 

Energy Survey

*Household Questionnaire*

*Medium Version*

*Version 56*

*English*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Identification | | | | |
|  | Province | CODE: |\_\_|\_\_| | NAME: | |
|  | District | CODE: |\_\_|\_\_| | NAME: | |
|  | Township/Compound/Village |  | NAME: | |
|  | Locality |  | Code:  Urban………….l  Rural…………2 | |
|  | Enumeration Area (EA) | CODE: |\_\_|\_\_|\_\_|\_\_|\_\_| | | |
|  | Household ID |  | | |
|  | Name of Household Head |  | | |
|  | Language of interview | Options to be edited | | |
|  | Household Head Phone Num. |  | | |
|  | GPS Coordinates of the Dwelling | 1. Latitude (S)   |\_\_|\_\_|°|\_\_|\_\_| . |\_\_|\_\_|\_\_| ‘ S | | 1. Longitude (E)   |\_\_|\_\_|°|\_\_|\_\_| . |\_\_|\_\_|\_\_| ‘ E |
| Interview Details | | | | |
|  | Enumerator | ID: |\_\_|\_\_| | | NAME: |
|  | Supervisor | ID: |\_\_|\_\_| | | NAME: |
|  | Date of Interview DD/MM/YY | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|  D D M M Y Y | | |
|  | Start Time | |\_\_|\_\_| : |\_\_|\_\_| ***Use 24 hour clock*** | | |
|  | Date of Second Interview  DD/MM/YY | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_| | | |
|  | Second Interview Start Time | |\_\_|\_\_| : |\_\_|\_\_| ***Use 24 hour clock*** | | |
|  | Date of Third Interview  DD/MM/YY | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|  D D M M Y Y | | |
|  | Third Interview Start Time | |\_\_|\_\_| : |\_\_|\_\_| ***Use 24 hour clock*** | | |

\*Include Introductory note\*

IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your immediate family who normally live and eat their meals together here **for the last 6 months.**

WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HH HEAD (A2 – A4). LIST HOUSEHOLD HEAD ON LINE 1.

Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.

FILL IN A2 – A4.

Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling.

FILL IN A2 – A4.

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.

FILL IN A2 – A4.

**DO NOT LIST** HOUSEHELP WHO HAVE A HOUSEHOLD ELSEWHERE**,** AND GUESTS WHO ARE VISITING TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE.

*IF MORE THAN 20 INDIVIDUALS, USE SECOND QUESTIONNAIRE.*

1. Household Roster

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | A.9A |  |  |  |
| **Individual ID** | Name  ***First then Last Name***  ***Make a complete list of all individuals who normally live and eat their meals together in this household, starting with the head of household.*** | Is [NAME] male or female? | What is the relationship of [NAME] to household head?  Head…………………...…1  Wife/Spouse……………...2  Child/adopted child……....3  Grandchild……...……...…4  Niece/Nephew…................5  Father/Mother………...…..6  Sister/Brother………....…..7  Son/Daughter-in-law...........8  Brother/Sister-in-law….…..9  Father/Mother-in-law…….10  Grandfather/mother………11  Other relative…………….12  House help/House help’s relative...13  Other non-relative……......14 | How old is [NAME]?  ***Record “0” if infant below 1 year old.*** | ***ENUM/CAPI:***  Is [NAME] 5 years old or older? | Has [NAME] ever attended school? | Is [NAME] currently attending school? | What is the highest educational qualification acquired by [NAME]?  None……………..1  Primary…………..2  Junior Secondary………..3  Senior Secondary…4  Trade  School………5  College…..6  University…7 | How many years of [A.9] has [NAME] completed?  YEARS | ***Enum/CAPI:***  Is [NAME] 12 years or older? | What is [NAME]’s marital status?  Married, Monogamous…1  Married, Polygamous…..2  Cohabitating,  Single Partner...3  Never Married…...4  Divorced………....5  Separated………...6  Widowed………...7 | How frequently does [NAME] cook food for the household?  Everyday………1  A few times  in a week…...2  Once a week…...3  A few times in a  month………4  Once a month….5  Never…………..6 |
|  | Male…..1  Female..2 | YEARS | Yes….1  No…..2🡪NEXT  PERSON | Yes……1  No…….2**🡪**A.10 | Yes……1  No…….2 |  | Yes...1  No....2**🡪**NEXT  PERSON |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **20** |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Individual ID** | ***Interviewer/ CAPI:***  Is [NAME] 15 years or older?  Yes…1  No…2🡪 NEXT PERSON | What was [NAME]’s main occupation for the last 12 months?  Salaried Employee, Non-Farm………………………1  Salaried Employee, Farm……………........................2  Self-Employed Non-Farm-Business enterprise.......3  Self-Employed Non-Farm-Independent contractor,  technician, professional, etc. ……………………..4  Self-Employed Agriculture/Livestock …………...5  Assistance in family enterprise……….6**🡪A.16**  Casual/Day Laborer…………………..7**🡪A.16**  Intern/free labor/voluntary work….…..8  Student…………………………….….9**🡪B.1**  Retired/pensioner…………………….10**🡪B.1**  **Not working/unemployed…11🡪B.1**  **Housewife……………..12 Skip to A 19**  Other (specify)….…………………….555 | Please describe the kind of trade or business [NAME]’s main occupation best fits from the list of industries.  INDUSTRY CODE  1 - Agriculture, forestry and fishing  2 - Mining and quarrying  3 - Manufacturing  4 - Electricity, gas, steam and air conditioning supply  5 - Water supply; sewerage, waste management and remediation activities  6 - Construction  7 - Wholesale and retail trade; repair of motor vehicles and motorcycles  8 - Transportation and storage  9 - Accommodation and food service activities  10 - Information and communication  11 - Financial and insurance activities  12 - Real estate activities  13 - Professional, scientific and technical activities  14 - Administrative and support service activities  15 - Public administration and defense; compulsory social security  16 - Education  17 - Human health and social work activities  18 - Arts, entertainment and recreation  19 - Other service activities  20 - Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use  21 - Activities of extraterritorial organizations and bodies | Out of the last 12 months, how many months were [NAME] engaged in this activity?  ***Max 12***  MONTHS | How many days per month does [NAME] work in this activity?  DAYS | Please indicate the typical monthly income from this activity  Local currency  1. <= 850  2. 851-2000  3. 2001-3500  4.3501-6500  5. 6501-8500  6. 8501-12000  7. 12001-15000  8. 15001+  9. Not Known | Does [NAME] operate any non-agricultural/ business/ enterprise within this household or compound?  Yes…1  No….2**🡪B.1** | If [NAME] has other occupation, what is the total monthly receipts from that occupation?  Local currency | How many employees does this business/ enterprise have?  Number of employees including full time and Part time |
|  |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
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1. [Continuation of A] Household Business/Enterprise

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| --- | --- | --- | --- |
| * 1. a | Does the household or any member in the household own a non-farm enterprise/ business activity?" |  | Yes………………………..1  No…………………………2**🡪 B.1** |
| A.22 | **Enumerator:** Is [business owner] present? |  | Yes………………………..1  No…………………………2**🡪 NEXT LARGEST BUSINESS’S OWNER/DECISION MAKER** |
|  | ***Enumerator:*** Ask the related household enterprise questions to the present business owner |  | Individual ID from Household Roster |
|  | In the last 12 months, in which months did this enterprise operate?  ***Multiple responses possible*** | a. |\_\_|\_\_|  b. |\_\_|\_\_|  c. |\_\_|\_\_|  d. |\_\_|\_\_|  e. |\_\_|\_\_|  f. |\_\_|\_\_|  g. |\_\_|\_\_|  h. |\_\_|\_\_|  i. |\_\_|\_\_|  j. |\_\_|\_\_|  k. |\_\_|\_\_| | January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  All year………………………………………….111 |
|  | What is the main activity of this enterprise? |  | Manufacturing (food or other processing)….1  Cottage industry/handicrafts………………..2  Shops/trading……………………………….3  Service (mobile phone recharge or repair/ tailoring/barber/eatery)……4  Other, specify………………….555 |
|  | How long has this enterprise been in operation? |  | In years |
|  | Is this enterprise registered? |  | Yes………………………..1  No…………………………2 |
|  | What was the total revenue of this business or activity in the last month that it was operating? |  | Local Currency |
|  | What was the total monthly (Last month) operating cost i.e. business -related expenditure, for example buying raw materials? |  | Local Currency |
|  | Could you please estimate total revenue for this business or activity in a **regular month**, that is, a month that is neither the busiest nor the slowest of the year? |  | Regular month’s total sales |
|  | In a regular month, how many hours does your enterprise operate **on an average day (max 24 hours)**? |  | Number of Hours |
|  | In a typical month, how many hours does your enterprise operate each night **(max 12 hours)**? |  | Number of hours |
|  | Are your working hours limited by the supply of energy in your enterprise? |  | Yes……………………….1  No………………………..2 |
|  | What are all the different sources of energy that you use in your enterprise?  Multiple response |  | National Grid connection………………………….1  Local Mini Grid…………………………………...2  Electric Generator (connecting one or more households/businesses)………………………...3  Solar Lantern………………………………………4  Other Solar Lighting product………………………5  Solar home system System …….6  Rechargeable Battery……………………………..7  Dry cell batteries………………………………….8  Liquid Fuel (kerosene, diesel, gasoline)…………9  Coal………………………………………………10  Charcoal………………………………………….11  Biomass…………………………………………..12  None……………………………………………..13🡪A.72 |
|  | Which sources are used ONLY for the enterprise (and NOT for household use)? |  | National Grid connection………………………….1  Local Mini Grid…………………………………...2  Electric Generator (connecting one or more households/businesses)………………………...3  Solar Lantern………………………………………4  Other Solar Lighting product………………………5  Solar Multi-Light Product ……6  Solar Multi-Light System …….7  Rechargeable Battery……………………………..8  Dry cell batteries………………………………….9 |
| * 1. A | ***Interviewer/CAPI check:***  Is the electricity connection for the enterprise national or mini-grid response 1 or 2 from **A.34**)? |  | Yes……………………………..1  No………………………………2**🡪A.72** |
| A36 | ***Is the electricity connection for the enterprise the same the household?*** |  | Yes……………………………..1  No………………………………2**🡪A.72** |
|  | Does the enterprise have a separate electricity bill from household use? |  | Yes……………………………..1  No………………………………2 **🡪A.43** |
|  | How are you billed for electricity?  ***Read options aloud*** |  | Per kWh based on the meter reading………………1  Fixed monthly fee…………………………...………2  Pay based on lights and appliances used………….....3  Utility estimates consumption……………….………4  Other, specify……………………………………..….555  No bill for electricity…………………………..…….111**🡪A.43** |
|  | What is the most common way to make your electricity bill payment? |  | Cash…………………………………………………….1  Vouchers/tokens/pre-paid card from local store………2  Credits using mobile money……………………………3  Pay at the utility office…………………………………4  Pay at the bank/post office……………………………..5  Other, specify……………………………………….….555 |
|  | ***Enumerator:*** Ask if ***the respondent pays the energy company or has a record of the electricity payment, ask to see the electricity bill/invoice and use it for A.41 and A.42.*** |  | Respondent has energy bill and shows it…………....1  Respondent has energy bill but refuses to show it or could not locate it…………………………………………..…..2  Respondent does not have an energy bill……………3 |
|  | In the last month, how much did you spend on the electric bill?  ***Calculate amount paid from the last bill.*** |  | Local Currency  Don’t Know………………………………………888 |
|  | In the last month how much electricity did your enterprise use?  ***Calculate usage from the last bill.*** | |\_\_|\_\_|\_\_| kWh | Quantity in Kilowatt Hour (kWh)  Don’t Know………………………………………888 |
|  | In a typical month, how many hours of electricity are available each day from the grid?  (Cannot exceed hours of operation in **A.31**) |  | Hours of supply  Don’t Know……………………………………….888 |
|  | Out of [**A.32** HOURS] nighttime hours your business is usually open during the night, how many hours of electricity are available from the grid? |  | Hours of supply  Don’t know………………………………………..888 |
|  | In a typical month, how many outages/blackouts does the enterprise experience **each week**? |  | Number of outages/blackouts |
|  | In a typical week, what was the **total duration** of all the outages/blackouts? |  | Minutes |
|  | During a typical month, what are the three main ways your business was affected by an electricity power outage?  ***Do not prompt. Multiple responses possible.*** | 1. |\_\_|\_\_| 2. |\_\_|\_\_| 3. |\_\_|\_\_| | Continue all operations on backup supply…………………..1  Continue reduced operations on backup supply……………..2  Had to turn customers away…………………………………3  Had to send workers home for the day without pay…………4  Had to send workers home for the day with pay…………….5  Used more expensive alternate energy sources to run operations/ keep perishables cold…………………………………….......6  Wasted perishable products/discarded damaged goods...........7  Machines/appliances were damaged in the process………….8  Meetings/transactions were delayed…………………………..9  Provided backup electricity to others…………………………10  Stop operations and waited for power to return………………11  Not affected by last outage……………………………………12  Other, specify………………………………………………….555 |
|  | Was there a loss of revenue in a typical month due to power outages? |  | Yes……………………………………………1  No……………………………………………..2🡪 A.50 |
|  | Estimatethe loss of revenue in a typical month due to power outages? |  | Local currency  Don’t know………………………………….888 |
|  | How much was the extra costs of operating during the outage (e.g. wasted products, paid workers, running a backup generator etc.)? |  | Local currency  Don’t know…………………………………..888 |
|  | If machinery/appliances were damaged because of the grid, what were the extra costs for fixing/replacing? |  | Local currency  Don’t know………………………………….888 |
|  | What are the back-up sources for lighting for the enterprise? (***Multiple responses possible***) |  | Generator……………………………………………..…..1  Battery and Storage Devices (e.g.: car battery)……..........2  Solar Lantern………………………………………3  Other Solar Lighting product………………………4  Solar Multi-Light Product ……5  Solar Multi-Light System …….6  Kerosene lamp……………………………………….…..7  Candle…………………………………………………...8  Torch/flashlight…………………………………………9  No backup sources………………………………………111  Other, specify………………………………...….555  Same as the household (including no back-up)………………111  ***All responses 🡪B.1*** |
| * 1. .a | ***Interviewer/CAPI check:*** Is the electric generator is the main source of electricity for the enterprise? (response 3 from **A.34)**? |  | Yes……………………………..1  No………………………………2**🡪A.72** |
| A.53 | Is the electric generator for the enterprise the same as the household? |  | Yes……………………………..1  No………………………………2 |
|  | How many generators does your enterprise use to supply electricity?  ***If multiple generators, ask following questions about main generator.*** |  | Number of generators  Don’t know………………………………………….888 |
|  | Do you share this generator with other households or enterprises? |  | Yes……………………………....…..1  No………………………………..….2**🡪C.87** |
|  | How many households or enterprises are sharing electricity from this generator? |  | Number of households  Don’t know…………………………..-8 |
|  | ***Enumerator Observation:*** What is the capacity of the generator?  ***Read name plate of the generator.*** |  | Volt /Amps (kV)  Don’t know………………………………………….888 |
|  | How many days per month did you typically use this generator? |  | Number of days  Don’t know………………………………………….-8 |
|  | How many years have you used this generator?  ***Record in years, if less than 1 year record 1*** |  | Number of Years  Don’t know………………………………………….-8 |
|  | Does your enterprise own the generator? |  | Yes……………1**🡪A.65**  No…………….2 |
|  | Who owns the generator? |  | Other Household………...…………..…..…...1  Community organization…………………….2  Private person/entity ………………………...3  Other, specify………………………………..555  Don’t know………………………………………….888 |
|  | Do you rent the generator or use it for free? |  | Rent…………………….1  Use for free…………….2**🡪A.67** |
|  | How do you pay for electricity services from the generator? |  | Fixed payment (per month or week)……………1  Charge by number of lights/appliances…………2  Charge per hour………………………………...3  Pay for fuel only………………………………..4**🡪C.99**  Other, specify…………………………………..555 |
|  | In the months that you use it, how much did you pay to use the generator each month?  ***Do not include any cost of fuel, only fee for using the GENERATOR.*** |  | Local currency  Don’t know………………………….888  ALL🡪**C.99** |
|  | How much did you pay to purchase the generator? |  | Local currency  Don’t know………………………….888 |
|  | In the last 12 months, how much did you pay for repairs/parts/maintenance of the generator? |  | Local currency  Don’t know………………………….888 |
|  | What fuel is used to power the generator? |  | Diesel………………………………………1  Gasoline/petrol……………………………………2  Other, specify………………………………555  Don’t know…………………………………888 |
|  | In the last 30 days, what was the total quantity of fuel used to power the generator? | 1. Amount   |\_\_|\_\_|\_\_| | Liters  Don’t know…………………………..888 |
|  | Do you pay for the fuel used to power the generator? |  | Yes…………..1  No……………2🡪**A.71** |
|  | In the last 30 days, how much did your household spend on fuel for this generator? |  | Local currency  Don’t know………………………….888 |
|  | In the last 12 months, did any of your appliances get damaged because the voltage was going up and down from the generator? |  | Yes…………………………………………….1  No……………………………………………..2  Don’t know……………………………………888 |
| * 1. .A | ***Interviewer/CAPI check:*** Is solar device the source of energy to the enterprise (responses 4, 5, 6 or 7 from **A.34** )? |  | Yes……………….1  No………………...2**🡪B.1** |
| A72 | Is this solar device used in the enterprise the same as the household? |  | Yes……………….1  No………………...2 |
|  | **Devices enterprise uses** | **Number** | **Cumulative Size (Wp) if known** |
|  | How many Solar lanterns does your enterprise use? |  | Indicate ‘0’ if enterprise uses none  0  If unknown indicate -8 |
|  | How many Solar lighting systems does your enterprise use? |  | Indicate ‘0’ if enterprise uses none  0**🡪A.76** |
|  | What is the capacity of the solar panels for this solar lighting systems? |  | Watt peak (wp)  Don’t know….888 |
|  | How many Solar home systems does your enterprise use? |  | Indicate ‘0’ if enterprise uses none and go to **A.77** |
| A.76a | What is their cumulative size in watts? |  | If unknown indicate ‘888’ |
|  | What is the capacity of the solar panels for this solar home systems? |  | Watt peak (wp)  Don’t know….888 |
|  | What are the solar devices used for?  ***Multiple responses possible*** |  | **Code**  Lighting…………………………………………………………..1  Cell phone charging – for the enterprise…………………………2  Cell phone charging – as a charging station……………………...3  Operating laptop/computer/tablet………………………………...4  Operate photocopy machine/scanner……………………………..5  Providing entertainment (e.g. playing movies)…………………...6  Refrigeration………………………………………………………7  Powering other appliances – please list specifically (e.g. solar pump, milling machine, electric hair dryer, sewing machine etc.)..8  Other……………………………………………………………555 |
|  | How long has your business been using solar energy? |  | In months  (Enumerator, if respondent answers in years, convert to months)  Don’t know……888 |

