

SURVEY

This survey aims to collect information on the profile of business and executive women in Mozambique, characteristics of the businesses that they run and the main difficulties they currently face in the activities that they carry out . We thank you in advance for your collaboration.

I – BUSSINESS AND EXECUTIVE WOMEN'S PROFILE

I.1 Demographic indicators

a) Age:

- | | | |
|--------------------------------------|--------------------------------------|---|
| 1. 18 to 24 <input type="checkbox"/> | 3. 30 to 39 <input type="checkbox"/> | 5. 50 to 59 <input type="checkbox"/> |
| 2. 25 to 29 <input type="checkbox"/> | 4. 40 to 49 <input type="checkbox"/> | 6. 60 and more <input type="checkbox"/> |

b) Marital Status:

- | | | |
|-------------------------------------|--------------------------------------|---|
| 1. Married <input type="checkbox"/> | 3. Divorced <input type="checkbox"/> | 5. Common in law Partner <input type="checkbox"/> |
| 2. Single <input type="checkbox"/> | 4. Widow <input type="checkbox"/> | 6. Other <input type="checkbox"/> specify: _____ |

c) Children: 1. Yes specify the number _____ 2. No

d) Nationality: 1. Mozambican 2. Other specify: _____

e) Origin: _____

f) Academic Level:

- | | |
|--|--|
| 1. EP1 (Grade 1 to 5) <input type="checkbox"/> | 4. ESG2 (Grade 11 and 12) <input type="checkbox"/> |
| 2. EP2 (Grade 6 and 7) <input type="checkbox"/> | 5. Technical Training <input type="checkbox"/> |
| 3. ESG1 (Grade 8 to 10) <input type="checkbox"/> | 6. Higher Education <input type="checkbox"/> |
| | 7. Other <input type="checkbox"/> specify: _____ |

I.2 Balance between work and family life

a) Does your business activity affect negatively your family environment? 1. Yes 2. No

b) If yes, how do your business activities affect your family environment?

1. Reduction of leisure hours
2. Incompatibility with school or husband/partner holidays
3. Absences resulted from business trips
4. Reduction of the number of meals at home
5. Lack of participation in the children's education
6. Miss management of household duties
7. Other specify: _____

c) If no, how do you handle both activities?

- | | |
|---|--|
| 1. Good time management <input type="checkbox"/> | 4. Share of household chores with husband/partner <input type="checkbox"/> |
| 2. Don't have young children <input type="checkbox"/> | 5. Family support <input type="checkbox"/> |
| 3. Servants help with household chores <input type="checkbox"/> | 6. Other ways <input type="checkbox"/> specify: _____ |

I.3 Professional Aspects

a) Before you started your own company/business, what was your main professional activity?

- | | |
|--|--|
| 1. Employee in the public sector <input type="checkbox"/> | 3. Freelancer <input type="checkbox"/> |
| 2. Employee in the private sector <input type="checkbox"/> | 4. Student <input type="checkbox"/> |
| 5. Entrepreneur in other company <input type="checkbox"/> | 6. Housewife <input type="checkbox"/> |
| | 7. Other <input type="checkbox"/> specify: _____ |

b) Did your have any previous experience in this business field ? 1. Yes 2. No

c) If yes, where did you get that experience from?

- 1. Employee in other enterprise
- 2. Someone in the family had a similar business
- 3. Partner of other enterprise
- 4. Free Lancer in the sector
- 5. Other specify: _____

I.4 Motivation for business

a) What was the motivation behind the development of your company/business?

- 1. Business opportunity
- 2. Previous experience
- 3. Free time
- 4. Available Capital
- 5. Other motives specify: _____
- 6. Unemployment
- 7. Not satisfied with the Job
- 8. Lay off compensation package
- 9. Use of incentives

b) Are you the only owner of the business? 1. Yes 2. No

c) If no, who are the other partners and what is their share in the business?

- 1. Husband _____ %
- 2. Brother/Sister _____ %
- 3. Friend _____ %
- 4. Other specify: _____ %

d) Do you have another income generating activity besides your own business?

- 1. Yes specify: _____
- 2. No

e) If you could choose you career, would you choose to do what you are currently doing?

- 1. Yes 2. No Why?

II – COMPANY PROFILE

II.1 Company's general information

a) Name of the company: _____

b) Sector: 1. Formal 2. Informal

c) Company/Business Location:

- 1. Main Office _____
- 2. Branches/Representations _____

d) Physical Address: _____

e) Company Contacts: Telephone: _____ Fax: _____ Mobile: _____
E-mail: _____ Contact Person: _____

f) Starting date: _____

g) Is your company legally registered?

