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Baseline Study for the Title II Development Food Assistance Programs in Guatemala

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List of Acronyms

ADIPO	Asociación de Desarrollo Integral para el Occidente
AIEPI AINM-C	Integrated Care for Children and Women at the Community Level
ARI	Acute Respiratory Infection
BMI	Body Mass Index
CRS	Catholic Relief Services
DHS	Demographic and Health Survey
ENCOVI	Encuesta Nacional de Condiciones de Vida
ENSMI	Encuesta Nacional de Salud Materno Infantil
FANTA	Food and Nutrition Technical Assistance III Project
FFP	Office of Food for Peace
FGD	Focus Group Discussions
GPS	Global Positioning System
GTQ	Guatemalan Quetzal
HAZ	Height for Age Z-Score
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Scale
IDEI	Instituto de Estudios Interétnicos
IDI	In-Depth Interviews
INE	Instituto Nacional de Estadística
IV	Independent Variable
IYCF	Infant and Young Child Feeding
KI	Key Informant
LCU	Local Currency Unit
LSMS	Living Standards Measurement Survey
MAD	Minimum Acceptable Diet
MSPAS	Ministerio de Salud Pública y Asistencia Social
NRM	Natural Resource Management
OLS	Ordinary Least Squares
OR	Odds Ratio
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PAISANO	Programa de Acciones Integradas de Seguridad Alimentaria y Nutricional del Occidente
PDB	Potential Direct Beneficiary
PPP	Purchasing Power Parity
PPS	Probability Proportional to Size
PVO	Private Voluntary Organization
SC	Save the Children
SEGAMIL	Seguridad Alimentaria Enfocada en los Primeros 1,000 Días
SPSS	Statistical Package for the Social Sciences
TBA	Traditional Birth Attendant
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USD	United States Dollar
WASH	Water, Sanitation, and Hygiene
WFP	U.N. World Food Program
WHO	World Health Organization

Executive Summary

Overview of the Baseline Study

In Fiscal Year 2012, the U.S. Agency for International Development (USAID) Office of Food for Peace (FFP) awarded funding to private voluntary organizations (PVOs) to implement multi-year Title II development food assistance programs in the most food-insecure regions of Guatemala. FFP issued two awards: one to Catholic Relief Services' (CRS) Seguridad Alimentaria Enfocada en los Primeros 1,000 Días (SEGAMIL) program in San Marcos and Totonicapán departments; and the second to Save the Children's (SC) Programa de Acciones Integradas de Seguridad Alimentaria y Nutricional del Occidente (PAISANO) program in Quiché, Huehuetenango, and Quetzaltenango departments. The main purpose of these Title II programs is to improve long-term food security in the Western Highlands.

In line with the USAID Evaluation Policy, FFP contracted with ICF International to carry out a baseline study in communities in the Western Highlands region of Guatemala where CRS and SC will implement these programs. This baseline study is the first phase of a pre-post evaluation survey cycle. The second phase will include a final survey conducted in five years, when the Title II programs are completed. The baseline study includes two components: (1) a representative population-based household survey to collect data for key FFP and program-specific indicators; and (2) a qualitative component to gather additional data that adds context, richness, and depth to understand the results from the household survey. The results from the baseline study will be used for the following purposes:

1. Establish baseline values of key FFP and program-specific indicators prior to implementation of the Title II programs;
2. Assist the PVOs in establishing target levels for improvements in these indicators over the five-year Title II program cycle;
3. Inform PVOs about the current food security situation so they can refine their program design and implementation strategies and improve efficiency by targeting the areas and subgroups that will benefit most; and
4. Provide FFP baseline indicator values that can be compared across countries through meta-analyses of the indicator results.

The population-based household survey sample is designed to statistically represent the beneficiary communities selected for implementation by each respective PVO in their designated geographic regions of operation. The multi-stage clustered sampling design yielded a household sample size of 3,000 per program or 6,000 households overall. ICF developed and finalized the questionnaires and training materials based on consultations with FFP, the Food and Nutrition Technical Assistance III Project (FANTA), and the PVOs. The fieldwork, including training, data collection, and data entry, began in mid-January 2013 and concluded in June 2013.

The qualitative study component was conducted during the same time frame as the population-based household survey. The qualitative team visited eight communities and conducted in-depth interviews (IDIs) and focus group discussions (FGDs). The team also conducted formal interviews and informal conversations with key informants (KIs) who had insights into health and nutrition, as well as livelihood development in the communities where the SEGAMIL and PAISANO programs are taking place. The team used five question guides to conduct the IDIs and FGDs. The team conducted six FGDs and 24 IDIs with potential direct beneficiaries and eight IDIs with KIs.

Limitations and challenges experienced during the baseline study include a compressed timeline, difficulty obtaining current household counts at the community level and maps from existing data sources, difficulty recruiting experienced local interviewers in the Western Highland region, logistics and transportation constraints, difficulty accessing some communities, the length and complexity of the household survey questionnaire, and concurrent fielding of the qualitative and household surveys.

Key Findings

The baseline study findings cover seven broad areas: (1) characteristics of the population; (2) household hunger and dietary diversity; (3) poverty levels; (4) water, sanitation, and hygiene; (5) agricultural practices; (6) women's health and nutrition; and (7) children's health and nutrition.

Characteristics of the Population

The majority of the population in the Western Highlands of Guatemala is indigenous or of Mayan descent. Individuals in this region speak a variety of languages, including Ixil, Quiché, Mam, Popti, and Spanish. Trends in the qualitative data indicated migration can and does influence the make-up of communities. While there are clear benefits to migrating both for the family and community (such as increased income), negative outcomes include disintegration of the family; leaving women at risk of greater levels of poverty; and pain, sadness, and worry over family members who have left. The primary driver of both internal and external migration is a lack of income and job opportunities.

The household survey data indicated that the average household in the program area includes 6.4 household members. Children ages 0-59 months are household members in about 60 percent of all households and children ages 0-23 months are household members in 29 percent of households. Nearly half of all heads of household completed primary education and 43 percent have no formal education. Most households include an adult male and female (89 percent) or a single adult female (9 percent).

Household Hunger

Survey data collection took place during April to June, just prior to the start of the lean season, which typically occurs from June to August. A small minority of households (7 percent) suffers from moderate or severe hunger, with a similar prevalence in the SC and CRS program areas. Qualitative data indicate that accessibility of food is variable and influenced by a number of factors, such as the season (rainy versus dry), success of crop production, and access to an income that allows for the purchase of food.

According to qualitative data, respondents both purchase and produce food items, and sources of food vary significantly by household and season. Respondents stated that reduced plot size is a limiting factor in the diversity and quantity of their production. Strategies for coping with low yields as well as low household income include reducing food consumption and limiting dietary diversity.

Household Dietary Diversity

Household dietary diversity for survey participants is moderate, with about half of the 12 food groups consumed daily in each household. Foods made from cereals and grains are the staple of household diets and are consumed by nearly all households. The dietary diversity score as a measure of food access and socio-economic status indicates moderate economic means to allow access to a diverse selection of foods.

Qualitative data indicated that dietary diversity tends to decrease during the dry season. Respondents indicated that food items are both purchased and produced, and sources of food varied significantly by household and by season. Overall, both KIs and PDBs expressed the importance of additional income and food production as a way to increase access to more diverse foods.

Poverty Levels

Poverty is a significant challenge in the program areas of the Western Highlands region. The household survey found that nearly one-half (44 percent) of the population in the survey area is living in extreme poverty (less than \$1.25 USD per day), which is substantially higher than the 13.5 percent for Guatemala as a whole¹. Daily per capita expenditures are, on average, USD \$1.9 per day, per person.

¹ [World Development Indicators. World Bank](http://databank.worldbank.org/data/home.aspx). July 9, 2012. Retrieved from <http://databank.worldbank.org/data/home.aspx>

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Across all departments, respondents from the qualitative study identified few primary sources of income. These included small-scale agricultural production (both the sale of crops and animal rearing); casual and opportunistic labor; masonry; and work acquired through internal and external migration. In addition, respondents residing in communities in the CRS program area also mentioned selling textiles, handmade clothing, and handcrafts as additional sources of income. For both program areas, income sources vary and are unstable. Few respondents discussed being able to meet all household needs based on one source of income. In order to meet their household needs, respondents rely on diversifying their income sources or on pooled income from several members of the household.

The majority of male and female respondents in the qualitative interviews, across all departments, stated that men are the primary income providers, although women also bring income into the households. Common income sources for women include the keeping and selling of livestock, washing clothes for neighbors, and making clothing for sale. These types of tasks were reported to generally pay significantly less than those that men perform. In households where income is insufficient to meet household needs, children are also involved in income-generating activities or responsible for assisting parents in their income-generation activities.

Water, Sanitation, and Hygiene

Overall, 20 percent of households reported using an improved drinking water source. Although 48 percent reported having access to an improved water source, only 65 percent reported that water is generally available from the source. According to the survey results, nearly all households (93 percent) reported boiling water to make it safer to drink.

About half of households (52 percent) use a non-shared improved sanitation facility, generally a pit latrine slab (41 percent). Use of improved sanitation facilities in the program areas is lower than the nationally reported average of 78 percent.² In general, qualitative focus group and interview data indicated that the majority of individuals want to improve their existing latrines and that those who do not have latrines recognize their importance.

Household survey interviewers observed soap, detergent, or another cleansing agent at the place for hand washing in 77 percent of households. However, qualitative findings indicate that while hand washing with water takes place frequently, soap use is sometimes limited to instances where hands are visibly dirty. Respondents reported financial limitations to purchasing soap.

Agriculture

The majority of farmers (95 percent) in the household survey reported cultivating corn, and about two-thirds reported cultivating beans. Around a third (38 percent) of farming households cultivated herbs or vegetables for household consumption, and more than half (58 percent) reporting having fruit trees on their land. Livestock was raised in 87 percent of farming households. Qualitative data indicate that in most cases men are responsible for crop production and women are responsible for the rearing of fowl and animals.

Most farmers (92 percent) reported consuming products from their livestock or land, and 44 percent of farmers reported selling products from their livestock or land. Qualitative data identified three general trends for crop consumption and sales: (1) some communities produce certain crops exclusively for sale; (2) for most other crops, farmers sell their surplus after calculating their own need; and (3) the majority of livestock and poultry raised by individuals serve as sources of income, with about 20 percent consumed by the household.

² WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Sanitation and Drinking Water, 2012 Update*. Retrieved from http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-report-2012-en.pdf.

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Overall, 14 percent of farmers reported practicing at least two value chain activities, most commonly market-oriented production. A higher proportion (50 percent) of farmers reported using at least three sustainable agricultural practices, such as use of organic fertilizer or use of improved livestock facilities; however, only 8 percent of farmers reported using improved storage practices, such as grain silos. Only 16 percent of farmers reported using financial services in the year preceding the survey.

Key challenges to agriculture stated during qualitative research include a lack of financial resources to invest in products needed to improve yield (i.e., fertilizer, insecticides, and seeds); lack of technical assistance to help improve practices; lack of access to a reliable water source; and insufficient access to vaccinations for animals. Additionally, respondents reported lack of access to adequate land and lack of organization and cooperation among farmers.

Women's Health and Nutrition

The anthropometry results indicate significant nutritional challenges for women ages 15-49 (reproductive age) in the survey population. While these women appear to be consuming sufficient or even excessive calories, their heights show that during childhood and adolescence their nutritional intake was insufficient. More than half (52 percent) of these women are short in stature (less than 145 cm). Similar results were found in the 2008-2009 ENSMI where 42.6 percent of non-pregnant women of reproductive age from households with children under five years of age in the Western Highlands are short in stature.³

The majority (62 percent) of women ages 15-49 in the survey population have a BMI within the normal range, with greater rates in CRS program areas (64 percent) than in SC areas (59 percent). The mean BMI for these women is 24.3, which is very similar to the BMI of 24.9 reported in the ENSMI survey. Only 2 percent of the women surveyed are underweight, but more than one-third (36 percent) are overweight or obese. Similar rates were found in the ENSMI survey, with 1.6 percent of the women surveyed being underweight and 32.5 percent being overweight.⁴

The household survey shows that women consume, on average, 3.9 of the nine basic food groups. Almost all consumed grains, roots, and tubers (99 percent), while only around half consumed fruits and vegetables (54 percent), green leafy vitamin A-rich vegetables (52 percent), and legumes and nuts (52 percent). The focus on grains, roots, and tubers over all other food groups likely contributes to the significant portion of overweight women and may contribute to poor health.

The most common illnesses identified during qualitative data collection were stomachache, cough, cold, fever, and parasites. Many respondents indicated that the first line of treatment is self-medication with natural remedies or purchased medicines, followed by treatment at a health center, then treatment at a hospital. Respondents interviewed in the qualitative study frequently cited cost as a limitation to effective treatment and noted that when they access the options that are free or more affordable, such as health centers, providers are often not adequately equipped to address their medical needs. Respondents also reported the lack of health services available locally as a challenge.

Mothers of children under five years of age generally lack sufficient knowledge of the signs of danger during pregnancy, during the neonatal period, and during early childhood although more than two thirds of these mothers seek health care when one of the identified danger signs is present. Mothers tend to seek treatment more during the neonatal and early childhood phases than during pregnancy. Almost all mothers (97 percent) make decisions about healthcare for their children (alone or jointly with their partners) while just 63 percent make decisions about health care for themselves (alone or jointly).

³ Chaparro, Camila. 2012. *Household Food Insecurity and Nutritional Status of Women of Reproductive Age and Children under 5 Years of Age in Five Departments of the Western Highlands of Guatemala: An Analysis of Data from the National Maternal-Infant Health Survey 2008-09 of Guatemala*. Washington, DC: FHI 360/FANTA-2 Bridge.

⁴ Ibid.

Children's Health and Nutrition

The number of underweight and stunted children under five years of age is very high in both SC and CRS program areas. Lack of appropriate nutrition during childhood can have lifelong negative effects for these children in terms of physical health, mental acuity, and economic productivity. More than three-quarters of children (77 percent) under five years of age in the survey show signs of moderate and severe stunting, with greater rates in CRS program areas (80 percent) than in SC program areas (75 percent). UNICEF statistics for the entire country show a stunting rate of 48 percent in children under five years of age⁵ and the ENSMI survey shows a stunting rate of 62.5 percent in children under five years of age in the Western Highlands⁶.

Thirty-one percent of children under five years of age show signs of being moderately or severely underweight, with greater rates in CRS program areas (35 percent) than in SC program areas (26 percent). UNICEF statistics show a 13 percent rate for underweight children under age five years of age in the entire country⁷ and the ENSMI survey shows an 18.7 percent rate for children under five years of age in the Western Highlands of Guatemala⁸.

Respondents in the qualitative focus groups and interviews stated that the causes of malnutrition included poverty, lack of work or employment opportunities, poor hygiene, lack of a or limited food supply, no vitamins, improper nutrition, lack of breast milk, poor health of the mother, and limited knowledge of parental responsibility.

More than half of children (66 percent) under six months of age are exclusively breastfed according to the household survey, but only 20 percent of children 6-23 months receive a minimum acceptable diet (MAD). Focus group and interview respondents emphasized the importance of breastfeeding, and many noted that they received training on the subject. Generally, they noted that information about breastfeeding practices usually comes from parents, other family members, or health centers. Decisions about breastfeeding are made primarily by the woman or jointly with her partner.

The household survey found that 37 percent of children under five years of age in the program area had diarrhea in the two weeks preceding the survey, and 11 percent of this subset had blood in their stools. Caretakers seek advice or treatment for a majority of children with diarrhea (72 percent), and oral rehydration therapy (ORT) is used to treat half of children with diarrhea.

Conclusions

The household survey and qualitative data identify several areas that Title II programs might consider targeting. Dietary diversity for all household members appears to be lacking, particularly for woman ages 15-49 and children under five years of age. Poor dietary diversity can significantly impact the health of the survey population as evident in the high rates of stunting and underweight for children under five years of age and the high rates of overweight and obesity in women 15-49. Poor hygiene practices are another area for programs to target since these practices also significantly contribute to morbidity and mortality in the survey population as evidenced by the high rates of diarrhea in children under five years of age. Farmers report the need for more technical assistance to improve their agricultural practices and financial assistance to purchase products needed to improve yields. High poverty levels which are likely due to lack of employment opportunities and the inability of farmers to generate income from farming greatly influence all of these areas.

⁵ UNICEF. (n.d.) *At A Glance: Guatemala*. Retrieved from http://www.unicef.org/infobycountry/guatemala_statistics.html

⁶ Chaparro, Camila. 2012.

⁷ Ibid.

⁸ Chaparro, Camila. 2012.

1. Introduction

In Fiscal Year 2012, the U.S. Agency for International Development (USAID) Office of Food for Peace (FFP) awarded funding to private voluntary organizations (PVOs) to implement multi-year Title II development food assistance programs in the most food-insecure regions of Guatemala. FFP issued two awards: one to Catholic Relief Services' (CRS) Seguridad Alimentaria Enfocada en los Primeros 1,000 Días (SEGAMIL) program in San Marcos and Totonicapán departments; and the second to Save the Children's (SC) Programa de Acciones Integradas de Seguridad Alimentaria y Nutricional del Occidente (PAISANO) program in Quiché, Huehuetenango, and Quetzaltenango departments. The main purpose of these Title II programs is to improve long-term food security in the Western Highlands.

The strategic objectives of the SEGAMIL program are to strengthen small-scale agricultural production and enhance farm and non-farm income to improve food availability and access; to strengthen linkages with government and local health services to improve the health and nutrition status of mothers and children under two years old; and to strengthen the early warning institutional capacity at the community and municipal levels for food security and emergency response. Project activities include, for example, training farmers in improved crop production techniques, creating micro-watershed communities, facilitating savings and lending groups, establishing peer-learning groups to promote nutrition-related behavior change, providing food rations, and establishing municipal-level early warning systems to detect increasing food insecurity. The project is expected to reach 23,500 direct beneficiary families.

The strategic objectives of the PAISANO program are to increase the economic productivity of rural households, reduce the chronic malnutrition among pregnant and lactating women and children under five years of age, and increase community resilience. Project activities include, for example, training community extension workers, increasing farming inputs, increasing access to financial services, improving farmer group production, providing conditional food rations, and developing nutrition schools. The project is expected to reach 26,517 direct beneficiary households.

In line with the USAID Evaluation Policy, FFP contracted with ICF International (ICF) to carry out a baseline study in a sample of communities where CRS and SC will implement these programs (see Annex 10 for the Contract Scope of Work). This baseline study is the first phase of a pre-post evaluation survey cycle. The second phase will include a final survey conducted in five years when the Title II programs are completed. The baseline study includes two components: (1) a representative population-based household survey to collect data for key FFP and program-specific indicators; and (2) a qualitative component to gather additional data that adds context, richness, and depth to understand the results from the household survey. The results from the baseline study will be used for the following purposes:

1. Establish baseline values of key FFP and program-specific indicators prior to implementation of the Title II programs;
2. Assist the PVOs in establishing target levels for improvements in these indicators over the five-year Title II program cycle;
3. Inform PVOs about the current food security situation so they can refine their program design and implementation strategies and improve efficiency by targeting the areas and subgroups that will benefit most; and
4. Provide FFP baseline indicator values that can be compared across countries through meta-analyses of the indicator results.

FFP defines food security as “all people at all times hav[ing] both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.” Food security depends on four main factors: availability of food, access to food, utilization of food, and stability. Availability of food refers to the physical presence of food in the region, whether in markets, on farms, or through food assistance. Access to food refers to the ability of households to procure a sufficient quality and quantity of food. Utilization of food refers to the ability of individuals to properly absorb and select nutritious food. Stability in this context is the capacity to sustain acceptable nutrition over time.

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The baseline study of Title II development food assistance programs in Guatemala is designed to provide information on all four aspects of food security. The study investigates household food access, sanitation and hygiene, agriculture, household expenditures and assets, and health and nutrition among women and children.

This report begins with an overview of the methods for the population-based household survey and the qualitative study, followed by a summary of the food security situation in the Western Highlands. The findings from the household survey are then presented for all FFP and program-specific indicators. The qualitative study results are integrated with these findings to provide further context and understanding. The report closes with key findings and conclusions.

2. Methodology

2.1 Methods for Population-based Household Survey

A. Study Design and Objectives

The primary objective of the population-based household survey is to assess the status of key FFP and program indicators prior to program implementation. The baseline measurements will be used to calculate change in these indicators and to undertake a statistical test of differences in the indicators at completion of the Title II program cycle, when the same survey will be conducted again in the program areas. This pre-post design will enable the measurement of changes in indicators between the baseline and final evaluation, but will not allow statements about attribution or causation to be made.

B. Sample Design

The sample for the population-based household survey was selected using a multi-stage clustered sampling approach to provide a statistically representative sample of the beneficiary communities selected by each PVO, respectively, in their designated geographic regions of operation. For CRS, these communities are located in the departments of San Marcos and Totonicapán. For SC, these communities are located in the departments of Quiché, Huehuetenango, and Quetzaltenango.

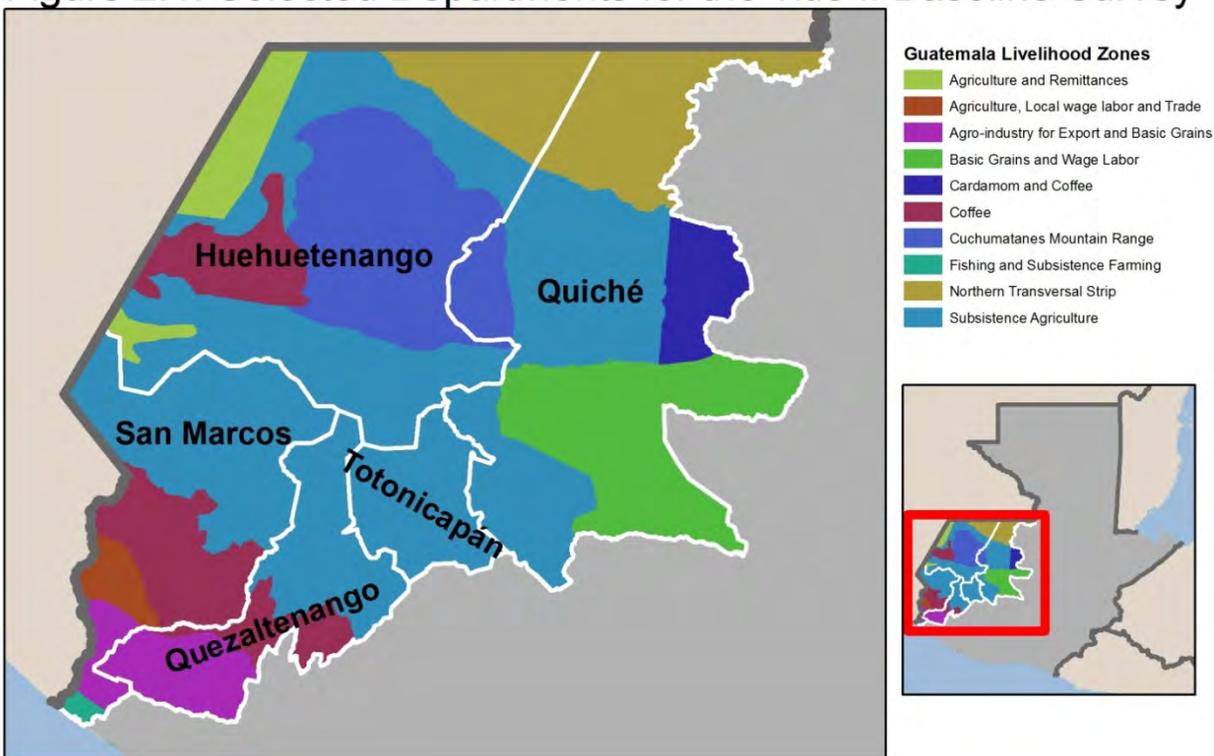
The sample allocations for each program were based on adequately powering a test of differences in the prevalence of stunting because stunting is a key measure for food insecurity. The sample size derived using the stunting indicator provides enough households to measure target change levels for all other indicators except the exclusive breastfeeding indicator for children ages 0-5 months and the minimum acceptable diet (MAD) indicator for children ages 6-23 months. The following criteria were used for deriving sample sizes for each Title II program:

- design effect (DEFF) of 2;
- confidence level of 95 percent;
- power level of 80 percent;
- expected change in stunting, over the life of the program, of 6 percentage points;
- use of the Stukel/Deitchler Inflation and Deflation Factors (see Appendix A of the FANTA Sampling Guide⁹) to determine the number of households (with children ages 0-59 months); and
- inflation of the sample size of households by 10 percent to account for household non-response.

Based on these criteria, the optimum sampling allocation was determined to be 75 communities, with 40 households per community for each program. The household sample size was 3,000 per program, or 6,000 households overall. A more detailed description of the sampling methodology can be found in the Sampling Plan for Baseline Studies of Title II Development Food Assistance Programs (see Annex 1). An overview of the sample selection procedures is provided below.

⁹ FANTA III Sampling Guide (1999) and Addendum (2012). Retrieved from <http://www.fantaproject.org/monitoring-and-evaluation/sampling>

Figure 2.1. Selected Departments for the Title II Baseline Survey



The sampling frame for each program was constructed from the set of communities selected for implementation by the PVOs. The PVOs provided community lists, which were matched to census-level household and population information in order to assign a measure of size for each community. Census-level household counts for communities in Guatemala were obtained from the 2002 Census, conducted by the Instituto Nacional de Estadística (INE). Since the last Census was conducted in 2002, some of the communities in the lists provided by the PVOs could not be matched to the Census file. For these communities, each PVO provided household counts.

The sample selection of 6,000 households was done in two stages: first, sampling of geographic clusters (or communities), and second, sampling of households within the communities. The first-stage sample of 75 communities for each program was selected using the sampling frame and an approximation to the PPS (probability proportional to size) sampling method. Table 2.1 provides the total program and sampled community and household counts for each program.

