent breakdowns from happening in the future.																			
Notes:																			
B 37. Who do you seek support from when your company/entity cannot address technical repair/maintenance issues on its own?																			
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B 38. Do you provide water not fit for human consumption [i.e. Apa tehnica] or potable water intended for consumption	1 „Apa tehnica” <input type="checkbox"/> 2 Potable water <input type="checkbox"/> 98 Don't know <input type="checkbox"/>																		
B 39. How often is the water quality of your water supply system tested by the national authority (Centrul Teritorial de Sănătate Publică, “sanipit”)?	<input type="checkbox"/> Never (1) <input type="checkbox"/> Only when the water supply was constructed/established (2) <input type="checkbox"/> Less than once per year (3) <input type="checkbox"/> Approximately once per year (4) <input type="checkbox"/> Between monthly and yearly (5) <input type="checkbox"/> Once per month or more (6) <input type="checkbox"/> Don't know (98)																		
B 40. How often is the water quality of your water supply system tested by your company/entity?	<input type="checkbox"/> Never (1) <input type="checkbox"/> Only when the water supply was constructed/established (2) <input type="checkbox"/> Less than once per year (3) <input type="checkbox"/> Between monthly and yearly (including yearly) (4) <input type="checkbox"/> Between weekly and monthly (including																		

	monthly) (5) <input type="checkbox"/> Between daily and weekly (including weekly) (6) <input type="checkbox"/> Daily (7) <input type="checkbox"/> Don't know (98)																																								
B 41. Has your water supply been tested for <i>microbiological</i> parameter(s) by any entity at least once in the past 1 year?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>																																								
B 42. Has your water supply been tested for <i>chemical</i> parameter(s) by any entity at least once in the past 1 year?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>																																								
B 43. Who is involved in conducting the water testing for samples from your water supply system? <i>Check all that apply</i>	<input type="checkbox"/> Not applicable (no testing) <input type="checkbox"/> Tested by staff/officers of my entity/company onsite <input type="checkbox"/> Tested by Centrul Teritorial de Sănătate Publică <input type="checkbox"/> Another laboratory <input type="checkbox"/> Other (specify)																																								
B 44. The interviewer will ask to review the last available version of a water testing results report. Were the results shown to you?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/> GO TO B47																																								
B 45. Interviewer: ask if you can make a copy or take a picture of the water testing results report	<input type="checkbox"/> Yes, permission was given <input type="checkbox"/> No																																								
B 46. For each of the following water quality testing parameters, indicate whether the parameter was tested in the previous water quality testing report provided to you. If so, indicate the value/concentration for the parameter and its units.																																									
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B 47. How satisfied are you with technical operations associated with your water supply that we have discussed so far? (considering the production and delivery of water and quality of service to the customers)	1 2 3 4 5 98 Not at all satisfied Hardly satisfied Somewhat satisfied Very satisfied Extremely satisfied Don't know																																								
B 48. Briefly describe the rationale for the level of satisfaction that you have selected.																																									
Notes:																																									

B 49. Does your water supply collect and record customer complaints?	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
B 50. How many complaints have been made in the past 3 months?	Number: _ _ _ _	97 Not applicable (no collection/record of customers complaints) <input type="checkbox"/>	

Section C. Human resources and capacity

C 1. How many <u>full-time</u> staff does the company/entity employ specifically for water supply related operations and functions?	Number: _ _ _ _	98 Don't know <input type="checkbox"/>
C 2. How many <u>part-time</u> staff does the company/entity employ specifically for water supply related operations and functions?	Number: _ _ _ _	98 Don't know <input type="checkbox"/>

C 3. For each staffing position listed, indicate whether your water supply system has this position active.			
a. Director/president/manager	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
b. Board of directors	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
c. General Assembly	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
d. Audit commission	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
e. Members of the organisation	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
f. Secretary	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
g. Accountant	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
h. Operator/technician	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
i. Other (specify) _____	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
j. Other (specify) _____	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>

C 4. Have any of the following external support functions to your water supply operations been received over the past two years? Interviewer should read one-by-one to the respondent

Type of support	Presence
i. No support	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/> GO TO C5
ii. Legal support	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
iii. Regulatory support for tariff setting	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
iv. Regulatory support for public consultation	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
v. Managerial support	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
vi. Administrative support (i.e. billing, accounting, reporting, etc)	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
vii. Technical support for feasibility/design for extension/upgrade	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
viii. Technical support for major repairs	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
ix. Technical support for rehabilitation	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
x. Other (specify) _____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
xi. Other (specify) _____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>

