



# Initial Data Collection Form for New Subscribers

Renewvia Energy Corporation would like to understand what your experience has been both before connection to the mini-grid as well as after connection. We are hoping to capture a story about personal or community changes that may be connected to the bringing of electricity to this area. The questionnaire begins with questions about your history with access to energy and then we will ask you about your experience after connection. These interviews will help tell the donors and stakeholders about any significant changes that have happened to community members as a result of their programs. Your participation may help design better energy investments or help donors understand the value of this energy to individuals in Kenya and Nigeria. Your participation is voluntary, and you have the right to refuse to answer any question. There are also no correct answers to any of the questions, we are just interested to know about your experience. By participating in this survey, you are consenting to have Renewvia process and store your responses and personal data. Any reporting on this data will be anonymized. Thank you.

\* Required

## Connection Status & Household Information

1. Select your Minigrid Connection Status \*

☐ Pre-Connection

☐ Post-Connection

2. If Post-Connection, select how long your have been using the mingrid \*

- ☐ 1-3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ 12-24 months
- ☐ 24-36 months
- ☐ Over 36 months

3. What is your Renewvia Minigrid account number?

4. First Name \*

5. Last Name \*

6. Country \*

- ☐ Nigeria
- ☐ Kenya

## 7. Nigeria Community \*

REDACTED

8. Kenya Community \*

REDACTED

9. Location/Neighborhood Name

10. Age

The value must be a number

11. Gender \*

- ☐ Male
- ☐ Female

12. What is your occupation? \*

- ☐ Farming
- ☐ Fishing
- ☐ Shopkeeper
- ☐ Salon/Barbershop
- ☐ Trade Labor (welding, technician, electrician, carpenter, mechanic, etc)
- ☐ Driver
- ☐ Religious Institution
- ☐ Education
- ☐ INGO
- ☐ House-work (paid)
- ☐ House-work (unpaid)
- ☐ Food Processing
- ☐ Manual Labor (non-farming)
- ☐ Health Center/Hospital
- ☐ Cleaner
- ☐ Security
- ☐ I do not earn income

13. Are you the primary provider for your household? \*

☐ Yes

☐ No

14. If you are NOT the Primary Provider of Household, what is Occupation of Primary Provider? \*

☐ Farming

☐ Fishing

☐ Shopkeeper

☐ Salon/barbershop

☐ Trade Labor (welding, technician, electrician, carpenter, mechanic, etc)

☐ Driver

☐ Religious Institution

☐ Education

☐ INGO

☐ House-work (paid)

☐ House-work (unpaid)

☐ Food Processing

☐ Manual Labor (non-farming)

☐ Health Center/Hospital

☐ Cleaner

☐ Security

☐ Not currently employed

☐ Other

15. If you selected "other" in the question above, please explain: (if not, please skip)

16. Occupation of Secondary Income Provider of Household \*

- ☐ Farming
- ☐ Fishing
- ☐ Shopkeeper
- ☐ Salon/barbershop
- ☐ Trade Labor (welding, technician, electrician, carpenter, mechanic, etc)
- ☐ Driver
- ☐ Religious Institution
- ☐ Education
- ☐ INGO
- ☐ House-work (paid)
- ☐ House-work (unpaid)
- ☐ Food Processing
- ☐ Manual Labor (non-farming)
- ☐ Health Center/Hospital
- ☐ Cleaner
- ☐ Security
- ☐ Other Business
- ☐ Other

17. If you selected "other" in the question above, please explain: (if not, please skip) \*

18. Type of employment for Primary Provider

- ☐ Seasonal, self-employed
- ☐ Seasonal, non self-employed
- ☐ Regular, self employed
- ☐ Regular, non self-employed

19. What is your average monthly household income:

The value must be a number

20. How many people live in your household, including yourself?

The value must be a number

21. How many adults?

The value must be a number



22. How many female children?

The value must be a number

23. How many male children?

The value must be a number

24. What are the ages of your female children? \*

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ Older than 16

25. What are the ages of your male children? \*

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ Older than 16

26. How many of your female children attend school? \*

The value must be a number

27. If any female children do not attend school full time, please specify why \*

- ☐ They all attend school
- ☐ Household chores
- ☐ Lacking money for school fees
- ☐ Health Reasons
- ☐ Childcare
- ☐ Not old enough
- ☐ Too old
- ☐ Other

28. If you selected "other" in the question above, please explain: (if not, please skip) \*

29. How many of your male children attend school? \*

The value must be a number

30. If any male children do not attend school full time, please specify why \*

- ☐ They all attend school
- ☐ Household chores
- ☐ Lacking money for school fees
- ☐ Health Reasons
- ☐ Childcare
- ☐ Not old enough
- ☐ Too old
- ☐ Other

