

SME Data Form

GRASP Pakistan

General Instructions / Guidelines for Filling the form are on Last Page. Component specific guidelines are provided within.

GRASP Profile	
Enterprise Name	Form filling date:
Name of Data Collector	Province
Position/Title	District
Organization	UC
Intervention details (This section will be filled by relevant GRASP Partner only)	
GRASP ID -	Falls under indicator -
Specific details of support to be provided under GRASP:	
<ul style="list-style-type: none"> • • 	
MODULE A: CONTACT INFORMATION	
All answers will be held in total confidence by the GRASP and will only be used for tracking, reporting or research purposes by the project. Neither your name nor your company or respective information will be used in any published document.	
I consent to the GRASP using the information provided to help it extend quality support to SMEs and evaluate the effectiveness of its services and activities within project ambit.	
SINGLE-SELECT GDPR	
<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
Please enter your first and last name	TEXT
Gender	SINGLE-SELECT <input type="checkbox"/> 01 Man <input type="checkbox"/> 02 Woman <input type="checkbox"/> 03 Other
Disability	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
Year of birth & CNIC Number	NUMERIC: INTEGER
Telephone number Optional. Please include country code (Cell number and landline number (if available))	TEXT Cell: +92 _____ Landline: +92 _____
Email If applicable.	TEXT
Province	SINGLE-SELECT <input type="checkbox"/> 01 Sindh <input type="checkbox"/> 02 Balochistan
District	SINGLE-SELECT : <input type="checkbox"/> 01 Hyderabad <input type="checkbox"/> 02 Karachi <input type="checkbox"/> 03 Khairpur <input type="checkbox"/> 04 Matiari <input type="checkbox"/> 05 Mirpurkhas <input type="checkbox"/> 13 Musakhel <input type="checkbox"/> 14 Zhob <input type="checkbox"/> 15 Pishin <input type="checkbox"/> 16 Quetta <input type="checkbox"/> 17 Nushki

	<input type="checkbox"/> 06 Tharparkar <input type="checkbox"/> 07 Shaheed Benazirabad <input type="checkbox"/> 08 Sanghar <input type="checkbox"/> 09 Tando Allahyar <input type="checkbox"/> 10 Tando Muhammad Khan <input type="checkbox"/> 11 Thatta <input type="checkbox"/> 12 Sajawal	<input type="checkbox"/> 18 Kharan <input type="checkbox"/> 19 Kech <input type="checkbox"/> 20 Panjgur <input type="checkbox"/> 21 Lasbela <input type="checkbox"/> 22 Khuzdar <input type="checkbox"/> 22 _____ <input type="checkbox"/> 23 _____
How many years of education do you have?	NUMERIC: INTEGER	
Can you read and write?	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
What is your preferred language of Communication? Select Multiple if applicable	<input type="checkbox"/> English <input type="checkbox"/> Urdu <input type="checkbox"/> Sindhi <input type="checkbox"/> Pashto <input type="checkbox"/> Brahvi <input type="checkbox"/> Balochi Other	
Please select the type of entity you represent	SINGLE-SELECT <input type="checkbox"/> 01 Farm (Primary agricultural production of all sizes) <input type="checkbox"/> 02 Agri-business (Including trading, processing and marketing) <input type="checkbox"/> 03 Cooperative or other business support organization <input type="checkbox"/> 04 All of above <input type="checkbox"/> 05 Other	
Please indicate if any of these characteristics apply to the business	SINGLE-SELECT <input type="checkbox"/> 01 Multinational corporation or subsidiary <input type="checkbox"/> 02 One-person business (Single ownership/sole proprietor) <input type="checkbox"/> 04 Farming business <input type="checkbox"/> 05 Cooperative <input type="checkbox"/> 06 Social enterprise <input type="checkbox"/> 07 Import/export agent <input type="checkbox"/> 08 Partnership (from 2 to 20 partners) <input type="checkbox"/> 09 Private limited company (up to 50 shareholders)	
Do you have a business setup / office at more than one geographic location?	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
Is your Business Registered?	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
If answer to above is Yes, indicate the relevant Authority/Department with which business is registered	TEXT	
Is Business registered with Tax Department?	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
Do you conduct financial Audit of Business?	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
MODULE B1: FARM INFORMATION		