1. Household Characteristics

Interviewer Instructions: The Respondent should be the head of household or any other knowledgeable household member

|  |  |  |  |
| --- | --- | --- | --- |
| # | **Question** | **Response** | **Response Code** |
|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster |
|  | Does your household live in this dwelling for the entire year? |  | Yes…………………………1**🡪B.4**  No…………….....................2 |
|  | Is this your main dwelling?  ***The dwelling that you live in for most of the year.*** |  | Yes…………………………1  No………………………….2 |
|  | How many years have you been living in this community?  ***Record 1 if less than 1.*** |  | Number of years |
|  | What is the type of dwelling?  *(Enumerator, check with observation)* |  | A single house occupied by one household …………………………………………..1**🡪B.7**  A house occupied by multiple households…….….2  Multi-storied building with one household.............3**🡪B.7**  Multi-storied building with more households..........4  Group of enclosed dwellings: multiple households….5  Group of enclosed dwellings occupied  by a single household………………………….…6 **🡪B.7**  Other, specify…………...........................................555 |
|  | How many households share your dwelling? |  | Number of households |
|  | Do you own this dwelling? |  | Yes……………………………....…..1 **🡪 *B.10***  No………………………………..….2 |
|  | Do you use it for free or rent it? |  | Free…………...………………….....1  Rented……………………………....2 |
|  | How many rooms (excluding the kitchen, toilet, and bathroom) does the household occupy? |  | Record number of rooms |
|  | The walls of the dwelling are mainly made of what material?  ***Check with observation*** |  | Wood and mud.......................................1  Wood and thatch....................................2  Wood only..............................................3  Stone only...............................................4  Stone and mud........................................5  Stone and cement....................................6  Blocks, plastered with cement................7  Blocks, unplastered….............................8  Concrete………..................................9  Mud bricks (traditional)…………..........10  Steel…………………............................11  Cargo container……………..................12  Parquet or polished wood………...........13  Chip wood……………..........................14  Corrugated iron sheet.............................15  Asbestos.................................................16  Reed/bamboo.........................................17  Other, specify………………………… 555 |
|  | The roof of the dwelling is mainly made of what material?  ***Check with observation*** |  | Wood and mud………….......................1  Wood and thatch...................................2  Stone and Cement…………..................3  Bricks………….....................................4  Corrugated iron sheet………….............5  Asbestos……………….........................6  Reed/bamboo…………………..............7  Plastic/ canvas…………..........................8  Other, specify…………….....................555 |
|  | The floor of the dwelling is mainly made of what material?  ***Check with observation*** |  | Mud/Dung……………..........................1  Reed/bamboo…………….....................2  Wood planks…………….......................3  Parquet or polished wood………...........4  Cement floor.........................................5  Plastic tiles………………......................6  Cement tiles……………........................7  Brick tiles……………….......................8  Ceramic/Marble tiles…………..............9  Other, specify……………....................555 |
|  | What type of toilet facility does your household use?  ***Multiple responses possible.*** |  | None (open field)………………………1  Flush to sewage………………………..2  Flush to septic tank………………….....3  Pail/Bucket……………………………..4  Covered pit latrine………………………5  Uncovered pit latrine……………………6  Community latrine……………………...7  Aquaprivy………………………………8  Other, specify…………………………...555 |
|  | What is your household’s main source of drinking water? |  | Pipe borne water treated………………………1  Pipe borne water untreated……………………2**-Skip To B16**  Bore hole/ hand pump…………………………3  Electric water pump…………………………...4  Well/spring protected…………………………5  Well/spring unprotected………………………6  River/spring…………………………………..7  Lake/reservoir………………………………..8  Rain water………………………………........9  Tanker/truck/vendor…………………………10  Sachet water…………………………………11  Bottle water………………………………….12  Other, specify……………………………….555 |
|  | Is your drinking water treated (chemical treatment)? |  | Yes……………………………....…..1  No………………………………..….2  Don’t know………………………….8 |
|  | Does anyone in the household have a bank account at a formal institution? |  | Yes………………………………………….1  No…………………………………………..2**🡪B.18** |
|  | At which institution is this account or savings?  ***Read options aloud*** |  | Commercial bank……………………………1  Cooperative credit union…………………….2  Microfinance institution……………………..3  Other, specify………………………………..555 |
|  | Does anyone in the household have an account at an informal institution? |  | Yes………………………………………….1  No…………………………………………..2**🡪B.20** |
|  | At which informal institution is this account?  ***Multiple responses possible*** |  | Group savings (rotational)………………1  Group savings (one-time disbursement)…………2  Other, specify……………………………………555 |
|  | If you can get a loan/credit, what are the sources of credit/loans?  ***Multiple responses possible*** |  | Commercial/government bank……………...1  Cooperative credit union/SACCO……………………2  Microfinance institution…………………….3  Rural bank…………………………………4  State loan……………………………………5  NGO……………………………………...…6  Business firm……………………………….7  Employer……………………………………8  Moneylender/Shylock………………………9  Shop………………………………………...10  Relative/friend/neighbor……………………11  Mobile money services ………………….…12  Cannot get a loan/credit……………………..13  Other, specify……………………………….555 |
|  | Do you have a mobile money account? |  | Yes………………………………………….1🡪B.23  No…………………………………………..2 |
|  | Do you use mobile money to make payments over the mobile phone? |  | Yes………………………………………….1  No…………………………………………..2**🡪 C.1** |
|  | Have you used the account in the past 90 days? |  | Yes…………………………………………1  No…………………………………………..2 |
|  | How do you use the mobile money services? (Mark all that apply) |  | Receive money from family/friends/other…..1  Transfer credit to family/relatives………..…2  Top up credit………………………………3  Receive NGO/State support…………………4  Pay for Electricity…………………………...5  Pay for Water………………………………..6  Internet top-up/credit……………………….7  Commercial purchases……………………..8  Insurance…………………………………...9  Loan payments……………………………...10  Savings……………………………………..11  Get small loans from mobile provider ……..12  Other, specify……………………………….555 |

1. Supply OF and demand FOR Electricity

Instructions: This module should be completed by the most knowledgeable member on household electricity. Concerted answers should be allowed.

