QUESTIONNAIRE HEALTH FACILITIES

Energy Survey
Health Facility Questionnaire for Impact Evaluation and Tier Analysis

A.   COMMUNITY IDENTIFICATION

A.1	Province	Name	See codebook
A.2	District	Name	See codebook
A.3	Sector	Name	See codebook
A.4	Cell	Name	See codebook
A.5	Village	Name	
A.6	Locality: Urban/Rural	Urban………………1 Rural……………….2	
A.7	Interview Language	Kinyarwanda = 1 English = 2	|__|
A.8	Community ID		See codebook
A.9	GPS Coordinates of health facility	a. Latitude | | |°| | |.| | | | 's	b. Longitude | | |°| | |.| | | | 'e

*RESPONDENT SHOULD BE THE ADMINISTRATOR OR THE PERSON TASKED WITH PAYING THE BILLS
**THE HEALTH FACILITY SELECTED SHOULD BE WITHIN 5KM OF THE COMMUNITY CENTER

B.   COMMUNITY HEALTH FACILITY
Provide information on the informant for the Health Facility questionnaire.

	B.1		B.2		B.3	B.4	B.5	B.6	B.7	B.9	B.10	B.11
HEALTH FACILITY CODE	CAPI/: Record the start time of the interview		CAPI/: Record day and month of interview		Name of respondent	Sex	What is the highest educational qualification you have acquired?	How many years of [B.5] has [NAME] completed?	What position do you currently hold in this facility?	What is the contact phone number for the facility?	What is the name of this facility?	What is the type or level of this facility?
	a. Hour	b. Min	a. Month	b. Day		**Code** Male…….1 Female….2	**Code** None……………..1 Primary…………..2 Secondary JS…......3 Secondary MSC…4 Vocational/ Technical School…………..5 University……….6 Masters…………7 Post-Grad………..8		**Code** Nurse………………………1 Clinician/medical assistant…2 Doctor………………………3 Facility supervisor…………..4 Facility administrator……….5 Other, specify…………555	IF NO PHONE NUMBER, ENTER "99"	Name of facility	**Code** (See codebook) Health Center……………1 Hospital………………….2 Dispensary/Health post……………………3 Other (Specify)…….. 555

	B.12	B.13	B.14 A.	B.14 B.	B 15A	B.15	B.16	B.17	B.18	B.19
HEALTH FACILITY CODE	What type of facility is this? **CODE** Public/Government facility……………..1 Private facility……………………........2 Religious group affiliated facility……...3 NGO/Non-profit affiliated facility……....4 Other, specify………………………...555	How many people are employed at this facility? Number of employees (Include health-care and non-health care staff, & full-time and part-time staff))	How many patients visit this facility per day on average when the facility is open? Number	How many patient beds does the facility have? Number	How many months does this facility operate for the last 12 months? Months	Does this facility operate for 24hrs? Yes...1→**B.18** No…..0	What time does this facility usually open and close? a. Opening time	 b. Closing time	Does this facility have electricity from any source, including grid connection, generator, solar power, mini-grid, or rechargeable batteries? Yes………1 →**B20** No………..0	What is the primary (most commonly used) lighting source for the facility? **CODE** No source of lighting….1 → **B.97** Solar Device……….…..2→**B.33** Fuel-based lighting…….3→ **B.97** Kerosene lamps……….4→ **B.97** Candles……………....5→ **B.97** Dry cell battery……....6→ **B.97** Other, specify……..…555→ **B.97**
							a. AM b. PM	a. AM b. PM		

	ALL					**GRID/MINI-GRID/GEN**
	B.20	B.21	B.22	B.23	B.24	B.25
HEALTH FACILITY CODE	What is the primary source of electricity in the facility? **CODE** National grid (Utility Company)…………………………1 Local mini-grid……………………2 Generator…………………………3 Solar home system…………………4 Solar lighting system………………5 Solar lantern …….……………….6 Rechargeable battery system………7 Other, specify…………………...555	In the last year, during the hours the facility is open, how many hours is electricity available each day (out of 24 hours) on average? Hours	In the last year has the facility experienced situations in which appliances could not be used or were damaged because of <u>low voltage or voltage fluctuations</u> from the primary electricity source? Yes………1 No………..0→ **B 24**	How severely do the issues of low or fluctuating voltage disrupt service delivery? **Code** Little or None………1 Moderate………….2 Severely…………..3 Don't know…….888	*CAPI/:* Is the response to question B.20 "National grid" (Code 1) or "Local mini-grid" (Code 2) or "Generator" (Code 3)? Yes…………..1 No……………0→**B 27**	How many <u>unscheduled interruptions</u> of electricity did you experience in a typical week? *(**Enumerator – Timeframe is within the last year**)* Number of interruptions per week If "0" → **B 28 A**

