

## LOCAL COMMUNITY QUESTIONNAIRE

**INTERCONNECTION:** INTERCONNECTION MAPUTO – VILANCULOS

**Note for the researchers:**

- \_\_\_\_\_ Fill out section A (socioeconomic data), section B (lifting of the easement range), section C (general comments) with community leaders and some of their councillors;

### INFORMATION ABOUT THE QUESTIONNAIRE

| Information about the Questionnaire   |   |
|---|---|
| Community / Neighbourhood Name  |   |
| Questionnaire Number (day / month / initials / interview of the day) : ____/____/____/____/____/____/____/____/____/____/____   |   |
| Name of the Interviewer::   |   |
| District: <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><br>Administrative Post: <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br>Locality/Village: _____<br>Area: Rural <input type="checkbox"/> Urban <input type="checkbox"/> | Is the village connected to the electricity grid?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Location of the interview GPS WP #:   |   |

| Information on the Community Leader and Interviewed  |                                   |
|--|-----------------------------------|
| Name of the Leader:  |                                   |
| Respondent's cell phone number #:  | No Phone <input type="checkbox"/> |
| Is the interviewed the leader of the community? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                   |
| If not, what is the respondent name: _____   |                                   |
| And what is his position: _____  |                                   |

## SECTION A: SOCIO-ECONOMIC DATA

### I. POPULATION

|  |
|--|
| Total population of the community: _____ inhabitants (source: Instituto Nacional de Estatística or Census) |
| Number of houses   |

### II. ETHNIC GROUP / LANGUAGES

| Ethnic Group                                       | Describe |
|--|----------|
| What is the main ethnic group of the population    |          |
| What is the main language spoken by the population |          |

### III. WHAT ARE THE MAIN OCCUPATIONS PRACTICED BY THE POPULATION (mark the two main occupations)

| Occupation             | Mark |
|------------------------|------|
| Farmer                 |      |
| Shepherd               |      |
| Own account            |      |
| Private Sector         |      |
| Public Sector          |      |
| Other (specify): _____ |      |

**Note:** If there is no member in a specific category, please enter 0.

### IV. What are the main religions practiced by the population (Mark the two main religions)

| Religion               | Mark |
|------------------------|------|
| Catholic               |      |
| Muslim                 |      |
| Animist                |      |
| Other (specify): _____ |      |



## V. SOCIAL AND ECONOMIC INFRASTRUCTURES PRESENT IN THE COMMUNITY

Does the community have any of the following facilities/ social or economic facilities?

| Infrastructure/<br>Facilities   | Presence  | Number  | If not indicate where<br>members of the<br>community use these<br>services |
|---|---|---|--|
| 1. School   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Primary: #_____<br>Secondary: #_____<br>Technique: #_____ | Primary: _____<br>Secondary: _____<br>Technique: _____                     |
| 2. Health Unit  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | CS/PS:#_____<br>Hospital:#_____                           | CS/PS: _____<br>Hospital: _____  |
| 3. Market/<br>Marketing Centre  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Market:#_____<br>Names: _____                             | Market Name_____<br>Local: _____   |
| 5. Administrative<br>Buildings<br>(Administration,<br>Meeting room, etc.)                       | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Number:#_____   | Service Name_____<br>Local: _____  |
| 6. Church, mosque, etc.   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Mosque: #_____<br>Church: #_____<br>Other: #_____         | Mosque: #_____<br>Church: #_____<br>Other: #_____                          |
| 7. Sacred and cultural<br>site (local or historic<br>building, community<br>burial sites, etc.) | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Number:#_____   | Sacred Site_____<br>Local_____   |
| 8. Machinery/<br>Production Centre<br>(sawmill, mill,<br>workshop, pottery,<br>honey, etc.)     | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Number:#_____   | Production<br>Centre_____<br>Local_____                                    |
| 9. Water Supply (holes,<br>font)  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Number:#_____   | borehole_____<br>Local_____  |
| 11. Police Station  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Number:#_____   | Local_____   |

1. Is there any associations in the community? Yes  No

If Yes, you can list them:

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ELECTRICIDADE  
DE MOÇAMBIQUE, E.P.

## SECTION B:

### Note to the facilitator:

This section should be completed by the interviewer in the field with the help of community authorities (village leaders and representatives). The presence of woman should be requested to provide relevant information about the presence of sacred sites, heritage sites,, ceremonial or specific sites within the RoW.

### I. MAIN BUILDINGS

There are government buildings, schools, church/ mosque or heritage, **totally or partially located within the RoW**, which have to be relocated?