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| --- | --- | --- | --- | --- | --- |
|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster | | |
| **Electricity from National Grid** | | | | | | |
|  | Is the household connected to the national grid? |  | Yes……………..……………………………...1 **🡪 C.7**  No……………………………………………..2 | | |
|  | How far is your house from the nearest national grid line? |  | Km [ ]  Do not know… 888 | | |
|  | What is the MAIN reason why your household is not connected to the grid?  ***Record the MAIN reason.*** |  | Grid is too far from household/not available…….....1  Cost of initial connection is too expensive….............2  Monthly fee is too expensive……………………….3  Satisfied with current energy solution………………4  Renting, Landlord decision………………………….5  Service Unreliable…………………………………..6  Administrative procedure is too complicated…….…7  Submitted application and waiting for connection..…8  Company refused to connect the household…………9  Other, specify………………………………………555 | | |
|  | Do you expect to get grid connection? |  | Yes……………..………………………………....1  Don’t expect to get grid connection…………….2**🡪** **C.43**  Don’t know………………………………………8**🡪C.43** | | |
|  | What month and year do you expect to get grid connection? |  | Upto 6 months…1  6 months to 1 year….2  1 year to 2 years….3  More than 2 years…4  Don’t know….-8    ***ALL RESPONSES*🡪** **C.43** | | |
|  | How many years have you had this grid connection?  ***Record in years, if less than 1 year record 1(Cannot be greater than B.4)*** |  | Number of Years | | |
|  | How much did your household pay for the grid connection fee?  ***Refer to connection fee ONLY.*** |  | Local currency  Don’t know……………………888-Skip to C12  Household was already connected……..-1**🡪 C.12** | | |
|  | How much did your household pay for the internal wiring fee?  ***Do not include the connection fee from C.8 here*** |  | Local currency  Don’t know……………………888 | | |
|  | How many days after you applied for the grid connection did your household get connected? **(Insert 0 if immediate)** |  | Number of days  Don’t know……………………888 | | |
|  | How many weeks after you were connected were you able to use electricity in your home? **(Insert 0 if immediate) the period exceeds days** |  | Number of weeks  Don’t know……………………888 | | |
|  | Who receives the payment for your electricity service? |  | Energy company (ZESCO)……………………………………..…1  Pre-paid meter card seller……………………………....2  Community/village/municipality…………………...….3  Relative………………………………………………...4  Neighbor……………………….………………………5  Landlord…………………………………………….….6  Local store ..................................7  Utility office ................................8  Bank ............................................9  Post office....................................10  No one…………………………………………...….11**🡪C.24**  Other, specify………………………………………..555 | | |
|  | How frequently do you make your payment? |  | Weekly….1  Every 2 weeks…2  Monthly….3  Every 6 months…4  Other, specify……555 | | |
|  | Does your household have an electricity meter? |  | Yes…………………………………1  No………………………………….2**🡪C.19** | | |
|  | What is the capacity of the meter?  ***Enumerator check the meter box or the bill*** |  | Ampere | | |
|  | Is this a pre-paid meter? |  | Yes…………………………………1  No………………………………….2 | | |
|  | Are you sharing the electricity meter with another household? |  | Yes…………………………………1  No………………………………….2**🡪C.20** | | |
|  | How many households are sharing the meter? |  | Number of Households  ***ALL*🡪C.20** | | |
|  | How are you billed for electricity?  ***Read options aloud*** |  | Fixed monthly fee…………………………...……….1  Pay based on lights and appliances used………….....2  Utility estimates consumption……………….………3  Other, specify……………………………………….555  No bill for electricity……………………………….111🡪**🡪C.24** | | |
|  | How do you make your electricity bill payment? |  | Cash…………………………………………………….1  Vouchers/token/pre-paid card from local store...……….2  Credits using mobile money……………………………3  Credit, using other ways……………………………4  Other, specify…………………………………….555 | | |
|  | ***Enumerator:*** Ask if  ***the respondent pays the energy company or has a record of the electricity payment, ask to see the electricity bill/invoice and use it for C.22 and C.23 .*** |  | Respondent has energy bill and shows it…………....1  Respondent has energy bill but refuses to show it or could not locate it…………………………………………..2**🡪C.24**  Respondent does not have an energy bill……………3**🡪**C**.24** | | |
|  | In a typical month, how much did you spend on the electricity bill?  ***Calculate amount paid from the last bill.*** |  | Local Currency  Don’t Know………………………………………888 | | |
|  | In a typical month how much electricity did your household consume?  ***Calculate the consumption from the last bill.*** | |\_\_|\_\_|\_\_| kWh | Quantity in Kilowatt Hour (kWh)  Don’t Know………………………………………888 | | |
|  | ~~In a typical month, how much did you spend on electricity?~~ |  | ~~Local Currency~~  ~~Don’t Know………………………………………888~~ | | |
|  | Is the quality of electricity service the same all year? |  | Yes…………………………………………….1**🡪 C.27**  No……………………………………………..2 | | |
|  | What are the **worst months** for service from the grid?  ***Multiple responses are possible.***  ***Record all months when household has the lowest number of hours of electricity supply.*** | a. |\_\_|\_\_|  b. |\_\_|\_\_|  c. |\_\_|\_\_|  d. |\_\_|\_\_|  e. |\_\_|\_\_|  f. |\_\_|\_\_|  g. |\_\_|\_\_|  h. |\_\_|\_\_|  i. |\_\_|\_\_|  j. |\_\_|\_\_|  k. |\_\_|\_\_|  l. |\_\_|\_\_| | January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  Don’t Know………………………………………888 | | |
| ***Ask respondent first about the worst months and then about a typical month for C.27 to C.32***  ***If no seasonal changes, ask only about a typical month. Ask questions by ROW.*** | | 1. Worst Months | | 1. Typical Month |  | |
|  | Do you receive information about a “load-shedding” schedule (load shedding is the set hours of electricity NOT available from the grid)? |  | |  | Yes all the time…………………..1  Yes sometimes……………………2  No…………………………………3 | |
|  | How many hours of electricity are available **each day and night** from the grid? (max 24 hours) | hours | | hours | Hours of supply  Don’t know…………-8 | |
|  | How many hours of electricity are available **each evening, from 6:00 pm to 10:00 pm from** the grid**?** (max 4 hours) | hours | | hours | Hours of supply  Don’t know…………-8 | |
|  | How many hours of electricity do you **use** each day and night from the grid?  ***Cannot exceed number of available hours in C.28*** | hours | | hours | Hours of supply  Don’t know…………-8 | |
|  | How **many** outages/blackouts occur in a week? |  | |  | Number of outages/blackouts  No outages/blackouts…..0**🡪C.33**  Don’t know…………-8 | |
|  | What is the **total duration** of all the outages/blackouts in a week? | 1. Hours   |\_\_|\_\_|\_\_|   1. Minutes   |\_\_|\_\_|\_\_| | | 1. Hours   |\_\_|\_\_|\_\_|   1. Minutes   |\_\_|\_\_|\_\_| | Don’t know………..888 | |

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|  | What is your main **back-up source of lighting** during outages/blackouts of the grid? |  | Local mini grid connection.………………………..…..1  Electric generator……………………………..……..…2  Rechargeable battery and storage devices (e.g.: car battery)…………………………………………….........3  Solar Lantern………………………………………4  Other Solar Lighting product………………………5  Solar Multi-Light Product ……6  Solar Home System …….7    Kerosene/paraffin lamp……….……………………9  Fuel-based lighting…………………………………….10  Dry-cell (non-rechargeable) battery/ Torch/ Flashlight………………………………………..11  Candle…………………………………………………12  Other, specify………………………………................555  No back-up source………………………………111 |
|  | What is your main **back-up source of electricity** for appliances (including mobile phone charging) during outages/blackouts of the grid? |  | Local mini grid connection……………………..1  Electric Generator…………………………………2  Rechargeable battery and storage devices (e.g.: car battery)………………………………………..........3  Solar Lantern………………………………………4  Other Solar Lighting product………………………5  Solar Multi-Light Product ……6  Solar Home System …….7  Other, specify………………………………...….555  No back-up source………………………………111 |
|  | How do you request for repairs in electricity service or file a complaint? |  | Call/Visit/ SMS utility company……………………………………1  Call a local technician………………………………….2  Send a letter/email………………………………………….....3  Social media……………………………………………4  Talk to community representative……………………...5  No system to request repairs/file complaint……………6  Other, specify…………………………………………555 |
|  | When there is a blackout in your community, who do you usually approach for assistance? |  | The power company…………………………………….1  Someone not from power company…………………….2 No-one: we wait until power returns………..…..3**🡪C.38** |
|  | The last time you asked for assistance, how many days after yo/\*968u contacted [**C.36** response] did they come to fix the problem?  ***Enumerator: Response under 24 hours can be recorded as 0*** |  | Number of days |
|  | In the last 12 months, did any of your appliances get damaged because the voltage was going up and down from the grid? |  | Yes…………………………………………….1  No……………………………………………..2  Don’t know…………………………………….888 |
|  | What are the most serious problems you experience with your grid electricity?  ***Record up to 2 responses.*** | 1. First   |\_\_|\_\_|\_\_|   1. Second   |\_\_|\_\_|\_\_| | Supply shortage/not enough hours of electricity...…….1  Low/high voltage problems or voltage fluctuations………………………………………….…2  Unpredictable interruptions……………………………3  Unexpectedly high bills………………………………..4  High cost of electricity..……………………………….5  Do not trust the supplier……………………………….6  Cannot power large appliances………………………..7  Maintenance/service problems………………………...8  Other, specify……………………………………….555  No problems……………………………………….111 |
|  | Is your electric wiring insulated or concealed? |  | Yes…………………………………………….1  No……………………………………………..2 |
|  | In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the grid electricity? |  | Yes……………………………....…..1  No………………………………..….2🡪**C.43** |
|  | What was the reason for this injury? |  | Carelessness or error…..1  Lack of knowledge about the use of the appliance…2  Faulty wiring/connection…..3  Other, specify……555 |

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| **Electricity from Mini Grid** | | | | |
|  | Is the household connected to a mini-grid? |  | Yes……………………………………………1  No……………………………………………..2**🡪C.83** | |
|  | What is the name of the local mini-grid company? |  | Name of company | |
|  | Is there a limit for the load and/or appliances you are allowed to power from this mini-grid |  | Yes……………………………....…..1  No………………………………..….2  Don’t Know…………………………8 | |
|  | How many years have you had this mini-grid connection?  ***Record in years, if less than 1 year record 1*** |  | Number of Years | |
|  | How much did your household pay for the mini-grid connection fee?  ***Refer to connection cost ONLY.*** |  | Local currency  Don’t know……………………………..888 **Skip to C.51**  Household was already connected……..111**🡪C.51** | |
|  | How much did your household pay for the internal wiring?  ***Do not include the connection fee from C.47 here*** |  | Local currency  Don’t know……………………888 | |
|  | How many days after you applied for the mini-grid connection did your household get connected? **(Insert 0 if immediate)** |  | Number of days | |
|  | How many weeks after you were connected were you able to use electricity in your home? **(Insert 0 if immediate)** |  | Number of weeks | |
|  | Have you applied for an upgrade of service since you connected to the mini-grid? |  | Yes……………………..1  No………………………2 | |
|  | Who receives the payment for your electricity service? |  | Energy company……………………………………..…1  Pre-paid meter card seller……………………………....2  Community/village/municipality…………………...….3  Relative………………………………………………...4  Neighbor……………………….………………………5  Landlord…………………………………………….….6  No one………………………………………….7**🡪C.63**  Other, specify………………………………………..555 | |
|  | Does your household have an electric meter? |  | Yes…………………………………1  No………………………………….2**🡪C.57** | |
|  | Is this a pre-paid meter? |  | Yes…………………………………1  No………………………………….2 | |
|  | Does your household share the electric meter? |  | Yes…………………………………1  No………………………………….2**🡪C.58** | |
|  | How many households are sharing the meter? |  | Number of Households  ***ALL*🡪C.58** | |
|  | How are you billed for electricity?  ***Read options aloud*** |  | Fixed monthly fee…………………………...……….1  Pay based on lights and appliances used.…………....2  Utility estimates consumption……………….………3  Other, specify……………………………………….555  No bill for electricity……………………………111**🡪C.63** | |
|  | How do you make your electricity bill payment? |  | Cash…………………………………………………….1  Vouchers from local store………………………………2  Credits using mobile money……………………………3  Credit, using other ways……………………………4  Other, specify…………………………………….555 | |
|  | Were you involved in setting the tariff for the mini-grid? |  | Yes………………1  No……………….2**🡪C.61** | |
|  | How were you involved in the tariff setting? |  | Community meeting………………..1  Contacted by mini-grid company…..2  Member of electricity committee…..3  Member of cooperative…………….4  Other, specify………………………555 | |
|  | ***Enumerator:*** Ask ***if the respondent pays the energy company or has a record of the electricity payment, ask to see the electricity bill/invoice and use it for C.62 and C.63.*** |  | Respondent has energy bill and shows it…………....1  Respondent has energy bill but refuses to show it or could not locate it……………………………………..2**🡪C.64**  Respondent does not have an energy bill………3**🡪C.64** | |
|  | In the last month, how much did you spend on the electric bill?  ***Calculate amount paid from the last bill.*** |  | Local Currency  Don’t Know………………………………………888 | |
|  | In a typical month, how much did you spend on electricity? |  | Currency  Don’t Know………………………………………888 | |
|  | In the last month how much electricity did your household use?  ***Calculate the consumption from the last bill.*** | |\_\_|\_\_|\_\_| kWh | Quantity in Kilowatt Hour (kWh)  Don’t Know………………………………………888 | |
|  | Is the quality of electricity service the same all year? |  | Yes…………………………………………….1**🡪C.67**  No……………………………………………..2 | |
|  | What are the worst months for service from the mini-grid?  ***Multiple responses are possible.***  ***Record all months when household has the lowest number of hours of electricity supply.*** | a. |\_\_|\_\_|  b. |\_\_|\_\_|  c. |\_\_|\_\_|  d. |\_\_|\_\_|  e. |\_\_|\_\_|  f. |\_\_|\_\_|  g. |\_\_|\_\_|  h. |\_\_|\_\_|  i. |\_\_|\_\_|  j. |\_\_|\_\_|  k. |\_\_|\_\_|  l. |\_\_|\_\_| | January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  Don’t Know………………………………………888 | |
| ***Ask respondent first about the worst months and then about a typical month for C.67- C.72***  ***If no seasonal changes, ask only about a typical month. Ask questions by ROW.*** | | 1. Worst Months | 1. Typical Month |  |
|  | Do you receive information about a “load-shedding” schedule (load shedding is the set hours of electricity notavailable from the mini grid)? |  |  | Yes all the time………….1  Yes sometimes………….2  No………………………2 |
|  | How many hours of electricity are available **each day**from the mini-grid? (max 24 hours) | hours | hours | Hours of supply  Don’t know…………-8 |
|  | How many hours of electricity are available **each evening, from 6:00 pm to 10:00 pm from** the mini-grid**?** (max 4 hours) | hours | hours | Hours of supply  Don’t know………-8 |
|  | How many hours of electricity do you **use** each day from the mini-grid?  ***Cannot exceed number of available hours in C.68*** | hours | hours | Hours of supply  Don’t know…………-8 |
|  | How **many** outages/blackouts occur in a week? |  |  | Number of outages/blackouts  No outages/blackouts…..0**🡪C.73**  Don’t know…………-8 |
|  | What is the **total duration** of all the outages/blackouts in a week? | 1. Hours   |\_\_|\_\_|\_\_|   1. Minutes   |\_\_|\_\_|\_\_| | 1. Hours   |\_\_|\_\_|\_\_|   1. Minutes   |\_\_|\_\_|\_\_| | Don’t know………..888 |