31. If you selected "other" in the question above, please explain: (if not, please skip) \*

32. Are any household members business owners? \*

- ☐ None
- ☐ Adult Male
- ☐ Adult Female

## Energy Profile

33. What is the MAIN reason for signing up for connection to mini-grid? \*

- ☐ Reliable access to light
- ☐ Ability to charge mobile phone(s)
- ☐ Possibility to purchase a TV
- ☐ Safety (of persons, physical)
- ☐ Security (of property, home, possessions)
- ☐ Ability to earn more money
- ☐ Ability to save more money
- ☐ Increased hours of productivity (business, studying, etc)
- ☐ Ability to start a new business

34. What is the SECOND MAIN reason for signing up for connection to mini-grid? \*

- ☐ Reliable access to light
- ☐ Ability to charge mobile phone(s)
- ☐ Possibility to purchase a TV
- ☐ Safety (of persons, physical)
- ☐ Security (of property, home, possessions)
- ☐ Ability to earn more money
- ☐ Ability to save more money
- ☐ Increased hours of productivity (business, studying, etc)
- ☐ Ability to start a new business

35. Current Source(s) of Power (before mini-grid connection) Select all that apply \*

- ☐ solar home kit
- ☐ charcoal
- ☐ kerosene lamp
- ☐ petrol generator
- ☐ diesel generator
- ☐ candles
- ☐ minigrid electricity (Renewvia)

☐ 

Other

36. If you selected "other" in the question above, please explain: (if not, please skip) \*

37. How many hours a day do you use at least one source of power you checked above?

- ☐ Less than 2 hours
- ☐ Between 2 and 5 hours
- ☐ Between 5 and 8 hours
- ☐ More than 8 hours

38. What is your Current MAIN Source of Power \*

- ☐ solar home kit
- ☐ charcoal
- ☐ kerosene lamp
- ☐ petrol generator
- ☐ diesel generator
- ☐ candles
- ☐ minigrid electricity (Renewvia)

☐ 

Other

39. If you selected "other" in the question above, please explain: (if not, please skip) \*

40. How many electronic devices or appliances do you currently use in the household (Pre-connection)?

The value must be a number

41. How many cell phones does your household have?



42. Types of Electronic Devices or Appliances in Household (pre-mini-grid connection)

Select all that apply \*

- ☐ stovetop
- ☐ television
- ☐ computer
- ☐ radio
- ☐ lights
- ☐ fan
- ☐ cell phone charger
- ☐ Other

43. If you selected "other" in the question above, please explain: (if not, please skip) \*

44. What types of Electronic Devices or Appliances would you like to add to your Household (pre-mini-grid connection) Select all that apply \*

- ☐ stovetop
- ☐ television
- ☐ computer
- ☐ radio
- ☐ lights
- ☐ fan
- ☐ cell phone charger

☐ Other

45. If you selected "other" in the question above, please explain: (if not, please skip) \*

46. How many hours of light per day do you currently have at home? (pre mini-grid connection)

The value must be a number

47. What are your current main sources of light? \*

- ☐ Battery powered (Flashlight/Torch)
- ☐ Electric source (Phone Light, Electric Lightbulb)
- ☐ Kerosene Source (Kerosene Lamps)

48. How many kerosene lamps do you currently use in your household? (before grid connection) \*

The value must be a number

49. Approximately how many hours a day do you use kerosene lamps? \*

- ☐ Less than one hour
- ☐ 1-2 hours
- ☐ 3-5 hours
- ☐ Greater than 5 hours

50. How much do you pay monthly for kerosene used only in kerosene lamps? \*

- ☐ 0- 200 N/KES
- ☐ 200- 600 N/KES
- ☐ 600-1000 N/KES
- ☐ 1000- 1400 N/KES
- ☐ 1400 N/KES and above

51. What are your main sources of energy for cooking? \*

- ☐ Charcoal
- ☐ Kerosene
- ☐ Firewood
- ☐ Biomass
- ☐ Minigrid electricity (Renewvia)
- ☐ Other

52. If you selected "other" in the question above, please explain: (if not, please skip) \*

53. How long does the cooking fuel collection process take on a daily basis? \*

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 3-5 hours
- ☐ Greater than 5 hours

54. Who is mainly responsible for cooking fuel collection on a daily basis? Select all that apply \*

- ☐ Adult Male
- ☐ Adult Female
- ☐ Child Male
- ☐ Child Female
- ☐ Whole family

55. What is the approximate monthly cost of energy used strictly for cooking? \*

- ☐ 0-1000 N/KES
- ☐ 1000-1500 N/KES
- ☐ 1500- 2000 N/KES
- ☐ 2000- 3000 N/KES
- ☐ 3000- 4000 N/KES

56. What are your main sources of energy for charging appliances (eg phones)? PRE - CONNECTION \*

- ☐ Solar home kit
- ☐ Petrol generator
- ☐ Diesel generator
- ☐ Battery
- ☐ Minigrid Electricity (Renewvia)
- ☐ Other