Table 2.1 Sampled Communities and Households for Each Title II Program

Department	Total communities in program	Total households in program	Total communities sampled	Total households sampled
SC PAISANO				
Huehuetenango	80	9,688	24	960
Quezaltenango	25	6,828	16	640
Quiché	93	14,641	35	1,400
Total	198	31,157	75	3,000
CRS SEGAMIL				
San Marcos	134	15,456	34	1,360
Totonicapán	125	18,701	41	1,640
Total	259	34,157	75	3,000

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Sampled communities were allocated proportional to the size of each department. Villages with less than 40 households, which accounted for 3 percent of all households, were removed from the sampling frame. Replacement communities were selected and used in instances where a community refused to participate. Replacements were made based on matching the department and sampling size stratum.

The second-stage selection of households was completed when the field teams entered each community. Prior to the second-stage sampling, the selected communities were canvassed on the ground in order to

- validate and/or update the household counts for each community;
- determine the appropriate sampling interval needed to obtain 40 households, using updated household counts;
- assess the density and placement of households within the community; and
- determine whether the community was large enough to divide into segments.

A systematic sampling approach was used to select households. This method entailed (1) randomly choosing a starting point between 1 and n (the sampling interval), with the household labeling 1, 2, ... n commencing at one end of the cluster; (2) conducting an interview in the first household represented by the random starting point; and (3) choosing every n th household from the previous one thereafter for an interview (where n is the sampling interval and equals the total number of households in the cluster, divided by 40), until the entire cluster has been covered. The field team supervisor was trained on how to implement the systematic sampling method before entering the field. Global positioning system (GPS) units were used to capture the longitude and latitude at the center of each community. Households in which no survey was conducted due to absence or refusals after three attempts were not replaced; therefore, the target of 40 households per cluster was not always achieved. The total number of households with completed interviews for each program is provided in the Findings, Section 4.1.

A third stage of sampling was done at the individual level to select one woman in households where multiple women were eligible to be interviewed for questionnaire Modules E (women's health and nutrition) and I (mother's health care awareness and decision making). For Module E, all women of reproductive age (15-49) were eligible and for Module I, all mothers of children ages 0-59 months were eligible. A Kish grid was used to randomly select the woman to be interviewed. All children under five years old were interviewed for the children's module. For Module G (agricultural practices), the primary farmer (first farmer identified on the roster who was usually the head of household) was first interviewed. When the farmer being interviewed did not have decision-making responsibility over an area in the questionnaire (for example, raising animals), a second farmer was interviewed who could provide answers for that part of the module. Further details of sampling at the individual level are provided in the Sampling Plan for Baseline Studies of Title II Development Food Assistance Programs (Annex 1).

C. Questionnaire

The survey questionnaire (see Annex 2) was developed through a series of consultations with FFP, the Food and Nutrition Technical Assistance III Project (FANTA), and the PVOs before, during, and after the in-country workshop in December 2012. During the workshop, ICF and the PVOs shared information about the baseline study and Title II programs and worked on finalizing the survey questionnaire.

A preliminary questionnaire was developed prior to the workshop, based on the selected FFP indicators and the guidelines described in the *FFP Standard Indicators Handbook*.¹⁰ Definitions for sustainable agricultural practices, value chain activities, and improved storage practices were confirmed with the PVOs during the workshop, along with definitions for the program-specific indicators to be included in the questionnaire. Other questions that required adaptation to the local country context, such as foods and

¹⁰ USAID. (2011). *FFP Standard Indicators Handbook (Baseline-Final Indicators)*. Retrieved from http://pdf.usaid.gov/pdf_docs/pnadz580.pdf

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types of sanitation facilities, were also defined in consultation with the PVOs, the USAID mission in Guatemala, FFP, and FANTA.

The questionnaire consisted of separate modules for the following topics:

- Module A: Household identification and informed consent
- Module B: Household roster
- Module C: Household food diversity and hunger
- Module D: Children's nutrition and health
- Module E: Women's nutrition and health
- Module F: Household sanitation practices
- Module G: Agricultural practices
- Module H: Household consumption
- Module I: Mother's health care awareness and decision making
- Anthropometry

Questions for Modules A through G were adapted using questions from the *FFP Standard Indicators Handbook* and the Demographic and Health Survey (DHS) questionnaire¹¹. Questions for Module H were adapted from the Guatemala Encuesta Nacional de Condiciones de Vida (ENCOVI) survey, conducted by Instituto Nacional de Estadística (INE) in 2011. After discussions during the initial workshop, the PVOs provided questions for Module I.

D. Field Procedures

a. Training, Piloting, and Pre-testing

For training and fielding purposes, ICF developed three separate training manuals based on FFP and DHS guidelines:

1. **Supervisor Manual** – includes a number of topics required to effectively prepare supervisors and field editors for fieldwork, such as introduction and objectives of the study, survey organization, team leader roles and responsibilities, rules and regulations, ethics, fieldwork preparations, and quality control requirements/procedures.
2. **Interviewer Manual** – includes guidelines for implementation of the survey and fieldwork procedures including interviewing techniques and procedures for completing the questionnaires. This manual also included detailed explanations and instructions for each question.
3. **Anthropometry Manual** – includes procedures adapted from the DHS biomarker manual for all of its surveys worldwide. The procedures in the DHS biomarker manual were adapted from *How to Weigh and Measure Children*¹² and approved by FFP for use in this survey.

Supervisor training was held in Quetzaltenango from January 14-20, 2013. The field director and coordinators from the Guatemalan subcontractor Aragon y Asociados and field managers from ICF led the supervisor training. PVO representatives from SC and CRS observed the training and provided input. The training covered supervisor roles and responsibilities, rules, behaviors and ethics, household and respondent selection, use of the field control sheet, maps and segmentation, GPS data collection, and a detailed review of the household survey questionnaire with group practices and mock interviews/role playing. The training also included a review of the methodology for callbacks and field editing. Subject matter experts on agriculture and nutrition supported the training and provided input on local agricultural practices and nutrition in the Guatemalan context.

¹¹ DHS Model Questionnaire – Phase 6 (2008-2013) (English, French)/ Retrieved from <http://www.measuredhs.com/publications/publication-dhsq6-dhs-questionnaires-and-manuals.cfm>

¹² I.J. Shorr. *How to Weigh and Measure Children*. UN: New York. 1986. Modified in 1998.

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Interviewer training took place in Quetzaltenango from January 28 to February 9, 2013. The training covered interviewers' roles and responsibilities, rules, behaviors and ethics, respondent selection, and detailed review of the household questionnaire with group practices and mock interviews/role playing. The agriculture and nutrition subject matter experts who assisted with the supervisor training also participated and provided input on local agricultural practices and nutrition in the Guatemalan context. Aragón y Asociados field directors and coordinators, as well as ICF field managers, led the interviewer training. Trained supervisors also participated by providing input and leading exercises during practice sessions.

Due to delays in the start of fieldwork, all field coordinators, supervisors, and interviewers attended a week-long refresher training course in Quetzaltenango from March 18-23, 2013.

Anthropometry training was conducted concurrently with the interviewer training in the training facility and at child care centers in Quetzaltenango. Twenty-one health professionals were trained as anthropometrists by ICF expert Irwin Shorr and his Guatemalan counterpart/assistant. All interviewers were also trained to serve as anthropometry assistants during this 6-day training.

Anthropometry standardization took place at a training facility and at child care centers in Guatemala City from March 11-23, 2013. It started with reviews of anthropometry procedures, followed by implementation of anthropometry standardization. Independent replicate measures of 10 subjects were taken by all anthropometrists and supervisors for each of the following standardization tests:

- Maternal height
- Maternal weight
- Standing height of children 2-5 years of age
- Weight of children 2-5 years of age
- Recumbent length of children under two years of age
- Weight of children under two years of age

All anthropometry team members—one lead anthropometry supervisor, seven anthropometry supervisors, and 21 anthropometrists—passed the standardization tests.

Immediately following the supervisor training, supervisors piloted the questionnaire in eight communities selected by the PVOs in each of the five departments on January 22-23, 2013. The PVOs, SC, and CRS observed the pilot interviews and provided feedback. The purpose of piloting was to test the soundness of the questionnaire and to identify potential problem areas, such as skip patterns, wording, sequence of questions, clarity of the questionnaires in terms of both coding and instructions to interviewers, and whether any of the questions were particularly difficult or sensitive. After piloting was completed, a debriefing session was held with the supervisors to discuss and address difficulties or problems with the interviews. Based on the pilot results, ICF revised the questionnaire and forwarded it to USAID for final approval before the start of interviewer training.

Following the interviewer and anthropometry trainings, the pre-tests were conducted on February 11 and 12, 2013, with each of the 21 field teams located in 12 communities throughout each of the five departments. The purpose of the pre-tests was to observe all interview team members' to ensure preparedness, appropriate contact strategy, familiarity with the questionnaires outside the classroom, and an understanding of the household sampling process. SC and CRS also observed the pre-tests and provided feedback. A debriefing session was held with coordinators, supervisors, interviewers, and anthropometrists to discuss their pre-testing experiences and to identify and address problems with preparedness, field procedures, or contact strategy.

b. Fieldwork

The Title II data collection team members in Guatemala included one field director, five regional coordinators (one assigned to each of the five departments), 21 supervisors, 84 interviewers, one lead anthropometry supervisor, seven regional anthropometry supervisors, and 21 anthropometrists. There

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were 21 field teams. Each team consisted of one supervisor, four interviewers, and one anthropometrist. In each team, a supervisor and one selected interviewer conducted field editing of the questionnaire. The baseline survey was conducted in five languages: Ixil, Quiché, Mam, Popti, and Spanish. Interviewers with appropriate local language skills were assigned to the communities where their native indigenous languages were spoken.

Five ICF field managers rotated and oversaw the training and fieldwork in Guatemala. During critical periods, including training and re-training, anthropometry standardization, questionnaire, piloting, pre-tests, and beginning of fieldwork, two to three ICF managers were in-country at the same time to coordinate and supervise activities. ICF managers provided supervision during the entire fieldwork period. Collectively, they visited all interview teams in the five departments to observe the interviews; and to identify and correct mistakes, especially at the beginning of fieldwork; and to provide feedback and guidance for improvement.



Fieldwork in Guatemala lasted approximately 2.5 months (starting April 1 and ending June 15, 2013). As described in Section 2.1B, field supervisors were required to confirm/recount the number of households in each community before conducting the interviews. The updated household counts were reported to the ICF survey specialist, who determined appropriate sampling intervals and random start points.

ICF implemented additional anthropometry supervision by having seven anthropometry supervisors monitor anthropometry activities during fieldwork. Each supervisor supervised four to five anthropometrists in each department. The seven anthropometry supervisors reported to the overall anthropometry coordinator/lead supervisor during data collection. The lead supervisor regularly consulted the ICF anthropometry expert and field managers on all issues related to anthropometry during fieldwork.

For quality control purposes, supervisors were required to keep fieldwork control sheets to record contact with households and GPS data for each community. These sheets were used to record number of attempts to reach each household, number of households and individuals interviewed within each household, and reasons for non-response in households where interviews were not obtained.

Supervisors were required to conduct spot checks of at least 15 percent of all interviews. As a part of this quality control process, supervisors verified (1) the interview took place, (2) the approximate duration of the interview, (3) the information on the household roster was accurate, (4) the proper administration of the various sections of the questionnaires, and (5) interviewers' general adherence to professional standards. In addition, a supervisor and a selected interviewer in each team conducted field editing to review every completed questionnaire on the same day of data collection. Questionnaire editing was done to check for adequate completion of all fields, missing data, and legibility of open-ended items. Interviewers were required to make corrections or return for subsequent interview, if necessary.

c. Data Entry and Processing

After all survey forms for a community were cleared through the field quality control procedures, the forms were packaged and forwarded to the central data entry office in Guatemala City. A team of trained data entry personnel inputted data on the forms using proprietary software developed by Aragón y Asociados and customized to the survey form. ICF worked directly with the data entry teams to ensure that the data entry software was thoroughly tested and matched the survey form. ICF reviewed the data entry software to ensure that only valid data ranges were allowed for each question and that the program included checks for questionnaire logic (e.g., skips and filters) and flagged any data inconsistencies. ICF developed a common IBM SPSS Statistics database structure, which was forwarded to the in-country data processing team and was used to deliver all data to ICF.

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ICF conducted a quality control review of the raw data and converted SPSS data files after 100 survey forms were entered to ensure that the data were complete and accurate and to determine whether there were any problems with data conversion or the database structure. Appropriate feedback was provided, and changes to the data entry software or SPSS database were incorporated as needed.

For the final dataset, data cleaning took place locally, in-country, based on ICF's review of the final dataset. Checks were conducted for the following: village matching to sampled villages; household roster consistency with individuals interviewed for each module; duplicate records; data completeness (e.g., variables, labels, and missing data); data validity (e.g., frequency distribution anomalies and out-of-range values); and data consistency (e.g., correspondence between the number of interviews at each level, and skip patterns). Identified data inconsistencies were forwarded to the data teams for review and correction. Final data review and preparation for analysis took place at ICF after receipt of the cleaned dataset.

E. Data Analysis

a. Sampling weights

Sample weights were computed for each indicator corresponding to a unique sampling scheme. The sampling weight consists of the inverse of the product of the probabilities of selection from each of the stages of sampling (cluster selection; household selection; and, when relevant, individual selection). For Guatemala, separate weights were derived for the following:

- Households (used for indicators derived from Modules C, F, and H)
- Children (Module D)
- Women 15-49 years (Module E)
- Farmers (Module G)
- Mothers of children ages 0-59 months (Module I)

Weights were adjusted to compensate for household and individual non-response, as appropriate. Different sampling weights were calculated for separate analyses of each implementing partner area and for the Title II program area as a whole.

b. Indicator definitions and tabulations

FFP indicators were calculated using tabulation methods as currently documented in the *FFP Standard Indicators Handbook*. Table A3.1 in Annex 3 presents the specific definition and disaggregation for each indicator. Child stunting and underweight indicators are derived using the World Health Organization (WHO) Child Growth Standards and associated software.¹³ Consumption aggregates—to compute prevalence of poverty, mean depth of poverty, and per capita expenditure indicators—follow the World Bank's Living Standards Measurement Survey (LSMS)¹⁴ methodology (see Annex 4 for more detail).

The four FFP agricultural indicators were developed based on input from the PVOs, FANTA, and FFP. Agricultural activities, value chain activities, and storage practices were defined based on those activities and practices used and promoted by the PVOs. Table A3.2 of Annex 3 provides operational definitions of each indicator.

Program-specific indicators were selected and defined based on the objectives of the programs designed by the PVOs. These indicators were discussed during the December workshop and were finalized based on input from FFP, FANTA, and the PVOs. Table A3.3 of Annex 3 provides the selected program-specific indicators and their definitions.

Results for all indicators are weighted to represent the full target population and tabulated for the combined program areas and for each Title II program separately. Point estimates and variance

¹³ WHO. (2011). WHO Anthro and macros, version 3.2.2. Retrieved from <http://www.who.int/childgrowth/software/en/>

¹⁴ Living Standards Measurement Study (LSMS) surveys. Retrieved from www.worldbank.org/lsm

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estimation are derived using Taylor series expansion and take into account the design effect associated with the complex sampling design; 95 percent confidence intervals are provided for all FFP indicators at the country level and for each Title II program separately. A tabular summary of all indicators with confidence intervals for both program areas combined and separately is provided in Annex 7.

c. Handling of missing data and “Don’t Know” responses

Missing data points were excluded from both the denominator and the numerator for calculation of all FFP and program specific indicators. Coders recoded “Don’t Know” responses to the null value and included them in the denominator. For example, for the household dietary diversity component, “Yes”, “No” and “Don’t Know” responses were included in the denominator, but only “Yes” responses were counted in the numerator. The number of “Don’t Know” responses was in any case small, (e.g., in the case of the HDDS indicator, the maximum number of “Don’t Know” responses for any food group was 4 cases, which is equivalent to less than 0.1 percent of the total sample).

For anthropometry indicators, the WHO software flagged biologically implausible cases according to WHO criteria,¹⁵ and only those children with valid weight and height scores were included in the analysis for the stunting and underweight indicators. Implausible cases were excluded from the analysis, but were left in the dataset.

d. Descriptive cross-tabulations

Further descriptive analyses were conducted to provide additional context and present the subcomponents underlying some key indicators. These descriptive analyses include the following:

- Characteristics of households: household size, household headship, education level of head of household, gendered household type, percentage of households with children under five years of age and with a child 6-23 months;
- Food groups consumed for Household Dietary Diversity and Women’s Dietary Diversity;
- Sanitation practices: drinking water sources, treatment of drinking water, and toilet facilities;
- Prevalence of stunted and underweight children under five years of age, by age group;
- Breastfeeding status for children under two years, by age group;
- Components of a minimum acceptable diet (MAD) for children 6-23 months;
- Percentage of women 15-49 years old by Body Mass Index (BMI) and height groupings;
- Percentage of farmers by value chain activity performed in the past 12 months;
- Percentage of farmers by sustainable agricultural practice used in the past 12 months; and
- Percentage of farmers by storage practice used in the past 12 months.

e. Multivariate Models

Multivariate analyses were performed to deepen PVOs’ understanding of the causes of food insecurity and malnutrition. These analyses were adjusted to take the design effect into account and were conducted separately for each program and overall. Multivariate analyses focused on two critical indicators:

- Household Hunger Scale (HHS)—moderate or severe hunger as a critical food insecurity indicator
- Prevalence of stunted children under five years of age—height-for-age Z-score (HAZ) as a critical malnutrition indicator

For household hunger (a binary indicator), a logistic regression approach was used. For the HAZ (a continuous indicator), an ordinary least squares (OLS) regression approach was used.

¹⁵ WHO Multicentre Growth Reference Study Group. WHO Child Growth Standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development. Geneva: World Health Organization, 2006 (312 pages).

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For each of these outcomes, independent variables were identified separately. The variables were selected based on the availability of variables from the survey data and their theoretical relevance as predictors; this relevance was established by reviewing previous models and discussions with the PVOs, FFP and FANTA. Independent variables included in each model are presented in sections 4.2.A.1 and 4.5.A.1, with the full models presented in Annex 8. It is worth noting that these models are exploratory rather than causal, and that the possibility of unobserved variable bias cannot be ruled out.

2.2 Methods for Qualitative Study

A. Study Design and Objectives

The overarching objective of the qualitative component of the baseline study is to elucidate and contextualize the findings from the population-based household survey. Specifically, the qualitative component aims to uncover patterns in decision-making and access to health care and food/beverages at the family and villages levels, and to help researchers understand the “how” and “why” of food utilization and consumption, as well as the access and uptake of health care. For example, the household survey provides information about foods and beverages the household uses, consumes, or produces; and health care the household accesses, uses, or consumes. Qualitative data provide insight into who makes the decisions regarding food/beverage usage, consumption, and production, as well as decisions regarding health care use and/or consumption, what the decision-making process is, and how other factors (such as demographic characteristics, culture, or socio-historical context) may affect the decision-making process.

To supplement the household survey findings, ICF aimed to meet seven intermediate analytic goals:

1. Describe access to and use of food and beverages at the household and village levels, especially access and use for women and children under five years of age.
2. Describe the decision-making process used for food and beverage consumption at the household and village levels, especially as it affects women and children under five years of age.
3. Describe patterns in the health care needs of households and villages, and the access to and type of care available to household and village members, emphasizing the needs of women and children under five years of age.
4. Describe how decisions are made regarding health care at the household and village levels, especially for women and children under five years of age.
5. Describe patterns in agricultural development and processes at the household and village levels for farming for subsistence and income generation.
6. Describe the living conditions and economic practices of potential program participants.
7. Describe any cultural, political, environmental, or other social contexts that may influence decision making and access to food and health care.

To meet these objectives, a qualitative research team undertook a field study of a sample of communities where CRS’ SEGAMIL and SCs’ PAISANO are implementing their programs. The field study consisted of three components. First, the qualitative team met with staff from the PVOs and from the survey team to identify key areas that needed more in-depth exploration. Second, as described below, the team visited eight communities in five departments, where they undertook both in-depth interviews (IDIs) and focus group discussions (FGDs) with a sample of individuals. Finally, the team conducted formal interviews with key informants (KIs) who had insights into health and nutrition as well as livelihood development in the communities where the SEGAMIL and PAISANO programs are taking place.

B. Study Sample

The household survey was conducted at the household level with four primary respondent groups: the head of household or responsible adult, women ages 15-49, primary caregiver or mother of children ages 0-5 years, and farmers. These groups were also the primary focus of the qualitative data collection. Specifically, the qualitative team interviewed two categories of individuals: KIs and potential direct beneficiaries (PDBs). PDBs are individuals who may participate in the program once the programs roll out their respective projects. KIs are individuals who, due to their position, have important information

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regarding the communities in the Title II program areas or the programs themselves. In this study, the qualitative team worked with the following six categories of respondents who were PDBs:

- Male head of household: A man who self-identifies or is identified by another household member as head of household and has decision-making authority. This individual may or may not have children, may or may not have a single or multiple spouses, and may or may not participate in farming activities. The preference is to speak with individuals who have children under five years of age in the household, though this is not a requirement.
- Female head of household or lead female in household: A woman who self-identifies or is identified by another household member as a lead female figure in a household and has some decision-making authority. The individual may or may not have children, may or may not live with her husband or a male head of household, and may or may not participate in farming activities. The preference is to speak with individuals who have children under five years of age in the household, though this is not a requirement.
- Male farmer: Using the standard FFP definition of farmer¹⁶ established in the baseline survey, a male who undertakes and has decision-making authority over farming activities either on his own property or on someone else's (community plot). The type of farming the individual undertakes is open. He may participate in the care of animals, preparation of fields, tending to and harvesting crops, or the processing of food stuffs. He may participate in farming either for subsistence or income generation, or both.
- Female farmer: Using the definition of farmer indicated above, a female who undertakes and has decision-making authority over farming activities on her own property or someone else's (community plot). The type of farming the individual undertakes is open. She may participate in the care of animals, preparation of fields, tending to and harvesting crops, or the processing of food stuffs. She may participate in farming either for subsistence or for income generation, or both.
- Male caregiver or father: A male in the household who either cares for children in the household or is a father of children under five years of age. He should have knowledge of the child's feeding and eating patterns and health care needs and consumption. This individual may or may not be a head of household and may or may not farm. It is not important or relevant for this individual to be a farmer.
- Female caregiver or mother: A female in the household who either cares for children in the household or who is a mother of children under five years of age. She should have knowledge of the child's feeding and eating patterns and health care needs and consumption. This person may or may not have a spouse living in the household. It is not important or relevant for this individual to be a farmer.

The KIs included representatives from the PVOs and their partners, community or department health and/or nutrition experts, and community or department livelihood or agricultural development experts.

For the qualitative study component, the sampling strategy was purposive. That is, ICF and the team targeted communities and individuals based on a set of criteria in order to meet the overall objective of

¹⁶ FFP definition of a farmer: Farmers include (1) herders and fishers and are men and women who have access to a plot of land (even if very small) over which they make decisions about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR (2) men and women who have animals and/or aquaculture products over which they have decision-making power. Farmers produce food, feed, and fiber, where "food" includes agronomic crops (crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., nontimber forest products, wild fisheries). These farmers may engage in processing and marketing food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps.

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the qualitative component. Three main criteria were used to select the sample: category of individual, geographic region, population size (to denote access to services), and strategic objectives of the PVOs. Annex 5 provides a table showing the department, municipality, community, estimated number of households, data collection activity undertaken, and the PVO responsible for each community visited.

C. Instruments

Prior experience in conducting the qualitative interviews demonstrated that community members were able to answer not only specialized questions for their topic area, but questions in all topic areas, because their roles and responsibilities at the household level often crossed over, such that a male head of household often is also a farmer, or a female household lead is also a mother. Therefore, ICF reduced the number of question guides used for the FGDs and IDIs in Guatemala to five, as follows:

- IDI guide for PDBs;
- FGD guide for PDBs;
- IDI guide for PVO reps;
- IDI guide for business and agriculture development expert; and
- IDI guide for health and nutrition expert.

The English and Spanish versions of these question guides are included in Annex 6.

Two priorities were set in the development of these question guides. The first priority was to meet the objective of the qualitative research; that is, to help researchers understand findings from the household survey. The team did this by ensuring that the topic areas covered in the qualitative question guides mirrored those found in the household survey instruments. The topic areas include the following:

- Background information
 - Description of household
 - Description of individual's role in household
- Food access and utilization
- Nutritional status of women and children
- Health status, access to health care, and health care consumption
- Water, sanitation, and hygiene
- Agricultural practices and production
- Livelihood
 - Agricultural sources of income
 - Other income sources
 - Savings and expenditures
- Socio-cultural community context
- Program implementation, strategies, and goals

The second priority was to work with the survey team from Guatemala and identify potential gaps or topic areas that required additional information. The following topic areas were added based on the team's preliminary observations of data collected through the survey:

- Sanitation: explore type of facility and awareness around latrine use
- Agricultural production
 - Decision making: types of foods produced
 - Storage: practices and strategies
 - Marketing: practices as well as access and opportunities
 - Financial services: Saving practices and insurance
 - Response to crisis
- Dietary habits: decision making around food choice/selection
- Infant and young child feeding practices
 - Breastfeeding (initiation, duration, predominant or not)

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- Introduction of solid, semi-solid or soft foods
- Dietary diversity for young children (under two years)
- Diarrhea: data indicate a high prevalence of diarrhea among children under five years of age
 - Diarrhea knowledge
 - Local treatment practices
 - Difficulties accessing treatment or health professionals
- Gender, decision-making roles and responsibilities
- Migration
- School attendance: balancing agricultural work with schooling/education

The interview and focus group guides were first prepared in English; the next draft was first completed in English and then translated into Spanish. FFP and FANTA reviewed the English draft, and CRS and SC reviewed the Spanish draft. Upon receipt of feedback from FFP, FANTA, and the PVOs, a final version was completed. ICF used the Spanish version to train the data collection staff from the local subcontractor, El Instituto de Estudios Interétnicos (IDEI). Based on experience from the household survey data collection, the interviewers worked from the Spanish guides, even with interviews conducted in the local Mayan languages Mam and Quiché.