B.A TYPE AND SIZE	
What is your status on this farm? If "Other", stop the interview and ask for the owner	SINGLE-SELECT <input type="checkbox"/> 01 Land owner <input type="checkbox"/> 02 Leased or renter <input type="checkbox"/> 03 Sharecropping <input type="checkbox"/> 04 Shared (cooperative owned) <input type="checkbox"/> 05 Worker <input type="checkbox"/> 07 Other
Please indicate your ownership type	SINGLE-SELECT <input type="checkbox"/> 01 Absentee ownership (rent it out) <input type="checkbox"/> 02 Owner-operator: family farming only <input type="checkbox"/> 03 Owner-operator: family and hired labour <input type="checkbox"/> 04 Owner-operator: hired labour only <input type="checkbox"/> 05 Owner Operator: Sharecropping
Do you have a registered title of the property?	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input type="checkbox"/> -09 Do not know
Please indicate how you operate the land	SINGLE-SELECT <input type="checkbox"/> 01 Family labour only <input type="checkbox"/> 02 Family and hired labour <input type="checkbox"/> 03 Hired labour only <input type="checkbox"/> 04 Sharecropping <input type="checkbox"/> 05 All of above
How many hectares of land do you operate? Include main and any subsidiary plots, adding them together. Convert from local land measure to hectares please. 01 Hectare = 2.47 Acres	NUMERIC: INTEGER _____
How many people are currently living in this household? Include N/A if not applicable	NUMERIC: INTEGER
Of the people who are living in this household, how many are exclusively engaged on the farm/Business? Include N/A if not applicable	TEXT
Of the household members exclusively engaged on the farm/Business, How many are paid?	NUMERIC: INTEGER
Of the people who are living in this household, how many are working part-time on the farm/Business? Include N/A if not applicable	NUMERIC: INTEGER
Of the household members working parttime on the farm/Business, How many are paid?	NUMERIC: INTEGER
What proportion (out of 100) of your household's food consumption needs are met by food made on your farm/business? Include N/A if not applicable	NUMERIC: INTEGER
How many full-time employees does this farm/business currently employ? Please exclude the contribution of family, seasonal and part time workers.	NUMERIC: INTEGER

Of the full time Employees, how many are male and female?	<p>NUMERIC: INTEGER</p> <p>Male:</p> <p>Female:</p>
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B.B PRODUCTION	
Please indicate what types of products you sell	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 Fruit</p> <p><input type="checkbox"/>02 Vegetables</p> <p><input type="checkbox"/>03 Livestock</p> <p><input type="checkbox"/>04 Other</p>
Please indicate the Vegetables you sell	<p>MULTI-SELECT: ORDERED</p> <p><input type="checkbox"/>01 Onion</p> <p><input type="checkbox"/>02 Tomato</p> <p><input type="checkbox"/>03 Other</p>
Please indicate the Fruits you sell	<p>MULTI-SELECT: ORDERED</p> <p><input type="checkbox"/>01 Banana</p> <p><input type="checkbox"/>02 Mango</p> <p><input type="checkbox"/>03 Dates</p> <p><input type="checkbox"/>04 Grapes</p> <p><input type="checkbox"/>05 Olive</p> <p><input type="checkbox"/>06 Other</p>
Are you a livestock farmer/business	<p>SINGLE-SELECT</p> <p><input type="checkbox"/>01 Yes</p> <p><input type="checkbox"/>02 No</p> <p><i>in case No, skip following four questions</i></p>
Please indicate type and number of animals / chicken if you have an animal / poultry farm Only GRASP targeted value chain	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 Goat _____</p> <p><input type="checkbox"/>02 Sheep _____</p> <p><input type="checkbox"/>03 Cow _____</p> <p><input type="checkbox"/>04 Buffalo _____</p> <p><input type="checkbox"/>05 Poultry _____</p> <p><input type="checkbox"/>06 _____</p> <p><input type="checkbox"/>07 Other _____</p>
Please indicate the meat you sell	<p>MULTI-SELECT: ORDERED</p> <p><input type="checkbox"/>01 Beef</p> <p><input type="checkbox"/>02 Chicken</p> <p><input type="checkbox"/>03 Lamb/mutton</p> <p><input type="checkbox"/>04 Other</p>
Please indicate the dairy you sell	<p>MULTI-SELECT: ORDERED</p> <p><input type="checkbox"/>01 Milk</p> <p><input type="checkbox"/>02 Cheese</p> <p><input type="checkbox"/>03 Butter</p> <p><input type="checkbox"/>04 Yogurt</p> <p><input type="checkbox"/>05 Eggs</p> <p><input type="checkbox"/>06 Other _____</p>

Please indicate the Other Animal Products you Sell	MULTI-SELECT: ORDERED <input type="checkbox"/> 01 Wool <input type="checkbox"/> 02 Hide <input type="checkbox"/> 03 Live Animal <input type="checkbox"/> 04 Other _____
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MODULE B2: AGRIBUSINESS INFORMATION

B.A ESTABLISHMENT TYPE AND EMPLOYMENT INFORMATION

How many seasonal workers do you employ? If no seasonal workers, enter value = 0 Minimum One month employment is considered as seasonal.	NUMERIC: INTEGER
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If you employ seasonal workers, what is the peak season to employ them? Please indicate Months	TEXT
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B.B SECTOR, PRODUCTION, AND MARKET LINKAGES