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|  | What is your main back-up source of lighting during outages/blackouts of the grid? |  | Electric generator……………………………………..…..1  Rechargeable battery and storage devices (e.g.: car battery)…….......................................................................2  Solar Lantern………………………………………3  Other Solar Lighting product………………………4  Solar Multi-Light Product ……5  Solar Home System …….6  Kerosene/paraffin lamp………………………………….…..7  Dry-cell (non-rechargeable) battery/ Torch/ Flashlight…………………………………………8  Candle…………………………………………………..9  Other, specify………………………………..……...….555  No back-up source………………………………………111 |
|  | What is your main back-up source of electricity for appliances during outages/blackouts of the mini-grid? |  | Electric generator……………………………………..…..1  Rechargeable battery and storage devices (e.g.: car battery)……........................................................................2  Solar Lantern………………………………………3  Other Solar Lighting product………………………4  Solar Multi-Light Product ……5  Solar Home System …….6  Other, specify………………………………………..….555  No back-up source………………………………………111 |
|  | How do you request for repairs in electricity service or file a complaint? |  | Call/SMS mini-grid operator……………………………1  Call a local technician………………………….……….2  Send a letter/email……………………………….……..3  Social media…………………………………………....4  Talk to community representative……………………...5  No system to request repairs/file complaint……………6  Other, specify…………………………………………555 |
|  | When there is a blackout in your community, who do you usually approach for assistance? |  | The power company…………………………………….1  Someone not from power company…………………….2  No-one: we wait until power returns……………..3**🡪C.78** |
|  | The last time you asked for assistance, how many days after you contacted [**C.76** response] did they come to fix the problem? |  | Number of days  Don’t know………………………………………….888 |
|  | In the last 12 months, did any of your appliances get damaged because the voltage was going up and down from the mini grid? |  | Yes…………………………………………….1  No……………………………………………..2  Don’t know…………………………………….888 |
|  | What are the most serious problems you experience with your mini grid electricity?  ***Record up to 2 responses.*** | 1. First   |\_\_|\_\_|\_\_|   1. Second   |\_\_|\_\_|\_\_| | Supply shortage/not enough hours of electricity...…….1  Low/high voltage problems or voltage fluctuations….…2  Unpredictable interruptions……………………………3  Unexpectedly high bills………………………………..4  Too expensive………………………………………….5  Do not trust the supplier……………………………….6  Cannot power large appliances………………………..7  Maintenance/service problems………………………...8  Unpredictable bills…………………………………….9  Other, specify……………………………………….555  No problems……………………………………….111 |
|  | Is your electric wiring insulated or concealed? |  | Yes…………………………………………….1  No……………………………………………..2 |
|  | In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the mini grid electricity? |  | Yes……………………………....…..1  No………………………………..….2**🡪C.83** |
|  | What was the reason for this injury? |  | Carelessness or error…..1  Lack of knowledge about the use of the appliance…2  Faulty wiring/connection…..3  Other, specify……555 |

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| **Electric Generator set** | | | |
|  | In the last 12 months, did the household use a generator to supply electricity? |  | Yes……………………………....…..1  No………………………………..….2**🡪C.114** |
|  | How many generators does your household use to supply electricity?  ***If multiple generators, ask following questions about main generator.*** |  | Number of generators |
|  | Do you share this generator with other households?  ***Ask about main generator.*** |  | Yes……………………………....…..1  No………………………………..….2**🡪C.87** |
|  | How many households are sharing electricity from this generator?  ***Ask about main generator.*** |  | Number of households  Don’t know…………………………..-8 |
|  | ***Enumerator Observation:*** What is the capacity of the generator?  ***Read name plate of the MAIN generator.*** |  | Kilo Volts(kVA)  Don’t know………………………………………….888 |
|  | In the last 12 months, in which months did you use this generator or did you use it all year?  ***Multiple responses possible*** | a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_|  e. |\_\_|\_\_|\_\_|  f. |\_\_|\_\_|\_\_|  g. |\_\_|\_\_|\_\_|  h. |\_\_|\_\_|\_\_|  i. |\_\_|\_\_|\_\_|  j. |\_\_|\_\_|\_\_|  k. |\_\_|\_\_|\_\_|  l. |\_\_|\_\_|\_\_| | January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  Used all year…………………………………...111 |
|  | How many days per month did you typically use this generator? |  | Number of days  Don’t know………………………………………….-8 |
|  | In the last 12 months, what did your household use this generator for?  ***Multiple responses possible*** | a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_| | Lighting……………………………………….1  Appliances…………………………………….2  Home-based income activity………………….3  Other, specify………………………………….555  Don’t know………………………………………….888 |
|  | How many years have you used this generator?  ***Record in years, if less than 1 year record 1*** |  | Number of Years  Don’t know………………………………………….-8 |
|  | Does your household own the generator? |  | Yes……………1**🡪C.97**  No…………….2 |
|  | Who owns the generator? |  | Other Household………...…………..…..…...1  Community organization…………………….2  Private person/entity ………………………...3  Other, specify………………………………..555  Don’t know………………………………………….888 |
|  | Do you rent the generator or use it for free? |  | Rent…………………….1  Use for free…………….2**🡪C.99** |
|  | How do you pay for electricity services from the generator? |  | Fixed payment (per month or week)……………1  Charge by number of lights/appliances…………2  Charge per kWh………………………………...3  Pay for fuel only………………………………..4**🡪C.99**  Other, specify…………………………………..555 |
|  | In the months that you use it, how much did you pay to use the generator each month?  ***Do not include any cost of fuel, only fee for using the GENERATOR.*** |  | Local currency  Don’t know………………………….888  **ALL🡪C.99** |
|  | How much did you pay to purchase the generator? |  | Local currency  Don’t know………………………….888 |
|  | In the last 12 months, how much did you pay for repairs/parts/maintenance of the generator? |  | Local currency  Don’t know………………………….888 |
|  | What fuel is used to power the generator? |  | Diesel………………………………………1  Gasoline/Petrol……………………………………2  Other, specify………………………………555  Don’t know…………………………………888 |
|  | In the last 30 days, what was the total quantity of fuel used to power the generator? | 1. Amount   |\_\_|\_\_|\_\_| | Liters  Don’t know…………………………..888 |
|  | Do you pay for the fuel used to power the generator? |  | Yes…………..1  No……………2**🡪C.103** |
|  | In the last 30 days, how much did your household spend on fuel for this generator? |  | Local currency  Don’t know………………………….888 |
|  | Is the generator the household’s main source of electricity? |  | Yes………………………………….1  No……………………………………2**🡪C.109** |

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| --- | --- | --- | --- |
|  | Are there certain months/seasons of **the year** when less fuel is available to power the generator? |  | Yes…………………………………………….1  No……………………………………………..2**🡪C.106** |
|  | What are the worst months of fuel availability for the generator?  ***Multiple responses are possible.***  ***Record all months for the worst fuel availability.*** | a. |\_\_|\_\_|  b. |\_\_|\_\_|  c. |\_\_|\_\_|  d. |\_\_|\_\_|  e. |\_\_|\_\_|  f. |\_\_|\_\_|  g. |\_\_|\_\_|  h. |\_\_|\_\_|  i. |\_\_|\_\_|  j. |\_\_|\_\_|  k. |\_\_|\_\_|  l. |\_\_|\_\_| | January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  None……………………………………………..111  Don’t know……………………………………..888 |

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| ***Ask respondent first about the worst months and then about a typical month for C.106-C.108***  ***If no seasonal changes (C.104) or not the main source (C.103) ask only about a typical month. Ask questions by ROW.*** | | 1. Worst Months | 1. Typical Month |  |
|  | How many hours could you use this generator **each day and night** if you wanted to? (max 24 hours) | hours | hours | Hours of supply  Don’t know…………-8 |
|  | How many hours could you use this generator **each evening, from 6:00 pm to 10:00 pm** if you wanted to**?** (max 4 hours) | hours | hours | Hours of supply  Don’t know…………-8 |
|  | How many hours do you actually use this generator **each day**? (Cannot be more than **C.106**.) | hours | hours | Hours of supply  Don’t know…………-8 |
|  | In the last 12 months, did any of your appliances get damaged because the voltage was going up and down from the generator? |  | Yes…………………………………………….1  No……………………………………………..2  Don’t know……………………………………888 | |
|  | What are the most serious problems you experience with the generator?  ***Record up to 2 responses.*** | 1. First   |\_\_|\_\_|\_\_|   1. Second   |\_\_|\_\_|\_\_| | Limited power supply…………………1  Cannot power large appliances…………2  Too expensive to use (including high cost of fuel/rent)…………………………………..3  Availability of the fuel…………………….4  Hard to maintain/service…………………..5  Loud/Noisy……………………………….6  Unpredictable interruptions……………….7  Other, specify………………………….555  No problems…………………………….111 | |
|  | Is your electric wiring insulated or concealed? |  | Yes…………………………………………….1  No……………………………………………..2 | |
|  | In the last 12 months, did any household members experience serious body injuries because of the generator? |  | Yes…………………………………………….1  No……………………………………………..2**🡪C.114** | |
|  | What was the reason for this injury? |  | Carelessness or error…..1  Lack of knowledge about the use of the appliance…2  Faulty wiring/connection…..3  Other, specify……555 | |

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| **Externally Recharged Battery (Car Battery, etc)** | | | |
|  | In the last 12 months, did the household use any rechargeable batteries, such as car batteries, for electricity **as the main source of electricity**? |  | Yes…………………………………………….1  No……………………………………………..2**🡪 C.135** |
|  | In the last 12 months, in which months did you use rechargeable batteries or did you use it all year?  ***Multiple responses possible*** | a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_|  e. |\_\_|\_\_|\_\_|  f. |\_\_|\_\_|\_\_|  g. |\_\_|\_\_|\_\_|  h. |\_\_|\_\_|\_\_|  i. |\_\_|\_\_|\_\_|  j. |\_\_|\_\_|\_\_|  k. |\_\_|\_\_|\_\_|  l. |\_\_|\_\_|\_\_| | January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  Used all year…………………………………...111  Don’t know……………………………………888 |
|  | In the last 12 months, what did your household use rechargeable batteries for?  ***Multiple responses possible*** | a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_| | Lighting……………………………………….1  Appliances…………………………………….2  Home-based income activity………………….3  Other, specify………………………………….555 |
|  | Does your household have an inverter that allows you to use AC appliances? |  | Yes……………………….1  No………………………..2**🡪C.119** |
|  | What is the capacity of the inverter? |  | Watts (W) |
|  | What is the total number of rechargeable batteries that you use in a typical month? |  | Total number of rechargeable batteries.  Don’t know……………………………………888 |
|  | What is the capacity of the rechargeable batteries?  ***If multiple batteries, record capacity for each.*** | Capacity  a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_| | Ampere-hour  Don’t know……………………………………888 |
|  | What is the voltage of the rechargeable batteries?  ***If multiple batteries, record voltage for each.*** | Voltage  a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_| | Volts  Don’t know……………………………………888 |
|  | How much did you pay for the rechargeable battery(ies)?If multiple batteries, record costs for each | a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_| | Local currency  Don’t Know………………………………….888 |
|  | How many recharges for all batteries does your household have in a typical month?  ***If multiple batteries, record the number of recharges for each battery in a typical month.*** | a. |\_\_|\_\_|\_\_|  b. |\_\_|\_\_|\_\_|  c. |\_\_|\_\_|\_\_|  d. |\_\_|\_\_|\_\_| | Number of Recharges  Don’t know……………………………………888 |
|  | Do you pay someone/some entity outside the household to recharge the battery on a regular basis? |  | Yes……………1  No…………….2**🡪C.126** |
|  | How much does your household spend in a typical month to recharge the batteries (in total)? |  | Local currency  Don’t Know………………………………….888 |
|  | What is the electricity source used to recharge the battery? |  | National grid………………..1  Local mini-grid…………….2  Electric generator…………..3  Solar……………………….4  Other, specify……………..555 |
|  | Is battery recharging limited by availability of electricity from [**SOURCE FROM** C.126]? |  | Yes…………………1  No………………….2  Don’t know……………………………………888 |
|  | How many hours can you use rechargeable batteries for electricity supply **each day when fully charged** if you wanted to? (max 24 hours) |  | Hours  Don’t Know………………………………….-8 |
|  | How many hours can you use rechargeable batteries for electricity supply **each evening, from 6:00 pm to 10:00 pm** if you wanted to**?** (max 4 hours) |  | Hours  Don’t Know………………………………….-8 |
|  | How many hours do you actually use rechargeable batteries for electricity supply **each day**?  ***Cannot exceed number of hours in C.128*** |  | Hours  Don’t Know………………………………….-8 |
|  | How many hours do you actually use rechargeable batteries for electricity supply **each evening, from 6:00 pm to 10:00 pm**?  ***Cannot exceed number of hours in C.130*** |  | Hours  Don’t Know………………………………….-8 |
|  | What are the most serious problems you experience with the rechargeable batteries?  ***Record up to 2 responses.*** | 1. First   |\_\_|\_\_|\_\_|   1. Second   |\_\_|\_\_|\_\_| | Supply shortage/not enough hours of electricity…..1  Too expensive........................................................2  Cannot power large appliances…………………...3  Recharging is not convenient……………………...4  Maintenance & repair is difficult…………………..5  Cannot recharge battery to full capacity…………..6  Other, specify……………………………………555  No problems………………………………….….111 |
|  | In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the rechargeable batteries? |  | Yes…………………………………………….1  No……………………………………………..2**🡪C.135** |
|  | What was the reason for this injury? |  | Carelessness or error…1  Lack of knowledge about the use of the appliance …2  Faulty wiring or wiring with exposed wires…3  Other, specify……5555+ |