D. Data Collection

Data collection occurred in the following eight communities in five departments:

1. Totonicapán: Chiusuc Centro
2. Totonicapán: Paraje Pajomet
3. Quiché: Chugüexa I
4. Quiché: Ojo de Agua Camino Real
5. Quetzaltenango: Varsovia
6. Huehuetenango: Magdalena Chancol
7. San Marcos: San Francisco
8. San Marcos: Cerro Grande

Two teams were involved in the qualitative data collection: a recruitment team and a data collection team. The recruitment team traveled two days prior to the data collection team to gain access to the community and identify participants that met the selection criteria. Ultimately, six FGDs and 24 IDIs with potential direct beneficiaries and eight IDIs with KIs were conducted. PDB interviews were conducted by individual representatives from IDEI in the local language or in Spanish, and the interviews were overseen by the ICF Qualitative Research Lead, who is fluent in Spanish. The same ICF Qualitative Research Lead, with the assistance of an interpreter, oversaw the interviews that took place in the Mayan languages. As described above, one primary guide was used for all of the IDIs and a second was used for the FGDs with PDBs. Each IDI with PDBs lasted approximately one and a half hours, and each FGD with PDBs lasted between one and a half to two hours. On average, the IDIs and informal conversations with KIs lasted between one and a half to two hours. All of the IDIs and FGDs were digitally recorded. A senior researcher took field notes during the interviews and FGDs to accompany the transcripts from the recordings.

E. Data Preparation, Coding, and Analysis

Prior to the completion of the data collection, the local subcontractor began transcribing and translating the IDIs and FGDs that were digitally recorded. ICF conducted periodic quality assurance checks to ensure that the transcripts aligned with observations of interviews. Some challenges with transcription were encountered due to conducting the interviews outdoors, which caused difficulties hearing the recordings. For the few portions of the interviews that were inaudible, analysts relied on field notes to supplement analysis. Once the transcription was completed, an individual from the coding team developed a codebook in collaboration with an individual from the data collection team, drawing from the IDI and FGD protocols, experience in the field, and the structure of the final report. The data were coded

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using ATLAS.ti. To check for reliability at the front end of coding, two coders coded the same transcript simultaneously and re-coded until they reached consensus. The lead coder then reviewed the coding to ensure consistency. The coded qualitative data were analyzed using both content and domain analyses. Content analysis was used to identify themes or trends in responses, both within and across respondent groups, so that the findings from the household survey could be triangulated with the findings from the qualitative data collection. For example, content analysis identified which foods individuals consumed and whether those identified through the qualitative component of the study aligned with those from the household survey. Domain analysis examined the possible relationship between responses and the socio-cultural context of the communities in which the program was being implemented. Drawing from the previous example, domain analyses was undertaken to understand the context in which choices about food consumption were made and the possible influence that particular contextual factors may have on the decision-making process. The purpose of this report is to assess the qualitative trends in relationship to the household survey findings, and to better understand the quantitative indicators through an examination of context. Specifically, the qualitative analysis examines the following issues: migration, women's rights, drivers and decision making around consumption, poverty and livelihoods, sanitation, agricultural development, community-level health issues, and health and nutrition in women and children.

2.3 Study Limitations and Issues Encountered

Limitations and issues encountered during the baseline study of Title II development food assistance programs in Guatemala are summarized below.

Compressed timeline for fielding the surveys

Baselines are critical to the overall Title II program evaluation cycle and must measure key attributes of the target population prior to the start of program implementation. This requirement resulted in considerable pressure to field the baseline data collection as soon as possible so as not to delay the start of program implementation. Within a very limited time frame, the ICF research team developed the technical approach to the baseline study and created survey instruments, procedural manuals, and field guides. Because it was the first time FFP contracted with an outside firm to conduct an independent baseline study of Title II programs, many elements of the project had to be developed for the first time. Future FFP-managed baseline and endline surveys will benefit from the preparative work accomplished during this early stage.

Qualitative study designed concurrently with population-based household survey

Due to the short timeline for the overall study, it was not possible to undertake the qualitative study after the household survey was completed, so the surveys were conducted concurrently. There were consequences in having the components occur simultaneously. First, the qualitative research team was unable to draw from the household survey findings to inform the study design. Consequently, the instruments, sampling, and overall approach were designed prior to the household survey data collection. Second, so as not to miss particular topic areas, the qualitative team covered a broad range of topics but could have covered the fewer topics in greater depth had the household survey results been available. Third, the qualitative team emphasized data collection at the household level with single individuals rather than at the key informant level so that data could be triangulated with data collected by the household survey teams. The number of communities visited and interviews conducted were limited, which constrained researchers' ability to identify contextual differences across communities. While in most cases the data collected are useful in exemplifying the findings from the household survey, further qualitative information could have helped to explain specific household survey results.

Outdated household counts and maps

The quantitative research team did not originally plan to conduct a household listing exercise in sampled communities. However, a listing exercise was necessary because census counts were outdated. The need for verification of household counts led to complications, in terms of time and costs. ICF and Aragon y Asociados explored a variety of sources for maps. However, up-to-date maps were not always available

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for some communities. The teams spent a considerable amount of time making sure that the entire community was covered by checking with local informants, who sometimes provided contradictory information. The main consequence was that fieldwork in some large or vaguely delimited communities took longer than expected.

Recruitment and training challenges

To address cultural and language barriers, ICF recruited interviewers from the region and, when possible, from specific departments and municipalities. Recruiting a sufficient number of qualified interviewers for such a large-scale and complex study presented challenges not only for the household survey, but also for the qualitative data collection. Some interviewers were screened out during the training and fielding process. ICF spent significant time and resources to train and improve the capacity of the data collection team members to the level required. The capacity of the team members was the key to successful fieldwork implementation.

Logistics and transportation constraints

The research team experienced significant challenges due to the geography and road conditions in the Western Highlands. It takes hours to travel from one community to another. In addition, rainfall during the last month of fieldwork made the roads treacherous, and the teams experienced great difficulty in accessing certain communities.

Difficulty accessing communities

ICF experienced difficulties in obtaining support from local authorities, particularly in the departments of Totonicapán and Huehuetenango. Some community leaders had not yet been informed about the Title II programs. Additional difficulties were caused due to distrust and resistance in some communities stemming from the repression during the Civil War from the 1960s to 1996 and recent news about mining companies allegedly misleading community members into signing papers to turn over their lands to outsiders. Also, the delay due to the prolonged process of reaching an agreement on anthropometry procedures with the PVOs and USAID caused some communities to cancel their participation in the survey. When communities were not accessible or refused to participate, they were replaced with pre-identified back-up communities. However, the process of replacing communities took time and created logistical planning issues.

Difference in anthropometry standards

Significant delays in the fieldwork schedule were caused due to the time and resources needed to clarify the updated anthropometry standards which were not yet in use by health authorities in Guatemala. This effort required many meetings with the USAID/Guatemala Mission, FFP, and the PVOs. Additional anthropometry standardization training was conducted as part of the process in gaining approval of the updated procedures.

Length and complexity of the questionnaire

The length and complexity of the questionnaire made interviews difficult. Interviewers often needed to explain survey questions verbally. Respondents often were tired toward the end of the interview and needed extra coaxing in order to finish the interview. In addition, the survey required responses from multiple household members, which added to the time required to complete the questionnaire since interviewers often needed to wait or return to households later to interview appropriate respondents.

Confusion over eligibility criteria for children

On the household roster, eligible children are defined as “any child under six years of age.” However, the definition of children eligible for the children’s module is “those under five years of age.” Although the inclusion of children under six as eligible on the roster was intentional so as not to miss any children that might actually be less than five, this difference in definition between the roster and the children’s module created confusion for many of the field staff and interviewers. Field managers and supervisors continually

explained and reinforced the difference between the roster requirements and the children's module verification of age under five years throughout the trainings and fieldwork.

Seasonality of data collection

In the Western Highlands, there is one primary season with an April/May planting that is harvested in November and December. The annual lean season starts in June and peaks in July and August. The household survey was intentionally conducted in April to June, during the start of the lean season, so as to measure indicators during the most vulnerable period for the beneficiary population. Although this is not a limitation, it will be important that endline data are also collected during the same time period since seasonal fluctuations influence indicators measuring food access, hunger, and dietary diversity.

Tight timeframe for analysis and reporting

The tight timeframe for data analysis and reporting did not allow sufficient time for the research team to thoroughly analyze and evaluate the wealth of data collected for the household survey. The quantitative analysis focused on development of the indicators, accompanied by supporting bivariate analyses. Little time was available to develop and explore further multivariate analyses. Additionally, much of the rich qualitative data that was collected could not be fully analyzed and included in the report.

3. Overview of the Food Security Situation in the Western Highlands of Guatemala

Guatemala has one of the highest rates of malnutrition in the world and has a long history of food security challenges. Nearly half of children under age 5 suffer from malnutrition.¹⁷ In particular, indigenous populations are more affected by malnutrition and poverty than other populations.¹⁸ According to data from the 2008-2009 National Maternal-Infant Health Survey of Guatemala (ENSMI), nearly three-fourths of households reported worrying about the amount of food in the household, and around two-thirds lacked adequate money to buy food over the month preceding the survey. The study found that just under half of women are short in stature and around the same percentage are either overweight or obese. More than half of children under age 5 are stunted, and around one-fifth are underweight.¹⁹ The most important contributing factors to food insecurity in the region are lack of access to food by the poor and limited utilization of food.²⁰

Many Mayan families depend on low-yield, small-scale agriculture with insufficient productivity to meet household needs. Land tenure policies as well as population growth have contributed to the increasingly smaller plot sizes in rural indigenous areas, with an average size of 0.5 to 2 hectares per household.²¹ Most land farmed by this population is hilly, with the most productive land in use by large export companies. Productivity is vulnerable to droughts since nearly all agriculture in this area is rain-fed.²²

In the Western Highlands there is one primary season, with an April/May planting that is harvested in November and December. The annual lean season starts in June and peaks in July and August. The most common crops cultivated in the Western Highlands are maize and beans.

¹⁷ World Food Programme. (n.d.). EU food facility fact sheet: Guatemala. Retrieved from <http://www.wfp.org/content/eu-food-facility-fact-sheet-guatemala>

¹⁸ U.S. Global Health Initiative. (n.d.). Global Health Initiative: Guatemala strategy. Retrieved from <http://www.ghi.gov/country/guatemala/documents/160169.htm>

¹⁹ Chaparro, C. (2012). Household food insecurity and nutritional status of women of reproductive age and children under 5 years of age in five departments of the Western Highlands of Guatemala: An analysis of data from the National Maternal-Infant Health Survey 2008-09 of Guatemala. Washington, DC: FHI 360/FANTA-2 Bridge.

²⁰ U.S. Government. (2011). Guatemala: FY 2011-2015 multi-year strategy. Retrieved from <http://www.feedthefuture.gov/sites/default/files/country/strategies/files/GuatemalaFeedtheFutureMultiYearStrategy.pdf>

²¹ USAID Office of Food for Peace. (2011). Guatemala Bellmon Estimation. Retrieved from http://pdf.usaid.gov/pdf_docs/PNADY391.pdf

²² FAO & WFP. (2010). Misión FAO/PMA de evaluación de cosecha y seguridad alimentaria en Guatemala. Retrieved from <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp216586.pdf>

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Guatemala's agricultural research and extension services have decreased significantly over the past 10 years.²³ Agricultural inputs are severely limited. Traditional seeds are generally used rather than improved hybrid seeds. Fertilizer prices have increased in recent years, and subsistence farmers report using less in response. There are limited storage facilities, as well as limited market forecast data, so farmers often sell their surplus immediately after harvest, regardless of the current market situation.²⁴

Food is generally available in markets throughout the Western Highlands. This availability is increased by the nearness of the Mexican border because the markets are supplemented by products from Mexico, increasing supply and lowering prices.²⁵

Incomes are insufficient for the poor to purchase food despite its availability.²⁶ Lack of access to food for the poor is the most important cause of food insecurity in Guatemala. For the reasons described above, most subsistence farmers do not produce enough to support their food needs. Instead, they rely on (badly paid) unskilled manual labor for additional income for food and other purchases.²⁷ Large family sizes exacerbate these problems.

Food utilization is poor in Guatemala due to unsuitable food choices and feeding patterns, which result from low levels of education and are most limited among families with low socio-economic status. Infants and young children are generally fed the same maize and bean-based diet as adults, without appropriate adjustments for their age and development, and the quantity and frequency of these feedings is often inadequate.²⁸ Only 66 percent of indigenous mothers exclusively breastfeed their babies during the first 6 months.²⁹ Diets have very limited variety, with a strong focus on basic grains. Poor households consume few vegetables and food of an animal origin.³⁰ Nearly half of children under age 5 in the Western Highlands are anemic.³¹

In more remote areas of the Western Highlands, the lack of basic services and poor hygiene behaviors lead to frequent illness episodes, which contribute to the poor utilization of food.³² Development actors have noted the need for improved hygiene habits, especially for food preparation; increased hand washing; proper disposal of human waste; and more sanitary water storage.³³ Some of these communities do not have access to health services and are supported by inadequate outreach efforts. Additionally, the use of available services is limited by cultural and language barriers.³⁴

Another threat to food security is environmental challenges. Guatemala is extremely vulnerable to natural disasters, and is one of the ten most vulnerable countries.³⁵ Natural disasters appear to be becoming more frequent due to population growth and climate change.³⁶ Deforestation, soil erosion, and water pollution increase the risk from natural disasters.³⁷ Both droughts and floods contribute to food insecurity by directly destroying crops or by limiting access to markets through inaccessibility of roads.³⁸

²³ U.S. Government. (2011).

²⁴ USAID Office of Food for Peace. (2011).

²⁵ Ibid.

²⁶ U.S. Government. (2011).

²⁷ FEWS NET. (n.d.). Guatemala: Food security framework. Retrieved from <http://www.fews.net/ml/en/info/Pages/fmwkfactors.aspx?gb=gt&l=en>

²⁸ U.S. Government. (2011).

²⁹ Ibid.

³⁰ Government of Guatemala. (2013).

³¹ Chaparro, C. (2012).

³² FEWS NET. (n.d.).

³³ U.S. Global Health Initiative. (n.d.).

³⁴ U.S. Government. (2011).

³⁵ United Nations Office for Disaster Risk Reduction. (2009). Global assessment report on disaster risk reduction (2009). Retrieved from <http://www.unisdr.org/we/inform/publications/9413>

³⁶ U.S. Government. (2011).

³⁷ USAID Office of Food for Peace. (2011).

³⁸ U.S. Government. (2011).

4. Findings

The findings of the baseline study are presented according to five content categories: (1) characteristics of the population, (2) household indicators, (3) agricultural indicators, (4) women's health and nutrition, and (5) children's health and nutrition. Each section includes results for FFP and program-specific indicators, along with relevant results from the qualitative study. The tables in Annex 7 present a tabular summary of all FFP and program-specific indicators, confidence intervals, standard errors, and weighted population estimates for each program area and for the areas combined, along with results for statistical tests of differences between the two programs for each indicator.

4.1 Characteristics of the Study Population

This section provides an overarching picture of the SC and CRS program areas. Estimates of the total population in the survey area and demographic characteristics are presented from the household survey along with results from the qualitative study with respect to migration.

A total of 5,871 household interviews were completed across the Western Highlands region of Guatemala: 2,797 in the SC program area and 3,074 in the CRS program area. Table 4.1a provides estimates of the populations represented in the survey area overall and for specific sub-groups. The characteristics of the households in the survey area are shown in Table 4.1b. The average household included 6.4 household members. Children ages 0-59 months are household members in about 60 percent of all households. Children ages 6-23 months are household members in 29 percent of households. Children ages 0-5 months are household members in almost 11 percent of households. About half of all heads of household completed primary education, and 43 percent had no formal education. Most households included an adult male and female (89 percent) or a single adult female (9 percent).

Table 4.1a. Total Population in the Title II Survey Area by Program Area
[Guatemala, 2013]

	Total	SC	CRS
Total population	408,436	188,255	220,181
Female	211,767	97,861	113,906
Male	196,669	90,394	106,275
Total households (HH)	63,802	29,956	33,846
Male and female adults	5,399	2,457	2,943
Female adults only	715	243	472
Male adults only	57,629	27,224	30,405
Child no adults	58	32	26
Women of reproductive age (15-49 years)	94,320	45,384	48,937
Children ages 0-59 months	60,650	27,264	33,385
Males ages 0-59 months	30,355	13,570	16,785
Females ages 0-59 months	30,295	13,694	16,600
Children ages 0-5 months	6,896	3,158	3,739
Males ages 0-5 months	3,596	1,789	1,807
Females ages 0-5 months	3,300	1,369	1,931
Children ages 6-23 months	19,293	9,262	10,030
Males ages 6-23 months	10,122	4,757	5,365
Females ages 6-23 months	9,171	4,506	4,665

Source: USAID Title II survey in Guatemala (2013), weighted population estimates

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	Total	SC	CRS
Average household size	6.4	6.3	6.5
Percentage of households with children 0-59 months	60.8	61.2	60.5
Percentage of households with a child 6-23 months	29.0	30.4	27.7
Percentage of households with a child 0-5 months	10.5	10.4	10.6
Household headship (% male)	84.0	85.1	82.9
Education level of head of household			
No formal education*	42.6	45.0	40.4
Pre-primary	0.3	0.3	0.2
Primary*	51.9	49.8	53.9
Lower Secondary ¹	2.4	2.6	2.3
Upper Secondary ²	2.2	1.7	2.7
Higher	0.5	0.6	0.5
Gendered household type			
Adult Female no Adult Male	9.4	8.8	9.9
Adult Male no Adult Female	1.1	0.9	1.4
Male and Female Adults	89.4	90.2	88.6
Child No Adults	0.1	0.1	0.1
Number of responding households	5,871	2,797	3,074

* Difference between program areas is statistically significant at $p < .05$.
¹ Equivalent to "Básico" in Guatemala.
² Equivalent to "Diversificado" in Guatemala.

A. Migration

Trends in the qualitative data indicated various forms of migration influence the make-up of communities. At least one individual from every community visited for the qualitative component of the baseline study indicated that individuals within their community migrate. Understanding the various aspects of migration provides context for other topics discussed in this report. In this section, topics discussed include: who migrates, the drivers of migration, and the unintended consequences of migration.

a. Who Migrates?

According to both KIs and PDBs, those who migrate tend to be men. As one respondent from Quiché responded when asked who migrates: "Sometimes the parents. Other times the sons. Frequently the men are the ones that go to the U.S. to look for a job because they want to make money." There is also some indication that women stay home because of cultural norms. One respondent from Totonicapán said,

They are the fathers and sons who are engaged in trading. ... Then the family unit is integrated by the mother and daughters that have activities at home. Women and mothers stay in communities, and because of cultural issues they are not allowed to go out.

Respondents in several communities emphasized that younger men who have not yet started a family tend to migrate more often. Therefore, as indicated in the household survey, the majority of households still have both an adult male and adult female present, yet the second largest gendered household type are household with adult females and no adult males. The majority of young men who migrate do so alone. As one respondent from Quetzaltenango described:

Some parents would like to go, but they say they don't want to abandon their children and wives. Because it is necessary to care for the children, women can't go out alone with the children. It is necessary to have two. That is why parents don't go [migrate] anymore, or older people. Because of the responsibility they have at home and with the family.

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Who migrates also varies by the type of migration. When individuals migrate outside of the country, they tend to do so alone. However, with internal migration, there are cases in which the primary migrant brings their family with them. This was especially the case in one community in San Marcos, where there appeared to be a high prevalence of migration to the coast. In those cases, individuals described taking entire families with them and then returning to their home community once the harvest or planting season is over. It is important to note that while the majority of primary migrants are men, some respondents indicated that women also migrate, especially if they are single heads of household.

b. Drivers of Migration

According to the interview and focus group data, the primary driver of internal and external migration is a lack of income and job opportunities. When asked where individuals migrate to and why, one father in San Marcos responded by stating:

Different places, the capital city, Mexico, U.S., Canada. So, different places where people find more opportunities, where there is more income. Imagine in Guatemala our economy is really bad, so then that is the problem, that is why people migrate.

A respondent in Quetzaltenango also echoed the notion of looking for opportunities elsewhere:

Well the truth is that most have looked in the United States because thank God, we have had an employment opportunity, a huge amount of remittances come from there. In other cases, I have also heard that they go to Spain, but it is less. Where I have heard a lot is in the U.S., and not only in one state, but in several, like Virginia, Washington, Atlanta, among others.

KIs confirmed this sentiment. One from SC explained:

Others that are braver go to the U.S. through Mexico, trying to find new opportunities, because people hear from their relatives in the US that it's a place where you have more job opportunities and where you are able to buy more things than the ones they may buy here working very hard. So people say "Ok, I'll take a risk and go there because my friend there even has a car and he just left two years ago, he already has a house and is able to eat three meals a day," so everyone hears that story and they start to say "I'll leave," and everyone motivates more people to go. But they leave because there are no good opportunities here.

For those who migrate internally, the work they seek is often temporary agricultural work that is driven by seasons. For example, in two communities, individuals described working in coffee and sugar cane fields, usually seeking out contractors who hire them for their labor. They stated that they migrate to plant sugar cane on the coast in March, April, and May, and then return in September, October, November, December, and January to cut and harvest the sugar cane. They typically harvest coffee in September, October, and November.

c. Unintended Outcomes of Migration on Communities and Families

While there are clear benefits, such as increased income, to migrating both for the family and for the community, there are outcomes that were not necessarily drivers of migration. Respondents primarily described outcomes in terms of negative impacts on the family. Outcomes are associated with individuals who migrated externally or for long periods. Negative outcomes included disintegration of the family; leaving women at risk of greater levels of poverty; and pain, sadness, and worry over family members who had left. The following excerpt from interviews with a respondent in Quetzaltenango demonstrates the negative outcomes of migration:

For example, it affects those who are in the U.S. There are those that leave their wives, the family falls apart. That, for me, is a problem. Many families, we have seen that, instead of doing something, or if like they stay in the U.S. there are many vices. They come back and they drink. Or sometimes they don't come back with the wife, they separate. There are broken families. Now those who are here in the country, well I believe that there aren't so many problems.

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In addition to the family stress, deportation is an obvious risk for individuals who migrate to other countries. When asked about the effects of migration, a respondent from Quetzaltenango stated:

I see two things. When our brothers go to the U.S., the risk is that they are detained, because they are not declared. [They are] smuggled, because we don't fill the requirements that they ask for at the U.S. Embassy. If they pass, they have the possibility of making a few dollars for the family, and if they don't pass, many people already suffered that.

The risk of deportation is also often accompanied by discussions around discrimination those who immigrated to the U.S. faced, as demonstrated in this quote from a respondent in Totonicapán:

Depends on their luck, because, in the U.S. sometimes one stays illegally. And because of the social security and permission to work sometimes you don't have enough and sometimes one stays as a wetback. They call us that. And, if immigration catches you then you get reported and send [you] back to your country.

There is also some evidence that these negative impacts of migration are also felt when migration is short-term and internal, as one KI from CRS stated:

Then husbands migrate and wives are left alone at the front of the home, then brings with it that they lose income till the husband returns with the money he earned and problems of family disintegration.

Overall, respondents reported more negative effects of migration than positive ones.

4.2 Household Indicators

This section begins with the household survey findings for the Household Hunger Scale (HHS), followed by an exploration of the predictors of household hunger and the results for the Household Dietary Diversity Score (HDDS). Qualitative data, when available, highlight the findings from the household survey with respect to food and beverage sources, access, availability, and diversity.

A. Household Hunger Scale (HHS)

Household hunger was measured using the HHS, a perception-based food deprivation scale. The scale consists of three components measuring inadequate household food access, with each component split into an occurrence question (whether the episode of food deprivation occurred at all in the past four weeks) and a frequency of occurrence question (how many times the episode had occurred in the past four weeks). The responses to the questions are coded and summed into a numerical score (with a minimum possible score of 0 and a maximum possible score of 6) representing three levels of hunger: (1) *Little to no hunger* (HHS score = 0 to 1); (2) *Moderate hunger* (HHS score = 2 to 3); and (3) *Severe hunger* (HHS score = 4 to 6).

Table 4.2a presents the results for the HHS. Overall, 7 percent of households suffer from moderate or severe hunger. Households with an adult female and no adult male are more likely to suffer from moderate to severe hunger (11 percent) compared to households with an adult male and female present (7 percent). From the qualitative data, participants rarely discussed experiences of hunger and often stated that there is always something to eat. Respondents frequently made statements such as “and when there's nothing to it, we eat tortillas with coffee”.

The HHS is based on perceptions of hunger in the past four weeks and thus may be sensitive to the season in which the survey is conducted. The household survey data in Guatemala were collected between April and June of 2013, at the beginning of the lean season. The lean season in the Western Highlands of Guatemala is typically from June through August, which is the rainy season prior to the harvest season; this is the time when the families' reserves have been used up and the harvest still has not come in.

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Table 4.2a. Food for Peace Indicators - Household Hunger Score (HHS)
Household-level FFP indicators by program area [Guatemala, 2013]

	Total	SC	CRS
Household Hunger (All Households)			
Prevalence of households with moderate or severe hunger	7.4	7.6	7.3
Adult Female no Adult Male	10.9	12.9	9.2
Adult Male no Adult Female	3.9	6.5	2.6
Male and Female Adults	7.2	7.1	7.2
Child No Adults *	6.5	11.7	0.0
Number of responding households	5,871	2,797	3,074
Adult Female no Adult Male	552	247	305
Adult Male no Adult Female	67	24	43
Male and Female Adults	5,247	2,523	2,724
Child No Adults	5	3	2

* Insufficient sample size (n<30)

a. Predictors of Household Hunger

Multivariate logistic regression models for moderate and severe household hunger (hereafter referred to as “household hunger”) were developed to further understand factors associated with household hunger for the overall survey area and separately for each program area. Annex 8, Table A8.1 presents statistical results for these models. Independent variables in the model include the following:

- Household composition: Number of prime-aged adults (15-49 years old), number of elder dependents (50 years or older), and number of young dependents (ages 0-14)
- Demographic characteristics of the head of household: Sex, age, and education level
- Socioeconomic status: household poverty and food consumption
- Household agricultural status: Raised crops in the last 12 months, number of farmers in the household, used at least two sustainable livestock practices, used at least two sustainable crop practices, used at least one sustainable natural resource management (NRM) practice, practiced value chain activities, used improved storage practices
- Department

The overall model shows significant differences between the program areas, so predictors are provided separately for each program rather than overall.