- 1. Yes If yes, specify the constitution date ___/___/___
- 2. No

h) Company/Business Size (based on the number of workers):

1. Micro (1/2) 2. Small (2 to 10) 3. Medium (10 to 99) 4. Large (+100)

i) Company's Business field:

1. Agriculture 3. Bank and Insurance 5. Services
2. Commerce 4. Industry 6. Other specify: _____

j) Company's Type of Activity:

1. Restaurant 4. Transport Services 7. Interior Decoration
2. Handcrafts 5. Cosmetic Industry 8. Education Services
3. Supermarket 6. Clothing/Fashion 9. Other specify: _____

k) Company/business's scope:

1. Local 3. National 5. International
2. Provincial 4. Regional

l) What is the total number of employees in your company/business by gender?

Total of Employees	Female	Male

II.2 Access to Technology

a) Which of the following technologies tools do you use in your company/business?

1. Telephone 4. Personal Computers 7. Other specify: _____
2. Cellular phone 5. Internet
3. Fax machine 6. Computers linked by a local area network

b) Does your company/business have a website? 1. Yes specify: _____ 2. No

II.3 Training Needs

a) Do you think your employees need training? 1. Yes 2. No

b) If yes, please specify in which areas?

1. Management 5. Marketing
2. Accounting/Finance 6. Communication
3. Leadership 7. Others specify: _____
4. Administration Services

II.4 Sources of company's resources and annual sales revenue

a) What are the main sources of the company/business resources?

1. Own funds 7. Government
2. Family/Friends 8. Enterprise donations
3. Micro credit 9. Multilateral Agencies
4. Individual donations 10. Donations from National Foundations
5. Sales of products and services 11. International Non Governmental Agencies
6. International Government Agencies 12. Other specify: _____

b) What is the annual sales revenue of the company/business? _____

III – BUSSINESS AND EXECUTIVE WOMEN'S MANAGEMENT PROFILE

III.1 Access to finance

a) Did you ask for financial support to start your company/business? 1. Yes 2. No

b) If yes, which financial source did you use?

1. Private Bank
2. Government Bank
3. Family/Friends
4. Other specify: _____
5. Multilateral Agencies
6. Government
7. International Non Governmental Agencies

c) If yes, what was the purpose of the financial support you obtained?

1. Social Capital
2. Purchase of raw materials and goods
3. Purchase of machines and equipment
4. Purchase of Technology
5. Other specify: _____
6. Repairs and/or installations
7. Purchase of business property
8. Purchase of vehicles
9. Working Capital

d) Do you currently work with any bank ? 1. Yes 2. No

e) If yes, please specify wich bank: _____

f) Do you usually ask the Bank for financial support for:

1. Investment projects
2. Working capital
3. Purchase of equipment
4. Other specify: _____

g) In the future, would you like to obtain financial support from the Bank? 1. Yes 2. No

h) If yes, for what purpose?

1. Investment projects
2. Working capital
3. Purchase of equipment
4. Other specify: _____

i) For equipment acquisition, would you pay:

1. Upfront
2. Leasing
3. Other specify: _____

j) If yes, how much money would you ask from the Bank (in Mtn)? _____

k) If yes, the guarantee that you would give the Bank would be...

1. Property
2. Business Cash Flow
3. Personal Aval
4. Other specify: _____

l) If yes, would you ask the Bank for 100% financial support? 1. Yes 2. No

m) If you answer no on the previous question, what would be the percentage of your contribution? _____

III.2 Management Practices

a) Did you carry out a feasibility study before starting your business? 1. Yes 2. No

b) What regular management practices do you use in your company?

1. Costumer needs and satisfaction study
2. Hiring professional and specialized services
3. Product promotion and marketing
4. Accounting control

5. Technology Update
6. Staff training
7. No management practice
8. Others specify: _____

c) Does your company usually require external professional support for the development of your business?

1. Yes 2. No

d) If yes, what kind of support do you require?

- | | |
|--|--|
| 1. Other business institutions <input type="checkbox"/> | 3. Consultancy Enterprises <input type="checkbox"/> |
| 2. Sector Enterprises Association <input type="checkbox"/> | 4. People with knowledge of the business sector <input type="checkbox"/> |
| 5. Other <input type="checkbox"/> specify: _____ | |

e) Are you a member of ACTIVA? 1. Yes 2. No 3. Have been in the past

f) If yes, for how long have you been a member of ACTIVA?

- | | | |
|---|--|--|
| 1. Less than 2 years <input type="checkbox"/> | 3. 6 to 9 years <input type="checkbox"/> | 5. 14 to 16 years <input type="checkbox"/> |
| 2. 2 to 5 years <input type="checkbox"/> | 4. 10 to 13 years <input type="checkbox"/> | |

g) If no, why are you not a member of ACTIVA?

1. Do not know of the existence of Activa
2. Do not know the advantages of being a member
3. Don't believe in the functioning of Associations
4. Incapacity to pay member's fees
5. Other reasons specify: _____

h) If you are a member of ACTIVA, in your opinion what has the association have been doing to support its members in the development of their businesses?

i) What is your opinion about the current functioning of ACTIVA?

j) Are you a member of any other business association? 1. Yes 2. No

III.3 Business performance and attitude towards the future

a) During the past 12 months your business...

