**``SURVEY INSTRUMENT**

***(final version 16 November 2021)***

**I. INTRODUCTION**

Hello, my name is \_\_\_\_\_\_\_\_\_, from [Consultation and Research Institute (CRI)], an organization based in Beirut that conducts surveys in Lebanon. Your household has been randomly selected to participate in a survey on electricity access, and your participation is of great importance. This survey is conducted on behalf of Human Rights Watch, an international non-profit organization that investigates human rights violations around the world. Human Rights Watch will use information from this survey as part of a research project about problems with electricity access and the implications on your life.

Do you know the approximate costs of your electricity in your primary residence, or is there someone in your household currently present who does?

The survey takes approximately 30 minutes. Your answers will be completely anonymous and will be kept absolutely confidential. At the end of the survey, you are given the option to provide your name, phone number, or email address so that we can reach out with follow-up questions, but providing this information is voluntary. There is no compensation for participating in the survey.

Name of Interviewer \_\_\_\_\_\_\_\_\_

Date of Interview \_\_\_\_\_\_\_\_\_\_\_

Household ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (serial number)

LOG-SHEET: status of first contact:

1. Accepted to conduct interview and fill questionnaire
2. Refused
3. Main respondent not present
4. Nobody at home

PROMPT: First, we want to talk to you about EDL electricity supply, the electricity provided by the government. We’ll ask some questions about the current situation, and some that ask about the time before the October 2019 crisis (In this questionnaire, we refer to “pre-crisis” as Summer 2019).

1. Is this your primary dwelling:
   1. Yes
   2. No

IF NO, EXCLUDE FROM SAMPLE AND REPLACE – STOP

1. Was this also your primary dwelling in summer 2019, in other words, before the economic crisis that began in October 2019?
   1. Yes
   2. No, I moved house(s)

Why did you move house(s) since summer 2019? Open ended-question\_\_\_\_\_\_

IF NO, EXCLUDE FROM SAMPLE AND REPLACE, GO TO Q59

**II. EDL ELECTRICITY ACCESS[[1]](#footnote-2)**

1. Is your home connected to the EDL/government electricity network? [PROMPT: before the economic crisis in October 2019, did you get some hours of electricity from the state?]
   1. Yes
   2. No

PROMPT: Help explain what EDL is (i.e., this is the gov’t electricity on a meter)

IF ANSWER TO Q3 IS NO, MOVE TO Q11

IF ANSWER TO Q3 IS YES:

1. Currently, for this past month, approximately how many hours of electricity supply did you get from EDL per day?
   1. NUMBER OF HOURS: \_\_\_\_\_\_\_\_\_ hours per day

PROMPT FOR HELP: 2 hours a day, 4 hours a day, etc.

1. Before the crisis, in Summer 2019, how many hours of electricity did you get from the government (EDL) on average per day?
   1. NUMBER OF HOURS: \_\_\_\_\_\_\_\_\_ hours per day

PROMPT FOR HELP: 2 hours a day, 4 hours a day, etc.

1. Before the crisis, in summer 2019, did you pay an EDL bill?
   1. Yes
   2. No, I received the bill and did not pay it
   3. No, I did not receive any bill
2. Before the crisis, in summer 2019, what was your average monthly electricity spending for EDL in Lebanese pounds? \_\_\_\_\_\_\_\_\_ Thousand LBP[[2]](#footnote-3)
3. When was the last time you received an EDL bill? (specify month and year)

Month: \_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_

1. What was the amount of this bill? \_\_\_\_\_\_\_\_\_ Thousand LBP[[3]](#footnote-4)
2. Did you pay your last EDL bill (the last bill you received)?
   1. Yes
   2. No

**II. OTHER SOURCES OF ELECTRICITY**

PROMPT: Next, we would like to ask you about your use of electricity generators.