In a logistic regression, the significance of individual predictors is based on odd ratios (ORs). ORs indicate the extent to which the likelihood of an outcome increases for each unit increase in the predictor variable. For example, if owning livestock decreases the likelihood of household hunger from 70 percent to 60 percent, this would be equivalent to an OR of $(60/40)/(70/30) = 0.64$. ORs are always positive numbers. An OR of 1 indicates no change in the odds of an event, an OR between 0 and 1 indicates a decrease in the odds, and an OR greater than 1 indicates an increase in the odds. In a logistic regression model, the OR indicates an increase or decrease in the likelihood of an outcome for a unit increase in the predictor, with all other predictors held constant.

The model for the SC program areas shows a low explanatory power, with a pseudo $R^2 = .10$, indicating that the independent variables in the model explain about 10 percent of the variance in household hunger. The model for the CRS program areas had a somewhat better fit, with a pseudo $R^2 = .20$. Better-fitting models require collecting additional independent variables beyond those collected for the current survey.

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Significant predictors for the SC household hunger model include the following:

- Sex of head of household: All other factors in the model being equal, having a female head of household increases the odds of household hunger by a ratio of 1.82.
- Food consumption: Each additional log of Guatemalan *quetzal* (GTQ) spent in food during the last week decreases the odds of household hunger by a ratio of 0.06. Using untransformed food consumption, the change in odds for every additional GTQ would be OR = 0.92.
- Value chain activities: Households that practice the value chain activities supported by the program had lower odds of suffering from household hunger (OR = 0.31). Post-hoc analyses indicate that the value chain activities that best predict reduced odds of household hunger are calculation of costs (OR = 0.29) and having a production plan (OR = 0.36).
- Number of farmers in the household: Each additional farmer in the household decreases the odds of household hunger by a ratio of 0.69.

Deriving recommendations from any cross-sectional multi-variate model must rest on the assumption that the model is causal. If this is the case, the data would indicate that increasing the practice of value chain activities, particularly calculating costs and having a production plan, would have the greatest impact on household hunger among the variables included in the model. The data also indicates that household hunger reduction activities in the SC program areas might focus on female-headed households and those with fewer farmers, as these are the households most likely to suffer from household hunger.

Significant predictors for the CRS household hunger model include the following:

- Number of prime-aged adults: All other factors in the model being equal, each additional prime-aged adult in the household decreases the odds of household hunger by a ratio of 0.88.
- Education level of the head of household: Having a head of household with primary-level or higher education decreases the odds of household hunger by a ratio of 0.35.
- Food consumption: Each additional log of GTQ spent in food during the last week decreases the odds of household hunger by a ratio of 0.02. Using untransformed food consumption, the change in odds for every additional GTQ would be OR = 0.83.
- Department: Households in Totonicapán are more likely to experience household hunger relative to those in San Marcos, by a ratio of 2.57.

If the relationships uncovered by this model are causal, the data would indicate that increasing the education level of the head of household would have the greatest impact on household hunger. The data also indicates that household hunger reduction activities in the CRS program area might focus on those households with fewer prime-aged adults, as these are the households most likely to suffer from household hunger.

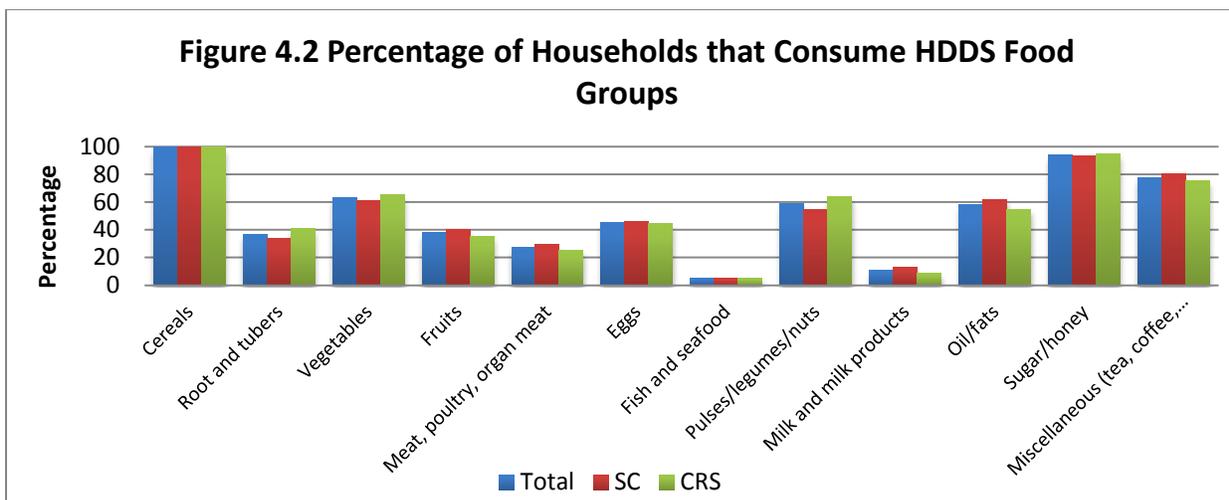
B. Household Dietary Diversity Score (HDDS)

The HDDS is based on the number of different food groups consumed by the head of household or any other household members in the past 24 hours. The set of 12 food groups is derived from the U.N. Food and Agricultural Organization. The HDDS ranges from 0 to 12, with lower numbers indicating less dietary diversity. Although the HDDS gives an indication of food groups consumed in the household, the HDDS should not be interpreted as a nutrition indicator reflecting diet quality, but rather as an indicator of food access. Thus it serves as a proxy for socioeconomic status.

The results for the HDDS are shown in Table 4.2b and Figure 4.2. The overall HDDS score of 6.2 indicates that, on average, 6 of the 12 food groups are consumed in each household. Nearly all households (94 percent) consume sugar or honey, and the majority of households (78 percent) consume other foods such as coffee, tea, spices, sweets, and chocolates.

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	Total	SC	CRS
Household Dietary Diversity (All Households)			
Average Household Dietary Diversity Score	6.2	6.1	6.2
Number of responding households	5,871	2,797	3,074



a. Food and Beverage Sources, Access, and Availability

Respondents to the qualitative data interview questions described consuming a variety of food from the various food groups described in the household survey. The main beverages consumed include water, water with sugar, (corn) *atole*, (corn) *gruel*, coffee, and tea with few respondents describing milk as a beverage they consume. Food sources were similar across all departments and involved a combination of purchased and produced foods. The amount of food purchased versus food produced, as well as respondents' dietary diversity, varies depending on several factors, including access to land or the size of their land, season, and income source or employment status. Types of food consumed are often restricted based on the availability of food. When asked how she makes decisions about what meals to prepare, a female head of household from Quiché stated, "We decide that we are going to eat that because we can't access anything else; that is how it has been decided." Therefore, although women tend to have the sole responsibility over decision making with regard to household food consumption and preparation, the food they prepare is often constrained by household income and by limited access to and availability of food.

Respondents also stated that because their plot size is small, they are limited in terms of crop diversity and quantity. Limited pest control, farming techniques and environmental challenges such as drought, cold weather that yielded in ice, hail and frost, strong storms and wind further compound problems with crop yield. When crop yield is lower, respondents either reduce their food intake or, in cases where financial resources are available, purchase more food. A male caregiver from San Marcos expresses this sentiment as follows:

We buy some and produce some—for example, corn, potato, fava beans—but this year I don't think we'll have any. The crop will fail. The beans we plant sometimes don't grow because it's too cold. Therefore, we have to make money to buy them in San Pedro. For example, noodles and eggs, if we have hens that lay, well, we take them, but if not, we deal with it. For the same reason, here in the store it is very expensive, each egg cost 1.50 quetzals; it has gone up a lot, so we have to buy them like that.

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Furthermore, respondents reported greater access during the rainy season to various crops and leafy greens that grow around the roads or in the cornfields. The difference in crop type between the rainy and dry season is also more noticeable for respondents who tend to produce rather than purchase their food. In describing the difference between the rainy and dry season, a male farmer from Quetzaltenango stated:

In the rainy season there are herbs, the tip of the garbanzo, and everything grows between the corn; even if you have to buy it, it is cheaper. But in the dry season there is nothing to eat. In the summer there is rice, *piloy* (beans), *ixtapacal* (lima beans), and others, but it's dry.

As highlighted in the household survey, the consumption of meat and poultry is also low. A male head of household from Quetzaltenango described his lack of dietary diversity in the following way:

About that thing you call nutrition. To tell the truth we do not eat anything balance, we do not have much of everything. What we eat the most is lima beans, beans, and herbs. When we get money, we buy meat one time a week. We do not buy meat because there is no money.

The focus group and interview data indicated that households engaged in raising livestock tend to consume more poultry and eggs, especially in cases where income is limited. Decision making around consumption versus sale of crops and livestock varies, depending on availability of food and income. For example, a female head of household from Quiché stated:

We eat chicken, we don't sell them. We also use the chicken to buy corn and when we don't have anything to eat we eat our chicken. Most people don't sell them, but when they need something they do. For example when you need to buy something you can exchange the chicken or when the men have no job, then we need to eat them.

Income sources and employment status also play a significant role in food source. Respondents who are not farmers and have a stable form of employment tend to purchase the majority of their food. For those with unstable income sources, the amount of food they are able to purchase varies. Some respondents stated that when income is low, they limit what they buy, which further limits their dietary diversity.

In addition to the ways in which land, season, and income affect food access and availability, respondents described varying sentiments with regard to availability and access to food, including how it has changed over the past few years. Whereas some respondents state that availability is reduced due to decreases in land availability and limited business opportunities, others state that it has increased due to the increase in markets. Yet those who discussed purchasing food from markets also mentioned an increase in the price of food. Once again, differences tended to depend on whether respondents produce versus purchase the majority of their food. Some farmers also discussed the high price of fertilizer as having a significant impact on their yields and on the price of food. Food produced during farming season is usually insufficient for the entire year, and even farmers described having to purchase food at certain times of the year. Overall, both KIs and members of the community expressed the importance of food production as a way to increase access to food and to increase dietary diversity. KIs discussed food security as related to production, consumption, and availability. Therefore, because of limited access to land, water, farming techniques and tools, community members are limited in their ability to achieve food security. Section 4.3 provides further details about agricultural production.

C. Household Poverty Levels

This section presents poverty indicators derived from the household survey followed by qualitative data regarding sources of income and roles, responsibilities, and decision making in income generation.

Poverty indicators are based on household expenditures, which are used as a proxy for income. Income in most developing countries and rural areas is difficult to measure, and expenditure data are typically less prone to recall error and are more smoothly distributed over time than income data. FFP poverty measures include: percentage of people living on less than \$1.25 a day, daily per capita expenditures, and mean depth of poverty. Table 4.2c provides the results for these indicators.

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Table 4.2c. Food for Peace Indicators - Poverty			
Household-level FFP indicators by program area [Guatemala, 2013]			
	Total	SC	CRS
Poverty (Household Members)			
Percentage of people living on less than \$1.25/day	44.0	44.2	43.8
Adult Female no Adult Male	25.8	20.1	29.6
Adult Male no Adult Female	16.3	16.1	16.4
Male and Female Adults	45.1	45.5	44.8
Child No Adults ¹	0.0	0.0	0.0
Daily per capita expenditures (Constant 2010 USD)	1.9	1.9	1.9
Adult Female no Adult Male*	2.6	2.7	2.5
Adult Male no Adult Female	3.0	2.8	3.3
Male and Female Adults	1.9	1.8	1.9
Child No Adults ¹	4.4	3.7	5.7
Mean depth of poverty ²	11.9	11.8	11.9
Adult Female no Adult Male	6.8	4.4	8.4
Adult Male no Adult Female	2.3	1.2	3.1
Male and Female Adults	12.2	12.2	12.2
Child No Adults ¹	0.0	0.0	0.0
Number of household members in responding households	37,434	17,529	19,905
Adult Female no Adult Male	2,172	898	1,274
Adult Male no Adult Female	153	62	91
Male and Female Adults	35,098	16,561	18,537
Child No Adults ¹	11	8	3
¹ Insufficient sample size (n<30)			
² Expressed as percent of poverty line			
* Difference between program areas is statistically significant at $p = .05$.			

Extreme poverty is defined as having an average daily consumption of less than \$1.25 USD per capita, converted into the local currency unit (LCU) at 2005 Purchasing Power Parity (PPP) exchange rates, or around 8.7 GTQ daily per capita at 2013 prices (see Annex 4 for the methodology used to compute poverty indicators). Results from the survey indicate that 44 percent of the population in the program areas is living below the poverty line. There is a lower rate of extreme poverty in households with only one adult male or female compared to households with male and female adults.

Daily per capita expenditures in the survey areas is defined as the average daily per capita consumption, expressed in constant 2010 USD at 2005 PPP adjusted to 2010 US prices. Daily per capita expenditures are on average \$1.90 USD per day, per person, with similar values in both program areas. On average, food consumption is the main consumption category, representing 52 percent of the total average consumption. Of the 101 food groups included in the food consumption module, corn is clearly the most important item, with average per capita consumption of corn representing about 10 percent of total daily per capita consumption. Besides food consumption, occasional expenditures are the second most important consumption category, representing 23 percent of total expenditures. The main occasional expenditures, as a share of total consumption, are fuel wood (8 percent) and occasional medical expenses, such as drugs, medical exams, and hospitalizations (5 percent). Other important expenditures include soap and electricity (both 2 percent). These patterns of consumption are similar for both program areas.

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Finally, the mean depth of poverty is defined as the average of the differences between total daily per capita consumption for the poor and the poverty line, expressed as a proportion of the poverty line. This indicator is useful in understanding the average daily per capita amount that would have to be transferred to the poor to end poverty in the survey area. It is the sum over all individuals of the shortfall of their real private consumption per adult equivalent from the poverty line, divided by the poverty line. One way to interpret the mean depth of poverty is that it gives the per capita cost of end poverty, as a percentage of the poverty line, if money could be targeted perfectly. Thus, with a mean depth of poverty of 11.9 percent in the program areas it would cost 11.9 percent of the poverty line per person in the program area in order to end poverty through selective transfers.

a. Income Sources

Qualitative data indicate that income sources vary and are unstable. Across all departments, respondents identified few primary sources of income: small-scale agricultural production (both the sale of crops and animal rearing), casual and opportunistic labor, masonry, and work acquired through internal and external migration. A KI from SC summarized the income-generation trends in the following way:

In this area many people work helping other farmers or sometimes as masons, but the activity that pays better is when they go to the south and cut sugar cane. This work lasts around three or four months and there, the people earn much better wages. I would say one of the best solutions to a better income is immigration, especially when they go to the U.S.

In addition to the aforementioned sources of income, respondents residing in the CRS communities mentioned textiles, selling handmade clothing, and handicrafts as additional sources of income. According to a KI from CRS in Totonicapán,

I would say there are more traders, people selling clothing, handicrafts, and textiles.... They have a greater potential of natural resources such as forests. In San Marcos the livelihood is still more to do with agriculture but not with ideal conditions. There are small pieces of land, and they are worn.

Income sources also vary depending on the season, with respondents describing more opportunities for employment during the peak of the agricultural season. Several respondents and KIs discussed a decrease in the income generated from farming due to the reduced availability of land.

Few respondents discussed being able to meet all household needs based on one source of income. In order to meet household needs, respondents need to diversify their income sources or rely on pooled income from several members of the household.

b. Roles, Responsibilities and Decision-Making in Income Generation

The majority of male and female respondents in the qualitative interviews, across all departments, stated that men are the primary income providers. Respondents identified beliefs about male versus female roles and responsibilities in income generation. In a FGD with women from Huehuetenango, the following dialogue took place:

Interviewer: Do women generate income or not? (We're talking about your home and community.)
Participants: Men are responsible for earning. (Several voices).
Interviewer: The truth, we do not earn.
Participant: We work from 6-6, but no one pays. (They laugh, several voices at once).
Interviewer: Is it work without pay?
Participant: Ah, yes it is. He is the one who earns.

Members of a focus group conducted with male farmers in Quetzaltenango expressed varying sentiments on who is responsible for generating money at home. One respondent stated:

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The one responsible for providing money to the family is the man or husband. So, the mother doesn't go out and work because she has other responsibilities in the home. In some cases some mothers go to work to make money but that is rare; it is more common that the father is the one responsible for that.

Another respondent from this same group expressed a different sentiment and stated, "Of course women can help out their husbands so I think that both are responsible.... For me it is both my wife works and she contributes."

Although respondents described men as primary providers, several women also bring income into the households. Focus group and interview data indicate that the majority of women bringing income into the households do not have a man present or stated that their husbands are earning an insufficient amount of income to meet household needs. There is also variation in the tasks that women without husbands perform. For example, although farming is primarily performed by men, a KI from Quiché stated, "There are a few women, not all, who work hard. They are the ones who do not have husbands. They go to the field and see what they can do, because there is no one to bring home food." Common income sources for women include the keeping and selling of livestock, washing clothes for neighbors, and making clothing for sale.

In cases where women are married and supplementing household income, their income source is still viewed as secondary to or of less value than the income generated by men. One of the primary reasons for this distinction is that the tasks that women do to earn money pay significantly less than those that men do. Therefore, in a few hours of work, men are able to earn what women make in a full day of work. A female caregiver from Quiché describes this disparity as follows:

Interviewer: How much does a man earn in a day?
Respondent: Forty for the day.
Interviewer: What about the women—how much do you earn if you work in agriculture?
Respondent: Fifty a week...for the *huipil* (typical blouse) 40 quetzals, and it takes a week if engaged in hand sewing; it takes them a month and only pay them 200 quetzals and that's why women do not have money.

In households where income is insufficient to meet household needs, children are also involved in income-generating activities or responsible for assisting parents in their income-generation activities. Several respondents stated that children begin working at an early age. When asked why this was the case, a female head of household from Quetzaltenango stated, "I think it is by poverty and partly because they say to their children you have to work to help me bring something to eat." Another female head of household from Quiché stated, "The children have to help their parents to buy their things because we are trying to get more money.... From the time they are 10 or 12 they begin working." The support from children to supplement household income continues into adulthood. Several respondents stated that without the financial support from their children, they would not be able to meet household needs.

Decision making on how to spend the income earned varies by household. Whereas in some households, men stated that they are the primary decision makers, in other households men stated that their wives make the decisions because "women are better at managing the finances." In other cases, respondents described decision making as a joint endeavor between various members of the household.

D. Household Sanitation Practices

This section presents household sanitation indicators generated from the household survey data, followed by data gathered through the qualitative study regarding water sources and treatment, latrine utilization, and drivers of hand washing. Poor sanitation practices are associated with increased morbidity and mortality. Water treatment prior to drinking is a predictor of stunting in communities within the SC program area; and water treatment prior to drinking and improved sanitation facilities are predictors of stunting in the CRS program area. (See section 4.5A, Predictors of Stunting.)

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Household sanitation practices are assessed based on three standard FFP indicators: (1) percentage of households using an improved drinking water source, (2) percentage of households using improved sanitation facilities, and (3) percentage of households with a cleansing agent and water available at a hand washing station. Table 4.2d presents the results for these indicators, and Table A9.2 in Annex 9 provides a further breakdown of the components for each indicator.

About 20 percent of households use an improved drinking water source. Although 48 percent of households reported having access to an improved drinking water source, only 65 percent reported that water is generally available from the source, and 54 percent reported that water is not available from the source for a day or more during the past two weeks. The two most common sources of improved drinking water are water piped into the home or yard or a public or private well. About 52 percent of households do not use an improved drinking water source, but use surface water from sources such as rivers, lakes, dams, canals, and so forth. When asked what methods are utilized to make water safer to drink, 93 percent of households reported boiling their water. Only 5 percent of households reported that they do nothing to make their water safer to drink.

<u>Table 4.2d. Food for Peace Indicators - Water, Sanitation, and Hygiene (WASH)</u>			
Household-level FFP indicators by program area [Guatemala, 2013]			
	Total	SC	CRS
WASH (All Households)			
Percentage using an improved drinking water source	19.9	21.5	18.5
Percentage using improved sanitation facilities	51.6	51.8	51.4
Percentage with cleansing agent and water available at handwashing station	76.5	77.8	75.3
Number of responding households	5,871	2,797	3,074

About half of households reported using a non-shared improved sanitation facility, either a pit latrine slab (41 percent) or flushing to a septic tank or sewer system (10 percent). Another six percent of households reported using a shared improved sanitation facility. Households that do not use a non-shared or shared improved facility use either an open pit (34 percent) or nothing (8 percent).

Interviewers observed the presence of water and soap, detergent, or another cleansing agent at the place for hand washing in 77 percent of households.

a. Water Sources, Treatment, and Use

As reflected in the household survey, most respondents interviewed in the qualitative study reported using non-improved sources of drinking water. Some respondents discussed having access to piped water, either directly to their dwelling or into their yards. In cases where respondents did not have access to piped water or when the water supply at their dwelling was depleted, respondents mentioned surface water sources or wells as their primary sources of water.

Although some respondents discussed an improvement in access to water over the past years, others stated access to water and clean water is lacking in their communities. For example, a male caregiver from San Marcos stated:

In the case of potable water in the community, we have many problems with water. Before, we had it daily, but now, no. That is why I was obligated to open a well to be able to supply ourselves. In summer, the mayor opened a tank but there was hardly any water, it was very little. So these are needs that we have, at a community level, this is priority number one, water.

Seasonality also affects access to water, with respondents reporting easier access during the rainy season and occasional scarcity during the summer months. The collection of rainwater accounts for easier access

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to water during the rainy season. Although the majority of respondents do not use rainwater as a primary source of drinking water, they utilize it for other needs, such as bathing and washing clothes.

Regardless of the source of water, the majority of respondents across all communities reported boiling water as the primary form of water treatment. Women have the primary responsibility for boiling water and reported boiling times ranging from five to 15 minutes. Respondents rarely discussed self-chlorination as a primary form of treatment. A male caregiver from San Marcos stated, “I sometimes put some drops of chlorine in the container when I get it from the well but we usually boil.” Another less frequent form of water treatment described by a male head of household from Quiché is a filter, which he received from an organization working in his community.

b. Latrine Use and Desired Improvements

As in the household survey, focus group and interview participants described using both improved and non-improved sanitation facilities. Respondents were asked whether they had access to a latrine and, if so, what type—for example either a *letrina* (latrine-improved toilet) or a *pozo ciego* (cesspool or cesspit-non-improved toilet). Among those with access, most mentioned cesspools/cesspits, and a few mentioned toilet bowls that flush to septic tanks or piped sewer systems. The terms *letrina* and *pozo ciego* were sometimes confused and were used interchangeably by both participants and interviewers. Yet, those who mentioned having sanitation facilities still expressed the need for improvements and the need for information and training on proper use and maintenance of latrines. A participant in a male focus group discussion from San Marcos stated:

We are not used to only the hole but also the toilet, the seat was placed, we did not cover it, and no ashes were applied because of the ignorance. If an institution comes to explain all this to us, we will do it gladly.

Suggested improvements to latrine systems mentioned by respondents include improving the surroundings, cleanliness, and having a latrine with a drainage system.

Those without access to latrines reported open defecation but are aware of the risks and benefits of latrines. Some of the disadvantages discussed were contamination of the water source, air pollution, flies, risks to children and other family members, and potential illness. The majority of respondents without latrines reported a desire to have one, but cited limited finances as the primary barrier.

There were varying perspectives about the appropriateness of open defecation. Whereas some respondents stated that it is embarrassing to defecate outdoors, others did not view it negatively. A KI from Quetzaltenango discussed her observations of latrine use practices as follows:

I see no difference, more than anything it has to do with hygiene habits. I have seen people with nice houses, better than mine, but their hygiene habits are lacking. They even have bathrooms in the house but continue to relieve themselves in the fields. I even think it would be timely that in the schools there should be a hygiene campaign or cleanliness training.

D.3 Decision Making and Drivers of Hand Washing

As in the household survey, most respondents to the qualitative interviews reported washing their hands multiple times a day. At the very least, respondents reported washing hands before eating and after the use of the latrine, yet some described more frequent hand washing. For example, a female farmer from San Marcos described the hand washing routine of her household:

We wash hands very often. The children do it when they get up, before they take breakfast, and after breakfast they go to school and when they come back, they wash their hands to have lunch. Then, after lunch, the children go again to wash their hands to do school homework. Then, in the afternoon, before dinner, they wash them again.

Although most respondents mentioned hand washing, fewer reported the frequent use of soap. Two primary reasons were mentioned for limited or no use of soap. The first is availability of financial

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resources to purchase soap and the second is the visibility of dirt on one's hands. A male farmer from Quetzaltenango stated, "To tell the truth, we only use soap when we have manipulated organic fertilizer or something dirty, not always." Few participants mentioned the use of disinfectants as an alternative to washing hands with soap and water.

The majority of respondents were cognizant of the importance of hand washing practices, stating that hand washing is necessary to prevent diseases. The following exchange with a female caregiver from Totoncapán provides an illustration:

Interviewer: Ah, okay, how frequently do you wash your hands?
Respondent: Whenever we touch something dirty.
Interviewer: Constantly.
Respondent: Yes, because if not we get sick.
Interviewer: And the children?
Respondent: Otherwise, they get sick.

4.3 Agricultural Indicators

Agriculture and agriculture production were key factors of both the household survey and qualitative components of the baseline study. This section presents the results of the agriculture indicators from the household survey and the qualitative data regarding types of farming techniques utilized, roles and responsibilities of individuals undertaking farming, and challenges experienced.

