

**FEASIBILITY STUDY AND DETAILED ENGINEERING DESIGN FOR
THE ONE BORDER POSTS ALONG THE NACALA CORRIDOR
TRAVERSING MALAWI-ZAMBIA-MOZAMBIQUE AT
MANDIMA/CHIPONDE (MOZAMBIQUE/MALAWI) AND
MCHINJI/MWAMI (MALAWI/ZAMBIA)**

Baseline Survey Questionnaire

**(Environmental Assessment, Socio-Economic Enhancement and HIV/AIDS
Mitigation)**

Name of Border Post

Country

Date

Interviewer.....

SECTION III - HOUSEHOLD INFORMATION

One Stop Border Post (2OSBP) on behalf of a consulting firm called Odongo & Partners Consulting Engineers (OOP) who has been appointed by the Southern African Development Community (SADC) Secretariat to undertake studies for the proposed development.

SADC Secretariat has proposed to convert the existing border posts located in the two neighbouring countries into a One Stop Border Post (OSBP) in order to enhance efficiency of their operations. In this regard the Authority has engaged OOP to undertake studies in the area surrounding the border posts to enable come up with proposals for sustainable implementation of the project. We therefore request you to answer a few environmental and socio-economic questions related to the proposed development. Your name and the name of your institution (apart of those to be resettled) will not feature in the report but the information you give will be used for making proposal for the improvement of facilities at Border Post.

Questionnaire No.

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Reference Number

1. Name of Respondent.....:
2. Age
3. Sex 1. Male 2. Female
4. i) Position in household a). Husband { } b) Wife { } c) Son { }
 d) Daughter { } e) Other (Specify)
- ii. What is the total number of occupants living in your house (including respondent)

5. (i) How many members of the household are over 18? _____
 (ii) How many are under 18? _____
 (iii) How many are employed? _____
 (iv) How many are in business? _____
 (v) How many attend school:?
 a) Primary school _____
 b) Secondary school _____

c) Training Institute _____

d) Others (specify) _____

6. i) What income generating activities are the household members involved in? (May be more than one)

a) Farming { }

b) Employment { }

c) Business { }

d) Other (Specify)

ii) If farming, what are your main activities? (Tick in appropriate boxes)

a) Cash Crops { }

b) Subsistence crops { }

c) Livestock { }

d) Business { }

e) Other (specify)

iii) If employment, what kind of employment? (Multiple Answers)

a) Teacher { }

b) Doctor / Nurse { }

c) Clerk { }

d) Shop Attendant { }

e) Petrol Station Attendant { }

f) Other (specify)

iv) If business, what type of business? (Multiple Answers)

a. Vendor [] b. Hawking []

c. Grocer/Kiosk [] d. Retail Shop []

e. Wholesale shop [] g. Butchery []

h. Hotel/bar [] i. Boarding Boarding/Lodging []

j. Petrol Station [] k. Other (Specify).....

7. How much do you earn from each activity per annum (you may also calculate per month)? (Quote currency)

a) Farmingper

b) Employment per

c) Businessper

d) Other (specify)per

8. What is the estimated total household income per month?

- a) Less than { }
- b) { }
- c) { }
- d) { }
- e) { }
- f) { }

9. Please list the major household expenditure items in order of importance (give amount per year). (Quote currency)

No/.S	i.Item	ii.Amount Spent
1		
2		
3		
4		
5		

10. What is the estimated household expenditure per month?

- a) Less than { }
- b) { }
- c) { }
- d) { }
- e) { }
- f) { }

11. Please list the type and numbers of assets that are owned by your household. e.g. vehicles, bicycles, farm equipment, land, commercial buildings, company shares.

- | i) <u>Item</u> | ii) <u>No.</u> |
|-----------------------|-----------------------|
| 1) Vehicles | |
| 2) Bicycles | |
| 3) Farm Equipment | |
| 4) Land (in acres) | |

- 5) Commercial Building
- 6) Company Shares
- 7) Fixed deposit account

12. What items (assets) would you say you now have, that you did not have two or three years ago (e.g. bicycle, vehicle, land, irrigation system, etc)?

