



Energy Survey
Health Facility Questionnaire for Impact Evaluation and Tier Analysis
Version 10 English

A. COMMUNITY IDENTIFICATION

A.1	Region Name		See codebook
A.2	Region Code		See codebook
A.3	District Name		See codebook
A.4	District Code		See codebook
A.5	Village/Town Name		
A.6	Locality		Urban.....1 Rural.....2 Peri-urban.....3
A.7	Interview Language		
A.8	Community ID		See codebook
A.9	GPS Coordinates of education facility	a. Latitude ° . 's	b. Longitude ° . 'e

***RESPONDENT SHOULD BE THE ADMINISTRATOR OR THE PERSON TASKED WITH PAYING THE BILLS**

****THE HEALTH FACILITY SHOULD BE SELECTED BY THE MOST FREQUENTLY USED BY MAJORITY MEMBERS OF THE COMMUNITY.**

B. COMMUNITY HEALTH FACILITY

Provide information on the informant for the Education Facility questionnaire.

	B.1	B.2	B.3	B.4	B.5	B.5B	B.6	B.7	B.8	B.9	B.10
HEALTH FACILITY CODE	CAPI/: Record the start time of interview	CAPI/: Record day and month of interview	Name of respondent	Sex	What is the highest educational qualification you have acquired?	How many years of [B.5] has [NAME] completed?	What position do you currently hold in this facility?	For how many years have you held this position at this facility? Years	What is the contact phone number for the facility?	What is the name of this facility?	What is the type or level of this facility?
	a. Hour b. Min	a. Month b. Day		Code Male.....1 Female.....2	Code None.....1 Primary.....2 Secondary JS.....3 Secondary MSC...4 Vocational/ Technical School.....5 University.....6 Masters.....7 Post-Grad.....8		Code Nurse.....1 Clinician/medical assistant...2 Doctor.....3 Facility supervisor.....4 Facility administrator.....5 Other, specify.....555		IF NO PHONE NUMBER, ENTER "99"	Name of facility	Code Health Center.....7 Hospital.....8 Dispensary.....9 Other (Specify).... 555

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	B.11	B.12	B.13	B.14	B.15	B.16	B.17	B.18	B.19
HEALTH FACILITY CODE	What type of facility is this?	How many people are employed at this facility?	How many patients visit this facility per day on average when the facility is open?	How many patient beds does the facility have?	Does this facility operate for 24hrs? Yes...1 → B.18 No...2	What time does this facility usually open and close?		Does this facility have electricity from any source, including grid connection, generator, solar power, or rechargeable batteries? Yes.....1 → B20 No.....2	What is the primary (most commonly used) lighting source for the facility? CODE No source of lighting.....1 Grid-based electricity.....2 Mini-grid based electricity....3 Off-grid based electricity.....4 Kerosene lamps.....5 Candles.....6 Dry cell battery.....7 Other, specify.....555 ALL → B.58
	CODE Public/Government facility.....1 Private facility.....2 Religious group affiliated facility.....3 NGO/Non-profit affiliated facility.....4 Other, specify.....555	Number of employees					a. Opening time	b. Closing time	
						a. AM b. PM	a. AM b. PM		

	ALL					GRID
HEALTH FACILITY CODE	B.20	B.21	B.22	B.23	B.24	B.25
	What is the primary source of electricity in the facility? CODE National grid (Utility Company).....1 Local mini-grid.....2 Generator.....3 Solar PV system.....4 Solar lighting system.....5 Solar lantern.....6 Rechargeable battery system.....7 Other, specify.....555	In the last 12 months, during the hours the facility is open, how many hours is the electricity available each day on average? Hours	In the last 12 months has the facility experienced situations in which appliances could not be used or were damaged because of <u>low voltage or voltage fluctuations</u> from the primary source? Yes.....1 → B 24 No.....2	How severely do the issues of low or fluctuating voltage disrupt service delivery? Code Little or None.....1 Moderate.....2 Severely.....3 Don't know.....888	CAPI: Is the response to question B 20 "National grid" (Code 1) or "Local mini-grid" (Code 2) Yes.....1 No.....2 → B 28	How many <u>unscheduled interruptions</u> of electricity did you experience in a typical week? Number of interruption per week If "0" → B 28

