

R8145 - FINAL REPORT

Modern energy – impact on micro-enterprise

Appendix 2

Methodological Forms

DISCLAIMER

This Appendix is an output from the Department for International Development (DfID) funded Engineering Knowledge and Research Programme (project no R8145). The views expressed are not necessarily those of DfID

Unclassified
ED03495
Issue Number 1
March 2007

In collaboration with




Title	Modern Energy – Impact on Micro-enterprise – APPENDIX 2
Customer	UK Department for International Development
Customer reference	R8145
Confidentiality, copyright and reproduction	This report is the Copyright of AEA Technology and has been prepared by AEA Technology plc in collaboration with Integrated Energy Solutions (Pty) Ltd of South Africa under contract to the Department for International Development dated 25 September 2002. AEA Technology plc and Integrated Energy Solutions (Pty) Ltd accept no liability whatsoever to any third party for any loss or damage arising from any interpretation or use of the information contained in this report, or reliance on any views expressed therein.
File reference	N:/projects/international/DFID/Micro enterprise ED03493/final report/R8145 Appendix 2 – Methodological Forms issue 1.doc
Reference number	AEAT/ENV/R/2412

AEA Energy & Environment
The Gemini Building
Fermi Avenue
Harwell International Business Centre
Didcot
OX11 0QR

Telephone +44 (0) 870 190 6212
Facsimile +44 (0) 870 190 6318

AEA Energy & Environment is a business name of AEA Technology plc
AEA Energy & Environment is certificated to is certificated to ISO 9001 and ISO14001

Authors	Denise Oakley	AEA Energy and Environment
	Paul Harris	Integrated Energy Solutions
	Chris Hazard	Integrated Energy Solutions

Approved by	Name	Signature	Date
	Tom Slesenger		26 March 2007

APPENDIX 2A: ORIGINAL SWEEP SURVEY FORM

Micro Enterprise identification sweep questionnaire – Mfuleni	
1. Stand number or business position _____ [e.g. 5369 plus A,B,C, ... for external street positions and 1,2,3 ... for dwelling / building number]	
2. Micro enterprise	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Before but not now <input type="checkbox"/> Not at home – repeat visit
3. Business activity	_____ _____
4. Size of business	<input type="checkbox"/> Big <input type="checkbox"/> Medium <input type="checkbox"/> Small
Comments:	_____ _____
5. Owner/Manager details: Name: _____ Address (if different): _____ Tel: _____	
6. Preferred interview time: Day: _____ Time: _____	
Date: _____	Time: _____
Researcher: _____	Signature: _____

[Note: This is designed for an A5 or 2 per A4 page.]

APPENDIX 2B: REVISED SWEEP SURVEY FORM

SWEEPER NAME		DESTINY MAQHWAZIMA					35
AREA		1					
NUMBER	NAME	NUMBER	NUMBER	NUMBER	BUSINESS	TIME	CONTACT DETAILS
OF	OF	OF	OF	OF	ANY SIZE	AVAILABLE TO	OTHER ADDRESS
PLOT	OWNER	HOUSES	PEOPLE	VISITORS	ANY TYPE	VISIT	OR CELL NUMBER
2256		2			FARMING	ANY	
2257							
2258		3			FARMING	ANY	
2259		2			FARMING	ANY	
2260		2					
2261		2			FARMING	ANY	
2262		1					
2263		2			FARMING	ANY	
2264		2			FARMING	ANY	
2265							
2266		2			FARMING	ANY	
2267		2					
2268		3			FARMING TAXI	SUNDAY 0900	725384652
2269		3			FARMING	ANY	822696466
2270		2			FARMING	ANY	
2212		1					
2213		1			FARMING	SUNDAY 0900	
2214		2			FARMING	ANY	
2215		2					
2216		1					

APPENDIX 2C: CLOSED BUSINESS RECORD

Ngonyama Post Electrification – Business Lost Questionnaire	
Addendum to be used in Conjunction with Pre Electrification questionnaire.	
Stand number _____	
1. Trace of Old business Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Name of Respondent _____	
3. Description of business _____ _____	
Does it validate with previous questionnaire? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Date business ceased _____	
5. Date when electricity connected _____	
6. Reason for closure of business (e.g. personal, family, competition, impact of electricity) _____ _____ _____	
Interviewer _____	Date _____

