



*Bank Of Zambia*

**2022 MICRO, SMALL AND MEDIUM  
ENTERPRISES (MSME) FINANCE SURVEY  
INDIVIDUAL QUESTIONNAIRE**

**June 2022**

**“Good morning/Afternoon/Evening. My name is \_\_\_\_\_. I am working with the Zambia Statistics Agency as an enumerator. The Zambia Statistics Agency in collaboration with the Bank of Zambia is conducting a Micro, Small and Medium Enterprises (MSMEs) Finance Survey.**

**I have come to collect information about your household and any member who owns a business that will help in developing and implementation of policies that support MSMEs.**

**The information will be kept strictly confidential and will not be shared with any unauthorized persons. May I proceed the interview?”**

**SECTION 1: BACKGROUND INFORMATION OF THE BUSINESS OWNER**

Now I am going to ask you questions about your background such as your age, school attendance if any, marital status, citizenship. To be asked to all business owners aged 15 years or older.

Q No.	Question	Responses	Code	Variable
B01	Sex of Respondent	1.Male 2.Female	<input type="checkbox"/>	Sex
B02	What is your date of birth?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DoB
B03	How old were you at your last birthday?			Age
B04	What is your marital status?	1. Never married 2. Married/cohabiting 3. Divorced 4. Separated 5. Widowed	<input type="checkbox"/>	Marital Status
B05	What is your citizenship?	1.Zambian >>>B06 2.Zambia-Dual Nationality>>>B06 3. non-Zambian	<input type="checkbox"/>	Citizenship
B05b	What is your (other) country of citizenship?	Drop down of all countries except Zambia	<input type="checkbox"/>	Country of Citizenship
B06	Have you ever attended school?	1. Yes 2. No >>>B08	<input type="checkbox"/>	School attendance
B07a	What is the highest level of education you have attended?	1 Nursery >>>B08 2.Primary 3. Secondary 4.Tertiary >>>B07c	<input type="checkbox"/>	Levl of Education attended
B07b	What is the highest grade you have completed?	Grade 1 to Grade 12>>>B08	<input type="checkbox"/>	Highest grade completed
B07c	What is the highest qualification obtained?	1. None 2. Certificate 3. Diploma 4. Degree 5. Master's Degree 6. Doctorate	<input type="checkbox"/>	Highest qualification obtained
B07d	What is the field of study for the highest qualification?		<input type="checkbox"/>	Field of study
B08	Have you ever attended technical or vocational training?	1.Yes 2.No >>>Next section	<input type="checkbox"/>	Technical/Vocational training
B09	What is the highest grade of technical or vocational training (NAME) has completed		<input type="checkbox"/>	Highest technical/vocational training completed



### SECTION 3: BUSINESS DETAILS

Now I am going to ask you questions about the main activities of your business. To be asked to each business.

Q No.	Question	Responses	Code	Variable
BD01	How many businesses such as farming, trading, welding or any other business do you own? <i>Ensure that the farming produce is mainly or only for sale.</i>		<input type="checkbox"/>	Number of businesses
BD01a	What is the name of the business?		.....	Name of business
BD01b	What is the main activity carried out in this business? Describe....	<b>NAME</b> Business 1 ..... Business 2 ..... Business 3 .....		Main activity of the business
BD01c	Is there another activity carried out in this business? <b>Ask for each business.</b>		1. Yes 2. No>>>BD02	Other activity of the business
BD01d	What other activity is carried out in this business 1.....			Other activity description
	What other activity is carried out in this business 2.....			
	What other activity is carried out in this business 3.....			
BD02	Is this business registered with the following?			Business registration
		1. Local Authority (Council) 2. Patents and Company Registration Agency (PACRA) 3. Registrar of Cooperatives 4. Ministry of Finance	<b>1.Yes 2.No</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
BD02a	What is the <b>main</b> reason this business is not registered			Reason business not registered
		1. Complicated/difficult procedure 2. Cost too high 3.Lack of registration fees 4. Tried but unsuccessful 5. I see no benefit 6. No time to register 7. No action will be taken against me 8. Business too small 9. I don't know about these regulations 10. I don't want them to know how my business is performing 11. Other – specify..... 12. Refused to answer	<input type="checkbox"/>	
BD03	Is this business registered with ZRA for tax purposes?			ZRA Registration
		1.Yes >>>>>BD04 2. No	<input type="checkbox"/>	
BD03a	What is the main reason why this business is not registered			Reason not registered with ZRA
		1. Complicated/difficult procedure 2. Cost too high 3.Lack of registration fees 4. Tried but unsuccessful 5. I see no benefit	<input type="checkbox"/>	