	GRID					INTERVIEWER: REMEMBER TO PROMPT FOR BILL (IF ANY)			
	B.26	B.27	B.28	B.29	B.30	B.31	B.32	B.33	
HEALTH FACILITY CODE	What was the average duration of each individual <u>unscheduled interruption</u> ? a. Hours b. Mins	How severely do the issues of <u>unscheduled interruption</u> disrupt service delivery? Code Little or none...1 Moderately.....2 Severely.....3 Don't know...888	CAPI/Interviewer: Is the response to B.20 "Solar PV system (Code 4)", "Solar lighting system (Code 5)" or "Solar lantern (Code 6)"? Code Yes.....1 → B 34 No.....2	In the last 12 months, who regularly pays for the electricity/fuel in the facility? Code Facility.....1 Central government...2 Community/village/municipality.....3 No payment needed.....4 Other, specify.....555	Who is paid for the primary source of electricity? Code Local representative / official of energy company.....1 Pre-paid meter card seller.....2 Community/village/municipality.....3 Relative.....4 Neighbor.....5 Landlord.....6 Shopkeeper for fuel purchase to power generator.....7 No need to pay (paid for equipment only).....8 Other, specify.....555	In the last 12 months, how much did the facility spend on the primary source of electricity (including fuel) per month on average? Local currency Don't know.....888	What is the current unit price the facility pays for electricity? Cost (Local currency) Don't know...888	Unit code kWh.....1 Liter.....2 Battery recharge (per battery).....3 Other, specify...555	/Interviewer: Did the respondent use a recent energy bill to assist in answering B 31 and B 32 ? Yes.....1 No.....2 → B 51

		SOLAR																						
		B.34	B.35	B.36		B.37		B.38		B.39		B.40		B.41		B.42		B.43		B.44		B.45		
HEALTH FACILITY CODE		How many solar devices do you have?	How many different sets of solar lanterns are owned by the facility?	What is the type of your 2 most important systems? <i>Start with the most important system in (a)</i>		When was the system installed or acquired?		Is the system still working?		When did it stop working?		Is the system still working in the same capacity as when it was installed/acquired?		Did you purchase the system or was it provided for free?		Who gave you this device, or sponsored you to acquire this device?		Have batteries been changed on this system? <i>If B 36 = Solar PV system (code 1)</i>		Who paid for the new batteries? <i>If B 36 = Solar PV system (code 1)</i>		How much did the facility spend in purchasing the solar solution in total? <i>If B 41 = Purchased (code 1)</i>		
			<i>Sets include lanterns of different models/makes acquired by the facility on different dates</i>	Code Solar PV system.....1 Solar lighting system.....2 Solar lantern.....3 Not applicable...4		[month, year]		Code Yes.....1 → B 40 No.....2		[month, year] → B 41		Code Yes.....1 No.....2		Code Purchase.....1 → B 43 Free/part sponsored...2		Code Local private organizations (NGO).....1 Private Commercial Seller.....2 Local government3 Central government.....4 Politician.....5 Relative/Friend...6 Other, specify....555		Code Yes.....1 No.....2 → B 45		Code Facility.....1 Local gov't.....2 National gov't.....3 NGO/Donors...4 Other, specify.....555 Don't know.....888		Code Facility.....1 Local gov't.....2 National gov't.....3 NGO/Donors...4 Other, specify.....555 Don't know.....888		Local currency Don't know.....888
		a. Solar Pv systems _ _ → B 36 b. Solar lighting systems _ _ → B 36 c. Solar Lanterns _ _		a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	b	

		SOLAR							
	B.46	B.47	B.48	B.49	B.50	B.51	B.52	B.53	B.54
HEALTH FACILITY CODE	Who maintains the solar system? <i>[Answer for oldest still working system]</i> Code Facility staff.....1 Technician from the company that installed the system.....2 Local government.....3 NGO.....4 Nobody/system does not need maintenance.....6 Other, specify.....555	Did the company/ organization that installed/ provided the system provide training for maintenance? <i>[Answer for oldest still working system]</i> Code Yes.....1 No.....2	Whom do you call when the system is not working properly? <i>[Answer for oldest still working system]</i> Code Facility staff.....1 Technician from the company that installed the system.....2 Local government.....3 NGO.....4 Nobody.....5→ B 51 Other, specify.....555	How many times did you call them since the system was installed / acquired? <i>[Answer for oldest still working system]</i> Times	Did they fix the problem? <i>[Answer for oldest still working system]</i> Code Yes.....1 No.....2	How is maintenance and spare parts paid for? <i>[Answer for oldest still working system]</i> Code Regular budget of the facility.....1 Special budget for maintenance.....2 By local gov't.....3 By national gov't.....4 No funds available/no need.....5 Other, specify.....555	Are the working hours of the facility limited by the energy supply available? Code Yes.....1 No.....2	In the last 12 months, has the primary source of electricity in the facility caused any accidents which resulted in human injury (including minor injury)? Code Yes.....1 No.....2→ B 55	What is the highest level of damage caused by the primary source of electricity in the last 12 months? Code Death or permanent limb damage.....1 Other major injury.....2 Minor injury.....3