Yes  No  (If No, go to question II)

| # | Function  | Specify<br>(Example:<br>primary school,<br>health unit,<br>hospital,<br>fence..., etc.) | Coverage   | Walls   | Floor  | Dimension                         | GPS WP #         |
|---|---|---|--|---|--|-----------------------------------|------------------|
| 1 | 1. School <input type="checkbox"/><br>2. Temple of Worship <input type="checkbox"/><br>3. Health unit <input type="checkbox"/><br>4. Hole <input type="checkbox"/><br>5. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | _____<br>—  | 1. Grass <input type="checkbox"/><br>2. Zinc Sheets <input type="checkbox"/><br>3. concrete <input type="checkbox"/><br>4. Tiles <input type="checkbox"/><br>5. Concrete/ cement <input type="checkbox"/><br>6. Blocks <input type="checkbox"/><br>7. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | 1. Sticks and stone <input type="checkbox"/><br>2. Reed or stakes <input type="checkbox"/><br>3. Adobe Blocks <input type="checkbox"/><br>4. Burned blocks with plaster <input type="checkbox"/><br>5. Not towed blocks <input type="checkbox"/><br>6. Towed cement block <input type="checkbox"/><br>7. Not towed cement blocks <input type="checkbox"/><br>8. Mansory with plaster <input type="checkbox"/><br>9. Other <input type="checkbox"/><br><i>If other, specify:</i> _____ | 1. Clay <input type="checkbox"/><br>2. Mud <input type="checkbox"/><br>3. Cement <input type="checkbox"/><br>4. Mosaic <input type="checkbox"/><br>5. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | Width____<br>m<br>Length____<br>m | _____S<br>_____E |



| # | Function   | Specify<br>(Example:<br>primary school,<br>health unit,<br>hospital,<br>fence..., etc.) | Coverage  | Walls  | Floor   | Dimension                         | GPS WP #         |
|---|--|---|---|--|---|-----------------------------------|------------------|
| 2 | 6. School <input type="checkbox"/><br>7. Temple of Worship <input type="checkbox"/><br>8. Health unit <input type="checkbox"/><br>9. Hole <input type="checkbox"/><br>10. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____     | _____<br>—  | 8. Grass <input type="checkbox"/><br>9. Zinc Sheets <input type="checkbox"/><br>10. Concrete <input type="checkbox"/><br>11. Tiles <input type="checkbox"/><br>12. Concrete/ cement <input type="checkbox"/><br>13. Blocks <input type="checkbox"/><br>14. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____   | 10. Sticks and stone <input type="checkbox"/><br>11. Reed or stakes <input type="checkbox"/><br>12. Adobe Blocks <input type="checkbox"/><br>13. Burned blocks with plaster <input type="checkbox"/><br>14. Not towed blocks <input type="checkbox"/><br>15. Towed cement block <input type="checkbox"/><br>16. Not towed cement blocks <input type="checkbox"/><br>17. Mansory with plaster <input type="checkbox"/><br>18. Other <input type="checkbox"/><br><i>If other, specify:</i> _____ | 6. Clay <input type="checkbox"/><br>7. Mud <input type="checkbox"/><br>8. Cement <input type="checkbox"/><br>9. Mosaic <input type="checkbox"/><br>10. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____     | Width____<br>m<br>Length____<br>m | _____S<br>_____E |
| 3 | 11. School <input type="checkbox"/><br>12. Temple of Worship <input type="checkbox"/><br>13. Health unit <input type="checkbox"/><br>14. Hole <input type="checkbox"/><br>15. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | _____<br>—  | 15. Grass <input type="checkbox"/><br>16. Zinc Sheets <input type="checkbox"/><br>17. Concrete <input type="checkbox"/><br>18. Tiles <input type="checkbox"/><br>19. Concrete/ cement <input type="checkbox"/><br>20. Blocks <input type="checkbox"/><br>21. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | 19. Sticks and stone <input type="checkbox"/><br>20. Reed or stakes <input type="checkbox"/><br>21. Adobe Blocks <input type="checkbox"/><br>22. Burned blocks with plaster <input type="checkbox"/><br>23. Not towed blocks <input type="checkbox"/><br>24. Towed cement block <input type="checkbox"/><br>25. Not towed cement blocks <input type="checkbox"/><br>26. Mansory with plaster <input type="checkbox"/><br>27. Other <input type="checkbox"/>                                    | 11. Clay <input type="checkbox"/><br>12. Mud <input type="checkbox"/><br>13. Cement <input type="checkbox"/><br>14. Mosaic <input type="checkbox"/><br>15. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | Width____<br>m<br>Length____<br>m | _____S<br>_____E |