		6. No time to register 7. No action will be taken against me 8. Business too small 9. I don't know about these regulations 10. I don't want them to know how my business is performing 11. Other – specify..... 12. Refused to answer		
<b>BD04</b>	Is this business owned by...			Business ownership
		1. Family >>> <b>BD08</b> 2. Sole proprietor>>> <b>BD09</b> 3. Partnership 4. Co-operative/Group >> <b>BD08</b> 5. Corporate	<input type="checkbox"/>	
<b>BD05</b>	Do you have a written shareholding /partnership agreement?			Written shareholding agreement
		1.Yes 2. No>>> <b>BD07</b>	<input type="checkbox"/>	
<b>BD06</b>	What is the percentage of your shareholding?			Percent shareholding
		<b>PERCENT</b>	<input type="checkbox"/>	
<b>BD07</b>	What is your shareholding status in this business?			Shareholding status
		1. Majority shareholder 2. Minority shareholder 3. Equal Shareholding	<input type="checkbox"/>	
<b>BD08</b>	Are you involved in the day-to-day management of this business?			Involvement in Management
		1.Yes 2. No	<input type="checkbox"/>	
<b>BD9</b>	In which year did this business start operations? YEAR		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of commencement of operations
<b>BD10</b>	Where is this business located? Single Responses			Business location
		1. At home 2. At the market 3. On the street or by the roadside>>> <b>BD13</b> 4. Central Business District 5. In a commercial area other than CBD 6. In an industrial/ factory site 7.No fixed location>>> <b>BD13</b> 8. Plantation/ farm/ garden 9. Virtual>>> <b>BD13</b> 10. Residential area other than own home 11. Other, specify	<input type="checkbox"/>	
<b>BD11</b>	Who owns the premises of this business? Single Responses			Business premises ownership
		1. Owners of this business 2. Private landlord 3. Family 4. Government/municipality 5. Commercial entity 5. Other, specify	<input type="checkbox"/>	
<b>BD12</b>	What type of structure does your business operate from			Type of structure where business operates
		1. Permanent		



		<ul style="list-style-type: none"> <li>2. Semi - Permanent e.g. Booths Airtel, Zamtel, MTN</li> <li>3. Temporary</li> <li>4. No structure/open</li> <li>5. Mobile e.g. Vehicle, Cart</li> <li>6. Other Specify...</li> </ul>		
<b>BD13</b>	What were you <b>mainly</b> doing before you began this business?			Activity before starting business
		<ul style="list-style-type: none"> <li>1. Unemployed</li> <li>2. Home maker (Wife/Husband)</li> <li>3. In education, at various levels</li> <li>4. Employed in a similar line of business</li> <li>5. Employed in a different line of business</li> <li>6. Owned and ran a similar business</li> <li>7. Owned and ran an enterprise in another line of business</li> <li>8. Employed in public sector</li> <li>9. Others specify...</li> </ul>	<input type="checkbox"/>	
<b>BD14</b>	What was the <b>main</b> reason for starting this particular business?			Reason for starting the business
		<ul style="list-style-type: none"> <li>1. Prefer self-employment</li> <li>2. Better income</li> <li>3. Could not find employment</li> <li>4. Influenced by advertisement</li> <li>5. High demand/ ready market</li> <li>6. Advised by others</li> <li>7. Family has worked in this business</li> <li>8. Skilled in this activity</li> <li>9. To earn supplementary income</li> <li>10. Passion</li> <li>11. Other specify...</li> </ul>	<input type="checkbox"/>	

### SECTION 4: EMPLOYMENT

Now I am going to ask you questions about employment of people in your business. To be asked to each business.