What is your establishment's main sector of activity? (main source of income)	SINGLE-SELECT <input type="checkbox"/> 01 Fruits <input type="checkbox"/> 02 Vegetables <input type="checkbox"/> 03 Livestock
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Please indicate and rank the THREE main FRUITS where you operate	MULTI-SELECT <input type="checkbox"/> 01 Apple <input type="checkbox"/> 02 Apricot <input type="checkbox"/> 03 Banana <input type="checkbox"/> 04 Ber (jujube) <input type="checkbox"/> 05 Citrus <input type="checkbox"/> 06 Dates <input type="checkbox"/> 07 Grapes <input type="checkbox"/> 08 Guava <input type="checkbox"/> 09 Mango <input type="checkbox"/> 10 Melons <input type="checkbox"/> 12 Pears <input type="checkbox"/> 13 Plums <input type="checkbox"/> 14 Pomegranate <input type="checkbox"/> 15 Olive <input type="checkbox"/> 16 Other
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<p>Please indicate and rank the THREE main VEGETABLES where you operate</p>	<p>MULTI-SELECT: ORDERED</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 Cabbage <input type="checkbox"/>02 Carrots <input type="checkbox"/>03 Cauliflower <input type="checkbox"/>04 Chilies <input type="checkbox"/>05 Lady Finger/Okra <input type="checkbox"/>06 Onions <input type="checkbox"/>07 Peas <input type="checkbox"/>08 Potatoes <input type="checkbox"/>09 Radish <input type="checkbox"/>10 Spinach <input type="checkbox"/>11 Squash (Tinda) <input type="checkbox"/>12 Tomatoes <input type="checkbox"/>13 Turnip <input type="checkbox"/>14 Garlic <input type="checkbox"/>15 Other
<p>Please indicate and rank the THREE main LIVESTOCK where you operate</p>	<p>MULTI-SELECT</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 Cattle <input type="checkbox"/>02 Camels <input type="checkbox"/>03 Cow <input type="checkbox"/>04 Buffalo <input type="checkbox"/>05 Goats <input type="checkbox"/>06 Sheep <input type="checkbox"/>07 Poultry <input type="checkbox"/>08 Other
<p>Please select the TYPE of product that represented the largest proportion of annual sales</p>	<p>SINGLE-SELECT: CASCADING</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 Cattle <input type="checkbox"/>02 Buffalo <input type="checkbox"/>03 Sheep <input type="checkbox"/>04 Goats <input type="checkbox"/>05 Potato <input type="checkbox"/>06 Tomato <input type="checkbox"/>07 Onions <input type="checkbox"/>08 Garlic <input type="checkbox"/>09 Cauliflower <input type="checkbox"/>10 Cabbage <input type="checkbox"/>11 Carrot <input type="checkbox"/>12 Turnips <input type="checkbox"/>13 Radish <input type="checkbox"/>14 Peas <input type="checkbox"/>15 Spinach <input type="checkbox"/>16 Olives <input type="checkbox"/>17 Mango <input type="checkbox"/>18 Banana <input type="checkbox"/>19 Grapes <input type="checkbox"/>20 Dates <input type="checkbox"/>21 Dairy <input type="checkbox"/>22 Meat <input type="checkbox"/>23 Wool & Hide <input type="checkbox"/>24 _____

