# C1a. Delegated Management Model Study: Water Service Provider Questionnaire (Kiosk owner or hand-cart vendor)

Date: dd /mm/yyyy

Respondent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent Cell no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview start time \_\_\_\_:\_\_\_

Interview end time \_\_\_\_:\_\_\_

EA ID / NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kiosk ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Team Staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPS coordinate pick from SurveyCTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

## Interview outcome

AGREED TO INTERVIEW / POSTPONED / REFUSED / OTHER REASON NO INTERVIEW – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLOSE INTERVIEW IF POSTPONED / REFUSED / OTHER REASON NO INTERVIEW. IF AGREED, THEN CONTINUE.

## Personal details and affiliation with community served:

1. **Respondent type:**

Kiosk main operator / hand-cart vendor / OTHER. sPecify: \_\_\_\_\_\_\_\_

1. **Gender of respondent**

MALE / FEMALE

1. **Respondent age 18-30 YEARS / 31-40 YEARS / 41-50 YEARS / OVER 50 YEARS**
2. **Would you describe yourself as:**

BUSINESS OWNER / SELF-EMPLOYED / EMPLOYEE / MANAGER / OTHER (specify: \_\_\_\_\_\_)

1. **Which area do you live in now?**

IN OR CLOSE TO THE AREA WHERE MY WATER CUSTOMERS LIVE / elsewhere in Kisumu County / outside of Kisumu County

1. **Which area did you grow up in?**

IN OR CLOSE TO THE AREA WHERE MY WATER CUSTOMERS LIVE / elsewhere in Kisumu County / outside of Kisumu County

*If a hand-cart vendor is being interviewed, please skip to the final section of this questionnaire.*

*If kiosk operator, answer the following questions:*

## Metrics of service provider formality

1. **Who owns this kiosk/standpipe?**

Self or owner / My parents / Spouse / Employee / Relative or Friend /Group (Specify) …………………………………………………………………………………. *(Check Registration as Group/CBO)*

1. **Who manages the network you are connected to?**

SELF / WATER COMPANY, I.E. KIWASCO / GROUP OR CBO – SPECIFY / MASTER OPERATOR / OTHER - SPECIFY……………………………………………………………………………………………………

If answer is SELF to Q8, then do not ask Q9 and following questions.

1. **Do you have an agreement with the Water company (KIWASCO) / master operator / group or CBO to operate this kiosk?**

YES / NO / DO NOT KNOW / NOT WILLING TO SAY

*if No or don’t know, skip next question.*

1. **May we see your agreement with the water company, KIWASCO, master operator, group or CBO (e.g. sole proprietorship agreement or business licence), just to confirm this?**

OBSERVED / NOT OBSERVED / PERMISSION REFUSED

*If kiosk is managed by a CBO or group according to Q7, ask the following three questions:*

1. **How often does your group meet?**

WEEKLY OR MORE FREQUENTLY / MONTHLY / QUARTERLY / YEARLY / LESS FREQUENTLY OR NEVER / DO NOT KNOW

1. **Do you keep minutes or records when you meet?**

YES / NO / DO NOT KNOW

*If Yes to Q12, ask Q13, otherwise skip to Q14*

1. **May we see a copy of your minutes or records, just to confirm this?**

MINUTES OR RECORDS OBSERVED / NOT OBSERVED / PERMISSION REFUSED

1. **Is your group or business registered, for example as a partnership or Joint Venture?**

YES / NO / DO NOT KNOW

*If YES, ANSWER Q15-16 IF NO, SKIP TO Q17. IF DO NOT KNOW, SKIP TO Q18.*

1. **May we see a copy of the registration document, just to confirm this?**

REGISTRATION DOCUMENT OBSERVED / NOT OBSERVED / PERMISSION REFUSED

*If registration document is observed in Q15, answer Q16. Otherwise, skip to Q18.*

1. **What kind of registration document is this?**

SOLE PROPRIETOR BUSINESS / JOINT VENTURE BUSINESS / LIMITED COMPANY / PARTNERSHIP BUSINESS / GROUP REGISTERED WITH SOCIAL SERVICES / NOT SURE

*If NO to Q14, ask Q17:*

1. **Are there any issues that have prevented you from registering?**

NOT SURE OF PROCESS / FORMS TOO COMPLICATED / COST OF REGISTRATION / OTHER SPECIFY: \_\_\_\_\_\_\_\_\_\_\_

1. **Are you part of any water vendor or other business associations?**

YES: specify \_\_\_\_\_ / NONE / DO NOT KNOW

## Business history, operations and finances

1. **How long has your kiosk business been in operation? (years)..........................................**
2. **Since you started your business, would you describe it as:**

GROWING / STAYING ABOUT THE SAME / STRUGGLING / DON’T KNOW

1. **How many hand-cart vendors buy water from your kiosk a typical day?**

NO. HAND-CART VENDORS …………………

1. **Estimate the number of household customers that buy water from your Kiosk per day:**

No. Households…………………………….