Solar Based Devices

|  |  |  |  |
| --- | --- | --- | --- |
|  | In the last 12 months, did the household use any of the following solar based devices? ***Multiple responses possible.*** |  | Solar Lantern……………1  Solar Lighting product (with multiple lights and/or cell phone charger and/or radio)…………………………..2  Solar Home System (with cell phone charging, and TV/fan/fridge)…….3  None…………………….......4**🡪 C.181** |
|  | How many solar lanterns do you have? |  | Number of solar lanterns |
|  | How many solar lighting products (with multiple lights and/or cell phone charger and/or radio)do you have? |  | Number of solar lighting products |
|  | How many solar home systems (with cell phone charging, and TV/fan/fridge) do you have? |  | Number of solar home systems |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SOLAR DEVICE** | Ask about all devices in order of importance (Example: Main Solar System is Device 1) Do you use this solar [DEVICE]? | Is this your main solar device? | Who is the manufacturer and model of the [DEVICE]? | Does this [DEVICE] have a mobile charger? | Does this [DEVICE] have a radio? | **CAPI:**  What is the type of solar device? | How many light bulbs are there? | What is the power rating of the solar panel?  ***If unknown, enter “888” 🡪 skip to next***  ***Read the name plate of the solar panel*** | What is the estimated size of the solar panel?  SIZE CODE  20cm x20cm or smaller……..1  40cm x 40cm………..2  50cm x 100cm………3  75cm x150cm or larger…………4  Other, specify (in width and length)……..555 | What is the capacity of the battery? | Does this [DEVICE] have an inverter? |  | How many years have you had this [DEVICE]?  ***Record in years, if less than 1, record 1*** | Who decided to purchase/ acquire this [DEVICE]? | How did you get this [DEVICE]? |
|  | Solar Lantern……………1  Solar Lighting product………2  Solar Home System 3 | Yes...1  No…2 |  | Yes...1  No…2 | Yes...1  No…2 | Solar Lantern…1**🡪 C.147**  Solar Lighting product………2  Solar Home System …3 | NUMBER OF LIGHT BULBS | QUANT. in  Watt-Peak (Wp) | Amp-hours (Ah) | Yes...1  No…2 |  | NUMBER OF YEARS | MEMBER ID | Bought, fully paid…..……1**🡪C.156**  Bought, under installment..2**🡪C.156**  Rent/pay fee to use………..3**🡪C.163**  Received for free….4 |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SOLAR DEVICE** |  |  | c.156.A |  |  |  |  |  |  |  |  |  |
| Who gave you this [DEVICE]? | How much did you pay for this [DEVICE] upfront? | Was this amount you paid for this [DEVICE]  ***Full amount….1🡪 C.162***  ***Partial amount…..2*** | How much was the down payment for this [DEVICE]? | What is the term period for the payment? | What is the rate of interest? | What payment system do you use? | What is the monthly payment for this [DEVICE] (installment/ fee to rent/use)? | Did/do you borrow money to make your payment for [DEVICE]? | Did you receive information and training on this [DEVICE]? | How many hours **do you use** [DEVICE] for lighting and other applications each day? | What is the most serious problem you experience with [DEVICE]? |
|  | Local private organizations (NGO)……….1  Chief of village……….2  Local government …3  Relative/Friend……….4  Other, specify…….555  ***ALL🡪C.163*** | LOCAL CURRENCY |  | LOCAL CURRENCY | In years | Percentage……  Don’t know…888 | Mobile Pay-as-you-go…….1  Other Pay-as-you go (scratch card, etc.)……2  Fixed fee……..3 | LOCAL CURRENCY | Yes….1  No…..2 | Yes…1  No….2 | HOURS  Don’t know……888  (Cannot exceed 24 hours) | Duration of service too short……..………..1  Too expensive........2  Cannot power large appliances…….......3  Breaks too often…..4  Maintenance and availability of spare parts………………..5  Quality of light…..6  Battery problems…7  Other, specify…….555  No problems……..111 |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |

Main Solar-Based Device

Record information for the MAIN solar-based device, the device listed in C.140-C.141 in the previous table.

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| c.166a | *Please select the main solar device from the list C.140 and 141.* |  |  | |
|  | Are there certain months/seasons **every year** when the service is not as strong from [DEVICE]? |  | Yes…………………………………………….1  No……………………………………………..2 **🡪C.168** | |
|  | What are the worst months for service from [DEVICE]?  ***Multiple responses are possible.***  ***Record all months for the lowest hours of service.*** | a. |\_\_|\_\_|  b. |\_\_|\_\_|  c. |\_\_|\_\_|  d. |\_\_|\_\_|  e. |\_\_|\_\_|  f. |\_\_|\_\_|  g. |\_\_|\_\_|  h. |\_\_|\_\_|  i. |\_\_|\_\_|  j. |\_\_|\_\_|  k. |\_\_|\_\_|  l. |\_\_|\_\_| | January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  Don’t Know………………………………….888 | |
| ***Ask respondent first about the worst months and then about a typical month for C.168-C.180***  ***If no seasonal changes, ask only about a typical month. Ask questions by ROW.*** | | 1. **WORST MONTHS** | 1. **TYPICAL MONTH** |  |
|  | How many hours do you receive service from this [DEVICE] **each day and night**? (max 24 hours) | Hours | hours | Hours of supply  Don’t know…………-8 |
|  | How many hours is service available from this [DEVICE] **each evening, from 6:00 pm to 10:00 pm?** (max 4 hours) | Hours | hours | Hours of supply  Don’t know…………-8 |
|  | How many hours do you actually use the [DEVICE] **each day** for lighting and other applications? (max 24 hours)  ***Cannot exceed hours in C.168*** | Hours | hours | Hours of supply  Don’t know…………-8 |

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|  | In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the [DEVICE]? |  | Yes…………………………………………….1  No……………………………………………..2**🡪C.173** |
|  | What was the reason for this injury? |  | Carelessness or error…1  Lack of knowledge about the use of the appliance …2  Faulty wiring or wiring with exposed wires…3  Other, specify……5555 |
|  | Is there any appliance you do not have that you would like to have? |  | Yes…………………………………………….1  No……………………………………………..2 **🡪 C.175**  Don’t know……………888 |
|  | What appliances would you most like to have?  Multiple response (Up to three devices) |  | Television……………………………………..1  Fan…………………………………………….2  Refrigerator……………………………………3  Radio…………………………………………..4  Tablet/laptop/computer………………………..5  Mobile phone charger…………………………..6  Other, specify……………………………….555  Don’t know/refuse to answer……………….888 |
|  | Overall, how satisfied are you with the service provided by the main solar device? |  | Very satisfied…………………………………….1  Somewhat satisfied………………………………2  Neutral……………………………………………3  Unsatisfied……………………………………….4  Very unsatisfied…………………………………5 |
|  | In what year did you get your first solar device? |  | Year  Don’t know……………888 |
|  | Has solar been your main source of lighting/electricity since [YEAR in C.176]? |  | Yes…………..1**🡪C.179**  No……………2  Don’t know……………8 |
|  | What was your main source of lighting/electricity when it was not a solar device? |  | National grid connection………………………..1  Local mini grid connection………………………………….2  Electric generator………………………………………...3  Rechargeable battery and storage devices (e.g.: car battery)……………………………4  Kerosene lamp…………………………..5  Fuel-based lighting…………………………6  Dry-cell (non-rechargeable) battery/ Torch/Flashlight………………………………….7  Candle………………………………………..8  Other, specify…………………………………….555 |
|  | Compared to the first time you used solar lighting, do you currently…  **Do not read out** |  | Use more solar lighting………………………1  Use about the same solar lighting……………2  Use less solar lighting………………………..3  Don’t know……………888 |
|  | What appliances do you use today that you did not use with your first solar lighting device? |  | Mobile phone charger………..1  Radio…………………………2  TV……………………………3  Fan……………………………4  Refrigerator…………………...5  No change…………………….6  Other, specify…………………555 |

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| --- | --- | --- | --- |
| **Main Source of Electricity** | | | |
|  | Of all the sources that you mentioned above, which is the source that you use the most in your household?  ***This will be the MAIN (or hours most used) electricity source that is referred to later.*** |  | National grid…1  Mini-grid……..2  Electric generator….…….................3  Solar Lantern………………………..4  Other Solar Lighting product………5  Solar Home System……6  Rechargeable Battery…………………7  Dry-cell battery……………………….8  No electricity………………………...111 |
| Charging mobile phone | | | |
|  | How many mobile phones do the household members own combined? |  | If none input “0” 🡪**D.1** |
|  | Are members of your household able to charge all their mobile phones as often as they need inside your dwelling? |  | Yes…………………………1 **🡪D.1**  No………………………….2  Don’t know……………8 |
|  | Can you charge at least one mobile phone to full charge everyday inside your dwelling? |  | Yes…………….1**🡪C.186**  No……………..2 |
|  | Can you charge at least one mobile phone to full charge in 3 days inside your dwelling? |  | Yes……………1  No…………….2 |
|  | How many mobile phones of your household members do you charge outside your dwelling? |  | Number of mobile phones  ***If 0* D.1** |
|  | Do members of your household have to go more than 500 meters (walk more than 5 minutes) to charge your mobile phones outside your dwelling? |  | Yes…………………………………..1  No………………………………..….2 |
|  | How much does your household spend each month (in total) on charging the mobile phone(s) outside your dwelling? |  | Local currency…………….  Don’t pay………………….111 |

1. Willingness to Pay for a Grid Connection

Respondent should be most knowledgeable member on household electricity.

For each household, CAPI will randomly assign one of the seven following amounts in the placeholder ${CF}: 0% of the connection fee in local currency and respectively 14%, 29%, 43%, 57%, 71%, 100%.

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Interviewer/CAPI check:***  Is the household connected to the national grid? |  | Yes…………………………………1**🡪F.1**  No………………………………….2 |
| D.1A | D.1A Enumerator: Please select the appropriate category and prices to the category.  Note- Zambia has different connection prices for different locations.  Filter Question for Section D– the EA is |  | Rural ……….1  Urban low cost…2  Urban medium cost…3  Urban high cost….4 |
|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster |
| Electricity requires several types of payments. There are three parts to the cost of electricity: connection, wiring, and monthly use. In other words, to use electricity you need to have a wire from a meter in your house to the pole first. That is the connection. You also need to have wires to connect appliances within your house to the meter. This is the wirin55555555g. Finally, to keep using electricity you must pay for what is used and measured by the meter, or it will be turned off, this is the cost of monthly use. I would like to ask you questions only about the first cost of connecting – getting a wire from the electricity poles to a meter on your house. | | | |
| If you could pay a “lump sum” price for an electricity connection, in other words, you are offered a price and a period of time to decide whether to take this price. If you decide to take the price, you have to pay all at once, after which you are immediately connected. As you answer the next few questions, assume that all other wiring fees and monthly service fees for using electricity, once you have the connection, remain the same as they are now. | | | |
|  | Would you be willing to pay ${CF} upfront for an electricity connection? |  | Yes…………………………………1**🡪D.9**  No………………………………….2 |
|  | Would you be willing to pay ${CF} for an electricity connection, if you were given 3 months to make the payment? |  | Yes…………………………………1**🡪 D.9**  No………………………………….2  Don’t Know……………………….8 |
|  | Would you be willing to pay ${CF} for an electricity connection, if you were given 6 months to make the payment? |  | Yes…………………………………1**🡪D.9**  No………………………………….2  Don’t Know……………………….8 |
|  | Would you be willing to pay ${CF} for an electricity connection, if you were given 12 months to make the payment? |  | Yes…………………………………1**🡪D.9**  No………………………………….2  Don’t Know……………………….8 |
|  | If the connection fee were waived, would you get a grid connection? |  | Yes…………………………………1**🡪D.9**  No………………………………….2  Don’t Know……………………….8 |
|  | Why would you not accept the offer? |  | Still cannot afford the wiring costs………1  Do not need electricity…………..2  Electricity service is unreliable….3  Monthly fee is too expensive……4  Other, specify……………………555 |
|  | How much do you think it would cost to do all the internal electrical wiring in your house? |  | Local currency  Don’t Know……………………….888 |
|  | ..Think about the amount you would need to spend each month for electricity, not the connection fee. How much would you need to spend each month for electricity? |  | Local currency  Don’t Know……………………….888 |

1. Willingness to Pay for Solar Device

Respondent should be most knowledgeable member on household electricity.

For each household, CAPI will 1) randomly assign a Tier 2 (high capacity: enough to power a television) or Tier 1 (low capacity: multiple light bulbs and mobile charging) solar home system; and 2) randomly select one of the three following amounts in the placeholder ${CF}: 33%, 66%, or 100% of the solar device in local currency. We will have the market price for the selected.

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ENUMERATOR/CAPI check:*** Is the main source of electricity for this household: |  | National grid…1🡪**F.1**  Mini-grid……..2🡪**F.1**  Electric generator….…….................3🡪**F.1**  Solar Lantern………………………..4  Other Solar Lighting product………5  Solar Home System……6🡪**F.1**  Rechargeable Battery…………………7  Dry-cell battery……………………….8  No electricity………………………...111 |
|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster |
| We will ask you questions about a solar home system. ***Enumerator: show picture and describe what the solar home system can and can’t do and the benefits of using a solar home system.***[INSERT DESCRIPTION OF SOLAR DEVICE]  If you could pay a “lump sum” price for this solar device; in other words, you are offered a price and if you decide to buy the device, you will have to pay it all at once. As you answer the next few questions, keep in mind the various benefits from this device as well as your household budget. | | | |
|  | Would you be willing to pay ${CF} upfront for this solar device? |  | Yes…………………………………1**🡪F.1**  No………………………………….2 |
|  | Would you be willing to pay ${CF} for this solar device, if you were given 6 months to make the payment? |  | Yes…………………………………1**🡪F.1**  No………………………………….2  Don’t Know……………………….8 |
|  | Would you be willing to pay ${CF} for this solar device, if you were given 12 months to make the payment? |  | Yes…………………………………1**🡪 F.1**  No………………………………….2  Don’t Know……………………….8 |
|  | Would you be willing to pay ${CF} for this solar device, if you were given 24 months to make the payment? |  | Yes…………………………………1**🡪F.1**  No………………………………….2  Don’t Know……………………….8 |
|  | Why would you not accept the offer? |  | Cannot afford the payment………1  Do not need electricity…………..2  Maintenance/servicing of device is not available……3  Other, specify……………………555 |

1. Kerosene/Fuel-Based /Candle Lighting

The respondent should be most knowledgeable household member on household use of kerosene and candles.

