



**Energy Survey**  
***Education 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

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

\*\*THE EDUCATION FACILITY SELECTED SHOULD BE THE LARGEST IN TERMS OF NUMBER OF STUDENTS ATTENDING.

**B. COMMUNITY EDUCATION 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
<b>EDUCATION FACILITY CODE</b>	<b>CAPI/:</b> Record the start time of interview	<b>CAPI/:</b> 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?	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		<b>Code</b> Male.....1 Female.....2	<b>Code</b> None.....1 Primary.....2 Secondary JS.....3 Secondary MSC...4 Vocational/Technical School.....5 University.....6 Masters.....7 Post-Graduate.....8		<b>Code</b> School headmaster.....1 School teacher.....2 Facility supervisor.....3 Facility administrator.....4 Other, specify.....555	<b>Years</b>	IF NO PHONE NUMBER, ENTER "99"	Name of facility	<b>Code</b> Primary.....1 Secondary...2 Vocational/Technical School....3 University...4 Graduate School.....5 Post-Grad.....6 Other (Specify)....555

	ALL					GRID
	B.18	B.19	B.20	B.21	B.22	B.23
EDUCATION FACILITY CODE	What is the primary source of electricity in the facility?	In the last 12 months, during the hours the facility is open, how many hours is the electricity available each day on average?	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?	How severely do the issues of low or fluctuating voltage disrupt service delivery? <i>Read aloud options</i>	<i>CAPI</i> :/: Is the response to question B.18 “National grid” (Code 1) or “Local mini-grid” (Code 2)	How many <u>unscheduled interruptions</u> of electricity did you experience in a typical week?
	<b>CODE</b> 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, specifv.....555	Hours	Yes.....1 → <b>B 22</b> No.....2	<b>Code</b> Little or None.....1 Moderate.....2 Severely.....3 Don't know.....888	Yes.....1 No.....2→ <b>B 26</b>	Number of interruption per week  If “0” → <b>B 26</b>

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		SOLAR											
		B.32	B.33	B.34	B.35	B.36	B.37	B.38	B.39	B.40	B.41	B.42	B.43
EDUCATION FACILITY CODE	<p>How many solar devices do you have?</p>	<p>How many different sets of solar lanterns are owned by the facility?</p> <p><i>Sets include lanterns of different models/ makes acquired by the facility on different dates</i></p>	<p>What is the type of your 2 most important systems?</p> <p><i>Start with the most important system in (a)</i></p> <p><b>Code</b> Solar PV system.....1 Solar lighting system.....2 Solar lantern.....3</p>	<p>When was the system installed or acquired?</p> <p>[month, year]</p>	<p>Is the system still working?</p> <p><b>Code</b> Yes.....1 → B 38 No.....2</p>	<p>When did it stop working?</p> <p>[month, year]</p> <p>→ B 39</p>	<p>Is the system still working in the same capacity as when it was installed/ acquired?</p> <p><b>Code</b> Yes.....1 No.....2</p>	<p>Did you purchase the system or was it provided for free?</p> <p><b>Code</b> Purchase.....1 → B 41 Free/part sponsored...2</p>	<p>Who gave you this device, or sponsored you to acquire this device?</p> <p><b>Code</b> Local private organizations (NGO).....1 Private Commercial Seller.....2 Local government .....3 Central government.....4 Politician.....5 Relative/Friend...6 Other, specify....555</p>	<p>Have batteries been changed on this system?</p> <p><i>If B 34 = Solar PV system (code 1)</i></p> <p><b>Code</b> Yes.....1 No.....2 → B 43</p>	<p>Who paid for the new batteries?</p> <p><i>If B 34 = Solar PV system (code 1)</i></p> <p><b>Code</b> Facility.....1 Local gov't.....2 National gov't.....3 NGO/Donors...4 Other, specify.....555 Don't know.....888</p>	<p>How much did the facility spend in purchasing the solar solution in total?</p> <p><i>If B 39 = Purchased (code 1)</i></p> <p><b>Local currency</b> Don't know.....888</p>	
	<p>a. Solar Pv systems  _ _ _  → B 34 b. Solar lighting systems  _ _ _  → B 34 c. Solar Lanterns  _ _ _ </p>		a	b	a	b	a	b	a	b	a	b	a