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| # | Function   | Specify<br>(Example:<br>primary school,<br>health unit,<br>hospital,<br>fence..., etc.) | Coverage  | Walls  | Floor   | Dimension                         | GPS WP #         |
|---|--|---|---|--|---|-----------------------------------|------------------|
|   |  |   |   | <i>If other, specify:</i> _____  |   |                                   |                  |
| 4 | 16. School <input type="checkbox"/><br>17. Temple of Worship <input type="checkbox"/><br>18. Health unit <input type="checkbox"/><br>19. Hole <input type="checkbox"/><br>20. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | _____<br>—  | 22. Grass <input type="checkbox"/><br>23. Zinc Sheets <input type="checkbox"/><br>24. Concrete <input type="checkbox"/><br>25. Tiles <input type="checkbox"/><br>26. Concrete/ cement <input type="checkbox"/><br>27. Blocks <input type="checkbox"/><br>28. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | 28. Sticks and stone <input type="checkbox"/><br>29. Reed or stakes <input type="checkbox"/><br>30. Adobe Blocks <input type="checkbox"/><br>31. Burned blocks with plaster <input type="checkbox"/><br>32. Not towed blocks <input type="checkbox"/><br>33. Towed cement block <input type="checkbox"/><br>34. Not towed cement blocks <input type="checkbox"/><br>35. Mansory with plaster <input type="checkbox"/><br>36. Other <input type="checkbox"/><br><i>If other, specify:</i> _____ | 16. Clay <input type="checkbox"/><br>17. Mud <input type="checkbox"/><br>18. Cement <input type="checkbox"/><br>19. Mosaic <input type="checkbox"/><br>20. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | Width____<br>m<br>Length____<br>m | _____S<br>_____E |

## II. COMMUNITARY RESOURCES, SACRED PLACES AND HERITAGE

Are there any community resources (natural areas( where families collect products), pastures, community forest, plantations, etc.), sacred, ceremonial or heritage sites, **totally or partially located within the RoW**, which must be reallocated or compensated?

Yes  No  (If not, go to question III)

| # | Element:<br><i>Area of collection of natural products (forest, swamp, etc.), plantation, pasture, sacred site, cemetery, etc.</i>  | Element name<br><i>(when applicable)</i> | GPS<br>Coordinates |
|---|--|--|--------------------|
| 1 | 1. Forest plantation <input type="checkbox"/><br>2. Grassland <input type="checkbox"/><br>3. Sacred site <input type="checkbox"/><br>4. Cemetery <input type="checkbox"/><br>5. Other <input type="checkbox"/><br><i>If other, specify:</i><br>_____ | _____                                    | _____S<br>_____E   |
| 2 | 1. Forest plantation <input type="checkbox"/><br>2. Grassland <input type="checkbox"/><br>3. Sacred site <input type="checkbox"/><br>4. Cemetery <input type="checkbox"/><br>5. Other <input type="checkbox"/><br>6. If other, specify:<br>_____     | _____                                    | _____S<br>_____E   |
| 3 | 1. Forest plantation <input type="checkbox"/><br>2. Grassland <input type="checkbox"/><br>3. Sacred site <input type="checkbox"/><br>4. Cemetery <input type="checkbox"/><br>5. Other <input type="checkbox"/><br>6. If other, specify:<br>_____     | _____                                    | _____S<br>_____E   |
| 4 | 1. Forest plantation <input type="checkbox"/><br>2. Grassland <input type="checkbox"/><br>3. Sacred site <input type="checkbox"/><br>4. Cemetery <input type="checkbox"/><br>5. Other <input type="checkbox"/><br>6. If other, specify:<br>_____     | _____                                    | _____S<br>_____E   |

## SECTION C: GENERAL COMMENTS

After explaining the project and the visit of the RoW with the traditional authorities, what are their perception of the project? Did they mentioned any recommendations or concerns?

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***End of the community Interview!***

***The local authorities that answered the questions **MUST SIGN** the community attendance list.***



# QUESTIONNAIRE TO THE FAMILY AGGREGATE (HOUSEHOLD)

## A-FAMILY AGGREGATE IDENTIFICATION

Name of the Head of the F.A. \_\_\_\_\_

Inquirer Name \_\_\_\_\_ (Questionnaire N°)

House Identification:

Province Maputo/Gaza/Inhambane

District

Neighbourhood / Community

City block \_\_\_\_\_

House coordinates LAT.

LONG.

Date / /   
d d m m y y

Presentation

Good morning (afternoon, evening), my name is \_\_\_\_\_ and I work for Consultec, Lda, which was hired by EDM to carry out a field survey with the objective of getting to know the economic activities of the population. The information collected in this questionnaire will be confidential. We would like to know if it would be possible to take some time from the head of the family to answer the questions.