<p>Currently, what is the product or service that represents the largest proportion of annual sales? Please be as specific as possible, e.g. yogurt production, fruit juices, Beef, mutton etc</p>	<p>TEXT</p>
<p>How many metric tons of this main product did you sell in the last full calendar year?</p>	<p>SINGLE-SELECT :</p> <p><input type="checkbox"/>01 01 – 10 Tons</p> <p><input type="checkbox"/>02 10 – 20 Tons</p> <p><input type="checkbox"/>03 20 – 40 Tons</p> <p><input type="checkbox"/>04 40 – 60 Tons</p> <p><input type="checkbox"/>05 60 – 80 Tons</p> <p><input type="checkbox"/>06 80 – 120 Tons</p> <p><input type="checkbox"/>07 120 – 200 Tons</p> <p><input type="checkbox"/>08 200 – 400 Tons</p> <p><input type="checkbox"/>09 400 – 600 Tons</p> <p><input type="checkbox"/>10 More than 600 Tons</p>
<p>Does the business alter this main product before selling it?</p>	<p>MULTI-SELECT: YES/NO</p> <p><input type="checkbox"/>01 None. The product is sold in its primary/raw form</p> <p><input type="checkbox"/>02 Cleaning, sorting and weighing</p> <p><input type="checkbox"/>03 Grading</p> <p><input type="checkbox"/>04 Processing (e.g. production of cheese or ghee from milk or sausages from meat)</p> <p><input type="checkbox"/>05 Packaging</p> <p><input type="checkbox"/>06 Marketing and advertising (e.g. labelling, publicity etc.)</p> <p><input type="checkbox"/>07 Blending of varieties</p> <p><input type="checkbox"/>08 Downstream value chain management (bulking, transportation etc.)</p> <p><input type="checkbox"/>09 Other</p> <p><input type="checkbox"/>10 Do not know</p>
<p>What type of packaging do you use? Where and who do you source it from? Please be specific and mention name and location of the package supplier.</p>	<p>TEXT</p>
<p><i>Of your total sales of this main product in the last year, what percentage of this company's sales were (answer the following questions):</i></p>	
<p>Fresh products for immediate consumption Answer format: "38", not "0.38" nor "38%" or any other variation there of.</p> <p>Check numbers entered for ownership questions are equal to 100</p>	<p>NUMERIC: INTEGER</p>
<p>Processed products sold to buyers in Pakistan for consumption in Pakistan Answer format: "38", not "0.38" nor "38%" or any other variation there of.</p> <p>Check numbers entered for ownership questions are equal to 100</p>	<p>NUMERIC: INTEGER</p>

<p>Sold to a middleman in Pakistan who then exported the product to a different country Answer format: "38", not "0.38" nor "38%" or any other variation there of.</p> <p>Check numbers entered for ownership questions are equal to 100</p>	<p>NUMERIC: INTEGER</p>
<p>Exported directly by this business to another country Answer format: "38", not "0.38" nor "38%" or any other variation there of.</p> <p>Check numbers entered for ownership questions are equal to 100</p>	<p>NUMERIC: INTEGER</p>
<p>Which countries do you export your primary product to? Select all that apply. Leave blank if firm does not export. Be ready to look up the country code using the list of countries provided. The list can also be found in App endix B.2</p>	<p>MULTI-SELECT</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 Afghanistan <input type="checkbox"/>02 China <input type="checkbox"/>03 Iran <input type="checkbox"/>04 Middle-East <input type="checkbox"/>05 Sri Lanka <input type="checkbox"/>06 Europe <input type="checkbox"/>08 USA <input type="checkbox"/>09 Central Asia <input type="checkbox"/>10 Canada <input type="checkbox"/>11 Australia <input type="checkbox"/>12 Turkey <input type="checkbox"/>13 Other <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 N/A
<p>PAKISTAN TYPE OF AGRIBUSINESS MODULE</p>	
<p>Which statement best applies to this establishment's business activity?</p>	<p>MULTI-SELECT</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 INPUT SUPPLIER: provides inputs (goods or services) to be used in production (e.g. fodder, fertilizer, tools, refrigeration, storage, advisory services) <input type="checkbox"/>02 COLLECTOR/TRADER: purchases a good with the intention of selling them rather than consuming or using them (e.g. beoparis, arthis, exporters) <input type="checkbox"/>03 PROCESSOR: adds value to (transforms) a good and resells. For example: cheese production, slicing/marinating of meat products, sorting, cleaning, slicing fruits and vegetables, fruit juices or jams, etc. <input type="checkbox"/>04 Grower / Producer: primary producer / grower of fruit, vegetables and livestock. <input type="checkbox"/>05 Other
<p>If "Other", please specify what business activity do you undertake?</p>	<p>MULTI-SELECT</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 Farming <input type="checkbox"/>02 Input Supplier <input type="checkbox"/>03 Trade/Collector <input type="checkbox"/>04 Agro-processing <input type="checkbox"/>05 Other