The agricultural component of the household survey was completed in 5,548 farming households—2,576 in the SC program area and 2,972 in the CRS program area. The majority of farmers (95 percent) reported cultivating corn and about two-thirds (68 percent) reported cultivating beans. About 38 percent of farmers cultivated herbs or vegetables for household consumption, and 58 percent reporting having fruit trees on their land. Livestock is raised by 87 percent of farmers. The majority of farmers (92 percent) reported consuming products from their livestock or land, and 44 percent of farmers reported selling products from their livestock or land. See Table A9.3 in Annex 9 for a breakdown of these results for each program.

Farmers were asked about financial services, value chain activities, and use of agricultural and storage practices. Table 4.3 presents the results for these agricultural indicators.

About 16 percent of farmers reported using financial services in the past 12 months—either savings, credit, or insurance. Significantly more farmers in the SC program area (20 percent) used financial services than in the CRS program area (13 percent).

The value chain activities included as part of the survey included market-oriented production, calculation of cost of production for the market, keeping production records, and developing production and sales plans. Overall, 14 percent of farmers reported practicing at least two of these value chain activities. More farmers in the SC program area (16 percent) practiced value chain activities than in the CRS program area (12 percent). Figure 4.3a shows that the most common value chain activity practiced is market-oriented production. Fewer than 10 percent of farmers reported practicing each of the other value chain activities, and 58 percent of farmers reported that they did not practice any value chain activities.

Sustainable agricultural practices were categorized into three subgroups: (1) crop practices, (2) livestock practices, and (3) natural resource management (NRM) practices. Overall, 57 percent of farmers reported using at least two sustainable crop practices, 10 percent reported using at least two sustainable livestock practices, and only 1 percent reported using at least two sustainable NRM practices (see Table A9.5 in Annex 9). Fifty percent of farmers reported using at least three of any sustainable agricultural practices and 8 percent of farmers reported using improved storage practices (see Table A9.6 in Annex 9).

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Table 4.3. Food for Peace Indicators - Agriculture
Agricultural indicators by program area [Guatemala, 2013]

	Total	SC	CRS
Percentage used financial services (past 12 months)*	16.1	20.2	12.6
Percentage practiced value chain activities (past 12 months)**	13.6	15.9	11.5
Percentage used three sustainable agricultural practices (past 12 months)**	50.1	50.2	50.1
Percentage used two sustainable agricultural (crop) practices (past 12 months) ¹	57.1	58.8	55.7
Percentage used two sustainable agricultural (livestock) practices (past 12 months) ²	10.0	9.7	10.2
Percentage used two sustainable agricultural (NRM) practices (past 12 months) ³	1.1	0.9	1.3
Percentage used improved storage practices (past 12 months) ⁴	8.4	8.7	8.1
Number of responding farmers	5,548	2,576	2,972

* Difference between program areas is statistically significant at $p < .01$.

** Difference between program areas is statistically significant at $p < .05$.

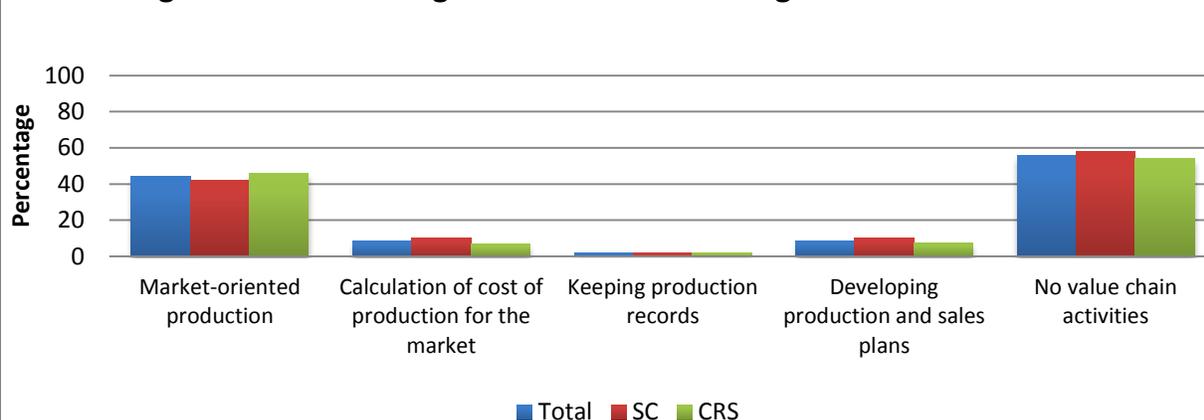
¹ Includes use of soil conservation practices; use of organic fertilization; household garden production and production of native herbs for both program areas; management of fruit trees; and use of improved seeds for beans for SC.

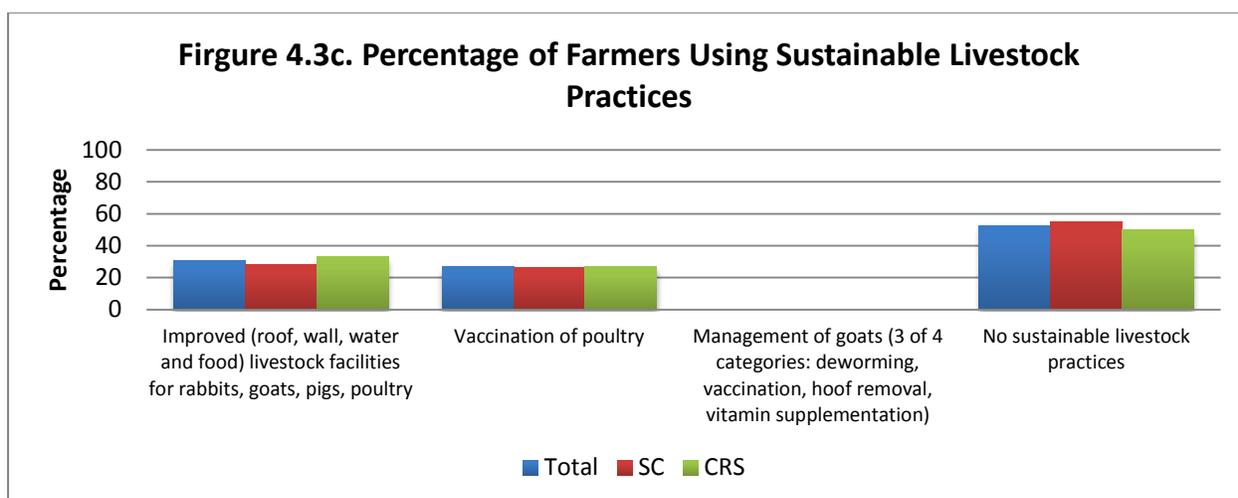
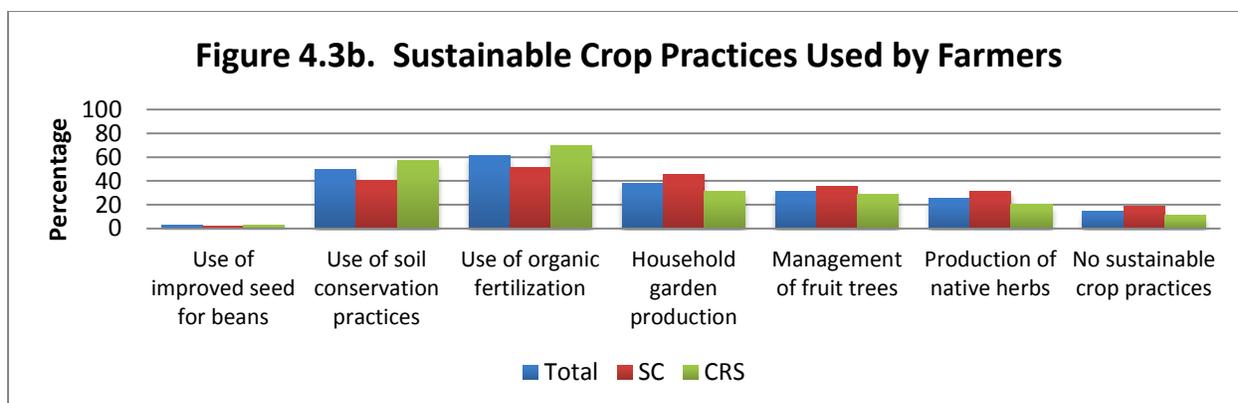
² Includes improved livestock facilities (roof, wall, water and food) for rabbits, goats, pigs and poultry; vaccination of poultry for both program areas; and management of goats (3 of 4: deworming, vaccination, hoof removal, vitamin supplementation) for SC.

³ Includes agro-forestry, reforestation, management of forest plantations, management of natural reforestation and production of plants for reforestation for both program areas; and watershed reforestation for SC.

⁴ Includes storage practices for corn and beans for SC and storage practices for corn for CRS.

Figure 4.3a. Percentage of Farmers Practicing Value Chain Activities





A. Types of Farming and Techniques

The qualitative data provide insights into the items farmed by individuals and whether those items are produced for their own consumption or for sale. Topics covered in this section include the types of crops and livestock produced, the techniques used for production, and how the sales process works.

During the qualitative interviews, the primary crops that individuals reported farming for consumption are corn, beans, and potatoes. The second most frequently named items were squash, lima beans, and chayote (*giisquil*). In addition to these crops, some respondents indicated that they raise poultry, including chicken, hens, and sheep. When individuals discussed raising animals for subsistence, they tended to do so in combination with raising them for sale. In addition, they use hens to produce eggs for consumption and the horses or a cow to produce fertilizer for their crops.

Analysis of the qualitative data identified three primary trends regarding farming as a source of income. First, in some communities, certain crops are produced exclusively for sale. For example, in Chugüexa I in Quiché, there are individuals who produce sweet peas for sale, but do not consume them. Likewise, in Ojo de Agua Camino Real in Quiché, the community has a long-term relationship with intermediaries that purchase green beans (some called them French beans) and chili for export. Individuals from the community generally do not consume these items but produce them exclusively for sale, as demonstrated in this exchange between an interviewer and a KI and agricultural expert:

- Interviewer: What products do people sell here in the community?
 Key Informant: The products we sell most are green beans and chili.
 Interviewer: The green beans are consumed or all sold?
 Key Informant: We sell it all, because we eat black beans. The ones from here in Guatemala.
 Interviewer: There isn't a market for selling other things like beans or tomatoes?

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Key Informant: No, here it's only for consumption. Because we plant little since we also have to tend corn. But we dedicate more time to the green beans, because those are for export.

The second trend identified is that individuals calculate the amount of their crops they will need for the year and then sell what remains. As a respondent in San Marcos explained:

We sell a very small amount. For example, with our corn, we calculate how much corn we need for a year. If we have spare corn, that is the amount that we are going to sell. If there is no corn left, then we don't sell it.

When individuals do have crops remaining, they tend to sell the highest quality and consume the lowest quality, as demonstrated in an interview that took place in a community in Quetzaltenango:

Interviewer: For example, the potatoes that you plant, do you always do it the way you are telling me, some for selling and some for eating? Is it always like that?

Respondent: Yes, always.

Interviewer: More or less, how much do you use for eating and how much for selling?

Respondent: For eating, there is first, second, and third class potatoes. Before first class there is one called super. In our case, we do not produce super, we put in first class. From that we make two or more quintals. That is what we sell. As I am telling you, I only plant two boxes of seeds, more or less one quintal, and I harvest eight quintals, and that is what I sell. Now from second and third class, that is what we eat. And the rest, the ones that get worms, we give that to the pigs.

A KI from SC confirmed the aforementioned phenomenon by stating: "Sometimes the people sell what they produce, even sacrificing their own needs. Take me for example, the fact that I am selling produce doesn't necessarily mean that I eat as [much] I should."

The third primary trend identified is that most livestock and poultry raised by individuals serve as sources of income. The three most frequently identified animals/birds are hens, chickens, sheep, and cows. Most interview participants indicated they consume 10 to 20 percent of their livestock, though there were some cases where they indicated eating up to 50 percent. As one respondent in Totonicapán stated, "Well, in the case I have 20 chickens, I eat two and I sell 18." However, in another community in Totonicapán, a respondent indicated that if he had a dozen chickens, he would eat half and sell the other half. When asked why they sold the majority of their livestock, respondents provided two common responses. First, they needed to sell the animals or poultry to pay for other household needs; and second, they did not have the land or ability to keep large animals. Following is an excerpt from a focus group discussion with farmers in Quetzaltenango:

Respondent One: Well, I buy my pigs, truth is, my wife cares for them. When they grow, we sell them and with that we buy clothes for the children. That is why they participate in caring for the animals too. Because they say it is to buy them clothes, and they get excited. And what is left over is for the mother.

Respondent Two: In other cases, most of what we make [is] by raising animals, like pigs. All are sold, because we can't eat them. They are too big.

The majority of individuals who participated in interviews said they learned their farming techniques from family members or from individuals they knew. As a male caregiver in San Marcos stated:

We learned from our fathers. Possibly my father learned it from his father too. Practically, there is no one that came to teach us. But we inherit it. Or, how could I say it, through our parents' teaching.

However, two KIs who specialized in agriculture indicated that activities are occurring at the community level to help improve farming techniques. Furthermore, there is some indication, through descriptions of

farming techniques by beneficiaries, that they had an organized approach to farming. As a farmer in Quiché described:

First, we till the land and cover the stalks. We clean the grass, dig holes to cover the corn, and then we count six kernels. But if six don't grow, we count and recount what is missing to complete the six. When the corn grows, we till the land, so that the weeds don't grow. We till twice, cut the grass twice, and then we harvest. We bring the ears of corn and remove the leaves.

Despite this progress, in many interviews, individuals indicated that they would like further training and support.

B. Roles, Responsibilities, and Decision Making in Agriculture

For the most part, in the communities visited for the qualitative data collection, roles and responsibilities for agricultural and livestock production are fairly clearly defined. In all eight communities, respondents—both KIs and PDBs—indicated that men are generally responsible for crop production yet women contribute to post-harvest activities and other duties such as throwing fertilizer. Women are mainly responsible for the rearing of fowl and animals. The following exchange with a focus group of female caregivers from Paraje Pajomet in Totonicapán highlights the different roles.

Interviewer: Who is the one who plants at home?
Respondents: It is the husband, because he goes out to the field to plant corn.
Interviewer: And the man is the one who goes to the field. Who is in charge of the harvest?
Respondents: Us, we are in charge of taking all the leaves off in the house.
Interviewer: Who is in charge of overseeing and caring for the animals?
Respondents: Us, we are the ones in charge.

There is an indication that the participation of children falls along these same gender lines, as demonstrated in this quote taken from a FGD with female caregivers in Totonicapán:

Interviewer: So, the boys, from a young age, the Dad prepares small hoes for them so that they can work in the field?
Respondents: Yes, the boys go to the fields. And the girls, we buy them small grinding stones so that they can help out at the home.

When asked why this division of labor existed, trends in responses indicated that men are better suited for work in the field due to their strength, and that rearing animals allows women to stay near the home where they have other roles and responsibilities such as cooking, cleaning, and tending to the children.

To explore these gender lines further, the qualitative interviewers asked respondents if they ever helped their spouse with the farming of crops or the rearing of animals. In most cases, the men indicated that they handled everything on their own, and that the animals are primarily the responsibility of the woman (or women) in the household. When the women responded, even in communities where there is little indication of a decline in pervasive machismo, the women indicated that they did assume some roles and responsibilities when it came to crop production. In one community in San Marcos, a woman indicated that she helped her husband spread manure. In a community in Huehuetenango, women who participated in a focus group said they always helped when it came to the production of crops such as potatoes. However, even though women did participate in crop production, they often referred to their husbands as the primary decision maker. As one woman in Huehuetenango stated during an interview:

Agriculture, we each sow a little. So everybody owns a bit. But the husband is always the boss because he sows the most. Now we women sow just a little. Males always plant more, and they are the ones with the majority of the crops.

These findings from the qualitative data indicate that women's contribution to agriculture practices are not always recognized by either women or men. However, roles and responsibilities are beginning to change out of necessity. In communities where there are further advances in the rights and participation of

women, women tend to take on a greater role in crop production, just as men in those communities also aid in the production of animals. As described earlier, there is a tradition of internal migration in Guatemala, and an increasing number of individuals, primarily men, are seeking opportunities in other countries such as the U.S. Given the large migration of men, women are beginning to take on agricultural roles that they did not take on in the past. This is also the case for widowed or abandoned women.

C. Challenges in Agricultural Production

In order to help understand both consumption practices and income generation, it was important to gather information about the challenges PDBs and KIs identified as possible hindrances to agricultural production. The most frequently named challenges are not entirely surprising. They include: a lack of financial resources to invest in products they need to improve their yield (fertilizer, insecticides, and seeds); a need for further technical assistance to help improve practices; a need for access to a reliable water source; and vaccinations for animals to keep livestock and poultry healthy. Two other challenges that individuals raised are less obvious, but could greatly affect overall productivity. First was access to land. In a number of locations, individuals did not own any land, and therefore would have to rent from other land owners, which is often not affordable, and they end up using much of what they produce just to pay for the land they rent. For those individuals who own land, the size of the plot is not sufficient to produce crops or animals at a capacity that would allow them to sell their products. The small plot size is a result of family land ownership diminishing over time through inheritance. Over the years, as generations continue on, the land is divided and re-divided for the next generation. This causes the plots to be so small that farmers cannot produce enough yields for sale and can rarely produce enough food for consumption. In Huehuetenango, a female farmer explained this process:

You inherit it from family. That is why as time passes there is less of it. My grandfather had a lot of ground. But there were many [children]. Then each got a part. The part we got was smaller. And now we are entitled to very little.

One farmer from Quetzaltenango who participated in a focus group shared his concerns of how he would not have enough land for his children if he relied on this same technique:

But...there is a big problem. And it is that we no longer have land. We have some small plots. Even though the children want to work the land, how will they? And where will they go? It is worse if you have four or more children. What lands or plots will we leave our children?

This farmer's concerns also raise another issue that communities are facing. In most communities visited by the qualitative team, respondents indicated that farming is a household-based practice, as the Quetzaltenango farmer suggests. Entire families did not come together to share plots, but rather divided them amongst family members. Furthermore, respondents indicated that they rarely collaborated as a community to improve their production. This culture of individualism is demonstrated in a response from a farmer who was interviewed in a community where everyone in the community farms the same product for exportation. However, they do not work together in this effort:

The thing is, we don't have money. And that is hard for us. Because we don't have enough money to take good care of the production. It's hard for us, and that is why I say that life here is hard. Nobody says anything to us such as, "I'm going to help you with this." Here, it is not like that. Most of us live that way. Here, everyone has to find out how to survive.

This is a challenge that the KIs identified and are encouraging communities to work around. One KI in Totonicapán stated:

The idea is that the same amount of land is proportional to the production and service conditions of irrigation water. Then the quantity of families involved in these processes is minimal. Our idea is that for the same amount of ground they have, several families could join and have the production together. These are the processes we want to implement.

Although several of the challenges discussed are difficult to target, not only did KIs provide insight on how to resolve some of these difficult issues, as the quote above illustrates, they also discussed challenges, such as the need for technical assistance and vaccinations, which are within the scope of both programs.

4.4 Women's Health and Nutrition Indicators

A. Community Health Issues and Health Care Services

Before examining women's health in particular, it is important to examine some of the qualitative findings about the types of illnesses encountered within the communities, access to health care services and the types of health care utilized.

The most frequent illnesses mentioned by qualitative respondents in both program areas were gastrointestinal problems (which they most commonly refer to as a stomachache), cough, cold, fever, and parasites.

The options for treatment were also similar in both program areas. Many individuals reported trying to medicate household member themselves, either with natural/herbal remedies, such as lemon or St. John's Wart, or through the purchase of medication. As one respondent in Totonicapán said: "In my case, I buy medicine like Viro-Grip anti-flu, and that is all. It gets cured." When medications did not work, respondents reported escalating to the next level of care until the problem was resolved. Focus group participants in Quetzaltenango described this process as follows:

Participant One: Depends on how serious. If it is light, we go to the health center. If it is serious, we go to a hospital, regional or private depending on the capacity to pay.

Participant Two: Well, to a private one if there is money, otherwise, you don't go there. In this case, national, because you only have to pay the bus ticket.

Participant Three: Well, about five years ago, there was good care at the hospital and in the health center. Now, there is no medicine. There are workers at the health center. But it is empty. So one says, "Why go?"

Participant Four: It's true. They are good people, the ones who take care of you. But it's no good if they can't cure you. Many people have died due to poor or no medical care in these places. There is no government support.

While not explicitly explained in this excerpt, in many cases, in order to receive treatment, individuals need to pay for it. Health centers and other options that are free or more affordable are often not adequately equipped to address individuals' medical needs. In the most challenging circumstances encountered by the qualitative team, there are no health care facilities, medical treatment, or medicines available, even for purchase, in their own communities. These individuals must travel a substantial distance to reach the care that they need.

B. Women's Health and Nutrition

The women's module of the household survey was administered to one woman between the ages of 15 and 49 in each household. A total of 5,341 women were interviewed; 2,568 in the SC program area and 2,773 in the CRS program area; 737 of these women were pregnant or postpartum at the time of the interview. Valid anthropometry measurements were taken for 4,604 women. The results for the two FFP indicators, prevalence of underweight women and women's dietary diversity, are presented in Table 4.4a.

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	Total	SC	CRS
Prevalence of underweight women ¹	2.1	2.2	2.1
Number of women (15-49 years) measured	4,604	2,202	2,402
Women's Dietary Diversity Score	3.9	3.8	4.0
Number of responding women (15-49 years)	5,341	2,568	2,773

¹ Does not include pregnant or postpartum women (birth within the past two months). Weight for women wearing medium or heavy clothes during the anthropometry exercise was adjusted by subtracting 1.5 kgs. from their original weight reading.

The nutritional status of women was assessed with two anthropometric indicators: Body Mass Index (BMI) and height. To derive these indices, height and weight measurements were taken for women ages 15-49 who were not pregnant or postpartum. Short stature reflects poor socio-economic conditions and inadequate nutrition during childhood and adolescence. A woman is considered to be at risk if her height is below 145 cm. More than half (52 percent) of the women in the program area are less than 145 cm in height.

BMI, expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2), was used to measure the prevalence of underweight women. A BMI below 18.5 indicates underweight or acute malnutrition and is associated with increased mortality. The majority (62 percent) of women in the survey population have a BMI within the normal range; 2 percent can be considered underweight (BMI < 18.5), and only 0.4 percent are in the moderately to severely underweight range (BMI < 17.0). More than one-third of women (36 percent) are overweight or obese, with 28 percent considered overweight (BMI between 25.0 and 29.9) and 8 percent considered obese (BMI \geq 30.0). Table A9.8 of Annex 9 provides results for BMI measurements for each program area.

The women's dietary diversity score is computed based on nine critical food groups. This validated indicator aims to measure the micronutrient adequacy of the diet and reports the mean number of food groups consumed in the previous day by women of reproductive age (15-49 years). The indicator is tabulated by averaging the number of food groups consumed (out of the nine food groups) across all women. The survey results indicate that women consume, on average, 3.9 of the nine basic food groups. Grains, roots, and tubers (99 percent), other fruits and vegetables (54 percent), green leafy vitamin A-rich vegetables (52 percent), and legumes and nuts (52 percent) are the most frequently consumed basic food groups by women, while organ meat (5 percent) and dairy products (13 percent) are consumed least often. See Table A9.7 in Annex 9 for a breakdown of the results for each food group by program area.

Additional data were collected during the household survey to explore women's health care behaviors. The results for these women's program indicators are shown in Table 4.4b. When 3,549 mothers of children ages 0-59 months were asked about their knowledge of danger signs that indicate treatment is needed, 41 percent were able to name two or more danger signs during pregnancy, 29 percent were able to name two or more neonatal danger signs, and 36 percent were able to name two or more signs of childhood illness.

Of the 689 mothers who experienced health danger signs during pregnancy, 66 percent sought health care. Of the 618 mothers whose child experienced neonatal danger signs, 76 percent sought health care. Of the 1,493 mothers whose child experienced illness danger signs, 85 percent sought health care.

Mothers of children under five years of age who are married or in a union were asked about decision-making behaviors for their own health care and that of their children under five years old. Overall, 63 percent of these women reported that they make decisions about health care for themselves and 97 percent reported that they make decisions for their children either alone or jointly with their partner.

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Table 4.4b. Program-specific Indicators - Women's Health Care Behaviors			
Program-specific indicators by program area [Guatemala, 2013]			
	Total	SAVE	CRS
Awareness and Health Care Seeking (Mothers of children 0-59 months)			
Percentage who recognize two or more pregnancy danger signs*	41.3	37.4	44.7
Percentage who recognize two or more neonatal danger signs	29.5	26.6	32.0
Percentage who recognize two or more childhood illness signs*	35.9	31.7	39.7
Number of responding mothers of children 0-59 months	3,549	1,717	1,832
Percentage seeking health care when pregnancy danger signs are present	65.6	64.0	66.9
Number of responding mothers of children 0-59 months who can identify pregnancy danger signs and suffered any of them during their last pregnancy	689	311	378
Percentage seeking health care when neonatal danger signs are present	76.0	76.4	75.7
Number of responding mothers of children 0-59 months who can identify neonatal danger signs and whose child suffered any of them	618	285	333
Percentage seeking health care when childhood illness signs are present	84.5	85.0	84.2
Number of responding mothers of children 0-59 months who can identify childhood illness signs and whose child suffered any of them	1,493	647	846
Decision Making for Seeking Health Care (Mothers of children 0-59 months - married or in a union)			
Percentage making decisions about health care for themselves ¹	62.6	61.5	63.7
Percentage making decisions about health care for children 0-59 months ¹	96.7	97.0	96.5
Number of responding mothers of children 0-59 months that are married or in a union	3,159	1,544	1,615
* Difference between program areas is statistically significant at $p < .05$.			
¹ Includes joint decision making.			

C. Health Care for Women

a. Prenatal Care

The qualitative data indicate that clinics and midwives are a source of information and resources for pregnant women. During their pregnancy, women reported visiting a health center, seeing a midwife or a combination of both. The following exchange with a female caregiver from Chugüexa I in Quiché illustrates some of the health care options for pregnant women.

Interviewer: Did you have medical care when giving birth?
 Respondent: Yes.
 Interviewer: And when you were four months pregnant you went to the health center then with the midwife, then return to the health center?
 Respondent: Yes because there we are given a card to keep track of pregnancy...
 Interviewer: How many times did you go to the health center for control during pregnancy?