C 5. Which of the following agencies/entities have ever provided training to your water supply team?	
Source of training	Presence
i. Local organisation/NGO	1
ii. International organisation/NGO	2

	iii. Commercial training provider	3												
	iv. AMAC (Association of Moldovan Water and Sanitation Utilities)	4												
	v. Vocational institute	5												
	vi. Other (specify)_____	6												
	vii. Never have had any training	7												
C 6. What were the source(s) of the funds to pay for the training?														
	Source of funds for training	Presence												
	i. Water supply itself	1												
	ii. Organisation/NGO	2												
	iii. National government	3												
	iv. International donor	4												
	v. Other (specify)_____	5												
	vi. Never have had any training	6												
C 7. Estimate how many total days over the past year your administrative/finance/ management staff have participated in trainings.	Number: _ _ _ _ days/yr 98 Don't know <input type="checkbox"/>													
C 8. Estimate how many total days over the past year your technical staff have participated in trainings.	Number: _ _ _ _ days/yr 98 Don't know <input type="checkbox"/>													
C 9. How satisfied are you with the <u>quantity</u> (number) of the human resources currently staffed by your company/entity for water supply operations and functions?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">98</td> </tr> <tr> <td style="text-align: center;">Not at all satisfied</td> <td style="text-align: center;">Hardly satisfied</td> <td style="text-align: center;">Somewhat satisfied</td> <td style="text-align: center;">Very satisfied</td> <td style="text-align: center;">Extremely satisfied</td> <td style="text-align: center;">Don't know</td> </tr> </table>		1	2	3	4	5	98	Not at all satisfied	Hardly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know
1	2	3	4	5	98									
Not at all satisfied	Hardly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know									
C 10. Briefly describe the rationale for the level of satisfaction that you have selected.														
Notes:														
C 11. What (if any) barriers exist to meeting your human resource <u>quantity</u> needs?														
	Source of funds for training	Presence												
	i. No qualified staff available	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>												
	ii. Insufficient finances available	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>												
	iii. Qualified staff unwilling to work for the salary levels proposed	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>												
	iv. Other (specify)_____	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>												
C 12. How satisfied are you with the <u>qualifications and quality</u> of the human resources currently staffed by your company/entity for water supply operations and functions?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">98</td> </tr> <tr> <td style="text-align: center;">Not at all satisfied</td> <td style="text-align: center;">Hardly satisfied</td> <td style="text-align: center;">Somewhat satisfied</td> <td style="text-align: center;">Very satisfied</td> <td style="text-align: center;">Extremely satisfied</td> <td style="text-align: center;">Don't know</td> </tr> </table>		1	2	3	4	5	98	Not at all satisfied	Hardly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know
1	2	3	4	5	98									
Not at all satisfied	Hardly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know									
C 13. Briefly describe the rationale for the level of satisfaction that you have selected.														

Notes:

C 14. What (if any) barriers exist to meeting your human resource quality needs?

Notes:

C 15. List and describe the top 5 training/coaching topics that would most benefit your company/entity's ability to improve its functioning and delivery of quality water supply services? For each topic, indicate who (which positions) within your company/entity should be trained.

Notes:

Training topic/theme	Training recipient (i.e. relevant job position)	Days per person per year of classroom training for your technical staff if there would exist relevant training	Days per person per year of on-the-job training for your technical staff if there would exist relevant training
1.			
2.			
3.			
4.			
5.			

Section D. Investment and Financial characteristics

D 1. What was the initial cost of the water supply system when it was first constructed (as per the year provided under question A3)?