<p>If you are an INPUT SUPPLIER, what inputs do you provide to farmers?</p>	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 Packaging and labelling material suppliers</p> <p><input type="checkbox"/>02 Green house materials & equipment suppliers</p> <p><input type="checkbox"/>03 Cold storage services</p> <p><input type="checkbox"/>04 Transport and logistic companies</p> <p><input type="checkbox"/>05 Certification/inspection services</p> <p><input type="checkbox"/>06 Seed companies</p> <p><input type="checkbox"/>07 Fertilizer suppliers</p> <p><input type="checkbox"/>08 Agrochemicals (herbicide/ Pesticide/ fungicide) suppliers</p> <p><input type="checkbox"/>09 Training and advisory service providers</p> <p><input type="checkbox"/>10 Irrigation equipment suppliers</p> <p><input type="checkbox"/>11 Genetic material suppliers (e.g. Breeding stock, semen for artificial insemination)</p> <p><input type="checkbox"/>12 Animal breeding services</p> <p><input type="checkbox"/>13 Feed input suppliers (forage/fodder, formulated feeds)</p> <p><input type="checkbox"/>14 Veterinary drugs and vaccines</p> <p><input type="checkbox"/>15 Animal health services (such as primary health services, including vaccinations, parasite removal) and animal care services (e.g. herding)</p> <p><input type="checkbox"/>16 Small equipment and tools suppliers (feeding and watering equipment, pulley hoists, hooks, cheese cutters, hand tools)</p> <p><input type="checkbox"/>17 Labor Supplier / Contractor</p> <p><input type="checkbox"/>18 Large Farming Equipment Supplier/Rental (Tractor, Harvester etc.)</p> <p><input type="checkbox"/>19 Other _____</p>
<p>If you are a COLLECTOR/TRADER, what is your role?</p>	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 Beopari (Village Level Trader)</p> <p><input type="checkbox"/>02 Katcha Arthi (Commission Agent)</p> <p><input type="checkbox"/>03 Pharias (Wholesaler)</p> <p><input type="checkbox"/>04 Dodhis (Milk Collection Agents)</p> <p><input type="checkbox"/>05 Exporter</p> <p><input type="checkbox"/>06 Milk Retailers</p> <p><input type="checkbox"/>07 Meat Retailers</p> <p><input type="checkbox"/>08 Other</p>

<p>If you are a PROCESSOR, what is your main activity in food processing?</p>	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 Primary agro-processing - Fruits and vegetables: Cut, peel, sort, grade, dry and package fruits and vegetables</p> <p><input type="checkbox"/>02 Secondary agro-processing – Fruits and vegetables: Canned fruits and vegetables</p> <p><input type="checkbox"/>03 Secondary agro-processing – Fruits and vegetables: Juice, purees and pulps</p> <p><input type="checkbox"/>04 Secondary agro-processing – Fruits and vegetables: Sauces, chutneys</p> <p><input type="checkbox"/>05 Secondary agro-processing – Fruits and vegetables: Processed food and snacks (e.g. soup concentrates, powders)</p> <p><input type="checkbox"/>06 Secondary agro-processing – Fruits and vegetables: Vegetable oils</p> <p><input type="checkbox"/>07 Secondary agro-processing – Fruits and vegetables: Sweets (e.g. candied fruit), Dobakery, and confectionery</p> <p><input type="checkbox"/>08 Secondary agro-processing – Fruits and vegetables, other processed food</p> <p><input type="checkbox"/>09 Primary processing of Meat: Deboned, cut, packed meat (such as slaughters and abattoirs)</p> <p><input type="checkbox"/>10 Secondary processing of Meat: Ground meat, smoked meat and sausages</p> <p><input type="checkbox"/>11 Secondary processing of Meat: animal fat and oils</p> <p><input type="checkbox"/>12 Secondary processing of Livestock: Skin/Hides and Wool</p> <p><input type="checkbox"/>13 Primary processing of Milk : Packaging, refrigeration, pasteurization,</p> <p><input type="checkbox"/>14 Secondary processing of Milk : Refined Butter/Desi ghee, Sweets, Yogurt, Butter, Cheese, Packaged Milk.</p> <p><input type="checkbox"/>15 Other</p>
<p>Do you offer any of these product differentiation (value-added) features?</p>	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 None</p> <p><input type="checkbox"/>02 Quality Standards are applied (National and International)</p> <p><input type="checkbox"/>03 Special variety/Unique breed is offered</p> <p><input type="checkbox"/>04 Branding and packaging</p> <p><input type="checkbox"/>05 Organic or contaminant-free products</p> <p><input type="checkbox"/>06 Other</p>
<p>If "Other", please specify what product differentiation/value addition features do you offer</p>	<p>TEXT</p>
<p>Which new export markets are you interested in?</p> <p>Leave blank if firm does not want to export to any additional countries. Be ready to look up the country code using the list of countries provided. The list can also be found in Appendix B.2</p> <p>Please only choose countries that you are not already exporting to.</p>	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 Afghanistan</p> <p><input type="checkbox"/>02 China</p> <p><input type="checkbox"/>03 Iran</p> <p><input type="checkbox"/>04 Middle East</p> <p><input type="checkbox"/>05 Central Asia</p> <p><input type="checkbox"/>06 Europe</p> <p><input type="checkbox"/>07 Turkey</p> <p><input type="checkbox"/>08 USA</p> <p><input type="checkbox"/>09 Canada</p> <p><input type="checkbox"/>10 Australia</p> <p><input type="checkbox"/>11 Sri Lanka</p> <p><input type="checkbox"/>12</p> <p><input type="checkbox"/>13</p> <p><input type="checkbox"/>14 N/A</p>
<p>Why are you interested in exporting to these export markets?</p>	<p>TEXT</p>