Start Time :   
h h m m

House Location

House Number

Observation:

## C - RECREATION

C.1 - Onde passam os membros do agregado os tempos livres?

01 At Home  \_\_\_\_\_

02 At Friends House  \_\_\_\_\_  
Se 01 passe para D1

03 In Sacred Places

04 In the Church

05 Playing Football

06 Cinema

06 In the neighbourhood bars / tents

07 Other place,

C.2 - Any member of the Familiar Aggregate Participates in one of this activities

01 - Yes

02 - No

Meetings in the Community

Microcredit Program/Xitique

Education Comitee

School Comitee

Health Comitee

D - MANAGEMENT OF CONFLICTS AND SOURCES OF INFORMATION

D.1 - To whom do you usually go to solve conflicts that you have with other people in the community?

01 Neighbourhood Leader

02 Community Police

03 Religious Leader

04 Family/Friends

05 Police (PRM Police Station)

06 Nobody

07 Other (specify)

D.2 - What are the most reliable forms of communication to receive and give information?

01 Radio

Receive Information

02 Television

03 Journal

04 Religious Leader

05 Friends/Family

06 Other (specify)

Give Information

E - HOUSEHOLD CHARACTERISTICS

E.1 - What is the most spoken language at home?

01 Portuguese

02 Other (specify)

E.2 - What religion is practiced by the majority of the family?

01 Catholic

02 Zione / Siam

03 Evangelical

04 Animist

05 Muslim

06 Other (specify)

E.3 - How many wives does the head of the Household have?  
(For those who have more than one wife)

If fewer than 02 wives move to F1

E.4 - Do all wives live in the same yard?

(For those who have more than one wife)

If they do not live in the same yard, indicate the name of the village where the other spouse (s) live.

01 Yes    Wife's Name \_\_\_\_\_

02 No \_\_\_\_\_ Place where she lives \_\_\_\_\_

Wife's Name \_\_\_\_\_

\_\_\_\_\_ Place where she lives \_\_\_\_\_

Wife's Name \_\_\_\_\_

\_\_\_\_\_ Place where she lives \_\_\_\_\_

**F - GOODS, INCOME AND AGGREGATE STANDARD CONSUMPTION**

F.1 - What belongings does the family own Amount

01 Yes Radio

02 No TV

Telephone/Celular

Glacier

Cooker

Bed

Bicycle

Motorcycle

Cart

Car

Truck

Computer

Other

F.2 - Main Income Activities

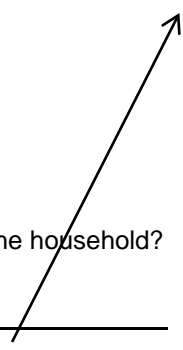
\_\_\_\_\_

- 01 Sale of products produced on the farm
- 02 Sale of livestock species (cow, goat, pig, chicken, duck)
- 03 Sale of fish
- 04 Sale of firewood/charcoal/stakes/Grass
- 05 sale of Traditional drinks
- 06 Businessman (specify)
- 07 Informal trade
- 08 Formal Trade
- 09 House Rental
- 10 Employee on behalf of others
- 11 Public services
- 12 Other (specify)

F.3 - What is the monthly average of the total income of the household?

01 Less than 1,000.00 Mt    \_\_\_\_\_

02 Between 1,000.00 and 5,000.00 Mt \_\_\_\_\_



- 03 Between 5001,00 and 10,000.00 Mt
- 04 Between 10,001.00 and 20,000.00 Mt
- 05 More than 20,000.00 Mt (specify)

F.4 - Does any member of the household practice hunting?

- 01 Yes
  - 02 No
- 01 If yes indicate where hunts

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F.5 - Does any member of the household practice fishing?

- 01 Yes
  - 02 No
- 01 If yes, indicate where do they fish

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**G - HABITATION**

G.1 - The house where you live is:

- 01 Own
- 02 Rented
- 03 Loaned
- 04 Other (specify)

G.2 - How many buildings there are in this plot?

Discriminate

|                                  | Code   | Amount      | Conventional<br>(01)<br>Precarious<br>(02)                                 | Which<br>infrastructure will<br>be impacted | Infr<br>aes<br>truc<br>ture  |
|----------------------------------|--|-------------|--|---|--|
| 01 Main house                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> <hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 02 Secondary House               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> <hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 03 Outside cottage               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> <hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 04 Sleeping room                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> <hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 05 External Kitchen              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> <hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 06 External bathroom for bathing | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> <hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 07 external Latrine              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> <hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 08 Livestock fencing             |  |             |  |   |  |
| 09 Barn                          |  |             |  |   |  |
| 10 Poultry                       |  |             |  |   |  |
| 11 Tent                          |  |             |  |   |  |

G.3 - How was the house where the family live acquired?