Q No.	Question	Responses	Code	Variable
<b>EMP01</b>	Does this business currently have one or more employees?	1.Yes 2. No >>>Next Section	<input type="checkbox"/>	Employment
<b>EMP02</b>	How many people are employed in your business as...?	<p>1. <b>Full time employees:</b> refers to employees with a formal attachment (verbal or written agreement) to the business working normal hours stipulated by the employer.</p> <p>2. <b>Part time employees:</b> refers to employees whose normal hours of work are less than those of fulltime workers.</p> <p>3. <b>Temporal/Casual employees:</b> refers to employees with no formal attachment with the employer. They are usually employed and paid on a daily basis.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of employees
<b>EMP03</b>	Of the people who work in your business, how many are...?	Total Male Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of employees
<b>EMP04</b>	Does your business have seasonal demand for employment?	1.Yes 2. No>>>Next Section	<input type="checkbox"/>	Seasonal demand for employment
<b>EMP05</b>	Do you engage extra workers to meet peak demand for your business?	1.Yes 2. No	<input type="checkbox"/>	Engagement of extra workers



		1. Yes 2. No	<input type="checkbox"/>	
		<b>Skip To Next Section for Either Answer Category</b>		
<b>S09</b>	What is the <b>main</b> reason your business does not have records of income, expenditure, assets and liabilities? Single			Reason business does not keep records
		1. I do not see the need to 2. I know everything off my head 3. I do not know how to do it 4. I fear recording confidential information 5. It is costly 6. Other specify...	<input type="checkbox"/>	



		3. In both, the same line of business and different line of business		
<b>BP06</b>		What other line of business do-you intend to expand into? <b>Give a full description of the business activity.....</b>		Business Activity

**SECTION 7: ACCESS TO CREDIT**

Now I am going to ask you questions related to access to finance for each of your business. To be asked to each business.

Q No.	Question	Responses	Code	Variable
<b>AF01</b>	Since 2017, have you applied for a loan for business?	1. Yes >>>> <b>AF02</b> 2. No	<input type="checkbox"/>	Business loan application
<b>AF01a</b>	Why have you not applied for a business loan since 2017?	<ul style="list-style-type: none"> <li>a. High cost of borrowing (high Interest rate);</li> <li>b. Do not have a down payment;</li> <li>c. Lack of right documentation;</li> <li>d. Lack of a business plan/ proposal</li> <li>e. Lack of audited financial statements</li> <li>f. No security/collateral;</li> <li>g. Income too low;</li> <li>h. Too much debt;</li> <li>i. No financial history;</li> <li>j. Negative credit history;</li> <li>k. Non-availability of suitable loan product;</li> <li>l. Complicated application procedure;</li> <li>m. Business not registered at PACRA</li> <li>n. Don't need it;</li> <li>o. Don't know</li> <li>p. Other, specify; .....</li> </ul> <p><b>Any response skip to AF17</b></p>	<input type="checkbox"/>	Reason for not applying for a business loan
<b>AF02</b>	How many times have you applied for a loan for business since 2017?	<b>Number of Times</b>	<input type="checkbox"/>	Business loan application
<b>AF03</b>	How many times have you been successful in obtaining a loan for business since 2017?	<b>AF03 One (1) or greater</b>	<input type="checkbox"/>	Business loan application
<b>AF03a</b>	Do you have a loan for your business that you are currently repaying?	1. Yes 2. No	<input type="checkbox"/>	Current loan
<b>AF03b</b>	How much did you borrow?	AMOUNT IN ZMW: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	Amount for current loan
<b>AF04</b>	When was the last time you applied for a loan for business?	<ul style="list-style-type: none"> <li>1. 2017</li> <li>2. 2018</li> <li>3. 2019</li> <li>4. 2020</li> <li>5. 2021</li> <li>6. 2022</li> </ul> <p><i>If AF02 &amp; AF0 3 are equal ANSWER AF04 THEN SKIP TO AF07</i> <i>If AF03 equal to zero (0) answer AF04 then skip to AF10</i></p>	<input type="checkbox"/>	Business loan application
<b>AF05</b>	The last time you applied for a loan, were you successful?	1. Yes>>> <b>skip to AF07</b> 2. No	<input type="checkbox"/>	Success of Business loan application
<b>AF06</b>	When was the last time you successfully obtained a loan for your business?	1. 2017 2. 2018	<input type="checkbox"/>	Success of Business loan application