To which Provinces are you selling products directly	<p>MULTI-SELECT</p> <input type="checkbox"/> 01 Sindh <input type="checkbox"/> 02 Punjab <input type="checkbox"/> 03 KPK <input type="checkbox"/> 04 Balochistan <input type="checkbox"/> 05 Kashmir <input type="checkbox"/> 06 GB
Which province you want to sell in future (Please mention two cities)	<p>MULTI-SELECT</p> <input type="checkbox"/> 01 Sindh <input type="checkbox"/> 02 Punjab <input type="checkbox"/> 03 KPK <input type="checkbox"/> 04 Balochistan <input type="checkbox"/> 05 Kashmir <input type="checkbox"/> 06 GB
For the preferred Province(s) for sale, mention two focal cities in each	TEXT
Please select top THREE constraints faced by this business	<p>MULTI-SELECT</p> <input type="checkbox"/> 01 Lack of support to conduct research and development <input type="checkbox"/> 02 Problems with electricity supply <input type="checkbox"/> 03 Limited access to land <input type="checkbox"/> 04 Unreliable input suppliers <input type="checkbox"/> 05 Low quality of input <input type="checkbox"/> 06 Limited access to skilled workers <input type="checkbox"/> 07 Limited access to finance <input type="checkbox"/> 08 Limited access to information and communication technology <input type="checkbox"/> 09 Limited access to transport infrastructure <input type="checkbox"/> 10 Lack of modern storage facilities <input type="checkbox"/> 11 Scarcity of adequate packaging materials <input type="checkbox"/> 12 Poor branding/promotion of Pakistani products in domestic market <input type="checkbox"/> 13 Burdensome government regulations or institutional mismanagement <input type="checkbox"/> 14 Corruption/Crime <input type="checkbox"/> 15 Weak dissemination of market information <input type="checkbox"/> 16 Weak coordination/cooperation with other sector companies <input type="checkbox"/> 17 Limited Access/Awareness/Adoption of New Technology <input type="checkbox"/> 18 Volatile commodity market <input type="checkbox"/> 19 Inflation <input type="checkbox"/> 20 High Cost of Production <input type="checkbox"/> 21 High Cost of inputs / raw materials <input type="checkbox"/> 22 High Cost of Sourcing <input type="checkbox"/> 23 Uncertain Political and Security Situation <input type="checkbox"/> 24 Weak Regulatory Environment <input type="checkbox"/> 25 Lack of Packing and Packaging Materials /Services <input type="checkbox"/> 26 Lack of Certifications / Quality Standards /Licenses <input type="checkbox"/> 27 Lack of Product Innovation and value addition <input type="checkbox"/> 28 Lack of Extension services and coverage <input type="checkbox"/> 29 Lack of proper infrastructure (sheds, building etc.) <input type="checkbox"/> 30 _____ <input type="checkbox"/> 31 _____

MODULE B3: BUSINESS SUPPORT ORGANIZATION INFORMATION	
Please indicate whether the organization is managed by government or private sector actors	<p>SINGLE-SELECT</p> <input type="checkbox"/> 01 Fully or mainly private managed <input type="checkbox"/> 02 Fully or mainly government managed <input type="checkbox"/> 03 Jointly public and private
If this organization is member-based, how many members does the organization approximately have?	TEXT
Is the organization a cooperative?	<p>SINGLE-SELECT</p> <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
In which category your organization mandate fall, please tick one	<p>MULTI-SELECT</p> <input type="checkbox"/> 01 National economic development <input type="checkbox"/> 02 Business development <input type="checkbox"/> 03 Business support
Please indicate the focus of the organization, if any Industry or sector specific: Organization supporting a specific industry or sector, e.g. manufacturing, coffee, etc. Specific Client Group: Organization supporting a specific group of businesses, e.g	<p>MULTI-SELECT</p> <input type="checkbox"/> 01 Industry or sector specific <input type="checkbox"/> 02 Specific client group <input type="checkbox"/> 03 Function-specific <input type="checkbox"/> 04 None
Which of the following means of irrigation are available to you?	<p>MULTI-SELECT</p> <input type="checkbox"/> 01 None (rain-fed or dryland farming) <input type="checkbox"/> 02 Drip irrigation <input type="checkbox"/> 03 Canal <input type="checkbox"/> 04 Own pump/bore/boring/tube well <input type="checkbox"/> 05 River/pond/stream <input type="checkbox"/> 06 Water tanker <input type="checkbox"/> 07 Government tube wells <input type="checkbox"/> 08 Well <input type="checkbox"/> 09 Sprinkle irrigation <input type="checkbox"/> 10 Other
What are main three biggest obstacles related to basic infrastructure, processing and storage facilities faced by the farm? (Example: 1. transport, 2. access to land, 3. electricity, technology or water supply, access to storages, etc.).	<p>TEXT</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
Do you have a quality protocol with your buyer for the main product?	<p>SINGLE-SELECT</p> <input type="checkbox"/> 01 Never <input type="checkbox"/> 02 Yes, but not for the main product <input type="checkbox"/> 03 Sometimes and for all products <input type="checkbox"/> 04 Always, but not for all products <input type="checkbox"/> 05 Always, and for all products <input type="checkbox"/> 06 Do not know