- 01 Bought (from whom)
- 02 Rented (to whom)
- 03 Inherited (from whom)
- 04 Donated (specify by whom)

- 05 Built on is own
- 06 Other (specify)

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G.4 - In what year was the main house acquired/built

□ □ □ □ □

G.5 - Does the family have title of land use of the property (DUAT)?

□ □ □

- 01 Yes
- 02 No
- 03 I do not know

If the property is rented indicate the name of the owner.

\_\_\_\_\_

Contact: \_\_\_\_\_

G.6 - What was the year that the house was built?

\_\_\_\_\_

G.7 - In what year did you started to live in this house?

\_\_\_\_\_

\_\_\_\_\_

G.8 - What is the type of material on the wall of the main unit?

□ □ □

\_\_\_\_\_

- 01 Reed or stringray
- 02 Stingray or clay
- 03 Burnt Brick with plaster
- 04 Brick without plaster
- 05 cement blocks with plaster
- 06 Cement blocks without plaster

- 07 Mansory house with plaster
- 08 Mansory House without plaster
- 09 Other (specify)

G.9 - What is the type of roofing material of the main unit?

□ □ □

\_\_\_\_\_

- 01 Grass
- 02 Zinc Sheets
- 03 concrete Slab
- 04 Ceramic Tiles
- 05 Other (specify)

G.10 - What is the type of material on the floor of the main unit?

□ □ □

\_\_\_\_\_

- 01 Clay
- 02 Adobe
- 03 Cement
- 04 Tiles
- 05 Other (specify)

G.14 - what kind of fence does the house have?

□ □ □

\_\_\_\_\_

- 01 There is no fence
- 02 Fence with plants/ Shrubs
- 03 Wood fence / stakes
- 04 Mansory wall
- 05 Shark net
- 06 Other (specify)

**H - PUBLIC SERVICES PROVIDED BY THE HOUSEHOLD**

H.1 - What is the main source of water?

- 01 Piped water in the yard
- 02 River/Lake
- 03 Public Fontenary
- 04 Borehole in the yard
- 03 Other

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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H.2 - What treatment do you give to drinking water?

- 01 Boil
- 02 Do nothing
- 03 Other (specify)

|  |  |  |  |
|--|--|--|--|
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|--|--|--|--|

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H.3 - What is the main source of energy to light the house

- 01 Electricity (EDM)
- 02 Paraffin/Kerosene
- 03 Candle
- 04 Generator
- 05 Firewood
- 06 Flashlight
- 07 Other (specify)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

H.4 - How much do you spend per month on fuel/ energy to light the house?

- 01 Nothing
- 02 Less than 50,00 Mt
- 03 50,00 to 100,00 Mt
- 04 100,00 to 200,00 Mt
- 05 200,00 to 300,00 Mt
- 06 More than 300,00 Mt

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

H.5 - What is the main source of energy for cooking

- 01 Electricity (EDM)
- 02 Charcoal
- 03 Gas
- 04 Firewood
- 05 Other (specify)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

H.4 - How much do the family spend per month on fuel/ energy for cooking?

- 01 Nothing
- 02 Less than 50.00 Mt
- 03 50.000 to 100.00 Mt
- 04 100.00 to 200.00 Mt
- 05 200.00 to 300.00 Mt
- 06 More than 300.00 Mt

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

H.5 - What do the family do with the trash?

- 01 Bury in the yard
- 02 Burn in the yard
- 03 Throw in the trash bin
- 04 Garbage collection
- 05 Other (specify)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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H.6 - How are the toilet facilities?

- 01 Individual Latrine
- 02 Improved Latrine
- 03 Collective Latrine
- 04 There is no toilet
- 05 Other (specify)

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|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

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**I - SOCIAL SERVICES - Health**

I.1 - Where do the family members get treated in case of illness?  
*If (02) indicate where the health center you use is located.*

- 01 Traditional Medicine
- 02 Modern Medicine
- 03 Other

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

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I.2 - Do any member of the household have any chronic illness?  
If Yes (01) indicate the illness

- 01 Yes
- 02 No

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I.3 What were the main diseases of the household in the past 12 months?

- 01- Malaria
- 02- Tuberculosis
- 03- Asthma
- 04- Cough
- 05- DTS Infections
- 06- HIV-AIDS
- 07- Diarrheas
- 08- Cholera
- 09- Other (describe)

|  |  |  |  |  |  |
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**L - Agriculture**

L.1 - Does the Household practice agriculture?