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- Respondent: Five times during the nine months, now if it is an eight month pregnancy then I go four times.
- Interviewer: How often does the midwife come to visit?
- Respondent: The midwife comes two times to see the pregnancy, to see the birth of the baby, she usually comes two weeks before the baby's birth.
- Interviewer: What does the midwife do?
- Respondent: Comes to examine me, to touch me, to see how the baby is, if it is okay or not.

b. Antenatal Care and Delivery

The few medical conditions and illnesses identified by respondents as being unique to women included problems with menstruation, infections of the uterus, and infections of the mammary glands. A small number of individuals linked these problems to birthing practices. As one respondent in Quetzaltenango shared:

Another thing is when women give birth with midwives. Many times, since they don't take care of themselves, or don't take hygienic measures, they don't clean well or bathe or wash, [and] they get sick. I have seen many women get sick. Even the newborn. That is why they get sick so much. There are many cases of infection.

In the majority of communities (seven out of eight), individuals reported that the majority of births occur at home with the assistance of a midwife. In fact, even in communities where some women gave birth in hospitals or health centers, they did so either out of medical necessity; because another option was not available to them; or, in rare cases, because they felt that individuals at the health centers or hospitals had special expertise for helping with the delivery. One woman in Huehuetenango explained that she made the decision to have her children in the health center, which is a substantial distance from the community in which she lived, "because doctors are there and one doesn't know what to do. But they know, because they are experts."

Even in communities where women give birth in hospitals or medical centers, most respondents reported that they also seek medical care from midwives both prior to and after giving birth in addition to seeking antenatal care from health centers. When asked why they seek antenatal care from health centers, many responded that they receive what some referred to as "prenatal controls" and others referred to as vitamins and supplements such as folic acid and iron. According to respondents, midwives provide services prior to, during, and after birth. A respondent from Quiché describes one of these services, called a *temascal* bath, in the following exchange:

- Interviewer: What is a temascal bath for?
- Respondent: It is so she births well.
- Interviewer: How many times does she bathe in the temascal before giving birth?
- Respondent: She (the midwife) comes to bathe the pregnant woman in the temascal every two weeks for two months.
- Interviewer: When the child is born, does the midwife come?
- Respondent: She comes to bathe the child and the mother in the temascal so that cold doesn't make them sick. She comes for 10 days after the birth of the baby.

While the majority of respondents stated that most women give birth at home and receive the guidance of midwives, there is some indication that this is changing. In one community, Cerro Grande in San Marcos, where most women reported giving birth in the medical centers, some said that midwives are no longer present in their community. The mention of the limited availability of midwives requires further exploration. Birthing practices and the use of traditional birth attendants in antenatal, delivery, and postpartum care should be explored further to better understand the unique roles they play and how their work is coordinated with services offered by medical facilities.

4.5 Children's Health and Nutrition Indicators

A. Stunting, Underweight, and Wasting

Anthropometric indicators for children under five years of age provide outcome measures of nutritional status. Height (length) and weight measurements are taken using standardized procedures and compared with the 2006 WHO Child Growth Standards, which are based on an international sample of ethnically, culturally, and genetically diverse healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential. Use of the 2006 WHO Child Growth Standards is based on the finding that well-nourished children of all population groups for which data exist follow similar growth patterns before puberty.

Weight-for-age takes into account both chronic and acute malnutrition and is often used to monitor nutritional status on a longitudinal basis. Children who are less than two standard deviations (SDs) below the median of the WHO Standards population in terms of weight-for-age may be considered underweight.

The height-for-age index provides an indicator of linear growth retardation (stunting) among children. Children who are less than two SDs below the median of the WHO Standards population in terms of height-for-age may be considered short for their age ("stunted") or chronically malnourished. Severe linear growth retardation ("stunting") reflects the outcome of a failure to receive adequate nutrition over a number of years and is also affected by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the season of data collection.

Weight-for-height is a measure of acute malnutrition or wasting, a predictor of child mortality. Children who are less than two SDs below the median of the WHO Child Growth Standards population in terms of weight-for-age are considered wasted.

Valid height and weight measurements were obtained for a total of 5,556 children ages 0-59 months; 2,578 in the SC program area and 2,978 in the CRS program area. These measurements were used to calculate three indicators:

- Prevalence of underweight children ages 0-59 months (weight-for-age)
- Prevalence of stunted children ages 0-59 months (height-for-age)
- Prevalence of wasted children ages 0-59 months (weight-for-height)

Table 4.5a provides the results for these anthropometric indicators.

A total of 31 percent of children under five years of age in the survey population showed signs of being moderately or severely underweight (less than two SDs below the median). Figure 4.5a shows that the proportion of underweight children is lowest among children ages 0-6 months (10 percent) and highest among those ages 18-23 months (42 percent). There are more underweight children in the CRS program area (35 percent) than in the SC program area (26 percent).

A very high percentage (77 percent) of children under five years of age in the survey population show signs of moderate and severe stunting (less than two SDs below the median). Rates of stunting are higher in the CRS program area (80 percent) than the SC program area (75 percent).

Figure 4.5b shows that the prevalence of stunting increases as the age of the child increased, with the highest prevalence of chronic malnutrition found in children ages 18-23 months (88 percent) and lowest in children ages 6-8 months (45 percent).

Finally, the prevalence of wasting is low, with only 2 percent of children under five years of age in the survey population showing signs of moderate and severe wasting (less than two SDs below the median). Rates of wasting are slightly higher in the CRS program area (2 percent) than the SC program area (1 percent).

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Table 4.5a. Food for Peace Indicators - Children's Nutritional Status
Child-level FFP indicators by program area and sex [Guatemala, 2013]

	Total	SC	CRS
Children's Nutritional Status (Children 0-59 months)			
Prevalence of underweight children (weight-for-age)			
Male*	32.9	27.3	37.6
Female*	28.8	25.5	31.4
Total*	30.8	26.4	34.5
Prevalence of stunted children (height-for-age)			
Male	78.7	77.1	80.0
Female*	76.1	72.3	79.3
Total*	77.4	74.7	79.6
Prevalence of wasted children (weight-for-height)			
Male*	2.0	0.8	3.0
Female	1.0	1.2	0.9
Total*	1.5	1.0	2.0
Number of children (0-59 months) measured			
Male	2,772	1,281	1,491
Female	2,784	1,297	1,487
Total	5,556	2,578	2,978

* Difference between program areas is statistically significant at $p < .01$.

Figure 4.5a. Prevalence of Underweight Children Ages 0-59 Months by Age Group (Months)

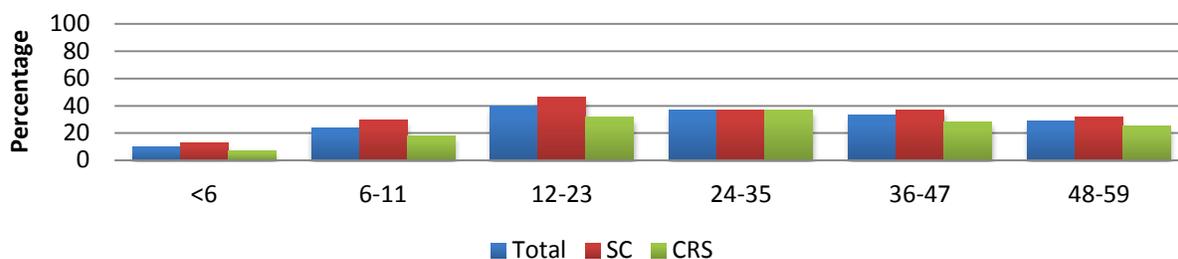
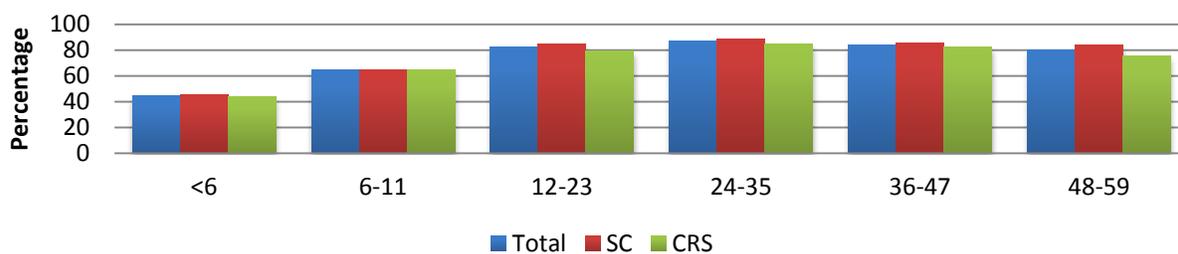


Figure 4.5b. Prevalence of Stunted Children Ages 0-59 Months by Age Group (Months)



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a. Predictors of Household Hunger

To understand factors that might influence stunting, OLS regression models were run for HAZ scores of children under five years of age for the overall survey area and separately for each program area. Table A8.2 in Annex 8 shows statistical results for these models. Table A8.2 also shows the β coefficients for each individual predictor. In a multiple OLS regression model, the β coefficient indicates the change in the outcome for a unit increase in the predictor, with all other predictors in the model held constant.

HAZ is a continuous variable that indicates the difference, in SDs, between the child's height and the median height for children of the same sex and age in the reference population used for the WHO anthropometry standards. Children are considered "moderately and severely stunted" when they are two SDs below the WHO standard height for their age. Thus, even though "stunting" is a categorical variable and HAZ is a continuous variable, the two are related so that when HAZ scores increase, stunting rates decrease. Independent variables in the model include the following:

- Demographic characteristics of the child: Sex, age, age squared, a sex-by-age interaction term, and diarrhea status in the last two weeks
- Household composition: Number of prime-aged adults (15-49 years old), number of elder dependents (50 or older), number of young dependents (5-14 years), number of children (0-4 years)
- Demographic characteristics of the head of household: Sex, age
- Education level of primary caretaker
- Socioeconomic status: Household hunger, household poverty, and food consumption
- Household water and sanitation: Improved source of drinking water, water treatment prior to drinking, improved, not shared sanitation facility, cleansing agent and water available at hand washing station
- Household agricultural status: Raised crops in the last 12 months, number of farmers in the household, used at least two sustainable livestock practices, used at least two sustainable crop practices, used at least one sustainable NRM practice, practiced value chain activities, used improved storage practices
- Department

Both the SC model ($R^2 = .19$) and the CRS model ($R^2 = .25$) show a moderately low explanatory power, indicating that the independent variables in the models explain between one-fifth and one-fourth of the variance in HAZ, respectively. As the significant constant term indicates (see Annex 8), HAZ is different from zero even after controlling for all the independent variables in the model, suggesting that better-fitting models would require collecting additional predictors beyond those in the current survey.

The overall model showed that program differences are significant, so predictors are presented separately for each program rather than overall.

Save the Children (SC) program area

Significant positive predictors (those resulting in lower rates of stunting) for the SC program area include the following:

- Sex: All other factors in the model being equal, female children have on average a HAZ that is 0.39 higher than male children. A significant sex-by-age interaction term indicates that even though, on average, female children have a higher HAZ than males, the rate of growth for female children is slower than males as they get older.
- Number of adults ages 15-49: Each additional adult ages 15-49 in the household is associated with an increase in HAZ of 0.08.
- Education level of primary caretaker: Having a primary caretaker with primary-level or higher education is associated with an increase in HAZ of 0.11.

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- Daily per capita food consumption: Each additional log of GTQ spent on food during the last week is associated with an increase in HAZ of 0.46. Using untransformed food consumption, the increase for each additional GTQ would have a significant but minimal effect, increasing HAZ by 0.01.
- Water treatment prior to drinking: Children who live in households that treat their drinking water have a HAZ that is 0.22 higher, on average, than children who live in households that do not treat their drinking water. The use of an improved source of drinking water did not show an effect on HAZ. A post-hoc analysis of the effect of specific water sources on HAZ shows that sources of drinking water that are improved by definition, including public standpipes ($\beta=-.33$, $p=.01$) and rain water ($\beta=-.27$, $p=.02$), are associated with significantly lower HAZ scores, suggesting that in the SC program areas, sources of drinking water may be less safe than assumed.
- Use of two sustainable NRM practices in past 12 months: Use of sustainable NRM practices is associated with an increase in HAZ of 0.85. However, post-hoc analyses did not identify a specific NRM practice driving this result.

Significant negative predictors (those resulting in higher rates of stunting) for the SC program area include the following:

- Age: Each additional month of age is associated with a decline of 0.07 in HAZ, indicating that the delay in growth accumulates as the child gets older. As the significant and positive “age in months squared” term indicates, this decline in HAZ is faster during the first months of life. A visual inspection of the age-by-HAZ scatterplot shows that the delay of growth decelerates after 20 months of age.
- Number of young dependents (ages 5-14): Each additional young dependent in the household is associated with a decrease in HAZ of 0.06.
- Number of children (under five years): Each additional child under five years in the household is associated with a decrease in HAZ of 0.14.

Catholic Relief Services (CRS) program area

Significant positive predictors (those resulting in lower rates of stunting) for the CRS program area include the following:

- Sex: All other factors in the model being equal, female children have, on average, a HAZ that is 0.21 higher than male children. The significant sex-by-age interaction term indicates that even though, on average, female children have a higher HAZ than males, the rate of growth for female children is slower as they get older.
- Number of adults ages 15-49: Each additional adult ages 15-49 in the household is associated with an increase in HAZ of 0.07.
- Number of elder dependents: Each additional elder dependent in the household is associated with an increase in HAZ of 0.10. This result suggests that elder “dependents” in the CRS areas may in fact be net contributors to household HAZ outcomes.
- Education level of primary caretaker: Having a head of household with primary-level or higher education is associated with an increase in HAZ of 0.15.
- Daily per capita food consumption: Each additional log of GTQ spent in food during the last week is associated with an increase in HAZ of 0.37. Using untransformed food consumption, the increase for every additional GTQ would have a significant but minimal effect, increasing HAZ by 0.02.
- Water treatment prior to drinking: Children who live in households that treat their drinking water have a HAZ that is 0.33 higher, on average than children who live in households that do not treat their drinking water. As in SC areas, the use of an improved source of drinking water does not show an effect on HAZ. The post-hoc analysis of the effect of specific water sources on HAZ did not identify any significant effect of water sources on HAZ.

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- Improved sanitation facilities: Use of an improved sanitation facility is associated with an increase in HAZ of 0.13. A post-hoc analysis on the types of facility associated with HAZ outcomes identified flushed toilets to piped sewer systems (shared or not) and unspecified “other” toilets as having a positive effect on HAZ scores. Latrines (not shared $\beta = -.41$, $p = .01$, shared $\beta = -.49$, $p = .02$), pit latrines without a slab ($\beta = -.43$, $p = .01$) or having no facility ($\beta = -.70$, $p = .00$) are all associated with lower HAZ scores.
- Cleansing agent and water available at hand washing station: Having soap or ash and water available at the hand washing station is associated with an increase of 0.24 in HAZ.

Significant negative predictors (those resulting in higher rates of stunting) for the CRS program area include the following:

- Age: Each additional month of age is associated with a decline of 0.08 in HAZ, indicating that the delay in growth accumulates as the child gets older. As the significant and positive “age in months squared” term indicates, this decline in HAZ is faster during the first months of life. A visual inspection of the age-by-HAZ scatterplot shows that delay in growth decelerates after 20 months of age.
- Child diarrhea: Diarrhea in the past two weeks was associated with a decrease in HAZ of -0.12.
- Number of young dependents (ages 5-14): Each additional young dependent in the household is associated with a decrease in HAZ of 0.04.
- Number of children (ages 0-4): Each additional child in the household is associated with a decrease in HAZ of 0.16.
- Poverty: Living below the poverty line is associated with a decrease in HAZ of 0.25.
- Used two sustainable crop practices (past 12 months): Use of sustainable crop practices is associated with a decrease in HAZ of 0.24. Post-hoc analyses identified use of native corn seeds and soil conservation practices as the specific practices driving this result.

A surprising result concerns the negative effect of sustainable crop practices. While the current model cannot determine whether this association is causal, one causal possibility would be that the use of native corn seeds is associated with decreased yields. An alternative explanation would be that the use of native corn seeds is related to HAZ through a third variable—for example, lack of access or preference for improved seeds, which in turn might be related to location or socio-demographic status. The negative effect of soil conservation practices on HAZ might also be explained by a third, unobserved variable. Households using soil conservation practices may be more likely to have sloped agricultural land, which may in turn be related to poorer agricultural yields.

b. Malnutrition

In the qualitative interviews, malnutrition was a commonly mentioned problem across all communities. When asked whether malnutrition is a problem in their community, most respondents answered that it is, however most also reported that it is not a problem in their own family. Some individuals stated that poor nutrition leads to other medical problems, such as this respondent from in San Marcos:

I think mainly, the first thing that is lacking is good nutrition. From there it will cause you not to be as strong as you should be. Then you are going to get the flu very often. You will also get stomach diseases as a result of malnutrition.

Analysis of the qualitative focus group and interview data revealed a diverse understanding of the causes of malnutrition, how to identify it, and proposed solutions. Although some respondents stated that they had never heard the term “malnutrition” or that it did not exist in their communities, the majority of respondents stated that malnutrition is a problem affecting children in the community. However, respondents rarely mentioned knowing of a child in their immediate or extended family who suffered from malnutrition. Respondents stated that the causes of malnutrition included poverty, lack of work or employment opportunities, poor hygiene, limited food supply, no vitamins, improper nutrition, lack of breast milk, poor health of the mother, and limited knowledge of parental responsibility. While KIs stated

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that limited dietary diversity is a key contributing factor to malnutrition, respondents rarely mentioned dietary diversity as a critical factor. When asked how they would identify a malnourished child, respondents listed identifiers such as thinness, weight loss, pale skin, yellow eyes, lack of energy, and frequent illness. The majority of respondents were also unable to identify community efforts to help reduce malnutrition, yet some stated the health center was a potential resource.

The main solutions discussed involved working or employment. For example, a female head of household from Totonicapán stated:

I have seen on the news that those who suffer from malnutrition the most are the poor because they lack employment and money. Without that you can't do anything, but it would be good if the government would help with solidarity bags because many are being given those, but not them.

Other proposed solutions include going to the clinic, giving the child vitamins, improving maternal nutrition, limiting the number of children one has, and education.

B. Diarrhea and Oral Rehydration Therapy (ORT)

Dehydration caused by severe diarrhea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhea-causing agents is frequently related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excreta. Caretakers were asked whether any children under age 5 had diarrhea at any time during the two-week period preceding the survey. If the child had diarrhea, the caretaker was asked about feeding practices during the diarrheal episode, whether they sought advice or treatment, and whether ORT was given to the child. Types of ORT provided included Oral Rehydration Salts (ORS), homemade rehydration fluids, and increased fluid intake. The caretaker was also asked whether there was blood in the child's stools. Diarrhea with blood in the stools should be treated differently from diarrhea that is not accompanied by blood in the stools.

Table 4.5b provides the results for the two FFP indicators—the percentage of children with diarrhea in the past two weeks and the percentage of children with diarrhea treated with ORT. Overall, 37 percent of all children under age 5 had diarrhea in the two weeks preceding the survey. Of the children with diarrhea, 11 percent had blood in their stools. Rates of diarrhea are significantly higher in the CRS program area (43 percent) compared to the SC program area (29 percent).

<u>Table 4.5b. Food for Peace Indicators - Children's Diarrhea and ORT</u>			
Child-level FFP indicators by program area and sex [Guatemala, 2013]			
	Total	SC	CRS
Children's Diarrhea and ORT (Children 0-59 months)			
Percentage of children who had diarrhea in the last two weeks			
Male*	37.3	29.0	44.1
Female*	35.5	28.7	41.1
Total*	36.4	28.8	42.6
Number of children (0-59 months)	5,680	2,632	3,048
Percentage of children with diarrhea treated with ORT ¹			
Male	50.4	55.4	47.7
Female	51.0	51.2	51.0
Total	50.7	53.3	49.3
Number of children (0-59 months) with diarrhea	1,988	741	1,247

* Difference between program areas is statistically significant at $p < .01$.
¹ Includes ORS, home-made rehydration fluids, or increased fluids.

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Caretakers seek advice or treatment for 72 percent of the children with diarrhea, and half of these children are treated with ORT. Of those children with diarrhea who are treated with ORT, homemade rehydration fluids are used for 26 percent, ORS are used for 27 percent, and an increase in fluid intake was used for the remaining 47 percent.

As discussed in the Childhood Illness section below, diarrhea was one of the commonly discussed childhood illnesses during the qualitative interviews. Respondents not only recognized the symptoms but also know of prevention measures and forms of treatment, as illustrated in the following exchange:

- Interviewer: When you said, a while ago, that they have had stomachache, did they also have diarrhea or no?
- Respondent: Yes.
- Interviewer: Why does diarrhea take place? Why did they have diarrhea?
- Respondent: Well... Sometimes because of something that one eats and they don't wash their hands thoroughly; something like that causes diarrhea.
- Interviewer: What are the symptoms? How do you realize that they have diarrhea?
- Respondent: Because they have watery and not hard stool.
- Interviewer: ...What do you do to treat diarrhea?
- Respondent: We immediately give them remedy.
- Interviewer: Like what type of remedy?
- Respondent: Since they are some small pills called alka-d...
- Interviewer: Where do you find that?
- Respondent: In the stores that are here or in Uspantán...
- Interviewer: What have you or your family members done to treat diarrhea?
- Respondent: Take care of them, wash their hands, and don't eat things that are not washed.

Another respondent when asked what treatment she gave her child for diarrhea stated, “[I] take them to the health care center, prepare home water or homemade solution. That helps them a lot.” Although few respondents stated they did not treat their children for diarrhea, similar to the household survey results the majority of respondents sought some form of treatment.

C. Minimum Acceptable Diet (MAD)

Adequate nutrition during the period from birth to two years of age is critical for a child's optimal growth, health, and development. This period is one marked for growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhea and acute respiratory infection (ARI). Adequate nutrition requires a minimum dietary diversity, which is measured in terms of seven key food groups. In addition to dietary diversity, feeding frequency (i.e., the number of times the child is fed) and consumption of breast milk (or other types of milk or milk products) needs to be considered. All three dimensions are aggregated in the MAD indicator. This indicator measures the percentage of children 6-23 months of age who receive a MAD, apart from breast milk. The MAD indicator measures both the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for his or her age group and breastfeeding status, the child is considered to be receiving a MAD.

Results for the MAD indicator are shown in Table 4.5c. A total of 1,822 children ages 6-23 months were included in the survey—893 in the SC program area and 929 in the CRS program area. Overall, 20 percent of these children are receiving a MAD.

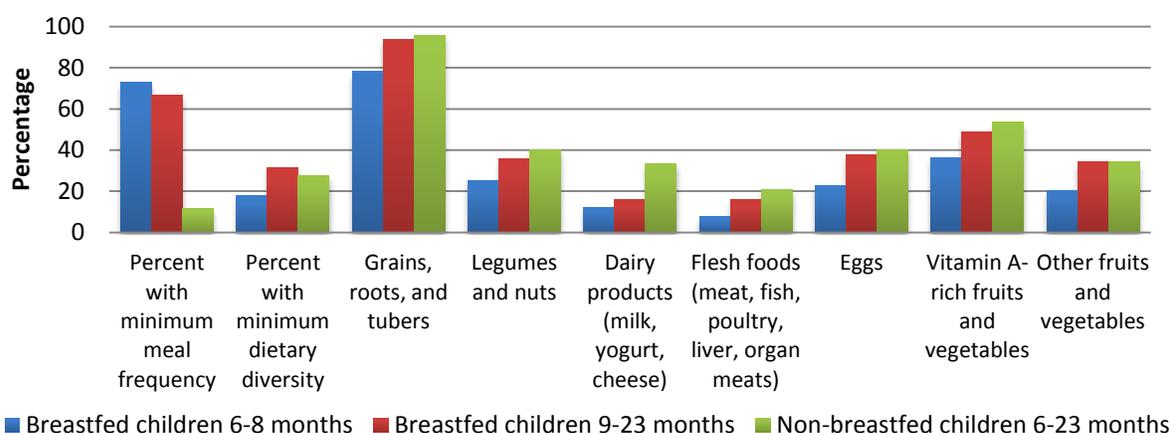
Figure 4.5b shows that the percentage of breastfed children ages 6-8 months and ages 9-23 months with a minimum meal frequency of either two or three meals a day was significantly higher (66 and 72 percent) compared to the percentage of non-breastfed children ages 6-23 months with a minimum meal frequency of four meals plus 2 servings of milk (11 percent). The proportion of children with a minimum dietary diversity of four or more food groups was low: 18 percent for breastfed children 6-8 months, 31 percent for breastfed children ages 8-23 months, and 28 percent for non-breastfed children ages 6-23 months.

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Table 4.5c. Food for Peace Indicators - Children's Minimum Acceptable Diet (MAD)
Child-level FFP indicators by program area and sex [Guatemala, 2013]

	Total	SC	CRS
Minimum Acceptable Diet (Children 6-23 months)			
Prevalence receiving a minimum acceptable diet			
Male	19.5	22.0	17.4
Female	20.3	22.3	18.5
Total	19.9	22.1	17.9
Number of children (6-23 months)	1,822	893	929

Figure 4.5b. Components of MAD by Age Group and Breastfeeding Status



D. Breastfeeding

Breastfeeding is an important factor in predicting the future health of children. Research indicates a strong link between breastfeeding and the development of a child's immune system.³⁹ UNICEF and WHO recommend that children be exclusively breastfed (no other liquid or solid food or plain water) during the first six months of life and that children be given solid/semisolid complementary food in addition to continued breastfeeding beginning when the child is six months old and continuing to two years and beyond. Introducing breast milk substitutes to infants before six months of age can contribute to limiting breastfeeding, which has negative implications for a child's health and development. Substitutes such as formula, other kinds of milk, and porridge are often watered down and provide too few calories. Lack of appropriate complementary feeding may lead to malnutrition, frequent illnesses, and possibly death.