<p>Does your client/buyer sometimes reject your products?</p>	<p>SINGLE-SELECT</p> <p><input type="checkbox"/>01. Yes, between 80 and 100% of produce is rejected by our main buyer</p> <p><input type="checkbox"/>02. Yes, between 60 and 80% of produce is rejected by our main buyer</p> <p><input type="checkbox"/>03. Yes, between 40 and 60% of produce is rejected by our main buyer</p> <p><input type="checkbox"/>04. Yes, between 20 and 40% of produce is rejected by our main buyer</p> <p><input type="checkbox"/>05. Yes, but less than 20% of produce is rejected by our main buyer</p> <p><input type="checkbox"/>06. No, none of our produce is ever rejected by buyers</p> <p><input type="checkbox"/>07 Do not know</p>
<p>Does your business' main product or service hold any of the following type of internationally recognized certificates?</p>	<p>MULTI-SELECT</p> <p><input type="checkbox"/>01 Food safety certificate</p> <p><input type="checkbox"/>02 Labour safety certificate</p> <p><input type="checkbox"/>03 Quality or performance certificate</p> <p><input type="checkbox"/>04 Sustainability certificate</p> <p><input type="checkbox"/>05 Other type of certificate</p> <p><input type="checkbox"/>06 No recognized certificate held</p> <p><input type="checkbox"/>07 Do not know</p>
<p>Does this farm's main product hold any internationally recognized certificate? If yes, please indicate which one:</p>	<p>MULTI-SELECT: YES/NO</p> <p><input type="checkbox"/>01 Food Safety Certificate</p> <p><input type="checkbox"/>02 Labour Safety Certificate</p> <p><input type="checkbox"/>03 Quality or Performance Certificate</p> <p><input type="checkbox"/>04 Sustainability Certificate</p> <p><input type="checkbox"/>05 Other type of certificate</p> <p><input type="checkbox"/>06 No recognized certificate held</p> <p><input type="checkbox"/>07 BPA</p> <p><input type="checkbox"/>08 ISO 9001: 2015</p> <p><input type="checkbox"/>09 GLOBAL GAP</p> <p><input type="checkbox"/>10 Organic Certification</p> <p><input type="checkbox"/>11 Fair Trade</p> <p><input type="checkbox"/>12 HACCP</p> <p><input type="checkbox"/>13 ISO 22000</p> <p><input type="checkbox"/>14 Environmentally Sustainable</p> <p><input type="checkbox"/>15 Do not know</p>

MODULE C: CAPACITY TO COMPETE

The following 6 questions are about your main clients. Who are your main clients (direct buyers)? Please indicate a percentage for each. Answers must add to 100%

Farmers/Farmers' Group (Association, Cooperative)	NUMERIC: INTEGER
Traders/Intermediaries	NUMERIC: INTEGER
Domestic firm which processes the purchased product	NUMERIC: INTEGER
Direct retail (supermarkets, restaurant, hotels)	NUMERIC: INTEGER
Direct exports	NUMERIC: INTEGER
Other	NUMERIC: INTEGER

E.A FINANCIAL REQUIREMENTS

From whom have you borrowed money?	MULTI-SELECT <input type="checkbox"/> 01 Never borrowed money <input type="checkbox"/> 02 Agricultural bank (e.g. Zarai Taraqiati Bank Ltd.) <input type="checkbox"/> 03 Commercial bank <input type="checkbox"/> 04 NGO <input type="checkbox"/> 05 Cooperative <input type="checkbox"/> 06 Other formal institution <input type="checkbox"/> 07 Informal money lender <input type="checkbox"/> 08 Trader <input type="checkbox"/> 09 Other farmers <input type="checkbox"/> 10 Family and friends <input type="checkbox"/> 11 Other informal lenders
If you haven't availed loan - Are you willing to avail loan ?	SINGLE-SELECT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input type="checkbox"/> 03 Do not know
What are your sources of financing?	MULTI-SELECT <input type="checkbox"/> 01 Commercial bank <input type="checkbox"/> 02 Own savings <input type="checkbox"/> 03 Friends and family <input type="checkbox"/> 04 Informal money lender <input type="checkbox"/> 05 Other
If "Other", please specify your source of financing.)	TEXT
If you have ever taken a loan, what was the purpose of the loan?	MULTI-SELECT <input type="checkbox"/> 01 Never taken a loan <input type="checkbox"/> 02 Machinery <input type="checkbox"/> 03 Buildings <input type="checkbox"/> 04 Marketing <input type="checkbox"/> 05 Training <input type="checkbox"/> 06 Other
If "Other", please specify the purpose of the loan.	TEXT