	B.55	B.56	B.57	B.58	B.59	B.60
HEALTH FACILITY CODE	Does the facility have a back-up source of electricity to use when the primary source fails? Code Yes.....1 No.....2 → B 57	What is the back-up source of electricity in the facility? Code National grid connection from (company).....1 Local mini-grid.....2 Generator.....3 Solar PV system.....4 Solar lighting system5 Solar lantern.....6 Rechargeable battery system...7 Not applicable.....8 Other, specify.....555	What is the most important constraint that the facility experiences with the primary source of electricity? Duration of supply (hours per day).....1 Low voltage problems or voltage fluctuations...2 Unpredictable interruptions.....3 Unpredictable bills.....4 Too expensive.....5 Cannot power large appliances.....6 No constraints.....7 Other, specify.....555	Based on the general weather conditions in the area, does this facility need to be heated during any time of the year? Code Yes.....1 No.....2→ B 65	Does the facility have space heating when needed? Code Yes.....1 No.....2 → B 65	What portion of the facility is covered with heating when needed (in terms of size or number of rooms)? Code <25%.....1 25-50%.....2 51-75%.....3 76-94%.....4 95% or more.....5 Don't know.....888

HEATING				
	B.61	B.62	B.63	B.64
HEALTH FACILITY CODE	Is the temperature delivered by the heating system adequate?	On average, out of the total number of hours that the facility is open, how many hours of heating does the facility have during the season it is needed?	In the most recent season that heating was necessary, were there significant unscheduled interruptions of heating in the facility?	Do you think that the heating system in the facility is safe in terms of fumes, smoke, or burn risk?
	Code Yes.....1 No.....2 Don't know....888	Hours	Code Yes.....1 No.....2 Don't know....888	Code Yes.....1 No.....2 Don't know....888

Item Number	Item	a. Does the facility use any...? (Only items the facility uses) Code Yes.....1 No.....2 →Next item	b. How many of the appliance/Item does the facility use? Number	c. Is it AC, DC, or portable? (CAPI: Only for the health facility and the items from B.74 to B.83) Code AC.....1 DC.....2 Portable.....3 Don't know....888
B.65	Electric Lighting			
B.66	Television, Projector or Other A/V Equipment			
B.67	Computer or Printer			
B.68	Internet			
B.69	Fans or Evaporative Air Cooling			
B.70	Air Conditioning			
B.71	Refrigeration or Drinking Water Coolers			
B.72	Mobile money agents/kiosks			
B.73	Mobile Phone Charging kiosks			
B.74	Water Pump			
B.75	Water Tank			
B.76	Sterilizer			
B.77	X-Ray Machines			
B.78	Microscope			
B.79	Centrifuge.			
B.80	Refrigerator for vaccination			
B.81	Ultrasound			
B.82	Nebulizer and Pulse Oximeter			
B.83	ECG machine			
B.84	Blood glucose monitor			
B.85	Suction apparatus, Anesthesia			

	B.86	B.87	B.88	B.89
HEALTH FACILITY CODE	Of the items listed and NOT USED, which of them would enhance the quality of the services in the facility most significantly? Code See codes below Report the code of the item. If "0" → B 88	What is the main reason why the facility does not use this item? (Refer to item mentioned in B.86) Code Appliance Is Not Available.....1 Appliance Is Not Affordable.....2 Due to energy availability.....3 Due to energy costs.....4 Due to power system capacity.....5 Other (SPECIFY).....555	Is the capacity of the primary source of electricity sufficient to run all electrical appliances needed in the facility simultaneously? Code Yes.....1 No.....2	CAPI: Record the end time of interview a. Hour b. Minutes

ELECTRIC LIGHTING.....1
 TELEVISION, PROJECTOR OR OTHER A/V EQUIPMENT.....2
 COMPUTER OR PRINTER.....3
 INTERNET.....4
 FANS OR EVAPORATIVE AIR COOLING.....5
 AIR CONDITIONING.....6
 REFRIGERATION OR DRINKING WATER COOLERS...7
 MOBILE MONEY AGENTS/KIOSKS.....8
 MOBILE PHONE CHARGING KIOSKS.....9
 WATER PUMP.....10
 STERILIZER.....11
 X-RAY MACHINES.....12
 MICROSCOPE.....13
 CENTRIFUGE.....14
 REFRIGERATOR FOR VACCINATION.....15
 ULTRASOUND.....16
 NEBULIZER AND PULSE OXIMETER.....17
 ECG MACHINE.....18
 BLOOD GLUCOSE MONITOR.....19
 SUCTION APPARATUS, ANAESTHESIA.....20