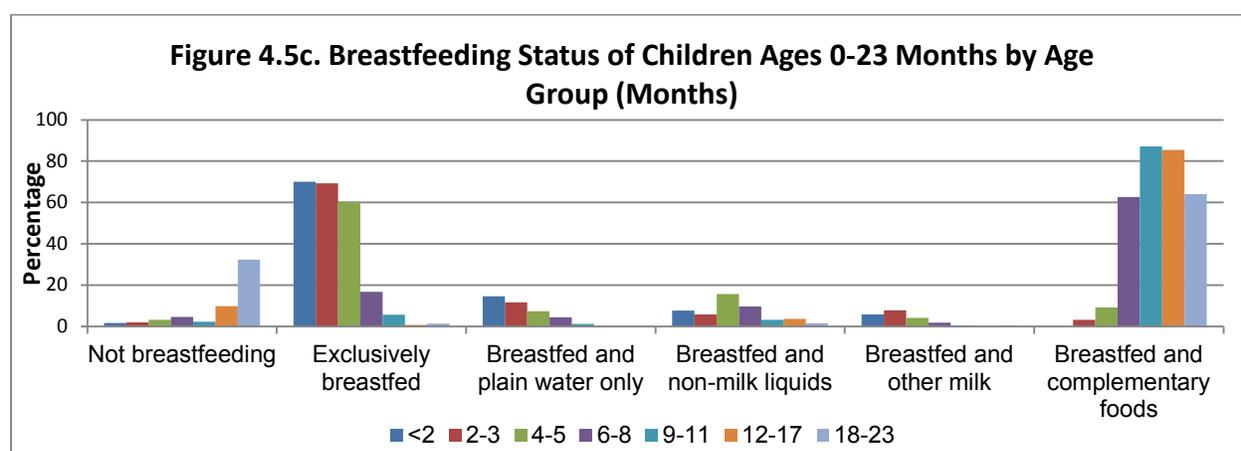
There were 642 children under six months in the survey households. Table 4.5d provides the results for the exclusive breastfeeding indicator. Overall, 64 percent of these children are exclusively breastfed. There were no significant differences in exclusive breastfeeding between program areas. Figure 4.5c shows that the prevalence of exclusive breastfeeding is highest in the 0-3 month range (70 percent) and gradually decreases with each two-month age group thereafter. About 32 percent of children in the 18-23

³⁹ See the following for more information on breast milk and the immune system: Slade, H. B., & Schwartz, S. A., Mucosal immunity: The immunology of breast milk, *J Allergy Clin Immunol* 1987 Sep;80(3 Pt 1):348-58; Cunningham, A. S., Jelliffe, D. B., & Jelliffe, E. F. Breast-feeding and health in the 1980s: A global epidemiologic review, *J Pediatr* 1991 May;118(5):659-66; and Goldman, A. S., The immune system of human milk: Antimicrobial, anti-inflammatory and immunomodulating properties. *Pediatr Infect Dis J* 1993 Aug;12(8):664-71.

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month age range are no longer breastfeeding, while 64 percent are breastfeeding with the addition of complementary foods.

	Total	SC	CRS
Exclusive Breastfeeding (Children under six months)			
Prevalence of exclusive breastfeeding			
Male	65.5	69.4	61.6
Female	61.1	61.6	60.7
Total	63.4	66.1	61.1
Number of children under six months	642	300	342



Similar to the findings from the household survey, the majority of focus group and interview participants stated they exclusively breastfeed their children six months of age and under. Decision making around breastfeeding is either primarily made by the woman or jointly between the woman and her husband. Information about breastfeeding practices usually comes from parents, other family members, or health centers. Respondents utilize information gathered from prior trainings and other sources as justification of the importance of breastfeeding. For example, a male head of household from Quetzaltenango stated:

According to a training that we had before, we were told that it was necessary and important to breastfeed the children, what they call breast milk. Since women consume any kind of food, then the breast milk has a lot of nutrients for the kid to be well nourished. But when the kid is one or two years old, they stop breastfeeding him, then we have to buy him a little bit of everything so he can eat on his own, also for his blood to be nourished.

Respondents viewed breast milk as ideal. In response to the question of which children are breastfed, a male care giver from San Marcos stated:

Because in the first place, breast milk is better than buying cans, in second place there are none or weren't enough financial resources to be able to buy it because canned milk is expensive. And then, because breast milk is good for them, it prevents diseases.

Although most participants stated that they exclusively give their children breast milk, some said they give their children other beverages in the event that their breast milk is insufficient. For example, a female farmer from Quiché stated, "With the youngest I didn't have milk, so I gave him sugar water." A KI from SC echoed this sentiment, "They start giving children beverages that are not dense enough, with very low nutritional value, and that are introduced very early and sometimes come to substitute breastfeeding."

Reports of when respondents begin to wean their children ranged from six months to one and a half years, with the majority of respondents stating that after six months, they begin introducing supplemental foods to their children. The introduction of supplemental foods poses some risk to the child's nutritional intake. According to one KI, "after the breastfeeding stage, the children begin to eat foods that do not have all the requirements needed for a growing child." Therefore, as illustrated in the household survey, the majority of children above six months of age are not receiving the minimum acceptable diet.

E. Childhood Illness

Primary childhood illnesses identified in the qualitative interviews included flus; fevers; respiratory health problems/infections such as colds, coughs, bronchitis, and pneumonia; and digestive/gastrointestinal problems such as diarrhea, worms, and stomachaches. Respondents also discussed "evil eye" as an illness that affects children and something for which they seek treatment from natural or traditional healers or try to cure themselves. A male head of household from Totonicapán stated:

Well, what we do here, my wife sometimes cures the children, and another disease is evil eye that we get often.... My wife sees the little girl, and if she has evil eye, she cures her with natural medicine with some plants, or pills that she buys that always helps. If there is no improvement, we go to the doctor.

Two primary causes of illness mentioned by respondents were improper hygiene and children's exposure to the elements, particularly during the rainy season. Several respondents were aware of causes of diseases and ways to prevent them. For example, a female head of household from Quetzaltenango, when asked what she thought was the cause of diarrhea, stated, "They may suffer from parasites, in these times by water or an oversight, eating with dirty hands and not washing the fruits that they are eating."

Most respondents reported using different forms of treatment, including medications for specific illnesses, home remedies, or seeking care from either natural/traditional healers or the health center. Yet, there were still respondents who are unaware of both the causes of illness and possible prevention measures.

Health centers were mentioned as a source of information for illness prevention measures and the source for vaccinations for their children. The majority of respondents were able to identify the vaccinations their children received and were aware of the important role vaccines play in the prevention of diseases. Respondents also discussed vaccinations as accessible and affordable, with several respondents stating that they do not have to pay to receive vaccinations for their children. Although the treatment is free, some respondents mentioned the cost of transportation as a challenge in seeking care. Besides vaccinations for childhood illnesses, respondents also mentioned that children receive flu vaccines and vitamins to prevent illness.

5. Conclusions

Data for the baseline study of Title II development food assistance programs in Guatemala was collected from April to June of 2013 in approximately 6,000 households in five departments in the Western Highlands. The household survey collected data for FFP and program indicators with regard to household hunger and food access; sanitation and hygiene; agriculture, household expenditures and assets; and dietary diversity and anthropometry among women and children. The qualitative surveys collected additional data through interviews and focus groups with potential beneficiaries and key informants.

In line with the overall objective of the baseline study, key findings and conclusions with respect to the FFP and program-specific indicators are described below. These conclusions are based on findings from the household survey and the qualitative component. Results from the regression models are provided but should be interpreted cautiously due to the low explanatory value of the independent variables in the models. Additional analysis of data is possible, and the household survey data files are available for in-depth analyses to further inform program design and monitoring.

5.1 Household Hunger

A small minority of households (7 percent) suffers from moderate or severe hunger, with a similar proportion in the SC and CRS program areas. These results indicate that frequent episodes of food deprivation within the past four weeks were not a significant challenge for most households in the program area during the April to June period.

Participants in the qualitative interviews and focus groups rarely discussed experiences of hunger and often stated that there is always something to eat. They attributed lack of food to lack of income and also stated that plot size is a limiting factor in the diversity and quantity of their production. Strategies for coping with low yields and low household income include migration for better employment and income-producing opportunities, and reduced food consumption.

Results of regression models for household hunger

The SC household hunger model indicates that increasing the practice of value chain activities, particularly calculating costs and having a production plan, are factors that tend to reduce household hunger in the SC program area; these activities are linked to increased household income. The models also indicate that household hunger reduction activities in the SC program areas might focus on female-headed households and those with fewer farmers, as these households are more likely to suffer from household hunger.

For the CRS program area, the model indicates that increasing the education level of the head of household would have the greatest impact on household hunger. The data also indicates that household hunger reduction activities in the CRS program area might focus on those households with fewer prime-aged adults, as these households are more likely to suffer from household hunger.

5.2 Household Dietary Diversity

The HDDS for survey participants is moderate, with half of the 12 food groups consumed daily in each household, on average. Results are similar for the two program areas. The dietary diversity score as a measure of food access and socio-economic status indicates moderate economic means to allow access to a diverse selection of foods.

Foods made from cereals and grains are the staple of household diets and are consumed by nearly all households. Nearly all households (94 percent) consume sugar or honey, and more than two thirds (78 percent) consume other foods such as coffee, tea, spices, sweets, and chocolates. The qualitative data indicate that the most common beverages consumed are water, water with sugar, (corn) *atole*, (corn) *gruel*, coffee, and tea.

Qualitative data indicated that accessibility of food is variable and influenced by a number of factors, such as the season (rainy versus dry), the success of crop production, storage capabilities, and access to an income that allows for the purchase of food. Respondents indicated that food items are both purchased and produced, and sources of food varied significantly by household and by season. Overall, both KIs and PDBs expressed the importance of additional income and food production as a way to increase access to more diverse foods.

5.3 Poverty Levels

Poverty is a significant challenge in the Western Highlands region. The household survey found that nearly one-half (44 percent) of the population in the survey area is living in extreme poverty (less than \$1.25 USD per day), which is substantially higher than the 13.5 percent for Guatemala as a whole⁴⁰. Daily per capita expenditures are, on average, \$1.90 USD per day, per person. The mean depth of poverty is 11.9 percent in the overall program area.

⁴⁰ [World Development Indicators. World Bank](http://datatabank.worldbank.org/data/home.aspx). July 9, 2012. Retrieved from <http://datatabank.worldbank.org/data/home.aspx>

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Many survey households rely on subsistence farming with limited opportunity for income generation. Respondents in the focus groups and qualitative interviews discussed their limited ability to meet all household needs based on one source of income. Women's ability to support the household is limited by the general tendency for their incomes to be significantly lower than men's. One common strategy for coping with limited income involves migration internally within Guatemala or externally to the U.S. in order to earn higher wages as agricultural laborers. In order to meet household needs, respondents from the qualitative study reported the need to diversify their income sources or rely on pooled income from several members of the household.

Across all departments, respondents from the qualitative study identified few primary sources of income. These include small-scale agricultural production (both the sale of crops and animal rearing), casual and opportunistic labor, masonry, and work acquired both through internal and external migration. In addition, respondents residing in the communities serviced by CRS mentioned textiles, selling handmade clothing, and handcrafts as additional sources of income. Although respondents discussed men as primary providers, women also bring income into the households. Common income sources for women include the keeping and selling of livestock, washing clothes for neighbors, and making clothing for sale. In households where income is insufficient to meet household needs, children are also involved in income-generating activities or responsible for assisting parents in their income-generation activities.

5.4 Water, Sanitation, and Hygiene

In both program areas, about 20 percent of households use an improved drinking water source. Although 48 percent of households have access to an improved water source, only 65 percent reported that water is generally available from the source. About 52 percent of households do not use an improved drinking water source, but use surface water from sources such as rivers, lakes, dams, canals, and so forth. Nearly all households (93 percent) reported boiling the water to make it safer to drink. Access to and use of an improved drinking water source in the program areas is substantially lower compared to the national average of 92 percent reported by the UNICEF Joint Monitoring Programme in 2012.⁴¹

About half of households (52 percent) use a non-shared improved sanitation facility, generally a pit latrine slab (41 percent). Use of improved sanitation facilities in the program areas is lower than the nationally reported average of 78 percent.⁴² In general, qualitative focus group and interview data indicated that the majority of individuals want to improve their existing latrines and that those who do not have latrines recognize their importance.

Interviewers observed soap, detergent, or another cleansing agent at the place for hand washing in 77 percent of households in the survey. However, qualitative findings indicate that while hand washing with water takes place frequently, soap use is sometimes limited to instances where hands are visibly dirty. Respondents reported financial limitations to purchasing soap.

Poor sanitation practices are associated with increased morbidity and mortality, particularly for diarrheal diseases. Worldwide, it is estimated that improved water sources reduce diarrhea morbidity by 21%; improved sanitation reduces diarrhea morbidity by 37.5%; and the simple act of washing hands at critical times can reduce the number of diarrhea cases by as much as 35%.⁴³ Programs should consider further activities that will result in better access to and use of improved drinking water sources and improved sanitation facilities as well as educational activities to emphasize hand washing at critical moments.

⁴¹ WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Sanitation and Drinking Water, 2012 Update*. Retrieved from http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-report-2012-en.pdf

⁴² Ibid.

⁴³ World Health Organization, *Facts and Figures: Water, sanitation and hygiene links to health*, retrieved from http://www.who.int/water_sanitation_health/publications/factsfigures04/en/print.html

5.5 Agriculture

The majority of farmers (95 percent) in the household survey reported cultivating corn, and about two-thirds reported cultivating beans. Around a third (38 percent) of farming households cultivated herbs or vegetables for household consumption, and more than half (58 percent) reporting having fruit trees on their land. Livestock was raised in 87 percent of farming households. Qualitative data indicate that men are typically responsible for crop production and women are responsible for the rearing of animals.

Most farmers (92 percent) consume products from their livestock or land, and 44 percent of farmers sell products from their livestock or land. Qualitative data identified three general trends for crop sales and consumption: (1) some communities produce certain crops exclusively for sale; (2) for most other crops, farmers sell their surplus after calculating their own need; and (3) the majority of livestock and poultry raised by individuals serve as sources of income, with about 20 percent consumed by the household.

Overall, only 14 percent of farmers reported practicing at least two value chain activities, most commonly market-oriented production. More farmers in the SC program area practice value chain activities (16 percent) compared to the CRS program area (11.5 percent). A higher proportion (50 percent) of farmers reported using at least three sustainable agricultural practices, such as use of organic fertilization or use of improved livestock facilities; however, only 8 percent of farming households reported using improved storage practices, such as grain silos.

According to the household survey results, only 16 percent of farmers reported using financial services in the past 12 months—either savings, credit, or insurance. More farmers in the SC program area (20 percent) used financial services than in the CRS program area (13 percent). A key challenge to agriculture cited during qualitative interviews was the lack of financial resources to invest in products to increase their yield, such as fertilizer, insecticides, and seed.

Other challenges mentioned by qualitative respondents included insufficient access to vaccinations for animals, the need for further technical assistance to help improve agricultural practices, and reliable access to a water source. Additionally, qualitative respondents reported lack of access to adequate land. Large family sizes have resulted in the repeated division of property, which has led to small, inefficient plots. Land tenure is strongly disputed in some areas, and large commercial agriculture operations own much of the most fertile land. Another factor limiting production, as reported by some individual farmers in the qualitative study, is the lack of cooperation and organization with neighboring farmers. Without cooperation, farmers are limited in their ability to diversify crops, carry out projects requiring many sources of labor, and solicit buyers for bulk produce.

Programs might consider delivery of trainings focused on the use of sustainable agricultural practices, value chain activities, and improved storage techniques. Better access to financial services and encouragement of farming groups or associations might also help to improve agricultural production.

5.6 Women's Health and Nutrition

The anthropometry results indicate significant nutritional challenges for women ages 15-49 (reproductive age) in the survey population. While these women appear to be consuming sufficient or even excessive calories, their heights show that during childhood and adolescence their nutritional intake was insufficient. More than half (52 percent) of these women are short in stature (less than 145 cm). Similar results were found in the 2008-2009 ENSMI where 42.6 percent of non-pregnant women of reproductive age from households with children under five years in the Western Highlands are short in stature.⁴⁴

⁴⁴ Chaparro, Camila. 2012. *Household Food Insecurity and Nutritional Status of Women of Reproductive Age and Children under 5 Years of Age in Five Departments of the Western Highlands of Guatemala: An Analysis of Data from the National Maternal-Infant Health Survey 2008-09 of Guatemala*. Washington, DC: FHI 360/FANTA-2 Bridge.

Baseline Study for the Title II Development Food Assistance Programs in Guatemala March 12, 2014

The majority (62 percent) of women ages 15-49 in the survey population have a BMI within the normal range, with greater rates in CRS program areas (64 percent) than in SC areas (59 percent). The mean BMI for these women is 24.3, which is very similar to the BMI of 24.9 reported in the ENSMI survey. Only 2 percent of the women surveyed are underweight, but more than one-third (36 percent) are overweight or obese. Similar rates were found in the ENSMI survey, with 1.6 percent of the women surveyed being underweight and 32.5 percent being overweight.⁴⁵

The household survey shows that women consume, on average, 3.9 of the nine basic food groups. Almost all consumed grains, roots, and tubers (99 percent), while only around half consumed fruits and vegetables (54 percent), green leafy vitamin A-rich vegetables (52 percent), and legumes and nuts (52 percent). There were no significant differences between the two programs for these indicators. The focus on grains, roots, and tubers over all other food groups likely contributes to the significant portion of overweight women and may contribute to poor health.

Mothers of children under five years of age in general lack sufficient knowledge of the signs of danger during pregnancy, during the neonatal period, and during early childhood. According to the household survey data, under half (41 percent) of these mothers were able to name two or more health danger signs during pregnancy, around one-third (29 percent) were able to name two or more neonatal health danger signs, and 36 percent were able to name two or more childhood illness danger signs. When health danger signs were present, rates for seeking treatment were fairly high: 66 percent when danger signs were present during pregnancy, 76 percent when danger signs were present during the neonatal period, and 85 percent when danger signs of childhood illness were present. Overall, 63 percent of mothers of children under five years of age make decisions about health care for themselves and 97 percent make decisions about healthcare for their children either alone or jointly with their partner.

Future interventions might provide additional training and education to women on healthy eating behaviors including diversifying their diets and recognizing when health danger signs are present.

5.7 Children's Health and Nutrition

The number of underweight and stunted children under five years of age is very high in both SC and CRS program areas. Lack of appropriate nutrition during childhood can have lifelong negative effects for these children in terms of physical health, mental acuity, and economic productivity. More than three-quarters of children (77 percent) under five years of age in the survey show signs of moderate and severe stunting, with greater rates in CRS program areas (80 percent) than in SC program areas (75 percent). UNICEF statistics for the entire country show a stunting rate of 48 percent in children under five years of age⁴⁶ and the ENSMI survey shows a stunting rate of 62.5 percent in children under five years of age in the Western Highlands⁴⁷.

Thirty-one percent of children under five years of age show signs of being moderately or severely underweight, with greater rates in CRS program areas (35 percent) than in SC program areas (26 percent). UNICEF statistics show a 13 percent rate for underweight children under five years in the entire country⁴⁸ and the ENSMI survey shows an 18.7 percent rate for children under five years in the Western Highlands of Guatemala⁴⁹.

Results of regression models for stunting

The multiple regression models identified significant positive predictors (those resulting in lower rates of stunting) for the SC program. They include female sex, having prime-age adults in the household, having

⁴⁵ Chaparro, Camila. 2012.

⁴⁶ UNICEF. (n.d.) *At A Glance: Guatemala*. Retrieved from http://www.unicef.org/infobycountry/guatemala_statistics.html

⁴⁷ Chaparro, Camila. 2012.

⁴⁸ Ibid.

⁴⁹ Chaparro, Camila. 2012.

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an educated head of household, the amount of money spent on food, and water treatment prior to drinking. Significant negative predictors (those resulting in higher rates of stunting) for the SC program area include the number of young dependents (ages 5-14) in the household, and the number of children (under five years) in the household.

Significant positive predictors (those resulting in lower rates of stunting) for the CRS program area include female sex, number of prime-age adults in the household, having an educated head of household, amount spent on food consumption, water treatment prior to drinking, improved sanitation facilities, and use of a cleansing agent and water available at hand washing stations. Significant negative predictors (those resulting in higher rates of stunting) for the CRS program area include child diarrhea in the past two weeks, the number of elder dependents in the household, the number of young dependents in the household, the number of children (ages 0-4) in the household, living below the poverty line, and using two sustainable crop practices in the past 12 months.

MAD and Exclusive Breastfeeding

Only 20 percent of children ages 6-23 months are receiving a MAD. This result is mainly driven by the lack of minimum dietary diversity rather than lack of minimum meal frequency. Respondents in the qualitative focus groups and interviews stated that the causes of malnutrition included poverty, lack of work or employment opportunities, poor hygiene, a lack of or limited food supply, a lack of vitamins, a lack of breast milk, poor health of the mother, and limited knowledge of parental responsibility.

More than half of children ages 0-6 months in the survey area are exclusively breastfed (64 percent), compared to 50 percent of children ages 0-6 months being exclusively breastfed in Guatemala as a whole, according to UNICEF data.⁵⁰ Focus group and interview respondents emphasized the importance of breastfeeding, and many noted that they had heard trainings on the subject, indicating the effectiveness of health education campaigns.

Future programs might work to address dietary diversity in household diets and infant and young child feeding practices, especially during the first 1,000 days of life for the most at-risk children.

Diarrhea and illnesses

The household survey found that 37 percent of children under age 5 had diarrhea in the two weeks preceding the survey, and 11 percent of this subset had blood in their stools. Greater rates of children with diarrhea are found in the CRS program areas (43 percent) than in SC areas (29 percent). Caretakers sought advice or treatment for a majority of the children with diarrhea (72 percent), and half of the children with diarrhea are treated with ORT, with similar rates by program area. Data from the 2002 Guatemala DHS found that only 41 percent of children with diarrhea received either ORS or a recommended home solution.⁵¹

Primary childhood illnesses identified in the qualitative interviews included flus; fevers; respiratory health problems/infections such as colds, coughs, bronchitis, and pneumonia; and digestive/gastrointestinal problems such as diarrhea, worms, and stomachaches. These illnesses likely contribute to the levels of stunting and underweight children as shown in the regression models for stunting. Future programs might strive to improve access to and utilization of maternal and child health services among the target population.

⁵⁰ UNICEF. (n.d.). *At A Glance: Guatemala*. Retrieved from http://www.unicef.org/infobycountry/guatemala_statistics.html

⁵¹ DHS, 2002. Guatemala Country Quick Stats. Retrieved from http://www.measuredhs.com/Where-We-Work/Country-Main.cfm?ctry_id=15&c=Guatemala&Country=Guatemala&cn=&r=6

Annexes

**Annex I:
Sampling Plan for
Title II Baseline
Studies**

Annex 1

Sampling Plan for Studies of Title II Development Assistance Programs in Guatemala, Niger and Uganda

Background

In accordance with the evaluation policy of the U.S. Agency for International Development (USAID), Food for Peace (FFP) has contracted with ICF International to conduct a baseline study in Guatemala, Niger, and Uganda for new Title II program awards (July 2012) in these countries. The quantitative component of the baseline survey will be standardized across the participating countries to permit comparative analysis and will collect data for 20 FFP indicators as described in the USAID FFP *Standard Indicator Handbook*. These indicators are related to food access; children's nutritional status and feeding practices; women's nutritional status and dietary diversity; water, sanitation, and hygiene; agricultural practices; and measurements of poverty. In addition to the required FFP indicators, the quantitative survey will also include a small set of program-specific indicators identified by the Title II implementing partners as key measures for their individual programs. The survey design for the quantitative baseline survey will be described in detail in the following document. Most of the details of the survey design were decided upon at a joint meeting with the ICF International in October, 2012. See Appendix A for the minutes of that meeting.

Survey Research Design

These baseline surveys will serve as the first phase of a pre-post survey cycle with the second phase being conducted at the end of the five-year Title II program. Thus, the primary objective of the baseline surveys will be to assess the status of the FFP and program indicators prior to program implementation. The baseline measurements will then be used to calculate change in these indicators (and to undertake a statistical test of differences in the indicators) at completion of the five-year Title II cycle when the same survey will be conducted again in the program areas. This pre-post design will allow the measurement of change in indicators between the baseline and final evaluation; but will not allow statements about attribution or causation to be made.

The baseline surveys will be designed as population-based surveys in the villages/communities selected by the Title II implementing partners in the designated geographic regions of operation. Thus, the sampling frame for each country will only include villages/communities in the geographic regions where the Title II partners are implementing their programs, and will exclude villages/communities where programs are not active. From this frame, a representative sample of villages/communities will be drawn for each Title II partner within each country. Within each sampled community, a representative sample of households and individuals (that includes both beneficiaries and non-beneficiaries) will then be drawn.

Sampling Frame

The sampling frames for each country will be constructed from lists of communities/villages provided by the Title II partners and complemented with census-level household and population

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information in order to assign a measure of size to each selected community. The last available census level information for the geographic regions in each country at the lowest enumeration level will be used. Since the most current census data available in all of these countries is ten or more years old, it is expected that household and population counts will have changed and that newly formed communities will not be represented. ICF will work with the Title II partners to add missing communities and match census-level data with their implementation communities in order to obtain the most up-to-date size information. Appendix B provides summary counts of the implementation communities for each country and program.