1. **Approximately how many 20/25-litre Jerrycans do you sell per day?**

No. jerrycans………………………………………………

1. **How much do you charge for a jerrycan of water?**

KSh:.......................

1. **How long does it usually take for a household to get/collect water from your kiosk?**

………………… Mins

1. **How much do you pay per unit of water from the utility?**

Price (KSh): …………………………………………………

Per Unit: LITRE / CUBIC METRE / MEGA-LITRE

1. **How much water did you purchase from the utility this past month?**

No. of Units: ……………………………………… Unit: LITRE / CUBIC METRE / MEGA-LITRE

1. **What payment system do you use?**

I pay Manual / I use Mpesa (Automated) / do not know

1. **In the past month, please estimate the amount of money you spent on salary and any related employment costs for your employee(s): *[enter 0 if you have no employees]***

KSh…………………………your employee(s)

1. **In the past month, please estimate the amount of money you spent on salary and any related employment costs for yourself:**

KSh……….yourself

1. **In the past month, how much did you spent on repairs (e.g. replacement of taps or fixing pipeline) and other maintenance?**

KSh……………

1. **In the past month, how much did you spend on any other costs?**

Specify type of cost:

KSh……………

1. **Is your kiosk business able to sustain you/your family as a source of income?**

YES – FULLY / YES – PARTIALLY / NO – A STRUGGLE / DON’T KNOW

1. **Do you have any other source of income?**

YES / NO / DO NOT KNOW

1. **Indicate the amount (if any) owed to you by your customers *[Enter 0 if no money is owed]***

Households collecting water directly KSh:……….

HAND-CART OPERATORS KSH:….

1. **Do you struggle to pay your KIWASCO / master operator bill regularly?**

YES / NO / DO NOT KNOW

1. **How would you rate your satisfaction with your relationship with KIWASCO or the master operator?**

Very satisfied / Satisfied / No strong view / Not satisfied / very unsatisfied

1. **How would you rate your satisfaction with your relationship with households you serve from your kiosk?**

Very satisfied / Satisfied / No strong view / Not satisfied / very unsatisfied

1. **How would you rate your satisfaction with your relationship with hand-cart operators ?**

Very satisfied / Satisfied / No strong view / Not satisfied / very unsatisfied / NO HAND CART OPERATORS

## **Establishment cost (**Business Financing, sources of capital-bank loans, owner contribution, venture capital, capital Register)

1. **When you set up your kiosk , how much did it cost you to be connected to utility water?**

KSh:……………………………………………….. DO NOT KNOW / CANNOT REMEMBER: 9999

1. **Where did you get your capital for starting up?** *[select all that apply]*

Self or own savings / KIWASCO / Loan (SACOO) / LOAN (BANK) / Friends or Relatives / Other specify: \_\_\_\_

1. **Kindly estimate the total amount of money you spent (from all sources) to start running your kiosk**

KSh:……………………..

1. **Since you started your business, apart from start-up finances, have you received support for your business from any government or NGO-led initiatives?**

YES: specify \_\_\_\_\_ / NONE / DO NOT KNOW

### Water supply interruptions

1. **Is water always available from the network you are connected to?**

YES WATER IS ALWAYS AVAILABLE / NO WATER IS AVAILABLE MOST OF THE TIME / NO WATER IS AVAILABLE SOME OF THE TIME / NO WATER IS RARELY AVAILABLE / DON’T KNOW

1. **What are the reasons that water is not always available?** *[multi-select]*

PROBLEMS PAYING FOR WATER / ILLEGAL CONNECTION PROBLEMS WITH MASTER OPERATOR NETWORK / ILLEGAL CONNECTION PROBLEMS WITH KIWASCO NETWORK / OTHER PROBLEMS WITH MASTER OPERATOR NETWORK / OTHER PROBLEMS WITH KIWASCO NETWORK