Questions should be asked source by source, in the “current situation”, and then, source by source in the “summer 2019” period.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Neighborhood generator** | **Building generator** | **Own/personal generator** |
| 1. **Current situation (over the past month)** | | | |
| 1. Currently, do you use this type of electricity source? | YES - NO[[4]](#footnote-5) | YES - NO[[5]](#footnote-6) | YES - NO[[6]](#footnote-7) |
| 1. If NO to Q11-a for all sources of electricity, why not?   (mark all that apply, multiple answers allowed) | * 1. It’s too a / we can’t afford it   2. There were high initial connection fees/investment fees   3. These sources are not available   4. Bad service/unreliable   5. EDL blackouts are tolerable   6. Use alternative energy supply (APS, UPS, Solar, etc.)   7. Other, specify \_\_\_\_ | | |
| 1. Over the last month, approximately how many hours of electricity supply did you get from this source on an average day? | \_\_\_ Hours | \_\_\_ Hours | \_\_\_ Hours |
| 1. How many amperes do you get from this source? | \_\_\_ Amperes | \_\_\_ Amperes | \_\_\_ Amperes |
| 1. How many hours per day do you have no electricity at all, from any of the sources, including EDL)? | \_\_\_ Hours | | |
| 1. Method of payment for this source? | Fixed bill  Meter-based bill | NA | NA |
| 1. What was your generator bill last month? (including stock of fuel and maintenance costs, if any), in thousands LBP? | \_\_\_\_\_ Thousands LBP | \_\_\_\_\_ Thousands LBP | \_\_\_\_\_ Thousands LBP |
| 1. To what extent are you satisfied by the capacity of supply of the electricity source   [PROMPT: Can you run all appliances you want]? | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) |
| 1. To what extent are you satisfied by the safety of the electricity source? [PROMPT: risk of generator exploding, causing a fire, causing electrocution, or releasing black smoke, destroying electrical equipment, etc.]? | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) |
| 1. To what extent are you satisfied by the hours of supply of the electricity source? | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) | Scale from 1 to 5  (1=totally dissatisfied, 5=totally satisfied) |
| 1. **Before the crisis (summer 2019)** | | | |
| 1. Did you use this type of electricity source? | YES - NO[[7]](#footnote-8) | YES - NO[[8]](#footnote-9) | YES - NO[[9]](#footnote-10) |
| 1. On an average day, approximately how many hours of electricity supply did you get from this source per day? | \_\_\_ Hours | \_\_\_ Hours | \_\_\_ Hours |
| 1. How many amperes did you get from this source? | \_\_\_ Amperes | \_\_\_ Amperes | \_\_\_ Amperes |
| 1. How many hours per day you did not have electricity at all, from any of the sources, including EDL)? | \_\_\_ Hours | | |
| 1. Method of payment for this source? | Fixed bill -  Meter-based bill | NA | NA |
| 1. What was your average monthly generator bill (including stock of fuel and maintenance costs, if any), in thousands LBP? | \_\_\_\_\_  Thousands LBP | \_\_\_\_\_ Thousands LBP | \_\_\_\_\_  Thousands LBP |

1. Have you or anyone in your household had any health concerns that you believe are related to the operation of generators [PROMPT: difficulty breathing, respiratory issues etc…]?
   1. No
   2. Yes.

If yes, please explain (Insert health concern)

and timeframe of concern: \_\_\_\_\_\_\_\_

1. Do you have any other source of electricity [i.e. other than EDL and generator]?
   1. No
   2. Yes [check all that apply]
      * 1. UPS/APS or batteries systems
        2. Solar
        3. Kerosene/gasoil
        4. Luxe gas lantern
        5. Other, specify: \_\_\_\_\_\_

IF ANSWER TO Q14 IS NO, MOVE TO Q19

1. When did you buy an alternative source of electricity [i.e. other than EDL and generator]?

Month: \_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_

1. How much did the installation of this alternative source cost you (investment cost)?  
   (specify amount and currency):

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ (if LBP, then in Thousand LBP)

Currency: LBP/USD

1. Over the past month, on average how much did you pay to operate your alternative source of energy [i.e. other that EDL and generator], in thousand LBP? \_\_\_\_\_\_\_\_\_\_\_\_ Thousand LBP.
2. If the answer to question 14 included solar,
   1. Around how many hours of electricity supply did you get from this source (daily)?

\_\_\_\_\_ hours per day

* 1. How satisfied are you with this source of electricity [in terms of safety, reliability, and hours of supply]? Scale from 1 to 5 (1=totally dissatisfied, 5=totally satisfied)

**III. PAYMENT OF ELECTRICITY BILLS**

1. Currently, do you face difficulties paying for your electricity bills (all sources)?
   1. No [IF NO, MOVE TO QUESTION Q21]
   2. Yes
2. If yes, how difficult is it for you to pay your electricity bills compared to before the crisis (summer 2019)?
   1. Same
   2. Now it is more difficult
   3. Now it is less difficult
3. In the past 12 months, was your electricity ever shut off because you were unable to pay your electric bill?
   1. Yes, referring to EDL bill
   2. Yes, referring to generator bill
   3. Yes referring to both EDL and generator bills
   4. No
4. Does the cost of electricity affect your ability to pay for other essential services or goods?
   1. No, it hasn’t affected other expenses
   2. Yes, regularly (e.g. several times per month)
   3. Yes, sometimes (e.g. every other month)
5. During the past 3 months, has your entire home had a power outage lasting at least 24 hours?
   1. Yes
   2. No

If yes, how many days over the past three months (total of 90 days)?