- | | |
|---|---|
| 1. Increased its investment capital <input type="checkbox"/> | 6. Reduced the number of employees <input type="checkbox"/> |
| 2. Expanded into new markets <input type="checkbox"/> | 7. Closed stores or branches <input type="checkbox"/> |
| 3. Hired new employees <input type="checkbox"/> | 8. Reduced its investment capital <input type="checkbox"/> |
| 4. Requested support from the government <input type="checkbox"/> | 9. Employment and investment level remained the same <input type="checkbox"/> |
| 5. Found a foreign partner <input type="checkbox"/> | |

b) What is your attitude towards the growth and development of your business for the next 2 years?

1. Very optimistic 2. Somewhat optimistic 3. Neutral
4. Somewhat pessimistic 5. Very pessimistic

III.4 Constraints of the operating activities and business development

a) What are the difficulties faced by the company in the implementation of its activities?

- | | |
|---|---|
| 1. Taxes <input type="checkbox"/> | 11. Lack of Social Capital <input type="checkbox"/> |
| 2. Lack of qualified staff <input type="checkbox"/> | 12. Access to Credit <input type="checkbox"/> |
| 3. Competition from other enterprises <input type="checkbox"/> | 13. Interest Rates <input type="checkbox"/> |
| 4. Acquisition of raw materials and goods <input type="checkbox"/> | 14. Lack of costumers <input type="checkbox"/> |
| 5. Competition of imported products <input type="checkbox"/> | 15. Rental expenses <input type="checkbox"/> |
| 6. Staff expenses <input type="checkbox"/> | 16. Inappropriate Location <input type="checkbox"/> |
| 7. Resources for equipment acquisition <input type="checkbox"/> | 17. Inappropriate Infrastructure <input type="checkbox"/> |
| 8. Lack of management skills <input type="checkbox"/> | 18. Don't have any difficulties <input type="checkbox"/> |
| 9. Bureaucracy in the legalization of the business <input type="checkbox"/> | 19. Personal/Family Problems <input type="checkbox"/> |
| 10. Others <input type="checkbox"/> specify: _____ | |

b) As an entrepreneur, what are your main concerns with regard to the development of your company/business?

- | | |
|---|--|
| 1. Market knowledge <input type="checkbox"/> | 17. ISO Norms <input type="checkbox"/> |
| 2. Promotion and marketing <input type="checkbox"/> | 18. Technical Assistance <input type="checkbox"/> |
| 3. Company information systems <input type="checkbox"/> | 19. Organization of distribution channels <input type="checkbox"/> |
| 4. Credit and financing <input type="checkbox"/> | 20. Brands and Patents <input type="checkbox"/> |
| 5. Administrative Assistance <input type="checkbox"/> | 21. Economic impact in the business <input type="checkbox"/> |
| 6. Staff training <input type="checkbox"/> | 22. Micro and small enterprises open procedures <input type="checkbox"/> |
| 7. Participation in Exhibitions <input type="checkbox"/> | 23. Possibilities of association with other enterprises <input type="checkbox"/> |
| 8. Management of Human Resources <input type="checkbox"/> | 24. Machines and equipment suppliers <input type="checkbox"/> |
| 9. Quality and productivity <input type="checkbox"/> | 25. Government policy for micro and small enterprises <input type="checkbox"/> |
| 10. Technology Capacity Building <input type="checkbox"/> | 26. Micro and Small business legislation <input type="checkbox"/> |
| 11. Technological Management <input type="checkbox"/> | 27. Business development strategies <input type="checkbox"/> |
| 12. Accounting Assistance <input type="checkbox"/> | 28. Raw Material Suppliers <input type="checkbox"/> |
| 13. Sales price definition <input type="checkbox"/> | 29. Labour, taxes and fiscal legislation <input type="checkbox"/> |
| 14. Exportation <input type="checkbox"/> | 30. Family problems <input type="checkbox"/> |
| 15. Importation <input type="checkbox"/> | 31. Others <input type="checkbox"/> specify: _____ |
| 16. Economy of energy <input type="checkbox"/> | |

c) Do you think its easier for Men to be entrepreneur/have a business in Mozambique?

1. Yes 2. No

d) For each of the following issues, do you feel they are more difficult for you because you are a woman, easier for you, or there is no difference due to gender?

	1. More difficult for being a woman	2. Easier for being a woman	3. There is no difference due to gender
t1. Dealing with corruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t2. To be taken seriously as a business owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t3. Working with clients/customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t4. Working with Suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t5. Gaining access to capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t6. Managing male employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t7. Dealing with bureaucracy and paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t8. Personal safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t9. Managing female employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t10. Joining formal networks, like business associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t11. Balancing work and family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t12. Networking and building informal business relationships with mentors, advisors and other business owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time and cooperation!