1. **In a typical week, how many hours per day is water supplied on average?**

24 HOURS PER DAY / 18-24 HOURS PER DAY / 12-17 HOURS PER DAY / 6-11 HOURS PER DAY / <6 HOURS PER DAY / DON’T KNOW

1. **Do you have any water storage tanks that you manage for your kiosk?**

YES / NO / DO NOT KNOW

*If Yes:*

1. **How many litres do all of your storage tanks hold in total?**

\_\_\_\_ Litres

*If NO:*

1. **Is there a reason why you have no storage tanks?** *Tick all that apply.*

COST OF INSTALLATION / NOT ALLOWED BY CONTRACT WITH KIWASCO OR MASTER OPERATOR / NO NEED / OTHER specify: \_\_\_\_\_\_\_

1. **Do you have any treatment processes that you use on your part of the network to make water safer to drink?**

YES / NO / DO NOT KNOW

*If Yes:*

1. **What treatment do you use to make the water from your part of the network safer to drink?** *Tick all that apply.*

PRE-FILTRATION / REVERSE OSMOSIS / ULTRA-VIOLET TREATMENT / CHLORINATION / FILTRATION / OTHER – SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If NO:*

1. **Is there a reason why you do not run any treatment processes?** *Tick all that apply.*

COST OF INSTALLATION / RUNNING COSTS / NOT ALLOWED BY CONTRACT WITH KIWASCO / NO NEED / OTHER specify: \_\_\_\_\_\_\_

1. **Are there cases of illegal connections around here?**

*YES / NO / DO NOT KNOW / NOT WILLING TO SAY*

If YES to Q53,

1. **What do you do if you come across an illegal connection?**

REPORT / IGNORE IT OR KEEP QUIET / LEAVE TO SOMEONE ELSE TO REPORT / NOT WILLING TO SAY

## Questions and related observations for Handcart Vendors:

### Business operations

1. **How long have you worked as a hand-cart vendor?**

Years: \_\_\_\_\_\_\_\_\_\_\_

1. **Do you have regular customers who buy your water?**

YES – MOST OR ALL / YES – SOME / FEW / NONE

1. **Do you always buy your water from the same kiosk?**

YES – ALWAYS / YES – MOST OF THE TIME / YES – SOMETIMES / NO

1. **Why do you use that kiosk?**

*[Select all reasons that apply]*

GOOD PRICE / WATER QUALITY / CONVENIENCE / RELATIONSHIP WITH KIOSK OPERATOR / AVAILABILITY OF PIPED WATER / OTHER Specify: \_\_\_\_\_\_

1. **How much do you pay the kiosk for a 20Litre jerry can of water that you sell?**

KSh: \_\_\_\_\_\_\_\_\_\_\_\_

1. **How much do you charge customers for a 20Litre jerry can of water from the kiosk?**

KSh: \_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you ever buy water from hand-dug wells?**

YES / NO / NOT WILLING TO SAY / DO NOT KNOW

*If YES.*

1. **How much do you pay the well owner for a 20Litre jerrycan of water?**

KSh: \_\_\_\_\_\_\_\_\_\_\_

1. **How much do you charge customers for a 20Litre jerrycan of well water?**

KSh: \_\_\_\_\_\_\_\_\_\_\_

1. **Do you ever buy water from anywhere else?**

YES / NO / NOT WILLING TO SAY / DO NOT KNOW

*If YES, answer next 2 questions.*

1. **Where do you buy this water from?**

Record other type of water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How much do you pay for a 20Litre jerrycan of water from this other source?**

KSh: \_\_\_\_\_\_\_\_\_\_\_

1. **What is the lowest price that you charge your customers for a 20 litre jerrycan of water?**

PRICE per jerrycan: KSh: \_\_\_\_\_\_\_\_\_\_\_

1. **Under what circumstances do you offer this lower price?** *[select all that apply]*

TO REGULAR OR LOYAL CUSTOMERS / WHEN PEOPLE BUY A LOT OF WATER / FOR WELL WATER / FOR WATER FROM ELSEWHERE / OTHER Specify: \_\_\_\_\_\_\_\_

1. **What is the highest price that you charge your customers for a 20 litre jerrycan of water?**

PRICE per jerrycan: KSh: \_\_\_\_\_\_\_\_\_\_\_

1. **Under what circumstances do you offer this higher price?** *[select all that apply]*