		3. 2019 4. 2020 5. 2021 6. 2022		
<b>AF07</b>	Where did you obtain the last loan for your business? <b>Do not read out</b>			Success of Business loan application
		1. Cooperatives >>>> <b>AF09</b> 2. NGOs >>>> <b>AF09</b> 3. Government scheme 4. Bank >>>> <b>AF09</b> 5. Money Lender >>>> <b>AF09</b> 6. Microfinance institution e.g. (Bayport, FINCA, Goodfellow, Unifi, Izwe) >>>> <b>AF09</b> 7. Village bank/ saving group >>>> <b>AF09</b> 8. Family/Friends >>>> <b>AF09</b> 9. Multinational Development Bank such as Africa Development Bank >>>> <b>AF09</b> 10. Other specify >>>> <b>AF09</b>	<input type="checkbox"/>	
<b>AF08</b>	Which Government scheme did you obtain the loan from?			Business loan from a government scheme
		1. Youth Empowerment 2. Citizens Economic Empowerment Commission (CEEC) 3. Public Service Pension Fund (PSPF) 4. Public Service Microfinance Company 5. Zambia Development Agency (ZDA) 6. Other, specify	<input type="checkbox"/>	
<b>AF09</b>	The last time you were successful in obtaining a loan for business, what was it <b>mainly used</b> for?			Usage of business loan
		1. Purchase of machinery, tools 2. Restocking products or livestock 3. Physical expansion/opening more branches or businesses 4. Operating expenses (salaries, etc.) 5. To repay another loan 6. To purchase land/ building 7. Other, specify.....	<input type="checkbox"/> Skip to AF12	
<b>AF10</b>	What was the <b>main</b> reason the loan for the business you applied for was denied?			Reason for unsuccessful business loan application
		1. Did not have a down payment >>> <b>AF 12</b> 2. Did not have the right documentation; 3. No security/collateral >>> <b>AF12</b> 4. Income too low>>> <b>AF12</b> 5. Too much debt >>> <b>AF12</b> 6. No financial history >>> <b>AF12</b> 7. Negative credit history >>> <b>AF12</b> 8. Other, specify.....>>> <b>AF12</b> 9. Don't know>>> <b>AF12</b>	<input type="checkbox"/>	
<b>AF11</b>	Which of the following documents <b>did you not</b> provide?			Documents for loan application
		1. NRC/ passport/ driver's license 2. pay slip 3. financial statements 4. business registration certificate 5. proof of residence 6. Other, specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>AF12</b>	What are some of the challenges that you face when applying for and/or obtaining loan for your business?			Challenges that hinder



		<ul style="list-style-type: none"> <li>a. Gift/Grant</li> <li>b. Private Equity</li> <li>c. Venture Capital</li> <li>d. Private Investor</li> <li>e. Crowd funding</li> <li>f. Capital Markets</li> <li>g. Other, specify</li> </ul>	<p><b>1.Yes</b> <b>2.No</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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## SECTION 8: SAVINGS AND INVESTMENT

Now I am going to ask you questions about savings and investments of your business revenue. To be asked to each business.