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|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster |

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| **FUEL LAMP/ CANDLE/ TASK LIGHT** | In the last 12 months, did you use [NAME FROM THE LIST]  ***Use photo aid to identify lamp type***  Candle………1**🡪F.7**  Open wick lamp………….2  Hurricane lamp with glass cover…..3  Pressurized mantle lamp………….4  None…………5**🡪G.1**  Other, specify…555  ***Use a separate row for each TYPE of lamp/candle*** | What is the main fuel source for [LAMP]? | How many of these lamps does your household have? | How much did you pay for each [LAMP]?  ***If paying in installment, enter total value of payments*** | In the last 12 months, how many months did you use [LAMP/ CANDLE]? | In the last month, how many days did you use [LAMP/CANDLE]?  NUMBER OF DAYS | How many hours do you use [LAMP/ CANDLE] each day?  HOURS  Candle…1  Open wick lamp……2 🡪 F.11  Hurricane lamp with glass cover…..3 🡪F.11  Pressurized mantle lamp….4🡪 F.11  Other, specify…555 🡪 F.11  (If more than 1 device of the same type, then input the average) | What is the total quantity of [CANDLE] you use in a typical week? | What is the total quantity of [FUEL] you use in a typical week for your [LAMP]? | How much do you spend on [LAMP/CANDLE] in a typical week? | What don’t you like most about using the [LAMP/CANDLE]? ***Record up to 2 responses*** | In the last 12 months, what type of harm/injury did any household members have from [LAMP/ CANDLE]?  ***Multiple responses possible*** |
|  | Kerosene/paraffin…1Biogas……..4  Other, specify......555  (note: only valid choices are included for Zambia) | NUMBER OF LAMPS | LOCAL CURRENCY  *If more than 1 device, input the average.* | NUMBER OF MONTHS |  | NUMBER OF CANDLES  All skip to F.12 | TOTAL LITERS OF FUEL | TOTAL LOCAL CURRENCY | Lantern too expensive…….1  Fuel too expensive...............2  Fuel not available…………3  Accidents can happen..........4  Bad for health……………..5  Time spent to collect fuel…6  Other, specify…………555  No problems………….111 | Death or permanent limb damage……………………...1  Burns/fire…………………...2  Poisoning……………………3  Eye problems………………..4  Respiratory problem………..5  Other major injury………….6  Minor injury………………..7  Fire with no injury…………8  None………………………111 |
|  |  |  |  |  |  |  |  |  |  |  | 1. |\_\_|\_\_|\_\_| 2. |\_\_|\_\_|\_\_| |  |
|  |  |  |  |  |  |  |  |  |  |  | 1. |\_\_|\_\_|\_\_| 2. |\_\_|\_\_|\_\_| |  |
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|  | What is the main source of lighting the children who are currently enrolled in school usually use for studying/doing homework?  ***Single response*** |  | Electric lighting/lamp…………………….1  Solar powered light source……………….2  Battery-operated light source…………….3  Street lighting…………………………….4  Kerosene /paraffin lamp…………………5 | Candles…………………………………...6  Biogas lamps……………………………...7  Other, specify………………………….555  Studying and homework only during daylight hours….111 |

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|  | F.17 | F.18 | F.19 | **F.20** | **F.21** |
| FUEL/ CANDLE | **Main Source of Fuel** | What is the total quantity of [FUEL] you purchase at a typical time? | How long does this quantity of [FUEL] typically last? | **How much do you pay** in total **for the amount of fuel you purchased?** | **What is the percentage of this [FUEL] you use for lighting?** |
|  |  | LITERS OF FUEL/Number of Candles | DAYS | **LOCAL CURRENCY** | PERCENTAGE |
| 1 | Candle |  |  |  |  |
| 2 | Kerosene/paraffin |  |  |  |  |
| 3 | Diesel |  |  |  |  |
| 4 | Gasoline/petrol |  |  |  |  |
| 5 | Biogas |  |  |  |  |

1. Dry-Cell Batteries

|  |  |  |  |
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|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster |

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| **DEVICESOURCE** | In the last 12 months, did you use dry cell batteries to power [NAME FROM THE LIST]  ***Use photo aid to identify lamp type***  Lanterns……1  Flashlights....2  Task lights....3  Radio………4  None…….111🡪 H.1  Other, specify…555  ***Use a separate row for each TYPE of lighting*** | How many of [ITEM] does your household power with dry cell batteries? | How much did you pay for each [ITEM] on average?  ***If paying in installment, enter total value of payments*** | In the last 12 months, how many months did you use [ITEM]? | How many hours do you use [ITEM] each day on a typical day?  HOURS  *If more than 1 device, input the average.* | Do you use [ITEM] as a regular source of lighting or only as a back-up source when the main source is not available? | How many of dry cell batteries do you purchase **each month**?  NUMBER OF BATTERIES FOR EACH DEVICE |
|  | NUMBER OF EACH DEVICE | LOCAL CURRENCY  *If more than 1 device, input the average.* | NUMBER OF MONTHS | Regular source of lighting….1  Back-up source of lighting…2  No light available…………..3 |  |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
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|  |  |  |  |  |
|  | How much do you spend each month on dry cell batteries? |  | LOCAL CURRENCY |  |

1. Household Fuel Consumption

Respondent should be household member who most frequently cooks food for the household.

First ask H.3 for all fuel types and then record the information in the following questions only for the fuel that is used.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | ***Enumerator:*** Record Respondent ID for this section | | | | | |  |  | | |  | |  | Individual ID from Household Roster | | | | |  |
|  |  |  |  | |  | h.6a |  |  |  |  |  |  |  | |  | | |  |  |  |  | |
| **Fuel Type**  ***Read Aloud*** | In the last 12 months, did your house-hold use this [FUEL]?  Code:  Yes...1  No...2🡪  **NEXT**  **ROW** |  | | In the last 12 months, what did your household use [FUEL] for?  ***READ ALOUD the options below and***  ***Check “√” for each item the household uses it for.*** | | | | | | | In the last 12 months, how many months did you use this [FUEL]? | In the last 12 months, in which months was this [FUEL] **scarce** and **significantly more** **expensive**?  ***Multiple responses possible*** | What unit do you purchase/collect [FUE]?  Kg…1  Litre ..2  Other..3 | | How often do you purchase/collect [FUEL]?  Daily..1  Weekly..2  Twice a week..3  Monthly..4  As need arise | | | How much do you purchase each time?  Quantity  0 next row | In the last 30 days, how much did you pay for the amount of [FUEL] that you purchased? | What was the price per unit? | Of the total household consumption, how much comes from purchases (not collected)? | |
|  | Lighting | Cooking | | Heating | COOLING | FIRE STARTER/ IGNITION | Boiling water | Home-Based Income Activity | Other, Specify | ***Number of Months*** | ***See Month Codes***  January…………………………………………1  February………………………………………..2  March…………………………………………...3  April…………………………………………….4  May……………………………………………..5  June……………………………………………..6  July……………………………………………...7  August…………………………………………..8  September………………………………………9  October………………………………………….10  November……………………………………….11  December………………………………………...12  Don’t Know………………………………….888  Available all  year……111 |  | |  | | | Quantity | COST  (Local Currency) |  |  | |
| 1. **LPG/ cooking gas** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Wood purchased** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Wood collected** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | |  |  |  |  | |
| 1. **Charcoal** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Solar** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | |  |  |  |  | |
| 1. **Kerosene** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| liters | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Piped Natural Gas** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| liters | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Coal/ Lignite** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Animal waste/ Dung** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Crop Residue/ Plant Biomass** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Sawdust** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Coal Briquette** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Biomass Briquette** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Electric** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| |  |  |  | |  | | |  |  |  |  | |
| 1. **Pellets/ processed biomass/ wood chips** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Biogas (from animal waste or dung)** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| kg | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Ethanol** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_||\_\_||\_\_||\_\_| | |\_\_| | | |\_\_| | | | |\_\_|\_\_|\_\_| liters | |\_\_|\_\_|\_\_| |  |  | |
| 1. **Garbage/ plastic** | **|\_\_|** | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| |  |  |  | |  | | |  |  |  |  | |

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| **#** | **Question** | **PEOPLE** | | | |
| 1. **Women**   **(Age 15 yrs and older)** | 1. **Girls**   **(Under age 15 yrs)** | 1. **Men**   **(Age 15 yrs and older** | 1. **Boys**   **(Under age 15 yrs)** |
| **…** | | | | | |
|  | **Enumerators: For each question add the total amount of minutes that all the individuals in that age and gender category spend in one day.**  In a typical day, how many total minutes did [PEOPLE] **spend** gathering, collecting or purchasing fuels including travel time for the household and income generating activities | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | What is the frequency of collection? | Daily…1  Weekly…2  Twice a week…3  Monthly…4 | Daily…1  Weekly…2  Twice a week…3  Monthly…4 | Daily…1  Weekly…2  Twice a week…3  Monthly…4 | Daily…1  Weekly…2  Twice a week…3  Monthly…4 |
|  | How many times did [PEOPLE] collect/purchase during this period? |  |  |  |  |

1. Use of Cooking Solutions

Instructions: The respondent should be the household member who most frequently cooks food for the household, as identified in A.12

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| --- | --- | --- | --- |
|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster |

Record information for each stove that the household uses. List each stove in a separate row of the table. Ask I.3 first and record all types of stoves in household.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cookstove ID** | In the last 12 months, which cookstove(s) did your household use for only preparing meals?  ***List up to 5***  **CODE:**  3-Stone/Open fire stove...1**🡪I.12**  Biomass Self-Built Stove..2**🡪I.11**  Manufactured stove traditional - Mbaula……3  Manufactured stove improved….4  LPG/natural Gas stove…..5  Kerosene /paraffin stove…6  Electric stove…7  Other, Specify..555 | How did you obtain this [STOVE]?  **CODE:**  Purchased, upfront …1  Purchase, in installment….2  Receive for free….3**🡪I.7** | Who decided to purchase this [STOVE]?  Member ID | How much did you pay for [STOVE]?  **ALL 🡪 I.8** | Who gave [STOVE] to you?  **CODE:**  Local private organizations (NGO)...1  Chief of village…2  Local govt…...3  Friend/ relative..4  Other, specify….555 | Did you receive training or information on [STOVE?]  **CODE:**  Yes……1  No…….2 | Who is the manufacturer and model of [STOVE]?  ***See codes in codebook*** | If you want to sell [STOVE] in your community today, how much would you receive?  Amount in Local Currency  Don’t know…888  **All skip to I.12** | Is [STOVE] a metal stove?  **CODE:**  Yes…1  No….2 | How many working burners does [STOVE]have?  Number of Burners | How long have you been using [STOVE] for?  ***YEARS and MONTHS*** | In the last 12 months, during which of the following months did you use [STOVE]?  ***Multiple response***  **CODE:**  January……1  February…..2  March……..3  April………4  May……….5  June……….6  July……….7  August…….8  September…9  October……10  November…11  December….12  Used all  year.........111  Don’t know…888 | Is the [STOVE] fixed in one place or moveable?  Code:  Fixed…….1  Moveable..2 | In the last 12 months, where did you normally cook with [STOVE]?  Code:  In dwelling, **NOT** in sleeping area…………1  In dwelling, in a sleeping area……..2  In a separate kitchen……..3  In a veranda (roofed platform with at least two open sides)…4**🡪I.19**  Outdoors..5**🡪I.19**  Other, specify…….555 |
|  |  |
|  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | |  |  |  |  |  |  |
| **Cookstove ID** | Do you use a chimney, hood, other exhaust system while using [STOVE]? | Do you regularly clean a chimney, hood or other exhaust system?  Code:  Yes…....1  No…...2 | In the last 12 months, what are the fuels you used on [STOVE]?  **CODE:**  LPG/cooking gas……………………….1  Wood purchased…………………….2  Wood collected………………………..3  Charcoal…………………………...4  Solar……………………………5  Kerosene/paraffin……………………...6  Piped Natural Gas……………7  Coal/lignite ……………8  Animal Waste/Dung……………9  Crop Residue/Plant Biomass…...10  Saw Dust………………………..11  Coal Briquette…………………..12  Biomass Briquette……………..13  Electric……………14  Processed biomass (pellets)/ woodchips….15  Biogas……………16  Ethanol………………………...17  Garbage/plastic………………..18  Charcoal briquettes……………19  Not applicable…………………111**🡪I.21**  Other, specify………………………..555 | | In the last 12 months, how often was the [FUEL TYPE] available?  ***Read aloud options***  **CODE:**  Always available……1  Mostly available…….2  Sometimes available…………….3  Rarely available…....4  **Skip I.20 B. to I.21 if there is no ‘Second Most Used’ fuel.** | | How much time do household members spend **preparing the [STOVE] and fuel for each meal** on average [including setting up the fuel and turning on the stove but not including gathering fuel or cooking time]? | In the last 7 days, how many days did you use [STOVE]? | In the last 7 days, on average, how many times did you light [STOVE] **per day?** | In the last 7 days, on average, how much time did your household use [STOVE] **per day** to cook or reheat meals (do not include boiling water) in the… | | |
| CODE:  Yes….1  No…..2**🡪I.19** | Morning | Afternoon | Evening |
| 1. **Most Used**   ***Single response*** | 1. **Second Most Used**   ***Single response*** | 1. **Most Used** | 1. **Second Most Used** | Minutes | Days | Number of times | Minutes | Minutes | Minutes |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  | |
| Cookstove ID | In the last 7 days, on average, how much time did your household use [STOVE] per day to boil water (for cooking, washing, and drinking)?  **Minutes** | Do you also use [STOVE] for space heating? | In the last 12 months, during which of the following months did you use [STOVE] for **heating**?  ***Multiple response***  **CODE:**  January……1  February…..2  March……..3  April………4  May……….5  June……….6  July……….7  August…….8  September…9  October……10  November…11  December….12  Used all  year.........111 | In a typical month, how many hours do you use [STOVE] for heating **each day**? | In the last 12 months, what type of harm/injury/damage did your household experience from [STOVE]?  ***Multiple responses possible.***  Code:  Death or permanent damage…..….1  Burns/fire/poisoning……………...2  Severe cough/respiratory problem..3  Other major injury………………..4  Minor injury……………………...5  Fire with no injury……………….6  Itchy/watery eyes………………..7  Light cough……………………...8  None…………………..………....9 | What was the reason for the injury?  Code:  Carelessness or error…1  Problem with stove….2  Other, specify….555 | Do you use this [STOVE] most of the time?  Code:  Yes……….1**🡪I.37**  No…………..2 | Why do you not use [STOVE] most of the time?  ***List up to 2 reasons***  Code:  Electricity/fuel for this stove unavailable…………………..1  Electricity/fuel for this stove too expensive………………..2  Certain type of cooking is not possible with this stove…….3  Cookstove does not have enough burners………………….4  Cookstove flame is too weak……………………………….5  Stove takes a long time to cook food………………..……...6  Electricity/fuel takes a long time to prepare………………..7  Stove is difficult/inconvenient to use………………………8  I prefer another energy source but the electricity/fuel  is too expensive or often not available…………………9  Certain type of meals taste better with another stove………10  Other, specify……………………………..555 | Is this [STOVE] your ***main*** cookstove?  ***Take a picture of the stove and ask the next questions about only this cookstove.*** | ***Ask each question for the most used and second most used fuel for this cookstove as identified in I.19***  ***If no second fuel, only ask about the most used fuel. Skip for Electric stove.*** | |
| Code:  Yes…….1  No……..2**🡪I.31** |  | How much do you spend on the [FUEL TYPE] for [STOVE] in the last month/in a typical month when you use the stove?  ENTER THE ACTUAL AMOUNT SPENT, NOT THE MARKET VALUE OF THE FUEL.  Amount in local currency | |
| Number of hours | Code:  Yes………….1  No…………..2 | A. Most used | B. Second most used |
| **1** |  |  |  |  |  |  |  | 1. |\_\_|\_\_|\_\_| b. |\_\_|\_\_|\_\_| |  |  |  |
| **2** |  |  |  |  |  |  |  | 1. |\_\_|\_\_|\_\_| b. |\_\_|\_\_|\_\_| |  |  |  |
| **3** |  |  |  |  |  |  |  | 1. |\_\_|\_\_|\_\_| b. |\_\_|\_\_|\_\_| |  |  |  |
| **4** |  |  |  |  |  |  |  | 1. |\_\_|\_\_|\_\_| b. |\_\_|\_\_|\_\_| |  |  |  |
| **5** |  |  |  |  |  |  |  | 1. |\_\_|\_\_|\_\_| b. |\_\_|\_\_|\_\_| |  |  |  |