			SOLAR						
	B.44	B.45	B.46	B.47	B.48	B.49	B.50	B.51	B.52
EDUCATION FACILITY CODE	Who maintains the solar system?	Did the company/ organization that installed/ provided the system provide training for maintenance?	Whom do you call when the system is not working properly?	How many times did you call them since the system was installed / acquired?	Did they fix the problem?	How is maintenance and spare parts paid for?	Are the working hours of the facility limited by the energy supply available?	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)?	What is the highest level of damage caused by the primary source of electricity in the last 12 months?
	<i>[Answer for oldest still working system]</i>	<i>[Answer for oldest still working system]</i>	<i>[Answer for oldest still working system]</i>	<i>[Answer for oldest still working system]</i>	<i>[Answer for oldest still working system]</i>	<i>[Answer for oldest still working system]</i>			
	<b>Code</b> 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	<b>Code</b> Yes.....1 No.....2	<b>Code</b> Facility staff.....1 Technician from the company that installed the system.....2 Local government.....3 NGO.....4 Nobody.....5→B 49 Other, specify.....555	<b>Times</b>	<b>Code</b> Yes.....1 No.....2	<b>Code</b> 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	<b>Code</b> Yes.....1 No.....2	<b>Code</b> Yes.....1 No.....2→B 53	<b>Code</b> Death or permanent limb damage.....1 Other major injury.....2 Minor injury.....3

	B.53	B.54	B.55	B.56	B.57	B.58
EDUCATION FACILITY CODE	Does the facility have a <b>back-up source of electricity</b> to use when the primary source fails?	What is the back-up source of electricity in the facility?	What is the most important constraint that the facility experiences with the primary source of electricity?	Based on the general weather conditions in the area, does this facility need to be heated during any time of the year?	Does the facility have space heating when needed?	What portion of the facility is covered with heating when needed (in terms of size or number of rooms)?
	<b>Code</b> Yes.....1 No.....2 → B 55	<b>Code</b> National grid connection from (company).....1 Local mini-grid.....2 Generator.....3 Solar PV system.....4 Solar lighting system.....5 Solar lantern.....6 Rechargeable battery system.....7 Not applicable.....8 Other, specify.....555	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	<b>Code</b> Yes.....1 No.....2→B 63	<b>Code</b> Yes.....1 No.....2 →B 63	<b>Code</b> <25%.....1 25-50%.....2 51-75%.....3 76-94%.....4 95% or more.....5 Don't know.....888

	HEATING			
	B.59	B.60	B.61	B.62
EDUCATION 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?
	<b>Code</b> Yes.....1 No.....2 Don't know....888	<b>Hours</b>	<b>Code</b> Yes.....1 No.....2 Don't know....888	<b>Code</b> Yes.....1 No.....2 Don't know....888

Item Number	Item	a. Does the facility <b>use</b> any...? (Only items the facility uses) <b>Code</b> Yes.....1 No.....2 →Next item	b. How many of the appliance does the facility use?  <b>Number</b>
B.63	Electric Lighting		
B.64	Television, Projector or Other A/V Equipment		
B.65	Computer or Printer		
B.66	Internet		
B.67	Fans or Evaporative Air Cooling		
B.68	Air Conditioning		
B.69	Refrigeration or Drinking Water Coolers		
B.70	Mobile money agents/kiosks		
B.71	Mobile Phone Charging kiosks		
B.72	Water Pump		

	B.73	B.74	B.75	B.76
<b>EDUCATION FACILITY CODE</b>	Of the items listed and NOT USED, which of them would enhance the quality of the services in the facility most significantly?  <b>Code</b> See codes below Report the code of the item. If "0" → <b>B 75</b>	What is the main reason why the facility does not use this item? (Refer to item mentioned in B.73)  <b>Code</b> 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?  <b>Code</b> Yes.....1 No.....2	<b>CAPT:</b> 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