	GRID/MINI-grid/GEN		GRID/MINI-grid/GEN			INTERVIEWER: REMEMBER TO PROMPT FOR BILL (IF ANY)		
	B.26	B.27	B.28 A	B.28B	B.29	B.30	B.31	B.32
HEALTH FACILITY CODE	What was the average duration of each individual <u>unscheduled interruption</u>?	*CAPI/Interviewer:* Is the response to B.20 "Solar Devices Codes 4, 5, 6)"?	In the last year, who regularly paid for the **[Primary source]** electricity in the facility? **Code** Facility……………..……1 Central government…....…2 Community/village/ municipality………..........3 No payment is needed..….4 Other, specify……...555	What is the facility's monthly electricity budget? **Local currency** Don't know…..888	Who gets paid for the **[Primary Source]** electricity? **Code** Local representative/official of energy company………….....…1 Pre-paid meter card seller…….…..2 Community/village/municipality…3 Relative………………………..4 Neighbor………………………5 Landlord………….…………….6 Shopkeeper for fuel purchase to power generator……………….7 No need to pay (paid for equipment only)……………..…8 →**B.33** Other, specify………..555	In the last 12 months, how much did the facility spend on the **[Primary Source]** electricity (including fuel) **in a typical month**? (Enabling condition: Only if B20=1,2,3, or 7)	What is the current unit cost the facility pays for electricity?	*/Interviewer:* Did the respondent use a recent electricity bill to assist in answering **B 30** and **B 31**?

| | a. Hours | b. Mins | **Code**
Yes……….…...1→**B 33**
No……………0 | | | | **Local currency**

Don't know…..888 | **A. Cost (Local currency)**

Don't know…888 | **B. Unit code**
kWh……………….....1
Liter…………………..2
Battery recharge (per battery)…………….…..3
Other, specify………...555
Don't know……………888 | Yes………1
No………..0

ALL responses skip to →**B 52A** |

	B.33	B.34	B.35	B.36	B.37	B.38	B.39	B.40	B.41	B.42	B.43	B.44	B.45	B.46

SOLAR

HEALTH FACILITY CODE	Which solar devices does the facility own?	How many solar lanterns are owned by the facility? *Include lanterns of different models/ makes acquired by the facility on different dates*	What is your most frequently used solar [DEVICE]? **Code** Solar Home system……1 Solar lighting system……2 Solar lantern……3→ **B** Not applicable…4	When was the device installed or acquired? [month, year]	Is the device still working? **Code** Yes....1→B 39 No….0	When did it stop working? [month, year] **All skip→B 40**	Is the device still working in the same capacity as when it was installed/ acquired? **Code** Yes...........1 No………0	How did you obtain the device? **Code** Purchased.......1→ **B 42** Partially-sponsored…….2 Free…………..3	Who gave you this device, or sponsored you to acquire this device? **Code** Local private organizations (NGO)………...1 Private Commercial Seller…………..2 Local government ………………3 Central government…….4 Politician……….5 Relative/Friend…6 Other, specify….555	Have batteries been changed on this device? **Code** Yes……..1 No………0 →**B 46**	When were the batteries changed? *[month, year]*	Who paid for the new batteries? **Code** Facility………......1 Local gov't……….2 National gov't…....3 NGO/Donors……..4 Other, specify….555 Don't know…....888	What was the cost of the batteries? **Local currency**	How much did the facility spend in purchasing the solar device in total? *If B 40 = Purchased (code 1)* **Local currency** Don't know…..888
	a. Solar Home systems |__|__|→**B 35** b. Solar lighting systems |__|__|→**B 35** c. Solar Lanterns |__|__|													