TO OCCASIONAL CUSTOMERS / WHEN PEOPLE BUY ONLY A LITTLE WATER / FOR PIPED WATER / FOR WATER FROM ELSEWHERE / OTHER Specify: \_\_\_\_\_\_\_\_

1. **How many jerrycans of water do you typically sell in a week?**

No. of jerrycans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When was the last time you had to replace your jerrycans?**

WITHIN THE LAST MONTH / WITHIN THE LAST 6 MONTHS / WITHIN THE LAST YEAR / LONGER THAN THIS / NEVER / DON’T KNOW

*If answer is not never or don’t know*

1. **How many jerry-cans needed replacing or buying?**

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Business formality

1. **Are you registered with the government as self-employed?**

YES / NO / DON’T KNOW

1. **Are you part of a vendors’ association?**

YES / NO / DON’T KNOW

### Observations of container filling

1. **May we observe you filling your containers for selling?**

YES / NOT POSSIBLE, E.G. BECAUSE NO KIOSK WATER OR CONTAINERS FILLED ALREADY / PERMISSION NOT GRANTED

*[Direct Observations]*

1. **Is there somewhere for vendors to wash hands at the place of vending operations?** *[observe and record what you see, do not ask]*

YES / NO / CANNOT OBSERVE

1. **Is there soap or detergent available now for hand-washing?** *[observe and record what you see, do not ask]*

*[observe]*

YES / NO OR FINISHED / CANNOT OBSERVE

1. **Is there water available now for hand-washing?** *[observe and record what you see, do not ask]*

[observe]

YES / NO / CANNOT OBSERVE

1. **Does the hand-cart operator clean the container before refilling?** *[observe and record what you see, do not ask]*

NO / YES – OUTSIDE WITH WATER ONLY / YES – OUTSIDE WITH WATER AND DETERGENT OR SOAP / YES – INSIDE WITH WATER ONLY / YES – INSIDE WITH WATER AND DETERGENT OR SOAP / CANNOT OBSERVE / OTHER – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does the hand-cart operator pour water between different containers?** *[observe and record what you see, do not ask]*

YES / NO / CANNOT OBSERVE

1. **Does the water being sold get treated by the hand-cart vendor or at the kiosk in any way?** *[observe and record what you see, do not ask]*

YES / NO / CANNOT OBSERVE

1. **How does the water get treated?** *[only answer this question if you can observe if the water being sold gets treated]*

CHLORINATION BY KIOSK / FILTRATION BY KIOSK / ULTRA-VIOLET TREATMENT BY KIOSK / REVERSE OSMOSIS BY KIOSK / HANDCART OPERATOR ADDS WATERGUARD / HANDCART OPERATOR STRAINS THROUGH CLOTH / OTHER HANDCART OPERATOR TREATMENT Specify: \_\_\_\_\_\_\_\_\_\_\_

1. **What type of containers are used for selling water?** *[observe and record what you see, do not ask. Multi-select]*

20 LITRE – CLOSED OR WITH LID / 20 LITRE – SMALL OPENING / 20 LITRE – LARGE OPENING / OTHER CONTAINER: Specify: \_\_\_\_\_\_\_\_\_\_\_\_

*The following section is for all respondents – both handcart vendors and kiosk operators etc.*

### Water sampling and current availability

1. **Do you have water available now?**

YES / NO

*If No.*

1. **Why is there no water available now?**

*[multi-select]*

PROBLEMS PAYING FOR WATER / ILLEGAL CONNECTION PROBLEMS WITH RESPONDENT’S NETWORK / ILLEGAL CONNECTION PROBLEMS WITH KIWASCO NETWORK / OTHER PROBLEMS WITH RESPONDENT’S NETWORK / OTHER PROBLEMS WITH KIWASCO NETWORK

1. **For how long has water been unavailable?**

\_\_ HOURS

\_\_ DAYS

*If water is available:*

1. **May we take a sample of your water please:**

YES – PERMISSION GRANTED / NO – PERMISSION NOT GRANTED

1. **Use strip test to measure free chlorine level in sample:**

FREE CHLORINE LEVEL: \_\_\_\_\_\_\_\_\_ mg/L

1. **Observe characteristics of sample:**

CLEAR / CLOUDY / WITH PARTICLES

1. **Barcode for sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**