\_\_\_\_\_\_\_ days with no electricity at all, whatsoever the source

1. In the last 12 months, have electricity shortages affected your household’s ability to:
   1. Cook or heat food YES/NO

If YES, how often:

* + - * 1. Almost every day
        2. Every week
        3. Every month
        4. Every few months
  1. Keep your food refrigerated/frozen YES/NO

If YES, how often:

* + - * 1. Almost every day
        2. Every week
        3. Every month
        4. Every few months
  1. Use medical equipment YES/NO/NA

If YES, specify medical equipment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, how often:

* + - * 1. Almost every day
        2. Every week
        3. Every month
        4. Every few months

If YES, how did you cope? [choose all that apply]

1. experienced health-related implications (physical or mental)
2. Went to the hospital / health center
3. Went to family member/friend with electricity
4. Went to business with electricity
5. Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. Use assistive devices (power wheelchairs, hearing aids) YES/NO/NA

If YES, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, how often:

* + - * 1. Almost every day
        2. Every week
        3. Every month
        4. Every few months
  1. Participate in a class, seminar, or any education-related activity? YES/NO/NA

If YES, how often:

* + - * 1. Almost every day
        2. Every week
        3. Every month
        4. Every few months
  1. Participate in a work-related call/meeting/activity YES/NO/NA

If YES, how often:

1. Almost every day
2. Every week
3. Every month
4. Every few months

If YES, did it affect your employment status or ability to make income? YES/NO

* 1. Receive sufficient water service and/or drinking water YES/NO

If YES, how often:

* + - * 1. Almost every day
        2. Every week
        3. Every month
        4. Every few months
  1. Keep your home at a temperature you feel is safe and healthy? YES/NO

If YES, how often:

1. Almost every day
2. Every week
3. Every month
4. Every few months
   1. Access your home (for example, because of an elevator or door not functioning) YES/NO

If YES, how often:

1. Almost every day
2. Every week
3. Every month
4. Every few months
5. Are there any other ways that a lack of electricity affects the health and livelihood of any of your family members? Please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. ECONOMIC STANDING**

|  |  |  |
| --- | --- | --- |
| 1. Currently, which of the following were your household’s sources of livelihood?   Distribution of sources of monthly household income in percentages (%) | | 1. Since the crisis (compare with summer 2019), has income value from these sources: 2. Increased 3. Stayed the same 4. Decreased |
| 1. Income from business activities / self-employment |  |  |
| 1. Wage employment |  |  |
| 1. Assets earnings (Income from properties, investment, interests, etc.) |  |  |
| 1. Remittances from abroad |  |  |
| 1. Pension |  |  |
| 1. Government assistance [PROMPT: cash or in-kind assistance from the central government or from the municipality] |  |  |
| 1. Assistance from NGO/charitable org/political party |  |  |
| 1. Other |  |  |
| Total | 100% |  |

1. What is your household’s total monthly income?
   1. Income received in thousands LBP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thousand LBP
   2. Income received in fresh USD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Income received in “Lollars”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How would you consider your household’s economic standing?
   1. Wealthy / financially well-off
   2. Average / middle-class
   3. Difficulty making ends meet
   4. Always behind on basic expenses
3. Is your primary dwelling?
   1. Owned by you or someone in your household free and clear
   2. Owned by you or someone in your household with mortgage or loan
   3. Rented
   4. Occupied without payment of rent

IF ANSWER TO Q30 IS b or c:

1. Is your household currently caught up on rent / mortgage payments?
   1. Yes
   2. No
2. How likely is it that your household will have to leave this house/apartment within the next three months because of eviction due to nonpayment of rent/mortgage?
   1. Very likely
   2. Somewhat likely
   3. Not very likely
   4. Not likely at all
3. Did someone in your HH lose employment since the October 2019 crisis?
   1. Yes, and remained unemployed
   2. Yes, but found another job
   3. No
4. How much is your total expenditure on household needs in a typical month (thinking about the last 3 months) in Lebanese pounds? (rent, electricity, food, medical bills, education, etc.) \_\_\_\_\_\_\_\_\_\_\_\_ Millions LBP
5. In the last 12 months, has your household been unable to pay for:
   1. Medicine, medical care, or other physical/mental health services Yes – NO – Don’t know
   2. Childcare Yes – NO – Don’t know
   3. Support services for older people Yes – NO – Don’t know
   4. Support services for people with disabilities YES – NO – Don’t know
   5. Transport (to school, to work) YES – NO – Don’t know
   6. Education tuition and school material (books, etc.) Yes – NO - NA (if no kids in HH)
   7. School meals YES – NO / NA (if no kids in HH)
   8. Rent/mortgage Yes – NO – Don’t know
   9. Internet Yes – NO – Don’t know
   10. Heating Yes-NO- Don’t know
   11. Adequate clothing yes-No- don’t know
6. Getting enough food can be a problem amid all these expenses. In the last month, which of the following statements best describes the food eaten in your household? [select one]
   1. Enough of the kind of food we like to eat
   2. Enough, but not always what we like
   3. Sometimes not enough to eat
   4. Often not enough to eat