E.B SKILLS AND TRAINING REQUIREMENTS

<p>How many training sessions have you attended in the last three year?</p>	<p>NUMERIC: INTEGER</p>
<p>What are the THREE main areas of training you need to improve your agricultural activities?</p>	<p>MULTI-SELECT: ORDERED</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 Selecting and buying inputs <input type="checkbox"/>02 Methods of planting <input type="checkbox"/>03 Use of fertilizers <input type="checkbox"/>04 Pest and disease control <input type="checkbox"/>05 Crop rotation <input type="checkbox"/>06 Crop diversification (trying new crops) <input type="checkbox"/>07 Harvest <input type="checkbox"/>08 Post-harvest activities (for example: sorting and drying) <input type="checkbox"/>09 Water management <input type="checkbox"/>10 Use of new technology <input type="checkbox"/>11 Animal health management <input type="checkbox"/>12 Housing of livestock <input type="checkbox"/>13 Animal nutrition management and feed formulation <input type="checkbox"/>14 Animal breeding <input type="checkbox"/>15 Value Addition <input type="checkbox"/>16 Processing <input type="checkbox"/>17 Other
<p>What are the top 3 skills that your company is lacking?</p>	<p>MULTI-SELECT</p> <ul style="list-style-type: none"> <input type="checkbox"/>01 Primary production <input type="checkbox"/>02 Post-harvest <input type="checkbox"/>03 Food safety <input type="checkbox"/>04 Logistics <input type="checkbox"/>05 Access to domestic markets <input type="checkbox"/>06 Business development <input type="checkbox"/>07 Strategic management <input type="checkbox"/>08 Marketing <input type="checkbox"/>09 Finance <input type="checkbox"/>10 Digital <input type="checkbox"/>11 Export <input type="checkbox"/>12 International language <input type="checkbox"/>13 Clean and Green Production

MODULE F: GENDER	
<p>How many full-time female employees does this farm / Business currently employ? Please exclude the contribution of seasonal and part time workers.</p> <p>The number of permanent female workers must be lower or equal to the number of permanent workers</p>	NUMERIC: INTEGER
List all the activities in your enterprise that are typically done by women (examples: watering, weeding, collecting fodder, Finance)	TEXT
Which of your business activities are typically done by women? (e.g. drying, sorting, bookkeeping, cleaning, packaging, etc.)	TEXT 1. _____ 2. _____ 3. _____
List all the activities in your enterprise that are typically done by men (examples: watering, weeding, collecting fodder, finance)	TEXT 1. _____ 2. _____ 3. _____
List all the crops that are managed by women	TEXT 1. _____ 2. _____ 3. _____
List all the crops that are managed by men	TEXT 1. _____ 2. _____ 3. _____
Who is more likely to attend training sessions?	SINGLE-SELECT <input type="checkbox"/> 01 Men <input type="checkbox"/> 02 Women <input type="checkbox"/> 03 Don't know
How many of female employees are at Managerial / Supervisory Positions within your business/farm?	NUMERIC: INTEGER
Are there any women-only training programmes available in your area? If yes, in which topics and who are the main women- only training providers? Please describe briefly.	TEXT
Sales	<input type="checkbox"/> 01 02 Million or less <input type="checkbox"/> 02 02 Million to 20 Million <input type="checkbox"/> 03 20 Million to 650 Million
Land	<input type="checkbox"/> 01 less than 5 Acre <input type="checkbox"/> 02 05 Acre to 25 Acres <input type="checkbox"/> 03 25 Acres plus
Do you have an expansion plan?	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No

If yes, please share your expansion plan

- 01 Processing
- 02 Adopting new technology
- 03 Processing
- 04 Cold Storage
- 05 Small Industrial Unit
- 06 Other

General Instructions / Guidelines for Filling the form

1. To Filled by all Core Partners / POs when identifying different businesses for GRASP
2. No other information is required at this stage
3. Only Tick the relevant options and do not overwrite
4. Put N/A where not applicable
5. Parts of the form are not applicable for very small businesses
6. Provide information to the point, and as asked / required
7. Please fill the other option if your business product is not mentioned
8. Please clarify with the GRASP Business development team where there is a confusion.
Sindh: Ms. Shazia: 0300 1008771 Balochistan: 0333 9511135