APPENDIX 2D: QUANTITATIVE INTERVIEW QUESTIONNAIRE

The following 5 pages contain an example of the questionnaire

Enterprise Activity and livelihood impact snapshot questionnaire			
Name of Respondent/s: _____		Check:	
Location of ME: _____ (Location Reference)		Location – Match	
Type of Enterprise:		Type of Goods/Service	
Description:		Sweep record/row	
		Edit	
Trader/Retailer		Service provision	R W S M F O
Wholesaler		Manufacturer	Type – from list
Farmer		Other	Type – from list
Date business started: _____		MM/DD/YY	
Date of energy connection if different from business start date: _____		MM/DD/YY	
Are you the original owner:		Yes	No
		Y N	
What prompted you to decide to start your business and how did you start it:			
		Edit	
Ownership and control of assets			
Who owns the business (name/s, family etc.)			
Male		Community member	M F Operated
Female		Non Community member	C N
Skill factor of Employees:		Education Standard	
		Standard	No. Employed
Owner			Average education Factor
1			
2			
3			
4			
Training attended or previous experience gained:			
		Edit	
		(Description)	
Assets used:			
Premises:		Type	Number
		Description: Structure/Size m ²	
		Shop	S W O Ex
		Workshop	
		Office/Room	
		External	_____ m ²
Equipment: (i.e. ovens, hair dryers, fridges, tools, sewing machines, etc.)			
Type/Description	Size or Equip rating	Number	Type
			Number
			5 most important
Stores/Stock description			
		Description	
		R _____	

Energy usage:						
Types of Energy used and purpose:		Tick	Purpose			
Electricity Grid			Description			
NonGrid						
Paraffin						
Wood						
LPG						
Batteries						
Human Energy						
Other:						
Energy Quantity and cost						
Quantity & Cost	Quantity	Cost R's	Enter			
Type of Energy	per/month	per/month	Q R			
Electricity Grid			Description			
NonGrid			For each			
Paraffin						
Wood						
LPG						
Batteries						
Human Energy						
Other:						
TOTAL						
Connection/Upfront cost of used energies:						
			R _____			
Security of all energy supply (any periods without):						
			Description			
Any constraints to energy access						
			Description			
Energy: How important is your business? Tick						
Importance	1	2	3	4	5	1 – 5
5 = high importance						
What are the positive impacts of energy on your business:						Description
What are the negative impacts of energy are on your business:						Description
How has electricity changed your business?:						Description

Employee data:						
	Men	Women	Men	Women		
Owner gender			M, F, O			
Number of family members			#	#		
Number of non family members			#	#		
Who are the people & what are their duties?						
Income of Employees:						
[All Rand per month]	Owner drawings			Owner income		
	Non owner family benefits			Family benefits		
	Non family wages			Employee cost		
Man hours Worked:						
	Owner hours / m			Owner hrs/mnth		
	Other family hours /m			Family hrs/mnth		
	Employee hours / m			Employee hrs/mnth		
Is operation seasonal? Yes No						
Y/N						
If Yes: Please enter % for level of activity						
	Jan	May	Sept			
	Feb	June	Oct			
	March	July	Nov			
	April	Aug	Dec			
Yearly activity average _____ %						
Market and Customers						
Estimated number of customers per day:						
Description of customers:			#			
			Description			
Internal to community: Estimated % _____			%			
External to community: Estimated % _____			%			
Reasons:						
			Description			
			R _____			
Average value of transactions: R _____						
How will or has your market changed with better energy services: (explore reasons)						
			Description			
Has the quality of your product/service improved? If so, how and why?						
			Description			
Is the market for your product/service						
Growing		About the same		Declining		G S D
How do you promote your business:						
			Description			

Who is your competition?:

	Description

How strong is your competition and why?:

Reasons:

No competition		S A N
Not strong		
Very Strong		

Income Types:

	% of turnover	Do you give credit	Yes	No	Credit Y N
Cash					
Cheque					____ % turnover
In kind					

Does business have bank account?:

Yes		No		Bank Acc Y N
-----	--	----	--	--------------

Do you have a bad debt problem?:

Yes		No		Bad debt ____ %
-----	--	----	--	-----------------

If yes: Percentage of income: % _____

Costs:

	Per month	R _____
Energy		
Labour		
Stock		
Transport		
Raw materials		
Other		

Income:

Turnover	Per month	R _____

Comments: _____

Profit/Surplus	ME Surplus per year	R	Per month	ME R _____
Other income	Pension	R	Per month	Other R _____
Sources	Child grant	R	Per month	
	Foster grant	R	Per month	
	Family member wages	R	Per month	
	Other	R	Per month	

Environment impact
What waste or emissions, etc.:

	Description

Prospects for enterprise

Does the business have growth potential?

Yes		No		Y N - Judge - Can it?
-----	--	----	--	-----------------------

How vulnerable is the business?

H		M		L	
---	--	---	--	---	--

Growth related comments:

	Description

Will you be available to take part in a group discussion or more detailed discussion on your business?			
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Y N
If no, reasons:			Description
<hr/> <hr/>			
If yes, when would it be convenient:			Description
Telephone number:			
<hr/>			
Extra question #1 What positive benefits has electricity brought to the community?			
<hr/> <hr/>			
Extra Question # 2			
<hr/> <hr/> <hr/> <hr/>			
Thank you for your kind assistance.			
Date of interview:		Time:	
Place:			
Interviewer:		Assistant:	
Signature:		Signature:	
<hr/>			
Qualitative Research issues:			
<hr/> <hr/>			
Note additional observations and key issues identified that require further exploration during qualitative work			
<hr/>			