Q No.	Question	Responses	Code	Variable
SI01A	Does your business have an account with a bank/other financial institution that you use for your business? 1. Yes 2. No>>>SI02A		<input type="checkbox"/>	Financial products
SI01B	Is it a business account? 1. Yes 2. No		<input type="checkbox"/>	Business account
SI01C	Which institution(s) sold you the <b>Business Bank Account</b> ? .....			Name of institution
SI01D	Do you understand the complaints handling procedure at your financial service provider? 1. Yes 2. No 3. Not aware		<input type="checkbox"/>	Awareness
SI01E	How satisfied are you with the quality of services that you receive?  On a scale of 1-5, where 1= extremely dissatisfied 2= dissatisfied 3=neutral 4=satisfied 5= extremely satisfied.		<input type="checkbox"/>	Financial product satisfaction
		1. Extremely dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Extremely satisfied		
SI02A	Does your business have Investment in financial instruments? 1. Yes 2. No>>>SI03A		<input type="checkbox"/>	Financial products
SI02B	Which institution(s) sold you the <b>Investment</b> product(s)? .....			Name of institution
SI02C	Do you understand the complaints handling procedure at your financial service provider? 1. Yes 2. No 3. Not aware		<input type="checkbox"/>	Awareness
SI02D	How satisfied are you with the quality of services that you receive?  On a scale of 1-5, where 1= extremely dissatisfied 2= dissatisfied 3=neutral 4=satisfied 5= extremely satisfied.		<input type="checkbox"/>	Financial product satisfaction
		1. Extremely dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Extremely satisfied		
SI03A	Does your business have securities? 1. Yes 2. No>>>SI04A		<input type="checkbox"/>	Financial products
SI03B	Which institution(s) sold you the <b>securities</b> ? .....			Name of institution
SI03C	Do you understand the complaints handling procedure at your financial service provider?		<input type="checkbox"/>	Awareness

	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Not aware</li> </ol>		
<b>SI03D</b>	<p>How satisfied are you with the quality of services that you receive?</p> <p>On a scale of 1-5, where 1= extremely dissatisfied 2= dissatisfied 3=neutral 4=satisfied 5= extremely satisfied.</p>	<input type="checkbox"/>	Financial product satisfaction
	<ol style="list-style-type: none"> <li>1. Extremely dissatisfied</li> <li>2. Dissatisfied</li> <li>3. Neutral</li> <li>4. Satisfied</li> <li>5. Extremely satisfied</li> </ol>		
<b>SI04A</b>	<p>Does your business have insurance?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No&gt;&gt;&gt;<b>SI05A</b></li> </ol>	<input type="checkbox"/>	
<b>SI04B</b>	Which institution(s) sold you the <b>Insurance</b> product(s)? .....		Name of institution
<b>SI04C</b>	Do you understand the complaints handling procedure at your financial service provider?	<input type="checkbox"/>	Awareness
	<ol style="list-style-type: none"> <li>4. Yes</li> <li>5. No</li> <li>6. Not aware</li> </ol>		
<b>SI04D</b>	<p>How satisfied are you with the quality of services that you receive?</p> <p>On a scale of 1-5, where 1= extremely dissatisfied 2= dissatisfied 3=neutral 4=satisfied 5= extremely satisfied.</p>	<input type="checkbox"/>	Financial product satisfaction
	<ol style="list-style-type: none"> <li>1. Extremely dissatisfied</li> <li>2. Dissatisfied</li> <li>3. Neutral</li> <li>4. Satisfied</li> <li>5. Extremely satisfied</li> </ol>		
<b>SI05A</b>	<p>Does your business have a Savings Account?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No&gt;&gt;&gt;<b>SI06A</b></li> </ol>	<input type="checkbox"/>	
<b>SI05B</b>	Which institution sold you the Savings Account? .....		Name of institution
<b>SI05C</b>	Do you understand the complaints handling procedure at your financial service provider?	<input type="checkbox"/>	Awareness
	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Not aware</li> </ol>		
<b>SI05D</b>	<p>How satisfied are you with the quality of services that you receive?</p> <p>On a scale of 1-5, where 1= extremely dissatisfied 2= dissatisfied 3=neutral 4=satisfied 5= extremely satisfied.</p>	<input type="checkbox"/>	Financial product satisfaction
	<ol style="list-style-type: none"> <li>1. Extremely dissatisfied</li> <li>2. Dissatisfied</li> <li>3. Neutral</li> <li>4. Satisfied</li> <li>5. Extremely satisfied</li> </ol>		
<b>SI06A</b>	<p>Does your business have a Mobile Money account?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No&gt;&gt;&gt;<b>SI07</b></li> </ol>	<input type="checkbox"/>	Financial product
<b>SI06B</b>	Do you understand the complaints handling procedure at your financial service provider?	<input type="checkbox"/>	Awareness