	SOLAR										
	B.47	B.48	B.49	B.50	B.51	B.52 A	B.52 B	B.53	B.54	B.55	B.56
HEALTH FACILITY CODE	Who currently maintains the solar device?	Did the company/ organization that installed/ provided the device provide training for maintenance?	Whom do you call when the device is not working properly?	How many times did you call them since the device was installed / acquired?	Did they fix the problem?	Are there any contracts covering operations and maintenance of the facility's primary electricity system?	How is operations & maintenance and spare parts paid for?	Are the working hours of the facility limited by the electricity supply available?	In the last year, has the **[Primary source]** electricity in the facility caused any accidents which resulted in human injury (including minor injury)?	*[Enumerator's observation]* Can you see the bare wire from the electric pole to households?	What is the highest level of damage caused by the **[Primary source]** electricity in the last year?
	Code Facility staff...................1 Technician from the company that installed the system…………….....2 Local government............3 NGO..............................4 Nobody/system does not need maintenance...........6 Other, specify……...…555	**Code** Yes………1 No………..0	**Code** Facility staff................1 Technician from the company that installed the system…………..2 Local government........3 NGO..........................4 Nobody……...5→**B 52A** Other, specify…......555	**Times** *If 0 then skip to B.52A*	**Code** Yes…..1 No……0	**Code** Yes…..1 No……0→**B 53**	**Code** Regular budget of the facility…………………..1 Special budget for maintenance……………….2 By local gov't…………....3 By national gov't………….4 No funds available/no need………………….……5 Other, specify…………….555	**Code** Yes………..1 No…………0	**Code** Yes……..1 No………0→**B 58**	**Code** Yes……..1 No………0→**B.58**	**Code** Death or permanent limb damage…………....1 Other major injury……..2 Minor injury…………...3

	B.57	B.58	B.59	B.60
HEALTH FACILITY CODE	Was this injury due to faulty wiring/connection?	Does the facility have a **back-up source of electricity** to use when the **[Primary source]** fails?	What is the back-up source of electricity in the facility? *[CAPI check for no overlap with primary source B.20]*	What is the most important constraint that the facility experiences with the **[Primary source]** electricity?
	Code Yes…....…...1 No……….….0	**Code** Yes…………..1 No……………0 ➔ **B 60**	**Code** National grid……………………1 Local mini-grid……..…………..2 Generator………………………3 Solar home system…………..…4 Solar lighting system ………….5 Solar lantern…………….……..6 Rechargeable battery system…..7 No back-up source ………..…111 Other, specify……………….555	Duration of supply (hours per day)…………….1 Low voltage problems or voltage fluctuations...2 Unpredictable interruptions...............................3 Unpredictable bills...4 Too expensive..5 Cannot power large appliances………………...6 No constraints..7 Other, specify...555

Item Number	Item	a. In the last year, does the facility own any… **in working condition?** Code Yes………....1 No………....0 →**Next item**	b. How many of the appliance/Item does the facility use? **Number**	c. Is it AC, DC, or portable? (CAPI: Only for the health facility and the items from B.60 to B.93) **Code** AC………....1 DC………....2 Portable..........3 Don't know….888	d. Of the items owned in working condition and not used, which of them would most significantly enhance the quality of the services in the facility? **Code** Yes………....1 No………....0
B.61	Incandescent Light Bulb				
B.62	Fluorescent Tube				
B.63	Compact Fluorescent Light (CFL) Bulb				
B.64	LED Light Bulb				
B.65	Television				
B.66	Projector				
B.67	Computer				
B.68	Printer				
B.69	Internet modem/router				
B.70	Fans				
B.71	Air Conditioning				
B.72	Electric space heaters				
B.73	Refrigeration				
B.74	Drinking Water Coolers				
B.75	Mobile money agents/kiosks				
B.76	Mobile Phone Charging kiosks				
B.77	Water Pump				
B.78	Water Tank				
B.79	Sterilizer				
B.80	X-Ray Machines				
B.81	Microscope				
B.82	Centrifuge .				
B.83	Refrigerator for vaccination				
B.84	Ultrasound				
B.85	Nebulizer and Pulse Oximeter				
B.86	ECG machine				
B.87	Blood glucose monitor				
B.88	Suction apparatus, Anesthesia				
B.89	Operation Theatre				
B.90	Oxygen Concentrator				
B.91	Blood Banks				
B.92	Maternity Ward				
B.93	TB Machine				

	B.94	B.95	B.96	B.97	
HEALTH FACILITY CODE	Of the items owned in working condition and NOT USED, which of them would **significantly** enhance the quality of the services in the facility?	What is the main reason why the facility does not use this item? (Refer to the item mentioned in **B.94**)	Is the capacity of the primary source of electricity sufficient to run simultaneously all electrical appliances needed in the facility?	*CAPI:* Record the end time of interview	
	Code (see codebook) Report the code of the item. If "0" → **B 97**	**Code** Electricity is unavailable.........1 Electricity is too expensive…..2 Electricity system does not have adequate capacity............3 Other, specify.....................555	**Code** Yes……….1 No………...0	a. Hour	b. Minutes