- 01 Yes
- 02 No

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 If not, jump to L.3

L.2 - If yes, what culture produces and sells

- Code
- 01 Produced for own consumption
  - 02 Produced and sold
  - 03 Did not produced

Maize: Corn cob \_\_\_ / threshed \_\_\_

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|                 |                      |                      |
|-----------------|----------------------|----------------------|
| Cucumber        | <input type="text"/> | <input type="text"/> |
| Tomato          | <input type="text"/> | <input type="text"/> |
| Papaya tree     | <input type="text"/> | <input type="text"/> |
| Mango tree      | <input type="text"/> | <input type="text"/> |
| Banana tree     | <input type="text"/> | <input type="text"/> |
| Sugar cane      | <input type="text"/> | <input type="text"/> |
| Other (specify) | <input type="text"/> | <input type="text"/> |
| _____           | <input type="text"/> | <input type="text"/> |
| _____           | <input type="text"/> | <input type="text"/> |

L.3 - Does the family raise or livestock?

01 Yes

02 No *If not (02) jump to L.5*

L.3 - What livestock

*Code*

01 Raise for own consumption

02 Raised and sold *Amount*

03 Do not raise

|                 |                      |                      |
|-----------------|----------------------|----------------------|
| Chicken         | <input type="text"/> | <input type="text"/> |
| Ducks           | <input type="text"/> | <input type="text"/> |
| Goats           | <input type="text"/> | <input type="text"/> |
| Pigs            | <input type="text"/> | <input type="text"/> |
| Sheep           | <input type="text"/> | <input type="text"/> |
| Other (specify) | <input type="text"/> | <input type="text"/> |
| _____           | <input type="text"/> | <input type="text"/> |
| _____           | <input type="text"/> | <input type="text"/> |
| _____           | <input type="text"/> | <input type="text"/> |

L.4 - Does the family have any fruit tree in the yard?

01- Yes

02- No *If 02 jump to M.1*

L.5 - Quantity record

|              |                      |      |
|--------------|----------------------|------|
|              | <i>Amount</i>        |      |
| Mango tree   | <input type="text"/> | unit |
| Papaya tree  | <input type="text"/> | unit |
| Avocado tree | <input type="text"/> | unit |
| Lemon tree   | <input type="text"/> | unit |
| Orange tree  | <input type="text"/> | unit |
| Banana tree  | <input type="text"/> | unit |
| Sugar cane   | <input type="text"/> | unit |



|                      |                      |                      |      |
|----------------------|----------------------|----------------------|------|
| Malambi              | <input type="text"/> | <input type="text"/> | unit |
| Indian Jujub         | <input type="text"/> | <input type="text"/> | unit |
| Coconut tree         | <input type="text"/> | <input type="text"/> | unit |
| Other (specify)      | <input type="text"/> | <input type="text"/> | unit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | unit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | unit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | unit |

**N - ATTENDANCE EXPECTATIVE**

N.1 - If the family has to leave this place for the implantation of a transmission line of EDM, Lda, what would be your expectation of compensation?

(Maximum 3)

|   |                      |                      |             |
|---|----------------------|----------------------|-------------|
| 01 Receive the value of the property in cash                | <input type="text"/> | <input type="text"/> |             |
| 02 Receive a house in a similar place as the one that lives | <input type="text"/> | <input type="text"/> |             |
| 03 Receive a house with improved conditions                 | <input type="text"/> | <input type="text"/> | <hr/> <hr/> |
| 04 Did not inform   |                      |                      |             |
| 05 Does not know  |                      |                      |             |
| 06 Other (specify)  |                      |                      |             |

**OBSERVATIONS**

End Time       <sup>h</sup>  <sup>h</sup> :  <sup>m</sup>  <sup>m</sup>

**B-COMPOSITION OF THE FAMILY AGGREGATE**

| Nr | Name | Gender | Age | Marital status | Profession/<br>Occupation | Degree of<br>relationship<br>with the head<br>of the family<br>aggregate | Last Education<br>Level<br>Completed |
|----|------|--------|-----|----------------|---------------------------|--|--------------------------------------|
| 1  |      |        |     |                |                           |  |                                      |
| 2  |      |        |     |                |                           |  |                                      |
| 3  |      |        |     |                |                           |  |                                      |
| 4  |      |        |     |                |                           |  |                                      |
| 5  |      |        |     |                |                           |  |                                      |
| 6  |      |        |     |                |                           |  |                                      |
| 7  |      |        |     |                |                           |  |                                      |
| 8  |      |        |     |                |                           |  |                                      |
| 9  |      |        |     |                |                           |  |                                      |
| 10 |      |        |     |                |                           |  |                                      |
| 11 |      |        |     |                |                           |  |                                      |
| 12 |      |        |     |                |                           |  |                                      |
| 13 |      |        |     |                |                           |  |                                      |
| 14 |      |        |     |                |                           |  |                                      |
| 15 |      |        |     |                |                           |  |                                      |
| 16 |      |        |     |                |                           |  |                                      |
| 17 |      |        |     |                |                           |  |                                      |
| 18 |      |        |     |                |                           |  |                                      |
| 19 |      |        |     |                |                           |  |                                      |
| 20 |      |        |     |                |                           |  |                                      |

