



REPUBLIC OF UGANDA

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

UGANDA WOMEN ENTREPRENEURSHIP PROGRAMME (UWEP)

ENTERPRISE FIELD APPRAISAL FORM

(To be completed by the Field Appraisal Team)

NOTE: Field Appraisal will only be done for Enterprises that have past the Desk Appraisal

1. **GROUP NAME:** _____

2. **ENTERPRISE DESCRIPTION:** _____

3. **COMPONENT:** (*i.e. Skills Development or Women Enterprise Fund*) _____

4. **SECTOR:** tick appropriate)

- | | |
|--------------------------------------|---------------------------------------|
| a) Agriculture | b) Forestry and Fishing |
| c) Manufacturing | d) Water supply |
| e) Wholesale and retail trade | f) Transportation and storage |
| g) Accommodation and food services | h) Information and communication. |
| k) Financial and Insurance services | j) Education |
| i. Health and social work activities | l) Arts, entertainment and recreation |
- Others Specify _____

5. **ENTERPRISE LOCATION:**

Village/Cell: _____

Parish/Ward: _____

Sub-county/TC/Division: _____

District: _____

6. DATE OF FIELD APPRAISAL : _____

Each Enterprise file submitted for Field Appraisal by STPC should have the following:

- *Copy of the Enterprise Interest Form (EIF);*
- *Copy of Enterprise Application Form (EAF) duly completed (with a complete list and a group photograph of the direct/primary beneficiaries),*
- *Business plan;*
- *Copy of individual forms of direct beneficiaries in the group;*
- *Original copy of the Extended Participatory Rural Appraisal report with attendance lists;*
- *Copies of minutes of the group planning meetings on electing leaders and account signatories;*
- *Valid Land Agreements/Guarantees in case the enterprise requires land.*

■ **PART A: ELIGIBILITY CRITERIA**

1. Was your group transparently selected in a community participatory process?
Yes [] No [].
2. Has your group been in existence?
Yes [] No [].
3. Are all members known to each other?
Yes [] No [].
4. Is any member in the group below 18 years?
Yes [] No [].
5. Does your group integrate any of the following categories of women?
 - a) Unemployed women Yes [] No [].
 - b) Vulnerable Groups e.g.
Widows and Gender Based Violence survivors Yes [] No [].
 - c) Women with Disabilities Yes [] No [].
 - d) Women living with HIV/AIDS Yes [] No [].
 - e) Women heading households Yes [] No [].
 - f) Women slum dwellers Yes [] No [].
 - g) Women living in hard to reach areas Yes [] No [].
6. Are all the members of the Women's Group bona fide residents of the Sub-County?
Yes [] No [].
7. Were the Women Group enterprise Management Committee, Women Group Procurement Committee and Social Accountability Committee (SAC) democratically elected?
Yes [] No [].

PART C: ENVIRONMENTAL AND SOCIAL CHECKLIST

	YES	NO	N/A
1. Is the enterprise located near conservation worthy ecosystems, flora or fauna (e.g protected areas, wetlands, forests, sites of historical or cultural importance) which may be impacted negatively as a result of enterprise activities?			
2. Is the enterprise located near major water bodies (rivers, lake, lagoons, wetland, etc)?			
3. Is the enterprise located near main water facility for domestic/commercial use such as borehole, shallow well, spring etc?			
4. Is the enterprise located in an area prone to soil erosion?			
5. Are there people who will be displaced/removed from the enterprise site?			
6. Will the enterprise lead to migration into the area?			

ENTERPRISE ACTIVITIES

7. Will the implementation of the activities lead to degradation or loss of quality of any environmental component such as forests, air, soils, water, wildlife, fish, plain, swamp/wetland, etc?			
8. Will the enterprise activities present dust/ chemical/ smoke pollution risks or lead to a significant increase in noise pollution in the neighbourhood?			
9. Will enterprise implementation activities lead to significant employment opportunities?			

ANTICIPATED ENTERPRISE OUTCOMES

10. Will the enterprise result in significant quantities of wastes or eroded material?			
11. Will the enterprise lead to significant changes in land use patterns?			

Note: For each of the questions above, if the response is “YES”, then a preventive measure must be identified and integrated in the overall enterprise design.

PART D: OVERALL ASSESSMENT

Assessment	Criteria	Tick as appropriate
Recommended for funding	■ <i>If the answer to all the questions in Part A (Eligibility Criteria) is “YES”</i>	
Deferred	■ <i>If the answer to any of the questions in Part A (Eligibility Criteria) is “NO”.</i>	

PART F: ENDORSEMENT OF THE APPRAISAL TEAM

NAME	DESIGNATION	SIGNATURE	DATE
1.
2.
3.
4.
5.