- a) Bicycles. []
- b) Vehicles []
- c) Land []
- d) Irrigation Systems []
- e) None []

Perception on the existence of the border post and the proposed development

13 Do you use the services of the existing border post 1. Yes [] 2. No []
3. Other (Specify) []

14. How do you rate the services provided at the existing border post 1. Very Good []
2. Good [] 3. Satisfactory [] 4. Poor [] 5. Others (Specify).....

15. How has the presence of the border post affected your household?

- a)
- b)
- c).....

16) How does the existence of the border post affect the entire community?

- 1..... 2.....
- 3. 4.
- 5. 6.

17. What do you suggest should be done to enhance the quality of service at the border post

- 1..... 2.....
- 3. 4.

5. 6.

18. How will the formation of the One-Stop Border Post (OSBP) affect your household?

- a)
- c)
- d)
- e)

19. If the One Stop Border Post (OSBP) is to be develop on only one side of either of the two countries, will it affect your household or its activities? 1. Yes [] 2. No [] 3. Others (Specify).....

20. If yes is answer given in Q 19) above how will this affect you?

- 1..... 2.....
- 3. 4.
- 5. 6.

21. In which side would you prefer to have the One Stop Border Post located 1. In your country [] 2. In the neighbouring country [] 3. In the middle 4. Other (specify)

22. What services/facilities would you like to be provided in the proposed One Stop Border Post

- 1..... 2.....
- 3. 4.
- 5. 6.

23. If the development of the OSBP will require expansion meaning acquisition of surrounding land will it affect your household? 1. Yes [] 2. No []

24. If answer to Q 23 is yes how will the expansion and land acquisition affect you.

- a)

- b)
- c)
- d)

25. If property what will be lost list in the table below

No/S	i)Type of Property to be lost	ii) Size M ² , Acres, Ha	iii) Material Property is made of	iv) Estimated Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				

26). Who is the legal owner of the property(ies)

27) How did you/legal owner acquire the land that you occupy currently?.....

- 1. Purchased [] 2. Inherited [] 3. Given by a friend/donor []
- 4. Given by Government [] 5. Other Specify

28) If answer given to answer Q 27)b above is (1.) meaning purchased, how much do you estimate the current land value to be (quote currency) _____

29) Do you have legal documents proving ownership of the land? post 1. Yes [] 2. No []
3. Other (Specify) [] (kindly provide a copy)

30) What is the entire size of land (Size M², Acres, Ha) _____

31. If land acquisition will involve resettlement do you have alternative land to relocate to?

- 1. Yes [] 2. No []

32. If yes is answer given in Q32. above where is your land located

- 1. In the same area but at some distance [] 2. In another area [] area [] 3.
- Other Specify

33. How far is the alternative land located from your current location.....km

34) If you do not have alternative land and the developer is willing to relocate your family , where is your preferred relocation area 1. In the same area [] 2. In another area (Specify name) [] 3. Other Specify

35) How far is the area which you have stated in Q 34 above from your current location
.....km

36) What services are provided in your area? (Multiple Answers)

1. Financial Institution [] 2. Educational Facilities [] 3. Administrative Facilities []
4. Medical Facilities [] 5. Market and shops [] 6. Others (Specify) _____

37) If resettlement and relocation is to take place will it adversely affect your access to these services? 1. Yes [] 2. No [] 3. Others (specify) _____

38) What social dynamism is likely to hinder resettlement in of the affected people

- 1..... 2.....
3. 4.
5. 6.

39) What would you like the concerned authority to do for the affected people before/during resettlement

- 1..... 2.....
3. 4.
5. 6.

