



Energy Survey
Worship/Community Center 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 PERSON TASKED WITH PAYING THE BILLS OR THE ADMINISTRATOR.**

****THE COMMUNITY/WORSHIP FACILITY SHOULD BE THE LARGEST ONE IN THE COMMUNITY.**

B. COMMUNITY WORSHIP CENTER

Provide information on the informant for the Community/Worship Facility questionnaire.

	B.1	B.2	B.3	B.4	B.5	B.5B	B.6	B.7	B.8	B.9	B.10
WORSHIP CENTER 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?	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 Religious leader.....6 Facility supervisor.....9 Facility administrator.....10 Other, specify.....555	Years	IF NO PHONE NUMBER, ENTER "99"	Name of facility	Code Place Of Worship.....10 Other Community Center.....11

[illegible][illegible]

[illegible]

		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	
WORSHIP CENTER 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 34 = Solar PV system (code 1)</i>		Who paid for the new batteries? <i>If B 34 = Solar PV system (code 1)</i>		How much did the facility spend in purchasing the solar solution in total? <i>If B 39 = 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		[month, year]		Code Yes.....1 → B 38 No.....2		[month, year] → B 39		Code Yes.....1 No.....2		Code Purchase.....1 → B 41 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 43		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 34 b. Solar lighting systems _ _ → B 34 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.44	B.45	B.46	B.47	B.48	B.49	B.50	B.51	B.52
WORSHIP CENTER 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> 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	<i>[Answer for oldest still working system]</i> Code Yes.....1 No.....2	<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 49 Other, specify.....555	<i>[Answer for oldest still working system]</i> Times	<i>[Answer for oldest still working system]</i> Code Yes.....1 No.....2	<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	 Code Yes.....1 No.....2	 Code Yes.....1 No.....2→B 53	 Code 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
WORSHIP CENTER FACILITY CODE	Does the facility have a back-up source of electricity 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)?
	Code Yes.....1 No.....2 → B 55	Code 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	Code Yes.....1 No.....2→B 63	Code Yes.....1 No.....2 →B 63	Code <25%.....1 25-50%.....2 51-75%.....3 76-94%.....4 95% or more.....5 Don't know.....888

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	HEATING			
	B.59	B.60	B.61	B.62
WORSHIP CENTER FACILITY CODE	<p>Is the temperature delivered by the heating system adequate?</p> <p>Code Yes.....1 No.....2 Don't know....888</p>	<p>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?</p> <p>Hours</p>	<p>In the most recent season that heating was necessary, were there significant unscheduled interruptions of heating in the facility?</p> <p>Code Yes.....1 No.....2 Don't know....888</p>	<p>Do you think that the heating system in the facility is safe in terms of fumes, smoke, or burn risk?</p> <p>Code Yes.....1 No.....2 Don't know....888</p>

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 does the facility use? Number
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
WORSHIP CENTER 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 75	What is the main reason why the facility does not use this item? (Refer to item mentioned in B.73) 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	CAPT: 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