	1. Yes 2. No		
<b>SI06C</b>	How satisfied are you with the quality of services that you receive? <b>If mobile money wallet</b>  On a scale of 1-5, where 1= extremely dissatisfied 2= dissatisfied 3=neutral 4=satisfied 5= extremely satisfied.	<input type="checkbox"/>	product satisfaction
	1. Extremely dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Extremely satisfied		
<b>SI07</b>	What do you <b>mainly</b> do with the profit you make in your business?	<input type="checkbox"/>	Business profits usage
	1. Pay for household expenses, bills, school fees, etc. 2. Buy stock 3. Re-Invest in the business 4. Buy buildings or land 5. Invest in other businesses/start new businesses 6. Invest in Treasury Bills / Government Bonds. 7. Buy livestock e.g., cattle. 8. Expanding the business (e.g., opening a new branch, expanding scale of production) 9. Save the profit/money 10. Other, specify		

## SECTION 9: INCOME AND EXPENDITURE

Now I am going to ask you questions related to the income and expenditure of your business. To be asked to each business.

Q No.	Question	Responses	Code	Variable							
<b>IE01</b>	How do you record the income you make for your business? Is it daily, weekly, monthly or annually?			Business income							
		1. Daily 2. Weekly 3. Monthly 4. Annually 5. Refused>>> <b>IE02</b>	<input type="checkbox"/>								
<b>IE01a</b>	What are the average sales/income for your business? Probe			Average sales/income							
		<b>Amount in ZMW</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
<b>IE02</b>	How do you record the expenditure for your business? Is it daily, weekly, monthly or annually?			Business expenditure							
		1. Daily 2. Weekly 3. Monthly 4. Annually 5. Refused>>>>> <b>IE03</b>	<input type="checkbox"/>								
<b>IE02a</b>	What are the average expenses related to your business? Probe			Average expenditure							
		<b>Amount in ZMW</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
<b>IE03</b>	On average, what is the highest monthly cost to your business?			Highest average cost to the business							
		1. Utility bills e.g., electricity/power, water charges 2. Rent 3. Labour 4. Transportation 5. Taxes 6. Levies 7. Fuel 8. Equipment hire 9. Other, specify	<input type="checkbox"/>								
<b>IE03b</b>	On average, how much do you spend on (response in IE03)?			Average cost to the business							
		AMOUNT IN ZMW	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

## SECTION 10: BUSINESS ASSETS

Now I am going to ask you questions about the assets that your businesses own. To be asked to each business.

Q No.	Question	Responses	Code	Variable
AST01	Which assets in functional state does your business currently own? <b>List all the assets owned by the business</b>		Name of the asset	Business assets
AST02	Does this business own a piece of land?	1. Yes 2. No>>>Next section	<input type="checkbox"/>	Land ownership
AST02B	Does this land have a title deed?	1. Yes 2. No	<input type="checkbox"/>	Land titling
AST03	Does this business own a building?	1. Yes 2. No>>>Next section	<input type="checkbox"/>	Building ownership
AST03B	Does this building have a title deed?	1. Yes 2. No	<input type="checkbox"/>	Building titling

## SECTION 11: ACCESS TO MARKET

Now I am going to ask you questions about access to market for your business's products/produce and services. To be asked to each business.

Q No.	Question	Responses	Code	Variable
<b>AM01</b>	Where do you <b>mainly</b> sell your products, produce or services?	1. At home/ the farm/ business premises>>>> <b>AM02</b> 2. Outside home/ the farm but within the community 3. Outside the community but within the district 4. Outside the district 5. Outside the country 6. Other, specify	<input type="checkbox"/>	Market for goods/services
<b>AM01a</b>	What is your <b>main</b> mode of transport to the market for your product, produce or service?	1. By foot 2. Bicycle 3. Motorcycle 4. Vehicle 5. Train 6. Boat 7. Aircraft 8. Scotch cart 1. 8. Other, specify	<input type="checkbox"/>	Mode of transport
<b>AM01b</b>	How long do you usually take to get to the market where you mainly sell your product, produce or service?	1. Minutes 2. Hours 3. Days	<input type="checkbox"/>	Distance to market
<b>AM01C</b>	State the country to which you usually sell your products/produce/services? <b>Only ask if response in AM01 is outside the country</b>	<b>Name of country</b> ..... drop down menu		Market for products/produce/services
<b>AM02</b>	Who are your <b>main</b> clients	1. Individuals /households 2. Small businesses 3. Large businesses 4. Export market 5. Government 6. Co-operative 7. Other, specify	<input type="checkbox"/>	Business's main clients
<b>AM03</b>	How do you advertise this business' products, produce or services? <b>Multiple response</b>			Mode of advertisement