Number: |_|_|_|_|_|_|_|_|_|_| 98 Don't know

|_|_|

Moldovan Leu

D 2. Describe the donors/investors/loans/grants/local contributions towards the financing of the original construction of the water supply system by proportion:

97 Not applicable (the system was constructed during soviet times)

Proportion:	A. Source of funds	B. Funding type
i. Percent: _ _ _ %	<input type="checkbox"/> Local Public Administration - Municipality (1)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)
ii. Percent: _ _ _ %	<input type="checkbox"/> Local Public Administration - Raion (2)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96)

		<input type="checkbox"/> Don't know (98)
iii. Percent: _ _ %) <input type="checkbox"/> National Environmental Fund (3)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)
iv. Percent: _ _ %	<input type="checkbox"/> National Fund for Regional Development (4)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)
v. Percent: _ _ %	<input type="checkbox"/> Central Public authorities (5)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)
vi. Percent: _ _ %	<input type="checkbox"/> Donor funded programs (6)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)
vii. Percent: _ _ %	<input type="checkbox"/> Community contribution (7)	
viii. Percent: _ _ %	<input type="checkbox"/> Other (specify) _____ (96)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)

D 3. In what year(s) were any major rehabilitation or expansion works conducted (list only the last 3 if >3)? Please indicate the approximate cost and source of funds.

Year	A. Costs	B. Source of funds	C. Funding type
i. Year: _ _ _ _ _	Cost: _ _ _ _ _ _ _ Moldovan leu 98 Don't know <input type="checkbox"/>	<input type="checkbox"/> Local Public Administration - Municipality (1) <input type="checkbox"/> Local Public Administration - Raion (2) <input type="checkbox"/> National Environmental Fund (3) <input type="checkbox"/> National Fund for Regional Development (4) <input type="checkbox"/> Central Public authorities (5) <input type="checkbox"/> Donor funded programs (6) <input type="checkbox"/> Community contribution (7) <input type="checkbox"/> Water supply company/entity itself (8) <input type="checkbox"/> Other (specify) _____ (96)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)
ii. Year: _ _ _ _ _	Cost: _ _ _ _ _ _ _ Moldovan leu 98 Don't know <input type="checkbox"/>	<input type="checkbox"/> Local Public Administration - Municipality (1) <input type="checkbox"/> Local Public Administration - Raion (2) <input type="checkbox"/> National Environmental Fund (3) <input type="checkbox"/> National Fund for Regional Development (4) <input type="checkbox"/> Central Public authorities (5)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)

		<input type="checkbox"/> Donor funded programs (6) <input type="checkbox"/> Community contribution (7) <input type="checkbox"/> Water supply company/entity itself (8) <input type="checkbox"/> Other (specify) _____ (96)	
iii. Year: _ _ _ _ _ _	Cost: _ _ _ _ _ _ _ Moldovan leu 98 Don't know <input type="checkbox"/>	<input type="checkbox"/> Local Public Administration - Municipality (1) <input type="checkbox"/> Local Public Administration - Raion (2) <input type="checkbox"/> National Environmental Fund (3) <input type="checkbox"/> National Fund for Regional Development (4) <input type="checkbox"/> Central Public authorities (5) <input type="checkbox"/> Donor funded programs (6) <input type="checkbox"/> Community contribution (7) <input type="checkbox"/> Water supply company/entity itself (8) <input type="checkbox"/> Other (specify) _____ (96)	<input type="checkbox"/> Grant (1) <input type="checkbox"/> Loan (2) <input type="checkbox"/> Contribution (3) <input type="checkbox"/> Other (specify) _____ (96) <input type="checkbox"/> Don't know (98)
D 4. What was your company/entity's total <u>quantity of water sold</u> in the past fiscal year for which you have a complete record	A. Year (from)	B. Year (to)	C. Total water sold (m ³)
			_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
D 5. What was your company/entity's total <u>cash revenue/income</u> associated with water sales over the past fiscal year for which you have a complete record?	A. Year (from)	B. Year (to)	C. Total water revenue (MDL)
			_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
D 6. What was your company/entity's total <u>billed revenue</u> associated with water sales over the past fiscal year for which you have a complete record?	A. Year (from)	B. Year (to)	C. Total water revenue (MDL)
			_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
D 7. Did your company/entity receive any grants/subsidies/transfers during the past fiscal year?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>		
D 8. Describe the details of these grants/subsidies Notes: Provider: Amount: Duration: Purpose/usage: Conditions requested by donors:			
D 9. Did you have any active loans over the past fiscal year?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>		
D 10. Describe the details of these loans Notes: Provider: Amount:			