57. If you selected "other" in the question above, please explain: (if not, please skip) \*

58. What is the approximate monthly cost of energy used strictly for charging appliances? \*

- ☐ 0- 150 N/KES
- ☐ 150- 1000 N/KES
- ☐ 1000- 3000 N/KES
- ☐ 3000- 4000 N/KES
- ☐ 4000- 6000 N/KES

## Safety/Security

59. How safe do you feel outside your home when it is dark?

- ☐ Very safe
- ☐ Somewhat safe
- ☐ Neither safe nor unsafe
- ☐ Somewhat unsafe
- ☐ Very unsafe

60. Does your community currently have outdoor community lights?

- ☐ Yes
- ☐ No

61. Does your home have exterior lighting?

- ☐ Yes
- ☐ No

62. How safe would you feel outside your home at nighttime IF you had exterior lights? \*

- ☐ Very safe
- ☐ Somewhat safe
- ☐ Neither safe nor unsafe
- ☐ Somewhat unsafe
- ☐ Very unsafe

63. What makes you feel the most unsafe? \*

- ☐ Potential theft
- ☐ Unsafe travel to obtain, water, supplies and charging phones
- ☐ Lack of community lighting
- ☐ Other
- ☐ I don't feel unsafe

64. If you selected "other" in the question above, please explain: (if not, please skip) \*



## Mobile Phone

65. Where do you typically charge your mobile phone?

- ☐ Home
- ☐ Neighbor
- ☐ Shop
- ☐ Other

66. If you selected "other" in the question above, please explain: (if not, please skip)

67. How often do you need to charge your mobile phone?

- ☐ Every day
- ☐ Every 1-2 days
- ☐ Every 2-3 days
- ☐ Every 4 or more days

68. How much do you pay per month to charge your mobile phone?

- ☐ 0- 100 N/KES
- ☐ 100- 500 N/KES
- ☐ 500- 750 N/KES
- ☐ 750- 1000 N/KES
- ☐ 1000 N and above

69. How far must you travel to charge your mobile phone?

- ☐ less than 1 km
- ☐ 1-2 km
- ☐ 2-5 km
- ☐ 5-10 km
- ☐ Greater than 10 km

## Water Supply

70. What is your source of water?

- ☐ At home tap
- ☐ Community well or pump
- ☐ Clear water source (fresh spring, lake etc.)
- ☐ Dirty water source (pond, contaminated well etc.)

71. Do you have a source for clean drinking water?

- ☐ Yes
- ☐ No

72. What is the source for clean drinking water?

- ☐ Boiled water
- ☐ Bottled water
- ☐ Treated / filtered water
- ☐ Clean community source

73. What is your clean community water source?

74. How far must you travel to obtain your water supply?

- ☐ less than 1 km
- ☐ 1-2 km
- ☐ 2-5 km
- ☐ 5-10 km
- ☐ greater than 10 km

75. How long does the water collection process take on a daily basis?

- ☐ less than 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ 3-4 hours
- ☐ greater than 4 hours

76. Who is mainly responsible for water collection on a daily basis?

- ☐ Adult Male
- ☐ Adult Female
- ☐ Child Male
- ☐ Child Female

77. What is the average age of the person in charge of water collection?

- ☐ under 5 years old
- ☐ 5-10 years old
- ☐ 10-12 years old
- ☐ 12-15 years old
- ☐ 15 years or older

78. How much do you pay per month for water?

- ☐ I don't pay, it's free.
- ☐ 0- 500 N/KES
- ☐ 500- 3000 N/KES
- ☐ 3000- 5000 N/KES
- ☐ 5000 N/KES and above

79. Does your household spend time doing any of the following? Select all that apply

- ☐ Processing ugali/gari
- ☐ Processing alcohols
- ☐ Processing palm oil
- ☐ Other food processing
- ☐ Sewing
- ☐ Hair cutting/salon

80. How close is the nearest Health Center/Clinic?

- ☐ less than 1km
- ☐ between 1-2 km
- ☐ between 2-3 km
- ☐ between 3-5 km
- ☐ greater than 5 km

81. Does your Health Center have access to electricity?

- ☐ Yes
- ☐ No

82. What hours is the Health Center / Clinic open?

83. Does your Health Center / Clinic have access to refrigeration?

- ☐ Yes
- ☐ No