In the last month:

You, or any other adult in your household, had to **skip a meal** because there was not enough money or other resources to get food? Y/N

You, or any other adult in your household, **went without eating for a whole day** because of a lack of money or other resources? Y/N

Your household **ran out of food** because of a lack of money or other resources? Y/N

IF ANSWER TO Q26 IS f or g: (IF 0% FOR BOTH q26 F OR G, GO TO Q45)

|  |  |  |
| --- | --- | --- |
| **Type of assistance:** | 1. **Government assistance** | 1. **NGO/charity assistance** |
| Source: | [check all that apply]   * National Poverty Targeting Program بطاقة حلا * Ration card * Municipality assistance program | [check all that apply and write name of NGO]   * UN: \_\_\_\_\_\_\_\_\_\_\_\_\_ * International NGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Religious NGO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Local NGO \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Political Party: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of assistance | In-kind/Cash/Both | In-kind/Cash/Both |
| If Cash assistance, in which currency? | USD / LBP / BOTH | USD / LBP /BOTH |
| If cash assistance, what was amount? | \_\_\_\_\_\_\_\_ Thousand LBP  \_\_\_\_\_\_\_\_\_ USD | \_\_\_\_\_\_\_\_\_ Thousand LBP  \_\_\_\_\_\_\_\_\_ USD |
| If in-kind assistance, what was it? | [Prompt: food, clothing, medicine etc…] | [Prompt: food, clothing, medicine etc…] |
| What was the frequency of this assistance received? | * 1. Received only once   2. Repeated weekly   3. Repeated monthly   4. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_ | * 1. Received only once   2. Repeated weekly   3. Repeated monthly   4. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_ |
| Was any of the aid you received specifically designated to help you pay your electricity costs? | YES/NO/I don’t know | YES/NO/I don’t know |

**VI. HOUSEHOLD INFO**

1. Governorate (Mohafazat) \_\_\_\_\_\_
2. District (Caza) \_\_\_\_\_\_
3. City / Municipality \_\_\_\_\_\_
4. Detailed address \_\_\_\_\_\_
5. Nationality:
   1. Lebanese
   2. Non-Lebanese, specify: \_\_\_\_\_\_\_\_\_\_\_
6. Relationship to household head:
   1. Self
   2. Spouse
   3. Mother / father
   4. Son/daughter
   5. Other, specify \_\_\_\_\_
7. Gender of respondent
   1. Female
   2. Male
   3. Other
   4. Prefer not to answer
8. Number of adults living in the household (as of now) \_\_\_\_\_\_
9. Of those, how many are above 55? \_\_\_\_\_\_\_
10. Number of children (0-18 years) permanently living in the household (as of now) \_\_\_\_\_
11. Is there a person with a physical/mental disability in the household YES/NO

**That was my last question, but we would love to hear more from you.**

1. Can Human Rights Watch contact you with follow-up questions? (This is voluntary):
   1. Yes
   2. No
2. Please indicate your **name, and contact information** and your preferred way for us to contact you (this information will remain confidential and not be shared outside our organization):
   1. Name
   2. Mobile phone 1
   3. Mobile phone 2
   4. Landline
   5. Email
3. If there is anything else you would like to tell us about your experience electricity access?

1. “I don’t know” answer will be coded separately in the questionnaire (e.g. 99). No need to add it in each question. [↑](#footnote-ref-2)
2. Please make sure to calculate the monthly amount. If the bill covers more than 1 month, please do the necessary calculations in order to write a monthly amount only. [↑](#footnote-ref-3)
3. Ibid [↑](#footnote-ref-4)
4. If No, go to next source [↑](#footnote-ref-5)
5. Ibid [↑](#footnote-ref-6)
6. If No, go to Q11-b (if all sources are No), then go to summer 2019 period (Q12.a) [↑](#footnote-ref-7)
7. Go to next source [↑](#footnote-ref-8)
8. Go to next source [↑](#footnote-ref-9)
9. Go to Q13 [↑](#footnote-ref-10)