Duration:		
Purpose/usage:		
Interest rate:		
D 11. Does your water supply company/entity charge a fee for customers to establish new connections to the water supply?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
D 12. How much is the fee for a <u>typical</u> new connection to the water supply?	Fee: _ _ _ _ _ 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/> Moldovan Leu	
D 13. Describe the fee structure for new water supply connections that applies to your customers (i.e. fee may be based on distance to the water main or socio-economic status of the household).		
Notes:		
D 14. Does your water supply company/entity charge customers a <u>flat/standardised</u> fee for using the water supply service?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
D 15. How much is the <u>typical</u> household flat fee tariff per month?	Fee: _ _ _ _ _ 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/> Moldovan Leu / month	
D 16. Does your water supply company/entity charge customers a fee based on the quantity of water used from a connection to the water supply?	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>	
D 17. How much is the <u>typical</u> household tariff for one m³?	Fee: _ _ _ _ _ 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/> Moldovan Leu / m ³	
D 18. Please indicate your tariff structure for water usage based on volume sold per month. Note: Each row represents a different range of water volume sold and its corresponding fee.	A. Consumption level B. Fee	
	i. a) From : _ _ _ _ m ³ b) To: _ _ _ _ m ³	Fee: _ _ _ _ _ Moldovan Leu
	ii. a) From : _ _ _ _ m ³ b) To: _ _ _ _ m ³	Fee: _ _ _ _ _ Moldovan Leu
	iii. a) From : _ _ _ _ m ³ b) To: _ _ _ _ m ³	Fee: _ _ _ _ _ Moldovan Leu
	iv. a) From : _ _ _ _ m ³ b) To: _ _ _ _ m ³	Fee: _ _ _ _ _ Moldovan Leu
	97 Not applicable (no threshold for water quantity) <input type="checkbox"/>	
D 19. When was the last year that your tariffs were revised or re-assessed?	Year: 96 Never 97 Not applicable <input type="checkbox"/> 98 Don't know <input type="checkbox"/> _ _ _ _ _ <input type="checkbox"/>	
D 20. What is the frequency that you request	<input type="checkbox"/> Monthly (1)	

supply system operations?		
D 32. In what year was the last statement/report produced?	Year: _ _ _ _ reports ever produced) <input type="checkbox"/>	97 Not applicable (no reports ever produced) <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
D 33. Is the statement/report made public?	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
D 34. Have your books of accounts been audited in the past 2 years?	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/> 98 Don't know <input type="checkbox"/>
D 35. How satisfied are you with the financial health of your water supply operations?	1 Not at all satisfied	2 Hardly satisfied
	3 Somewhat satisfied	4 Very satisfied
	5 Extremely satisfied	98 Don't know
D 36. Briefly describe the rationale for the level of satisfaction that you have selected.		
Notes:		

Section E. Priorities and plans

E 1. Does your water supply entity/company have a medium-term (i.e. 3-5 year) business plan?	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	98 Don't know <input type="checkbox"/>
E 2. Consider and list the top 3 areas related to your water supply operations that you would wish could improve in order to deliver better services to your customers? Consider all topics – even those outside of the control of your entity/company, such as regulation and enforcement, management, training and technical support, financing, human resources, etc. For each improvement, what needs to happen in order to realize them.			
Nº	Improvements	What needs to happen to realize the improvement?	
1			
2			
3			
E 3. Consider and list the top 3 most important <u>initiatives or activities</u> that your entity/company <u>plans to conduct and complete</u> over the next 1-2 years to either expand its operations and/or to improve its management, organisation, accountability, operations, and/or service.			
Nº	Initiative / Activity		
1			

2	
3	

E 4. Consider and list the top 3 most important initiatives or activities that your entity/company plans to conduct and complete over the next 3-10 years to either expand its operations and/or to improve its management, organisation, accountability, operations, and/or service.

Nº	Initiative / Activity
1	
2	
3	

E 5. How confident are you about the future health and sustainability of your water supply operations?

1	2	3	4	5	98
Not at all confident	Hardly confident	Somewhat confident	Very confident	Extremely confident	Don't know

E 6. Briefly describe the rationale for the level of confidence that you have selected.

Notes:

E 7. As you may know, the water sector in Moldova is undergoing reforms which will continue in the future. Under which conditions would you accept to delegate your water supply services to a larger operator?

Notes:

E 8. In case of potential future delegation of water supply services to a larger operator, in what ways would you want to be involved in this initiative?

Notes:

E 9. This concludes our survey of your water supply service operations. We thank you for your time and for contributing to the quality of this study. Is there any other information that you would like to share with us?

Notes:

Time of completion: ___ ___ : ___ ___ (24 hour time)