Sanitation and Social Amenities

40. What is the source of your drinking water? (Multiple Answers)

- a. Tap Water []
b. Boreholes/Shallow Well. []
c. Dam []
d. River/Stream []
e. Spring []
f. Roof Catchment []
g. Other (Specify) []

41. How far away is the water source? Km
42. What kind of sanitation facility do you have?
- a) Cistern Flush Toilet []
- b) Pit latrine []
- c) VIP latrine []
- d) Others (Specify) []
43. Does your household have solid waste management facilities? 1. Yes [] 2. No []
44. Where do you deposit the collected waste?
- 45) Does the way you handle your liquid and solid waste affect your health? 1. Yes []
2. No [] 3. Others (Specify).....
- 46) Is your source of water good for your health 1. Yes [] 2. No [] 3. Others (Specify).....
47. i) Do you have electricity supply ? 1. Yes 2. No
- ii) If answer given to Q 47 above is no what sources of energy do you use at your household (Multiple Answers Possible) 1. Wood [] 2. Kerosene [] 3. Solar [] 3. Others (Specify).....
48. Do you have telephone facilities?
1. Yes [] 2. No []
49. Which type of telephone facilities do you have?
- a) Landline []
- b) Mobile []
- c) Other, Specify
50. How do you rate the telephone service that you subscribe to
- Above average { 1 } Average { 2 } Below average { 3 } Don't Know { 4 }

51 HIV/AIDS

- 51.1 Are you aware of the HIV/AIDS pandemic? 1. Yes [] 2. No []
- 51.2 If Yes, how did you first hear about it? (Multiple Answers Possible)
1. From friends { }
2. Newspaper { }
3. Radio []
4. TV []
5. Radio & TV []
6. Clinical/Hospital []

7. Training { }

8. Other (Specify).....

51.3 If training, who conducted the training?

i).....

ii)

iii)

51.4 Rating of training by respondent:

1. Above average []

2. Average []

3. Below average []

4. Don't Know []

51.5. In which ways can HIV/AIDS be prevented?

i)

ii)

iii)

iv)

51.6 Rating by enumerator:

1. Above Average []

2. Average []

3. Below average []

51.7. In which way can someone suffering from HIV/AIDS be taken care of?

i.....

ii.....

iii.....

iv.....

51.8 Rating by enumerator:

a) Above average []

b) Average []

c) Below average []

51.9. Are there any facilities offering assistance/advice on HIV/AIDS in the area?

1 Yes

2. No

51.10 If Yes! Name them

- i.
- ii.
- iii.
- iv.

51.11. Where are the facilities located?

51.12. i) Have you or any member of your family ever used any of the available facilities e.g. VCT?

- a) Myself { }
- b) Family member { }
- c) None { }

ii) If none, why not?.....

51.13 i) Are the existing facilities providing satisfactory services Yes { } No { }

ii) If no, what are the problems associated with the services?

- a) High Cost of services []
- b) Lack of confidentiality/privacy []
- c) Long distance to the facility []
- d) Opening hours []
- e) Inadequate staff []
- f) Other (Specify)

51.14. i) Have you or your partner used a condom? 1. [] Yes 2. [] No

ii) If no, why not?

- a) Cultural beliefs { }
- b) Religious beliefs { }
- c) Non availability { }
- d) Other { }

iii) If Yes, was it 1 [] Male? or 2 [] Female condom?

iv) If Yes, where did you obtain the condoms?

- a) From a condom dispenser
- b) In a public toilet
- c) In a boarding/lodging house
- d) From a shop/kiosk

51.15 i) Did you pay for the condoms?

1. Yes [] 2. No []

ii) Are they always available Yes { } No { }

51.16 Are you aware of any support groups for HIV/AIDS patients/orphans in this community?

1. Yes [] 2. No []

51.17. What kind of support activities are they involved in?

a) Medicines []

b) Food – stuffs []

c) Financial Support []

d) Counseling []

e) Home Visits []

f) All of the above []

g) Other (Specify)

51.18 Is any member of you household involved in the HIV/AIDS support activities in this community?

Yes { } No { }

51.19 If yes, what role does this member of the household play in the support activities

i.....

ii.....

iii.....

iv.....

Name of Respondent/Property Owner

Contact.....

National Registration Number(optional):

Signature.....

Thank you for participating in this survey, the project team leader might contact you to verify some of the information collected.