		<ul style="list-style-type: none"> <li>a) Verbal</li> <li>b) Posters or fliers</li> <li>c) Radio</li> <li>d) TV</li> <li>e) Newspaper</li> <li>f) Magazines</li> <li>g) Bill boards</li> <li>h) Website</li> <li>i) Social media e.g. Facebook, WhatsApp, twitter</li> <li>j) Referral marketing</li> <li>k) Announcement at public meetings/ religious meetings</li> <li>l) Public Address System</li> <li>m) SMS</li> <li>n) Exhibitions /shows</li> <li>o) Others, specify</li> <li>p) I don't advertise</li> </ul>	<input type="checkbox"/>	
<b>AM04</b>	What is the <b>main mode</b> of sale for this business' products/ produce/ services?			Mode of Sale
		<ul style="list-style-type: none"> <li>1. Payment on delivery</li> <li>2. Credit sale</li> <li>3. Advance payment</li> <li>4. Other, specify</li> </ul>	<input type="checkbox"/>	
<b>AM05</b>	How do your customers usually pay for the business' product, produce or service?			Mode of payment
		<ul style="list-style-type: none"> <li>1. Cash</li> <li>2. Mobile money</li> <li>3. Point of Sale (Swiping)</li> <li>4. Bank transfer</li> <li>5. Cheque</li> <li>6. Other, specify</li> </ul>	<input type="checkbox"/>	
AM06	Does this business face challenge in accessing the market (customers)?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No&gt;&gt;&gt;<b>AM07</b></li> </ul>	<input type="checkbox"/>	Market constraints
<b>AM06a</b>	What are some of the challenges you encounter in accessing the market for this business' products/produce/services?			Market constraints
		<ul style="list-style-type: none"> <li>a. Bad Road network</li> <li>b. Stringent product certification measures</li> <li>c. Lack of storage facilities</li> <li>d. Long distances to the nearest market</li> <li>e. Uncompetitive prices</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

		f. Cheap foreign imports g. Lack or Inadequate information on markets h. Poor ICT infrastructure i. Too many suppliers j. Inadequate trading place k. Other, specify		
<b>AM07</b>	Are you a member of any business association?			Business Association membership
		1. Yes 2. No>> <b>AM10</b>	<input type="checkbox"/>	
<b>AM08</b>	Which business association(s) related to this line of business do you belong to? Multiple response			Business Association membership
		a. Zambia National Farmers Union b. Contractors and Suppliers Associations c. Zambia Chamber of Small and Medium Business Associations (ZCSMBA) d. Zambia Chambers of Commerce and Industry (ZACCI) e. Zambia Association of Manufacturers (ZAM) g. Zambia Export Growers Association (ZEGA) h. Dairy Association of Zambia i. Zambia National Marketeers Association (ZANAMA) j. Transporters Association k. Cross boarder traders Association k. Other, specify	<input type="checkbox"/>	
<b>AM09</b>	What kind of benefits do you get from the business association(s) you belong to? Multiple response			Business support from Association membership