Main Cookstove

|  |  |  |  |
| --- | --- | --- | --- |
| ***Enumerator: For households using any solid fuel, estimate the size of the cooking space by filling the following fields.*** | | | |
|  | ***Enumerator: based on responses to I.16 and I.19 does the HH use any solid fuels indoors?*** |  | Yes…………………………………1  No………………………………….2 **🡪 J.1** |
|  | Record the rough shape of the cooking space |  | Roughly square…………………………………1  Roughly rectangular……………………………2  Roughly circular.………………………………3  Other, estimate the size…………………………4 🡪 I.40 |
|  | Record the dimensions of the cooking space in heel-to-toe paces or in other measurement units.  Square, record one side  Rectangle, record both sides  Circle, record diameter |  |  |
|  | Record the type of roof covering the cooking space |  | Flat………………………………………………1  Roughly Conical…………………………………2  Gable (triangular cross-section)…………………3  None of the above………………………………4 **🡪 I.42** |
|  | Estimate the height of the highest point of the ceiling? Enumerator- record centi- meter |  |  |
|  | How many doors and windows (opening to the outside) does the cooking space have? |  | Number of Openings |

1. SPACE AND WATER HEATING

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you heat water for washing (either for washing dishes and clothes or for bathing)? |  | Yes…………………………………………1  No………………………………………….2**🡪J.4** |
|  | What is the main source you use to heat water?  ***Select one*** |  | Electric heater/boiler……………………………..1**🡪J.4**  Electric kettle/coil………………………………...2**🡪** **J.4**  Electric stove……………………………………..3**🡪** **J.4**  Gas heater…………………………………………4**🡪J.4**  Gas stove………………………………………..…5**🡪** **J.4**  Solar thermal system……………………………....6**🡪J.4**  Same solid fuel stove used for cooking…………....7**🡪J.4**  Separate solid fuel stove…………………………...8 |
|  | What is the MAIN fuel you use in this stove? |  | LPG/cooking gas……………………….1  Wood purchased…………………….2  Wood collected………………………..3  Charcoal purchased…………………………..4  Charcoal produced……………...5  Solar……………………………6  Kerosene/paraffin……………………...7  Piped Natural Gas……………8  Coal/lignite ……………9  Animal Waste/Dung……………10  Crop Residue/Plant Biomass…...11  Saw Dust………………………..12  Coal Briquette…………………..13  Biomass Briquette……………..14  Electric……………15  Processed biomass (pellets)/ woodchips………..16  Biogas……………17  Ethanol………………………...18  Garbage/plastic………………..19  Other, specify………………………..555 |
|  | Do you heat your house? |  | Yes…………………………………………1  No………………………………………….2**🡪K .1** |
|  | What is the main source you use to heat your house? |  | Electric heater……………………………..1**🡪K.1**  Gas heater…………………………………2**🡪K.1**  Solar thermal system……………………..3**🡪K.1**  Same solid fuel stove used for cooking…..4**🡪K.1**  Separate solid fuel stove………………….5 |
|  | What is the MAIN fuel you use in this stove? |  | LPG/cooking gas…………………….1  Wood purchased…………………….2  Wood collected……………………..3  Charcoal processed…………………………...4  Charcoal produced…………………………..5  Solar……………………………6  Kerosene/paraffin……………………...7  Piped Natural Gas……………8  Coal/lignite ……………9  Animal Waste/Dung……………10  Crop Residue/Plant Biomass…...11  Saw Dust………………………..12  Coal Briquette…………………..13  Biomass Briquette……………..14  Electric……………15  Processed biomass (pellets)/ woodchips……..16  Biogas……………17  Ethanol………………………...18  Garbage/plastic………………..19  Other, specify……………………..555 |
|  |  |  |  |

1. Willingness to Pay for an Improved Cookstove

This module should be asked to only households WITHOUT an improved cookstove (CAPI/enumerator check). The respondent should be the household member who most frequently cooks food for the household, as identified in A.12 OR the household member who decides to purchase the cookstove in I.4.

For each household, determine whether the primary fuel is wood (or crop residues), charcoal or neither (based on responses in Section H). Then randomly assign one of the four following improved cookstoves:

Fuelwood users – (1) Aspirational wood ICS available in country (2) Popular affordable wood ICS available in local market.

Charcoal users – (1) Aspirational charcoal ICS available in country (2 ) Popular affordable charcoal ICS available in local market.

(After a type of improved cookstove is randomly chosen, price of this type of cookstove will be assigned based on one of the three percentages of the reference price: 33%, 66% or 100%.)

K1a Does the household have an improved cookstove?

Yes…1🡪 L1

No….2

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***CAPI/ Enumerator:*** Recall responses to Section H (HOUSEHOLD FUEL CONSUMPTION) and record the most frequently used fuel. If not sure, ask respondent.  ***Read options aloud*** |  | HH uses more fuelwood or crop residues than charcoal………………………………………1  HH uses more charcoal than fuelwood or crop residues………………………………………2  HH does not use any solid biomass (no charcoal, fuelwood or crop residues)………………………………3**🡪 L.1** |
|  | ***Enumerator:*** Record Respondent ID for this section |  | Individual ID from Household Roster |
| Interview: [INSERT DESCRIPTION OF THE IMPROVED COOKSTOVE] Please, describe and explain the benefit of having ICS and the features of the assigned cookstove. This cookstove can reduce the smoke and fuel consumption significantly. Possibly, your cooking time per meal will be shortened since firepower of this cookstove is stronger than the traditional cookstove. As you answer the next few questions, keep in mind the various benefits from this device as well as your household budget. | | | |
|  | Would you be willing to purchase this cookstove at [CAPI: Price]? |  | Yes………………………………………………1  No……………………………………………….2 |
|  | Would you be willing to pay ${CF} for this stove, if you were given 6 months to make the payment?  This means that each month you will pay ${CF/6} per month for 6 months. |  | Yes…………………………………1 **🡪 L.1**  No………………………………….2  Don’t Know……………………….888 |
|  | Why would you not accept the offer? |  | Cannot afford the payment……1  Do not need an improved cookstove….2  Fuel for this stove is unreliable….3  Other, specify………….555 |
|  | Would you be willing to pay ${CF} for this cookstove, if you were given 12 months to make the payment?  This means that each month you will pay ${CF/12} per month for 12 months. |  | Yes…………………………………1 **🡪 L.1**  No………………………………….2  Don’t Know……………………….888 |
|  | Why would you not accept the offer? |  | Cannot afford the payment……1  Do not need an improved cookstove….2  Fuel for this stove is unreliable….3  Other, specify………….555 |
|  | Would you be willing to pay ${CF} for this cookstove, if you were given 24 months to make the payment?  This means that each month you will pay ${CF/24} per month for 24 months. |  | Yes…………………………………1**🡪 L.1**  No………………………………….2  Don’t Know……………………….888 |
|  | Why would you not accept the offer? |  | Cannot afford the payment……1  Do not need an improved cookstove…..2  Fuel for this stove is unreliable….3  Other, specify………….555 |

1. consumption / expenditure

Interviewer Instructions: The Respondent should be the head of household.

|  |  |  |
| --- | --- | --- |
| Item # | Item | Value of Consumption (local currency) during last 7 days  -8=Don’t know. Record 0 if nothing is consumed. |
| Consumption (Include items purchased, produced/acquired, and received as a gift/donation) | | |
|  | Cereals & cereal products (e.g.: rice, maize, wheat, flour, millet) and starchy staples (e.g.: cassava, plantain, yam, cocoyam) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Pulses & nuts (e.g.: beans, groundnuts, palm nuts, soya beans) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Milk & milk products (e.g.: powder, tinned, fresh) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Edible oil (e.g.: palm oil, groundnut oil, coconut oil) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Vegetables (e.g.: okra, tomato, onion, carrot, cabbage, garden egg) and Fruits (e.g.: bananas, coconut, pineapple, mango, orange, pawpaw) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Egg & poultry | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Meat and meat products (excluding poultry and fish) |  |
|  | Fish (smoked/fresh) |  |
|  | Sugar & Salt | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Other food items (e,g, pepper, salt, spices, butter, jam, bread, groundnut paste, **processed foods**, etc.)  ***Include all processed foods not prepared by household using raw ingredients*** | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Meals/food bought outside home  ***Include any meals purchased from outside that are not prepared by the household*** | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Beverages (e.g.: malt drinks, minerals, coffee/Lipton/Milo) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Alcohol, tobacco and cigarettes | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |

|  |  |  |
| --- | --- | --- |
| Goods and Services Monthly Expenditure | | |
| **Item #** | **Item** | **Value of Expenditure (local currency)**  **during last 30 days**  **-8=Don’t know. Record 0 if none** |
| Expenditure | | |
|  | Medical/pharmacy expenses (e.g.: tablets/syrups, insecticide, condoms, pharmacy/chemist, traditional/herbal medicine) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Soaps, disinfectants and cleaning supplies; cosmetics and toiletries | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Water supply for drinking and other uses  (tanker services, pipe-borne, metered, bore-hole, well, purchased water) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Electricity and other fuels (Kerosene, LPG, firewood etc) |  |
|  | Mobile phone top-up or bills | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Internet, land phone, dish, cable, and other household communication | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | House Rent | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Transportation costs (fuel for own vehicles, cost of public transportation, buses, taxis) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Other recurring monthly expenditure (wage of domestic workers, entertainment, etc.) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |

|  |  |  |
| --- | --- | --- |
| Goods and Services Expenditure in Last 12 Months | | |
| **Item #** | **Item** | **Value of Expenditure (local currency) during the last 12 months**  -8=Don’t know. Record 0 if none |
|  | School fees and other educational expenses  ***Include uniform, PTA dues, books, tutor, school supplies, transport, food, etc.*** | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Clothing, shoes, and accessories | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Ceremonies (e.g. funerals and expenses, weddings, festivals, naming ceremony, engagement)  ***Only include costs to host celebration or to give donations/gifts for attending celebrations.*** | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Gifts and donations (e.g.: donation to church made by the household, tithes)  ***Only include gifts and donations not already included in L.25*** | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Hospital/Doctor visits and Diagnostic tests (e.g.: consultations at private hospital, public hospital, traditional healer) and medicines  ***Do not include costs paid for by insurance*** | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Furniture (e.g.: mattresses, room furniture, furnishing items, floor mats, carpets) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Purchase, repair, maintenance, and building (e.g.: cement, roofing, paint, carpentry, labor for repairs, sewerage removal) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Utensils & kitchen equipment (e.g.: cups, plates, cutleries, cooking pots, buckets) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Electronics:  TV, radio-cassette player, VCR/DVD, Cassettes, CDs, records, satellite TV, MP3 player, video game player, pen drives, other digital accessories  Computer or laptop purchase | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Appliances & tools (e.g.: electric iron, electric fans, refrigerators, lanterns, brooms) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Vehicles & motorcycle & bicycle (purchase or repair of own car/moto/ car battery) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Remittance sent to family members and relatives | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Losses due to theft, robbery, accidents, natural disasters, etc. | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  | Other major expenses not yet covered (specify) | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |

1. SELECTED assets: FARM equipment AND animals

Interviewer Instructions: The Respondent should be the head of household.

|  |  |  |
| --- | --- | --- |
| **Item Number** | Item | 1. How many [ITEM] in (working condition or still healthy) does your household own? |
| ***Write 0 if none***  ***0🡪NEXT ROW*** |
|  | Vehicle (Car, pickup truck, etc) |  |
|  | Motorcycle |  |
|  | Bicycle |  |
|  | Motor boat |  |
|  | Other boat |  |
|  | Tractor |  |
|  | Domestic water pump |  |
|  | Cow/bull/calves |  |
|  | Water buffalo |  |
|  | Horse/donkey |  |
|  | Sheep |  |
|  | Goat |  |
|  | Pig |  |
|  | Rabbit |  |
|  | Fish (Aquaculture) |  |
|  | Ox cart |  |
|  | Other, specify |  |

1. Household assets: Electrical Appliances

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Number** | Item | 1. How many [ITEM] in working condition does your household own? | 1. How many hours does your household use [ITEM] in a typical day? (Only for lights, fan, radio and TV) |
| ***Write 0 if none***  ***0🡪NEXT ROW*** | **Number of hours** |
|  | Incandescent Light Bulb |  |  |
|  | Fluorescent Tube |  |  |
|  | Compact Fluorescent Light (CFL) Bulb |  |  |
|  | LED Light Bulb |  |  |
|  | Torch/flashlight/lantern |  |  |
|  | Radio/CD Players/sound system |  |  |
|  | VCD/DVD |  |  |
|  | Fan |  |  |
|  | Refrigerator |  |  |
|  | Microwave oven |  |  |
|  | Electric Iron |  |  |
|  | Hair dryer |  |  |
|  | Electric food processor/blender |  |  |
|  | Rice cooker |  |  |
|  | Freezer |  |  |
|  | Washing machine |  |  |
|  | Electric sewing machine |  |  |
|  | Indoor Air cooler |  |  |
|  | Air Conditioner (AC) |  |  |
|  | Space Heater |  |  |
|  | Electric water heater |  |  |
|  | Solar based water heater |  |  |
|  | Computer |  |  |
|  | Electric hot water pot/kettle |  |  |
|  | Smartphone (internet phone) charger |  |  |
|  | Regular mobile phone charger |  |  |
|  | Black & White TV |  |  |
|  | Regular Color TV |  |  |
|  | Flat color TV |  |  |
|  | Electric Water Pump |  |  |
|  | Other, specify |  |  |

1. **Household Land Ownership and Other Assets**

***Instruction: Enter the total values of following assets owned by the household. If some assets are owned by members, report aggregate values for all members.*** The Respondent should be the head of household.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Type of land and other assets | 1. Do you own [LAND TYPE]?   Yes……1  No…….2**🡪next row** | 1. What is the total size of the land?   Quantity | 1. What is the unit the land is measured in?   Hectare…1  Sq meter…2  Other…3 | 1. If you were to sell, what is the total value? |
|  | ***Local currency*** |
|  | Agricultural land ( Current Area of land being used for cultivation.) |  |  |  |  |
|  | ~~Pastoral land (used to graze animals)~~ |  |  |  |  |

1. **Household Economic Shocks**

Only record information for events that negatively affected the economic situation of the household.

|  |  |  |
| --- | --- | --- |
| **Shocks** |  |  |
| In the **last 12 months**, have you been affected by (…)? | Who was affected by the event? ***Read options aloud***  Code:   1. Just this household 2. Family members outside HH 3. Several HHs in this village 4. Most or all HHs in this village 5. Several villages in this area |
| Code:   1. Yes 2. No**🡪next**   **shock** |
| 1. An income loss due to agriculture failure/loss (crop disease, livestock death, etc) and non-agriculture/farm business failures | |\_\_\_| | |\_\_\_| |
|
|
|
|
| 1. An income loss due to loss of employment, imprisonment, illness/injury, or death of economically active household member. | |\_\_\_| | |\_\_\_| |
|
|
|
|
|
|
|
|
|
|
| 1. Other, specify |  |  |

1. Street Lighting

The respondent should be the most knowledgeable household member on household electricity, as identified in C.1

|  |  |  |  |
| --- | --- | --- | --- |
|  | Respondent ID |  | Record ID from the Household Roster |
|  | Does your neighborhood have any form of street lighting?  ***“Neighborhood” means 0.5 KM from Household*** |  | Yes……………………………….1  No………………………………..2**🡪Q.5** |
|  | How satisfied are you by the brightness of the street lighting service in your neighborhood?  ***Read options aloud*** |  | Very unsatisfied……………………………………..1  Somewhat unsatisfied……………………………….2  Somewhat satisfied………………………………….3  Very satisfied………………………………………..4 |
|  | What do you think are the risks/problems with street lighting in your neighborhood?  ***Multiple responses possible*** | 1. |\_\_|\_\_|\_\_| 2. |\_\_|\_\_|\_\_| 3. |\_\_|\_\_|\_\_|   d.|\_\_|\_\_|\_\_| | Electrocution………………………………………..1  Poor installation…………………………………….2  Poor maintenance…………………………………..3  Outages/blackouts of street lighting………………..4  Does not stay on all night…………………………..5  No risks/problems………………………………….111 |
|  | Do you have a light that you could turn on at night to provide light outside your home? |  | Yes……….1  No………..2**🡪R.1** |
|  | How many hours do you turn it on each night after it becomes dark? |  | Number of hours |

1. Time Use

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Question** | **PEOPLE** | | | |
| 1. **Women**   **(Age 15 yrs and older)** | 1. **Girls**   **(Under age 15 yrs)** | 1. **Men**   **(Age 15 yrs and older** | 1. **Boys**   **(Under age 15 yrs)** |
| **Enumerators: For each question add the total amount of minutes that all the individuals in that age and gender category spend in one day.**  **In a typical day, how many total minutes did [PEOPLE] spend…** | | | | | |
|  | Preparing fuel/energy source (chopping, making pellets) | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Cooking (food, tea, boiling water) | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Other time spent in cooking area(s) | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Using space heaters (including time starting heater and spending time near it for warmth) | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Using stove or space heaters for other purposes (ex: brewing beer, preparing fodder for animals) | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Caring, attending, or playing with/for younger children | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Helping children with school work | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Working outside of the house (for pay and/or self-employed) | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Income generating activities inside the house | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Time spent on entertainment and socializing | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Reading or studying for oneself | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Watching TV or listening to the radio for news and information | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |
|  | Watching TV or listening to the radio for entertainment | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes | |\_\_|\_\_|\_\_| minutes |

1. Health Impacts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Question** | **PEOPLE** | | | |  |
| 1. **Women**   **(Age 15 years and older)** | 1. **Girls**   **(Under age 15 years)** | 1. **Men**   **(Age 15 years and older)** | 1. **Boys**   **(Under age 15 years)** | 1. **Young Children (0-4 years)** |
|  | Number of [PEOPLE] with an illness with a cough at any time in the last 14 days? | |\_\_|\_\_|\_\_| people  (with cough)  If 0 **🡪S.1** | |\_\_|\_\_|\_\_| people  (with cough)  If 0 **🡪** | |\_\_|\_\_|\_\_| people  (with cough)  If 0 | |\_\_|\_\_|\_\_| people  (with cough)  If 0 | |\_\_|\_\_|\_\_| people  (with cough)  If 0 **🡪 S.6** |
|  | Of [PEOPLE] who had an illness with a cough, how many went to see a doctor/clinic? | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people |
|  | Of the [PEOPLE] who had an illness with a cough, how many breathed faster than usual with short, rapid breaths or had difficulty breathing? | |\_\_|\_\_|\_\_| people  *(with fast breathing)*  If 0🡪S.5 | |\_\_|\_\_|\_\_| people  *(with fast breathing)*  If 0🡪S.5 | |\_\_|\_\_|\_\_| people  *(with fast breathing)*  If 0🡪S.5 | |\_\_|\_\_|\_\_| people  *(with fast breathing)*  If 0🡪S.5 | |\_\_|\_\_|\_\_| people  *(with fast breathing)*  If 0🡪S.5 |
|  | How many of those [PEOPLE] with short, rapid breaths or difficult breathing, experienced a problem in the chest or a blocked or runny nose? | |\_\_|\_\_|Chest only  |\_\_|\_\_|Nose  |\_\_|\_\_|Both  |\_\_|\_\_|Other  |\_\_|\_\_Don’t know | \_\_|\_\_|Chest only  |\_\_|\_\_|Nose  |\_\_|\_\_|Both  |\_\_|\_\_|Other  |\_\_|\_\_Don’t know | |\_\_|\_\_|Chest only  |\_\_|\_\_|Nose  |\_\_|\_\_|Both  |\_\_|\_\_|Other  |\_\_|\_\_Don’t know | |\_\_|\_\_|Chest only  |\_\_|\_\_|Nose  |\_\_|\_\_|Both  |\_\_|\_\_|Other  |\_\_|\_\_Don’t know | |\_\_|\_\_|Chest only  |\_\_|\_\_|Nose  |\_\_|\_\_|Both  |\_\_|\_\_|Other  |\_\_|\_\_Don’t know |
|  | Number of [PEOPLE] with eye irritation or eye problems in the last 14 days? | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people |

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| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Question** | **PEOPLE** | | | |  |
| 1. **Women**   **(Age 15 years and older)** | 1. **Girls**   **(Under age 15 years)** | 1. **Men**   **(Age 15 years and older** | 1. **Boys**   **(Under age 15 years)** | 1. **Young Children (0-4 years)** |
| **In the last 12 months, how many [PEOPLE] have experienced…** | | | | | |  |
|  | Poisoning from liquid fuel | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people |
|  | Burns related to cooking or heating or fuel | |\_\_|\_\_|\_\_| people  If 0 **🡪S.9** | |\_\_|\_\_|\_\_| people  If 0 **🡪S.9** | |\_\_|\_\_|\_\_| people  If 0 **🡪S.9** | |\_\_|\_\_|\_\_| people  If 0 **🡪S.9** | |\_\_|\_\_|\_\_| people  If 0 **🡪S.9** |
|  | Of the burns related to fuel--Burns that required a visit to the clinic/hospital | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people |
|  | Back or neck problems from carrying fuel for cooking/heating | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people |
|  | Electrical injuries (e.g. shocks) that prevent attendance in school/work | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people |
|  | Other minor electrical injuries | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people | |\_\_|\_\_|\_\_| people |

1. Women’s Empowerment

*Respondents should be a female headed household or female spouse of the household head/member in the household.*

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility | | | |
|  | Statement  Can you do the following activities alone or you have to go with your husband: Mark who decides about each of the activities below. | Response code:  Can do herself …………...1  Can do with husband ……2  Can do with others .……...3  Other Specify ……………4 |
|  | Visiting parents/relatives/friends within or outside the village/township/suburb |  |
|  | Going to markets/banks/commercial centers/places of work. |  |
|  | Going outside the village |  |
| Access to information, Organization Membership, Village electrification committee, capacity building and access to finance | | | |
|  | If you are a member of a women’s group, which type of group are you a member of/do you belong to?  ***Multiple responses possible.*** | **Code:**  Not a member……………….1  Religious related activities….2  Health care related activities...3  Income generating activities…4  Self-help organization………. 6  Savings group………………...7  Microfinance organization…...8  Cooperative…………………..9  Village administrative committee….10  Village electrification committee…..11  Other specify……….12 |
|  | What do you think are the main constraints women face in participating in organizations or activities in the area? | **Code:**  Limited time……….1  Lack of support from family…2  Limited confidence….3  Limited education….4  Other specify……….5 |
|  | Are you a member of the village electrification committee? | **Code:**  Yes……………..1  No………………..2**🡪U.8** |
|  | How many times do you meet in a month? | **[# of times]** |
|  | Do you as an individual own a bank account?  ***Read options aloud*** | **Code:**  No account…1  Own account………..2  Joint account (with spouse)…...........3  Joint account (with group)…...........4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Interview Details | | | | |
|  | Enumerator | | ID: |\_\_|\_\_| | NAME: |
| Date of Interview DD/MM/YY | | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|  D D M M Y Y | | |
| End Time | | |\_\_|\_\_| : |\_\_|\_\_| ***Use 24 hour clock*** | | |
| Date of Second Interview DD/MM/YY | | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|  D D M M Y Y | | |
| Second Interview End Time | | |\_\_|\_\_| : |\_\_|\_\_| ***Use 24 hour clock*** | | |
| Date of Third Interview DD/MM/YY | | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|  D D M M Y Y | | |
| Third Interview End Time | | |\_\_|\_\_| : |\_\_|\_\_| ***Use 24 hour clock*** | | |
| Comments from Enumerator | |  | | |