**Note: member number 1 is the head of the family aggregate**

**Filling instructions:**

**Gender:** 01 Male 02 Women

**Age:** In years (from the date of birth indication)

**Marital status:** 01 Married 02 Single 03 Widowed 04 Divorced 05 Separated 06 Conjugue 07 Other

**Profession / Occupation:** 01 Farmer/Forestry/Fishing 02 Industry 03 Construction 04 Transport 05 Trade  
06 Services 07 Public Sector 08 Own Account 09 Unemployed 10 Other (specify)

**Degree of relationship with the head of the family aggregate:** 01 husband/wife 02 Father 03 Mother 04 Son/Daughter

05 Grandchild 06 Grandmother/father 07 Other (specify)

**Last Education Level Completed:** Number (the highest grade completed (01 Primary 02 Secondary 03 Technique 04 University 05 None 06 Minor 07 Other )

**QUESTIONNAIRE FOR THE BUSINESSMAN**  
**A-BUSINESSMAN IDENTIFICATION**

Businessman Name \_\_\_\_\_

Interviewers Name \_\_\_\_\_

(Questionnaire N°)

Company Identification:

Company Name \_\_\_\_\_

Province

Maputo/Gaza/Inhambane

District \_\_\_\_\_

Neighbourhood / Community \_\_\_\_\_

City block \_\_\_\_\_

Business coordinates

LAT.

LONG.

Businessman Address

Province \_\_\_\_\_

District \_\_\_\_\_

Locality \_\_\_\_\_

Neighbourhood / community \_\_\_\_\_

Date

  
d d  
m m  
y y

Presentation

Good morning (afternoon, evening), my name is \_\_\_\_\_ and I work for Consultec, Lda, which was hired by EDM to carry out a field survey with the objective of getting to know the economic activities of the population. The information collected in this questionnaire will be confidential. We would like to know if it would be possible to take some time from the head of the family to answer the questions.

Start Time

  
h h  
m m

Observation:

## B - Business Activity

B.1 - What is the activity that you practice in here?

- 01 Trade
- 02 Service Company (specify)
- 03 Mechanical Office
- 04 Locksmiths/Carpentry
- 05 Grinding
- 06 Other (specify)

If 02 or 06 specify

\_\_\_\_\_

B.2 - How did you acquire this infrastructure?

- 01 Bought
- 02 Inherited
- 03 Rental
- 04 Loaned
- 05 Built
- 06 Other (specify)

\_\_\_\_\_

If 03 or 04 Indicate the name of the owner

\_\_\_\_\_

Contact \_\_\_\_\_

B.3 - The owner has a Title to Use the Land (DUAT)?

- 01 Yes
- 02 No

B.4 - When (year) did you start using this infrastructure?

B.5 - What is the monthly turnover of your company?

- 01 Less than 1,000.00 Mt
- 02 Between 1,000.00 and 5,000.00 Mt
- 03 Between 5001,00 and 10,000.00 Mt
- 04 Between 10,001.00 and 20,000.00 Mt
- 05 More than 20,000.00 Mt (specify)

\_\_\_\_\_

\_\_\_\_\_

B.6- What is the type of material used on the walls of the main unit?

- 01 Reed or Stingray
- 02 Stingray and clay
- 03 Burnt Brick with plaster
- 04 Brick without plaster
- 05 Cement Blocks with plaster
- 06 Cement blocks without plaster

\_\_\_\_\_

\_\_\_\_\_

07 Mansonry house with plaster

08 Mansonry house without plaster

09 Other (specify)

B.7 - What is the type of roofing materials of the main unit?

- 01 Grass
- 02 Zinc sheets
- 03 Slab
- 04 Tiles
- 05 Other (specify)

\_\_\_\_\_

\_\_\_\_\_

B.8 - What is the type of material on the floor of the main unit?

- 01 Clay
- 02 Adobe
- 03 Cement
- 04 Tiles
- 05 Other (specify)

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B.9 - Is the infrastructure connected to the electricity grid?