		<ul style="list-style-type: none"> <li>a. Information about the market</li> <li>b. financial support (Grant/Cash/loan)</li> <li>c. Advocacy /present our needs to higher authority</li> <li>d. Networking/ meeting other business people</li> <li>e. Agricultural services &amp; support</li> <li>g. Personal development/ advice</li> <li>h. Negotiate prices, rates for services as a group</li> <li>i. Capacity Building</li> <li>j. Access to storage facilities</li> <li>k. Access to inputs</li> <li>l. Other specify</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>AM10</b>	Do you import raw materials, products or services for your business?			Import of raw materials/products/services
		<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No&gt;&gt;&gt;NEXT SECTION</li> </ul>	<input type="checkbox"/>	
<b>AM11</b>	State the country from which you mainly import your raw materials, products or services?			Import of raw materials/products/services
		<b>Drop down list of countries</b>	<input type="text"/>	





### SECTION 13: COVID AND CLIMATE CHANGE

Now I am going to ask you questions related to the impact of COVID 19 and Climate Change on your business. To be asked to each business.

Q No.	Question	Responses	Code	Variable
CC01	Has your business been positively or negatively affected by the COVID-19 pandemic?	1. Yes 2.No>>>CC03 3. Don't know>>>>CC03	<input type="checkbox"/>	Covid 19 Impact on Business
CC02	How has the COVID 19 pandemic affected this business? Multiple response	1. Closed temporarily 2. Reduced operating hours 3. Increased operating hours 4. Reduced Sales 5. Increased sales 6. Difficulties in getting raw materials /inputs 7. Difficulties in delivering products/produce/services 8. Increased use of technology 9. Change in line of business 10. Change in business model e.g. change in service delivery 11. Cost of operations 12. Loss of labour e.g. due to lockdowns, quarantines or death 13. Other, specify	<input type="checkbox"/>	Covid 19 Impact on Business
CC03	In the last 12 months, did your business experience the effects of any of the following due to climate change? <i>If answer is No for all 5 answer categories skip to next section.</i>	1.Droughts/Dry Spell 2.Heat wave 3.Storms/Floods/Excess rainfall 4. Extended low temperatures 5.Other climate related events	1. Yes 2. No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climate Change Impact
CC04	Did this business experience the following hardships as a result of any of the challenges mentioned in question CC03?	1. Loss of crops, 2. Loss of livestock 3. Loss of inventory 4. Loss of business 5. Rise in cost of production e.g., inputs, transport, electricity, interest rates 6. Destruction or damage to business premises 7. Disruptions in supply chains 8. Delay in accessing inputs	<input type="checkbox"/>	Climate Change Impact



## SECTION 14: CAPACITY BUILDING

Now I am going to ask you questions about business capacity building that you may have undergone in the past. To be asked to all business owners aged 15 years or older.

Q No.	Question	Responses	Code	Variable
<b>CB01</b>	In the last five (5) years, have you attended any capacity building programs or training related to your business(es)?			Business Capacity Building
		1.Yes 2.No>>>skip to next section	<input type="checkbox"/>	
<b>CB02</b>	The last time you received capacity building or training, which institution or individual provided the training?			Business Capacity Building
		1. Current/previous Employer 2. Training institution e.g., University, College 3. Mentor / advisor 4. Family/Friend 5. Government agencies 6. NGOs/Cooperatives/Membership Organizations 7. Consultant 8. Another business owner in the same line of business 9. Other, specify	<input type="checkbox"/>	
<b>CB03</b>	Did the last capacity building or training you received have a positive impact on your business?			Impact of Capacity Building received on the business
		1.Yes 2.No	<input type="checkbox"/>	

## SECTION 15: BUSINESS CLOSURE

Now I am going to ask you questions about any of your businesses that you had to close.

Q No.	Question	Responses	Code	Variable
<b>BCL01</b>	In the last five years, did any of your other business(es) close down?			Business closure
		1.Yes 2.No>>>End Interview	<input type="checkbox"/>	
<b>BCL02</b>	What are some of the reasons your other business(es) closed down?			Reason for business closure
		1. Too few customers 2. Too many competitors 3. Lack of operating funds 4. Lack of inputs or raw materials 5. Legal problems 6. Started another business activity 7. Lack of skilled workforce 8. Business debts 9. Increasing operating costs 10. Other, specify	<input type="checkbox"/>	

**End**

<b>END01</b>	Mobile number:		
<b>END02</b>	Would you be willing to be contacted for business capacity building		
		1.Yes 2. No	<input type="checkbox"/>