- 01 Yes
- 02 No

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

B.10 - Is the infrastructure connected to the water supply network?

- 01 Yes
- 02 No

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

B.11 - What is the size of the infrastructure

|                          |                          |   |                          |                          |        |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | x | <input type="checkbox"/> | <input type="checkbox"/> | Meters |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------|

**OBSERVATIONS**

End Time      

|                                       |                                       |   |                                       |                                       |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| <sup>h</sup> <input type="checkbox"/> | <sup>h</sup> <input type="checkbox"/> | : | <sup>m</sup> <input type="checkbox"/> | <sup>m</sup> <input type="checkbox"/> |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|

**QUESTIONNAIRE TO THE FARMERS**  
**A-FARMERS IDENTIFICATION**

Farmer Name.

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Interviewers Name

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 (Questionnaire N°) 

Farm identification:

Province

Maputo/Gaza/Inhambane

District

Neighbourhood / Community

City block

---

Farmland coordinates

LAT.               

LONG.              

Farmer's Address

Province

---

District

---

Locality

---

Neighbourhood / community

---

Date

/ /   
d d      m m      y y

Presentation

Good morning (afternoon, evening), my name is \_\_\_\_\_ and I work for Consultec, Lda, which was hired by EDM to carry out a field survey with the objective of getting to know the economic activities of the population. The information collected in this questionnaire will be confidential. We would like to know if it would be possible to take some time from the head of the family to answer the questions.

Start Time

:   
h h      m m

Observation:

**B - Farm**

B.1 - How did you get this farm?

- 01 Bought
- 02 Inherited
- 03 Rental
- 04 Loaned
- 05 Given by the leader
- 06 Other (specify)

\_\_\_\_\_

If 03 or 04 Indicate the name of the owner

\_\_\_\_\_   
 Contact \_\_\_\_\_

B.2 - Does the owner have the Land Use Right title (DUAT)?

- 01 Yes
- 02 No

B.3 - When (year) did you start using this farm?

B.4 - What crops do you produce and sell?

- Code
- 01 Produced to own consumption
  - 02 Produced and sold
  - 03 Did not produce

|                 |   |
|-----------------|---|
| Maize:          | <input type="checkbox"/> <input type="checkbox"/> |
| Sorghum         | <input type="checkbox"/> <input type="checkbox"/> |
| Millet          | <input type="checkbox"/> <input type="checkbox"/> |
| Bean            | <input type="checkbox"/> <input type="checkbox"/> |
| Sweet potato    | <input type="checkbox"/> <input type="checkbox"/> |
| Peanut          | <input type="checkbox"/> <input type="checkbox"/> |
| Pumpkin         | <input type="checkbox"/> <input type="checkbox"/> |
| Cabbage (Cauli) | <input type="checkbox"/> <input type="checkbox"/> |
| Cucumber        | <input type="checkbox"/> <input type="checkbox"/> |
| Tomato          | <input type="checkbox"/> <input type="checkbox"/> |
| Cassava/Manioc  | <input type="checkbox"/> <input type="checkbox"/> |
| Potato          | <input type="checkbox"/> <input type="checkbox"/> |
| Lettuce         | <input type="checkbox"/> <input type="checkbox"/> |
| Sugar Cane      | <input type="checkbox"/> <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> <input type="checkbox"/> |
| _____           | <input type="checkbox"/> <input type="checkbox"/> |
| _____           | <input type="checkbox"/> <input type="checkbox"/> |

B.5 - Is there any fruit tree in this farm?

If 02 jump to B.7

01- Yes

02- No

B.6 - Indicate the fruit tree that are in the farm

Amount

Mangoe tree  unit

Papaya  unit

Avocado tree  unit

Lemon tree  unit

Orange tree  unit

Banana tree  unit

Cashew tree  unit

Malambi  unit

Tangerine tree  unit

Coconut tree  unit

Other (specify)  unit

unit

unit

unit

B.7 - What was the total income received from the sale of crops from the last campaign?

01 Less than 1,000.00 Mt

02 Between 1,000.00 and 5,000.00 Mt

03 Between 5001,00 and 10,000.00 Mt

04 Between 10,001.00 and 20,000.00 Mt

05 More than 20,000.00 Mt (specify)

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B.8 - Did the farmer use any agricultural inputs in the last campaign?

01 Yes

02 No

If Yes (01), indicate which inputs

Improved seed

Organic Fertilizer

Irrigation

Tractor

Animal Traction

Chemical Fertilizer



Describe the size of the farm presented on GPS

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
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 Hectares

**OBSERVATIONS**

End Time      

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