Sample Design

Given the availability of size measures for each selected community, cluster sampling with a method that approximates PPS (probability proportional to size) will be used to select communities for each Title II program (two in Guatemala, two in Uganda, and three in Niger). The sample size for each program will be determined based on the selection of one FFP indicator. At the sampling meeting held with FANTA in October 2012, it was agreed that stunting will be used as the primary indicator for deriving sample size estimates since it is a key measure for food insecurity and will provide enough households to measure desired change levels for most other indicators. Additionally, some criteria for sample size calculations were adjusted from ICF's original proposal based on feedback from FANTA. Assumptions for updated sample size calculations for each Title II program are as follows:

- design effect of 2,
- confidence level of 95%,
- power level of 80%,
- expected change in stunting over the life of the program of 6 percentage points,
- use of the Stukel/Deitchler Inflation and Deflation Factors to determine the appropriate number of households (with children aged 0-59 months) to select, as described in the FANTA Sampling Guide Addendum, and
- inflation of the sample size of households by 10% to account for anticipated household nonresponse;

The formula used for deriving sample size is based on a statistical test of the difference of proportions (or prevalence) for an indicator (e.g., from baseline to final evaluation), controlling for inferential error as described in Appendix 1 of the Addendum to FANTA Sampling Guide (March 2012). The table below provides the target sample sizes for each Title II partner program in each country using currently available estimates for the prevalence of stunting and household size in each country. Use of the above assumptions and the revised formula did not significantly alter the sample size calculations provided in ICF's original proposal and, therefore, have no significant cost implications.

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	Target population for Stunting	Estimated proportion of Population (A)*	Average Household size (B)*	Individuals per HH (A*B/100)	Estimated Prevalence of Stunting*	Detectable Change P2-P1	Individual Sample Size Needed	Household Sample Size Needed	Households with 10% Non-response
Guatemala	Children 0-59 months	16.0	5.2	0.8	0.48	0.06	1,694	2,695	2,965
Uganda	Children 0-59 months	19.2	5.0	1.0	0.38	0.06	1,557	2,208	2,429
Niger	Children 0-59 months	20.0	6.1	1.2	0.47	0.06	1,686	1,981	2,377

*Source for Guatemala: 1995 DHS; Niger & Uganda: 2006 DHS

Note: For Niger, nonresponse rate was assumed to be 20%

Based on the target sample sizes calculated above, ICF will sample 75 clusters with 40 households per cluster for each Title II program in Guatemala (2 programs), and 80 clusters with 30 households per cluster for each Title II program in Uganda (2 programs) and Niger (3 programs); resulting in an overall household sample size of 6,000 in Guatemala, 4,800 in Uganda, and 7,200 in Niger.

Treatment of small villages/communities on the frame

At the October 2012 meeting, two options were identified for handling communities on the sampling frame that are smaller (as defined by the number of households in the community) than the projected sample take of households per community at the second stage of sampling. These options are:

1. Eliminating such communities from the frame before sampling, provided the total of such eliminated communities constitutes a very small proportion of all households on the frame (2%-3%); or
2. Combining small communities together on the frame before sampling. It was noted that this second approach could lead to logistical issues related to travel between the combined communities (given their potential non-contiguity), should a combined pair be selected in the sample.

After assessment of the communities with less than the required number of households in each of the community lists provided by the Title II partners, it was decided to adopt the first option since these communities constituted a very small percentage (<2%) of the overall number of households for each program area.

First stage cluster sampling of villages/communities

Although surveys typically use PPS sampling (with replacement) at the first stage of sampling, the drawback of this method is that there is an inherent chance of selecting the same community twice. Therefore, an alternative method that essentially approximates PPS sampling will be used instead. For this method, communities on the frame are ordered in decreasing size (relative to the number of households within), and then separate strata are formed for large, medium, and small communities (for example). The precise number of strata that are formed depends on the

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overall number of communities to be sampled and the number of communities on the sampling frame. Finally, an identical number of communities are randomly selected within each size stratum using systematic sampling. This method has the advantage of ensuring that large, medium, and small communities are selected in the sample. Furthermore, this method minimizes the possibility of selecting the same community twice. See Appendix C for an illustrative description of the method.

An additional consideration for the first stage of sampling is to ensure that some sampled communities fall within each of the departments and/or districts in which each program operates. In order to ensure representation in each of the specific geographic departments/districts, the “universe” of communities will first be stratified by department/district and a fraction of the total communities per Title II partner will be proportionately allocated to each department/district for sampling. Then the “universe” of communities within each department/district stratum will be ordered by decreasing household size to form “size strata”, in accordance with the method described in the paragraph above.

See Appendix D for further details of the first stage sampling methods used for each Title II program in each country.

Treatment of large villages/communities: potential segmentation of communities

ICF will work with their subcontractors to develop boundary maps for each cluster using GIS coordinates provided by the Title II partners or the Census files. Prior to the second stage sampling of households, the selected communities will either be canvassed on the ground OR Google earth maps will be produced (using GIS boundary coordinates) in order to assess the density and placement of households within the community; and to identify barriers that might prevent free access to households (such as rivers, mountains, impassable roads, etc.). After assessment of each cluster, decisions regarding segmentation of larger clusters will be made. For those clusters where segmentation is needed (i.e., in very large clusters where an enumeration would be difficult to undertake by one interviewer), interviewers will be dispersed among the segments and random starting points will be selected within each segment. Note that if segmentation is deemed necessary, sampling will take place in *all* segments. Note also that if a cluster is segmented into three parts (for example), 10 households per segment will be selected at the second stage of sampling to ensure that a total of 30 households are selected across the entire cluster as originally envisaged (for Uganda and Niger).

Second stage sampling of households

The selection of households will be done in the field using a systematic sampling method. This method entails: 1) randomly choosing a starting point between 1 and n (the sampling interval) where the household labeling 1, 2, ..., n commences at one end of the cluster; 2) conducting an interview in the first household represented by the random starting point; and 3) choosing every

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n^{th} household from the previous one thereafter for an interview (where n is the sampling interval and equals the total number of households in the cluster divided by 30 or 40), until the entire cluster has been covered and the target number of interviews has been obtained. Specific instructions on implementing the systematic sampling will be provided to supervisors during training and in the field procedures manual.

Third stage of sampling: Multiple households within dwellings and/or polygamous households

The standard DHS definition of a household will be used: “a person or group of people who live together and share meals (“eating from the same pot”). The DHS Interviewer manual provides several definitions and examples for different types of living arrangements. For men with more than one wife (polygamous situations), the norm is to count him where he spends most of his time. So if he has three wives, but “eats from the pot” of one of the wives most often, then he would be listed as being a usual resident in her household in order to avoid duplicate counting. However, if the man is considered to be the primary farmer in all three households and the household in which he is listed is not selected for sampling (although one of the other two households is selected), then it will be preferable to interview him as the respondent for the information related to the agricultural indicators

Another common living arrangement in the Karamoja region is the so-called “big girls”. These are young women, linked to a man, who has not yet paid the dowry. These women may have children, but their work is still related to the father’s household. The “husband” is only a visitor. These women live in individual huts belonging to the father’s compound. For the Title II surveys, these women will be considered part of their father’s household as long as they are “eating from the same pot”; otherwise they will be consider as a separate, distinct household.

If there is more than one household (family) living in a dwelling, but all members of the dwelling eat from the same pot, then all members will be treated as one household and all members will be listed on the same household roster, for the purposes of sampling. However, if related households live in distinct huts in a compound dwelling (such as a manyatta in Uganda), then one household will be randomly selected from amongst them. Note that this case implies an additional stage of sampling with an associated additional sampling weight.

Fourth stage of sampling: Selection of individuals within households

The quantitative survey is broken into several modules with different individuals eligible to be interviewed, depending on the target groups relevant to the various FFP indicators. This means that, depending on the composition of a sampled household, it may or may not contain children aged 0-6 months (relevant to exclusive breastfeeding indicator), children aged 0-23 months (relevant to minimum acceptable diet indicator), children aged 0-59 months (relevant to the diarrhea, oral rehydration therapy, stunting and underweight indicators), women of reproductive age (relevant to woman’s dietary diversity and BMI indicators), farmers (relevant to agricultural

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indicators), or heads of households/responsible adults (relevant to the household dietary diversity scale and expenditures indicators).

The household roster will be completed at the beginning of the interview, thus identifying all members of the selected household. Based on discussions during the baseline planning workshops held in each country with ICF, FANTA, FFP, and the Title II partners, the protocol for selection of individuals within households is defined as follows:

- For the modules requiring data about the household, the head of household or any responsible adult will be interviewed.
- For the children's module, the mother or caretaker of the children under age 5 will be interviewed. Data and anthropometry measures will be collected for *all* eligible children and thus *no* additional sampling weight will be needed in this case.
- For the woman's module, one woman between the ages of 15-49 will be selected. If there are multiple women eligible to be interviewed within a sampled household, a Kish grid will be used to select only one and the associated sampling weight will be computed. Note that if a pregnant or lactating woman is selected, her anthropometric measurements will be collected, although her measurement will not contribute to the estimation of the BMI indicator.
- For the agricultural module, farmers within the household who have ownership or decision-making power over all plots of land and/or livestock that are part of the "farm" will be interviewed. If in a particular household, this implies one farmer then only that farmer will be interviewed. If, however, one farmer makes decisions about the crop management practices and another farmer makes decisions about the livestock management, then each farmer will be interviewed for their respective decision-making areas. *It was also* agreed that if the primary farmer has migrated for an extended period to work outside of the household, the spouse and/or another responsible adult farmer that can answer the agricultural questions will be interviewed. For the agricultural module, since the "farm" (including the plots of land, livestock, etc) is the sampling unit and the farmer(s) are respondents in relation to the farm, there is no random selection implied and thus no additional sampling weight required.

Sampling Weights

Sample weights will be computed and used in the final data analyses. This will involve computing an overall sampling weight consisting of the product of the weights from each of the stages of sampling, as well as an adjustment to compensate for household non-response at the second and third stages of sampling. Separate sampling weights will be derived for each program area and for each target population, i.e. households, women, children and farmers.

APPENDIX A
NOTES FROM OCTOBER 10, 2012 MEETING ON SURVEY DESIGN

Summary Notes for Meeting on Survey Design for the Baseline Studies for Title II Programs in Guatemala, Uganda and Niger (written and sent by Dianna Stukel from FANTA)

Date: Wednesday, October 10, 2012, 11 am-5 pm

In Attendance: ICF International (Don Ellison, Matt Holtman, Benita O'Colmain, Suteera Nagavajara, Owen Calvert); FANTA (Megan Deitchler, Pam Velez-Vega, Diana Stukel)

Apologies: Alexandra Riboul (FFP)

Agenda Items for Discussion and Summary of Decisions Made:

1. Meaning of "Population-Based" Survey

- It was agreed that for the purposes of title II, the sample frame would include all villages/communities in which the PVOs were implementing their programs, and would exclude those in which programs were not active. From this frame, a representative sample of households and individuals (that would include both beneficiaries and non-beneficiaries alike) would be randomly drawn.

2. Choice of Indicator to drive sample size

- FANTA distributed a hand-out (see attachment) with a table that reworked some of the sample size calculations given by ICF (Table 1 in their original proposal), based on a few revised assumptions (different detectible change, different inflation factor, different household response rate). Regardless, in both the original ICF table and the reworked table, the indicator related to stunting seemed to give rise to a sample size that was both adequate and feasible (and both versions of the table gave identical sample sizes of roughly 3,000 households). Therefore, it was decided that stunting should drive the sample size calculation and that the overall sample size should be roughly 3,000 households (per PVO in each country). Given this, it could be expected that this would yield roughly 2,700 responding households (per PVO in each country), and after screening, roughly 1,700 children (per PVO in each country) under the age of 5 years old (relevant for the stunting and underweight indicators).

3. Choice of formula to drive sample size calculation

- FANTA mentioned that a somewhat different formula was used to calculate the sample size in the revised table based on a test of differences for proportions – from that which was given in the original FANTA Sampling Guide. In FANTA's opinion, the new formula is preferable to the one in the Sampling Guide because it more aptly characterizes the test of hypothesis that should be undertaken. Regardless, the original sample size formula and the new one render results that differ only negligibly (less than 5 units), and therefore, it was noted that there are no cost implications to using the new formula. Diana mentioned that she would send ICF the new formula (that would also appear in the future updated FANTA Sampling Guide) and ICF agreed to use the new formula in all future calculations.

4. Choice of inflator to determine number of households to sample to ensure the required sample size of individuals (if indicator to drive sample size is based on individual)

- FANTA noted that in their original proposal, ICF had used the sample size inflator indicated in the original FANTA Sampling Guide (1997) – but that instead they should

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use the updated sample size inflator given in the recently published Addendum (2012) to the FANTA Sampling Guide. ICF agreed with this.

5. Choice of non-response inflation factor and field strategy for non-response follow-up
 - FANTA suggested that the assumed 5% non-response rate in Table 1 of the ICF proposal might be somewhat of an underestimate of what is truly required, and that 10% might be a more realistic non-response rate to expect at the household level. ICF noted that their value of 5% was based on the assumption of a short questionnaire that would not invoke much household non-response. ICF agreed to revisit this issue later.

6. Source and content for frame of clusters
 - ICF noted that it would not be difficult for them to obtain Census information to build a frame of communities for Uganda and Niger. However, they noted that Guatemala would present more of a challenge. ICF asked if it might be possible to contact FTF (through FFP) to enquire after the source of the frame for FEEDBACK.
 - It was noted that ICF would put together draft frames for each country, based on the broad geographic areas in which the PVOs proposed to work - and that the PVOs should then indicate in which of the communities on the draft frames they intend to implement their programs. ICF could then eliminate the communities where PVOs do not intend to implement programs from the draft frame, and use this refinement to form their final frame from which to draw communities randomly.
 - ICF wondered if it would be possible to obtain from the PVOs detailed maps of the geographic areas in which they intend to work.
 - ICF mentioned that they may need assistance with regards to community names on the sampling frame. They noted that, in their experience, often the same community could have more than one name. ICF hoped that the PVOs could help them arrive at a common set of names for the communities on the frame that both parties could adhere to.

7. Stratification – by PVO and potentially by other levels
 - It was agreed that in each country, separate strata would be formed for each PVO, and that estimates would be produced by stratum/program as well as at the overall cross-program level within each country.
 - FANTA mentioned that sometimes, PVOs implement the MCHN component of their programs in a subset of the communities where the agricultural component is implemented. Given that the intention is to spread the baseline sample across the entire geographic area where PVOs implement their programs, this could lead to results on indicators relating to MCHN showing diluted results, given that some of the sample could fall in the non-MCHN implementation zones. This was simply noted as a potential issue and but that no action need be taken other than indicating this in the analytical reporting.
 - FANTA introduced the idea that there could be further stratification by other geographies (and a potential further refinement of sample allocation of communities to those strata). However, later in the meeting, it was agreed that in light of the discussion in 8 a), it might be best to put this idea to one side, as the alternative methodology discussed in 8 a) already invokes further stratification.

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8. First stage sampling

a) PPS/WR of clusters or alternative method

- FANTA introduced the issue that traditional PPS sampling *with replacement* has the disadvantage that the same communities have the potential to be selected twice in the sample. FANTA distributed a handout and discussed a possible alternative to traditional PPS WR (see attachment). For this alternative strategy, the communities on the frame are ordered in decreasing size, and then a number of separate strata are formed for large, medium and small communities. Finally, communities are randomly selected with each stratum using systematic sampling. This alternative method has the advantages of i) it being very unlikely that the same community is selected twice and ii) ensuring that some large, some medium-sized and some small communities are selected in the sample. ICF said they would review the methodology and come back at a later date with a final decision. (Note: ICF ultimately decided to adopt this methodology.)

b) Treatment of small villages/communities

- FANTA asked ICF how they intended to treat communities on the sampling frame that are smaller (as defined by the number of households in the community) than the projected sample take of households per community at the second stage of sampling. Several options were discussed including:
 - i) eliminating such communities from the frame before sampling, provided the total of such eliminated communities would only constitute a very small proportion of all communities on the frame (2%-3%); or
 - ii) combining such small communities together on the frame before sampling. It was noted that the second approach could lead to logistical issues related to travel between the combined communities (given their potential non-contiguity), should a combined pair be selected in the sample.

ICF agreed to revisit this issue after the frame was constructed.

c) Issue of segmentation of large villages/communities

- ICF mentioned that the DHS typically uses segmentation of large communities and that they also intend to do so for the Title II baseline surveys. The variant of segmentation that ICF uses divides large communities into smaller segments, and then different teams cover the divided pieces. No sub-sampling is typically undertaken.

d) Potential shadow sample of replacement village/communities

- It was mutually agreed that the discussion of this topic should be relegated to the workshops to take place in each country, given that the PVOs would be in a better position to give advice regarding communities that might be potentially problematic for interviewing – because of security, access, or other reasons.

9. Second stage sampling – systematic with listing or alternative methods

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- ICF agreed that they would adopt a second stage sampling scheme involving canvassing of the selected communities followed by the random selection of households using systematic sampling. ICF explained that they typically establish the boundaries of a selected community using GPS. They then obtain a rough count of the community by canvassing. Two teams are typically used per community, where each team consists of 5 enumerators/supervisors. ICF confirmed that alternate non-probability-based methods, such as Random Walk, would not be employed for the Title II baseline surveys.

10. Treatment of multiple households within dwellings and/or polygamous households

- It was mutually agreed that the discussion of this topic should be relegated to the workshops to take place in each country, as each country has its own specific context that needs to be considered.

11. Selection of individuals within households

- ICF agreed that they would interview all eligible individuals belonging to the target groups relevant to the various indicators for which data is to be collected within each sampled household. This means that, depending on the composition of a sampled household, it may or may not contain children aged 0-6 months (relevant to EBF indicator), children aged 0-23 months (relevant to MAD indicator), children aged 0-59 months (relevant to stunting and underweight indicators), women of reproductive age (relevant to WDDS and BMI indicators), farmers (relevant to agricultural indicators), etc. It was agreed that, when a selected household contains individuals falling in any of the target groups, all individuals in the target group relevant to the indicators for which data is to be collected will be interviewed.

12. Sampling weighting

- ICF agreed that they would compute and use sample weights in the final data analyses. This will involve computing an overall sampling weight consisting of the product of the weights from each of the stages of sampling, as well as a final adjustment to compensate for household non-response.

APPENDIX B
SUMMARY OF COMMUNITY LISTS USED FOR SAMPLING FRAMES

Guatemala

1. CRS SEGAMIL Program
 - 259 communities in 2 departments, 8 municipalities
 - 117 of these were new communities not on census list
 - all communities have size measure (number of households); CRS provided size measures for new communities
 - 33 communities with fewer than 40 households (1.9% of all households)
2. SAVE PAISANO Program
 - 198 communities in 3 departments, 13 municipalities
 - 28 of these were new communities not on census list
 - all communities have size measure (number of households); SAVE provided size measures for new communities
 - 27 communities with fewer than 40 households (1.2% of all households)

Uganda

1. Mercy Corps SUSTAIN Program
 - a. 762 villages in 3 districts
 - b. Size measures available for 722 villages, 548 matched to census list, 174 provided by Mercy Corps from World Food Program
 - c. Size measures missing for 40 villages
 - d. 61 of the 722 villages with size measures with fewer than 30 households (1% of all households with size measures)
2. ACDI/VOCA RWANU Program
 - a. 402 villages in 4 districts
 - b. Size measures available for 266 villages matched to census files, missing for 136 new villages
 - c. 8 of the 266 matched villages with fewer than 30 households (0.6% of all households with size measures)

Niger

1. SAVE LAHIA Program
 - a. 207 villages in 1 department, 5 communes
 - b. 55 of these are new villages not on census list
 - c. All villages have size measures (SAVE provided updated household and population counts for all 207 villages)
 - d. No communities with fewer than 30 households (smallest is 39)

APPENDIX B
SUMMARY OF COMMUNITY LISTS USED FOR SAMPLING FRAMES

2. CRS PASAM TAI
 - a. Provided CRS with list of 1,824 villages in selected departments and communes, based on census files
 - b. 777 villages on census list were confirmed by CRS for program area, 422 were identified as maybes, the remaining 625 were not included in program area
 - c. CRS provided a second list with household and population counts for 897 selected villages
 - d. Of the 897 villages provided on second list, 149 of them had fewer than 30 households (0.2% of all households)
3. Mercy Corps SAWKI Program
 - a. Mercy Corps sent list of 81 villages (80 after one duplicate was removed) in 2 departments, 7 communes
 - b. 75 villages matched to census files representing 107 enumeration areas
 - c. Size measures missing for 5 villages
 - d. Of the 107 enumeration areas with household counts, 6 had fewer than 30 households (1% of all households with size measures)

APPENDIX C

ILLUSTRATIVE EXAMPLE OF MODIFIED PPS SAMPLING METHOD

Scenario: Want to select 30 villages at first stage of sampling, and 30 HH per village at second stage of sampling. Typically use PPS with Replacement (WR) at first stage and systematic sampling at second stage. Assume the frame has 60,000 HH overall

1) Alternative Method to Traditional PPS With Replacement

- Order all villages on frame in decreasing order of size (# households per village)
- Divide villages into arbitrary number of strata (say, 6), **each of roughly equal size**
- Stratum 1 has a small number of large villages and stratum 6 has a large number of small villages.
- E.g.,
 - o Stratum 1 has 10 villages each with roughly 1,000 households each (**10,000 HH overall**)
 - o Stratum 2.....
 - o Stratum 6 has 100 villages each with roughly 100 households each (**10,000 HH overall**)
- Then
 - o Stratum 1 – Select 5 villages from ordered list using systematic sampling; Select 30 HH per selected village using systematic sampling
 - o Stratum 2....
 - o Stratum 6 – Select 5 villages from ordered list using systematic sampling; Select 30 HH per selected village using systematic sampling
- What is the combined probability of selection from the combined stages?
 - o Stratum 1: $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (5/10) * (30/1,000) = \mathbf{15/1,000}$
 - o Stratum 2:
 - o Stratum 6: $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (5/100) * (30/100) = \mathbf{15/1,000}$
- Overall probability of selection is approximately same for each stratum: 15/1,000!!!

2) Traditional PPS WR Sampling

- No stratification, simply select 30 village with PPS WR at first stage, followed by 30 HH per selected village using systematic sampling at second stage
 - o For a village from Stratum 1,
 $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (30 * 1,000 / 60,000) * (30 / 1,000) = \mathbf{15/1,000}$
 - o For a village from Stratum 2,....
 - o For a village from Stratum 6,
 $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (30 * 100 / 60,000) * (30 / 100) = \mathbf{15/1,000}$

Overall Advantages of Alternative Method

- Approximately same overall probabilities using alternative method as with PPS WR followed by systematic sampling
- Closer to PPS without replacement sampling (PPS WOR) in that much less likely to select the same village twice (Key advantage)
- Very easy to implement since essentially systematic sampling at first stage

APPENDIX D
SUMMARY OF FIRST-STAGE SAMPLING METHODS FOR EACH TITLE II PROGRAM

Guatemala

Aim: Select 75 communities for each Title II program (SEGAMIL and PAISANO)

1. Remove communities with fewer than 40 households from the sampling frame.
2. Proportionately allocate the 75 communities to be sampled for each program to the departments where each program operates (two departments for CRS/SEGAMIL; three departments for SAVE/PAISANO); use total number of households in each department to determine the allocation.
3. Order the communities within each department/stratum by decreasing household size.
4. Examine the distribution of number of households for the communities within each department/stratum to determine appropriate cut-off points for the “size” strata to be used at the first stage of sampling (stratified systematic sampling)

Uganda

Aim: Select 80 villages for each Title II program (SUSTAIN and RWANU)

1. Remove villages with fewer than 30 households from the sampling frame.
2. Proportionately allocate the 80 villages to be sampled for each program to the districts where each program operates (three districts for Mercy Corps/SUSTAIN; four districts for ACDI/VOCA/RWANU); use total number of households in each district to determine the allocation.
3. For villages with size measures, select villages using the same sampling procedure described for Guatemala above in steps 3 and 4.
4. For villages without size measures, use stratified (by district) systematic sampling.
5. To determine the number of villages (from amongst the total of 80 for each program) to sample for each group (those with size measures and those without) at steps 3 and 4, calculate the proportion of total villages for each group and then multiply this number times 80. For example, 177 villages out of 207 have size measures for the SUSTAIN program which represents 86% of the 207 villages. So, 68 villages (0.86 times 80) will be sampled from this group, and the remaining 12 villages will be sampled from the group without size measures.
6. Sampled villages with unknown numbers of households may or may not meet the criteria for 30 or more households. Village sizes for these villages will be determined in the field. Any sampled villages found to have fewer than 30 households (after verification from the field), will be replaced with villages from the same group of villages (those without size measures). The sampling weight will be adjusted to remove these villages since they would not have been included had the number of households been known at the time of sampling.

Niger

APPENDIX D
SUMMARY OF FIRST-STAGE SAMPLING METHODS FOR EACH TITLE II PROGRAM

Aim: Select 80 villages for each Title II program (LAHIA, PASAM-TAI and SAWKI)

- Remove villages with fewer than 30 households from the sampling frame.
- For CRS and SAVE programs, use the same sampling method described for Guatemala above in steps 2 and 3 (and noting that there is 1 department for SAVE and 2 for CRS).
- For Mercy Corps, select all villages since there are only 80 villages on the village list provided by Mercy Corps and 80 are required to be sampled. Of the 80 villages on the list provided by Mercy Corps, 75 are represented by 102 enumeration areas on the Niger census files and 5 villages did not match to the census file. To meet the criteria for selecting the 80 enumeration areas to be surveyed, the following selections are made:
 - a. 9 villages are represented by 2 enumeration areas each. One enumeration area is randomly selected for each of these 9 villages, giving a total of 9 enumeration areas sampled out of 18. First stage sampling probability is 0.50.
 - b. 3 villages are represented by 3 enumeration areas each. One enumeration area is randomly selected for each of these 3 villages, giving a total of 3 enumeration areas sampled out of 9. First stage sampling probability is 0.33.
 - c. 2 villages are represented by 5 enumeration areas each. Two enumeration areas are randomly selected for each of these two villages, giving a total of 4 enumeration areas sampled out of 10. First stage sampling probability is 0.40.
 - d. Of the 65 remaining enumerations areas representing 65 villages, 59 villages with 30 or more households are selected (6 villages with less than 30 households are not sampled). First stage sampling probability is 1.0.
 - e. All 5 villages that did not match to census files are selected. First stage sampling probability is 1.0.

**Annex 2a:
Household Survey
Questionnaire in
Spanish**

MÓDULO A. Identificación y Consentimiento Informado

IDENTIFICACION

A01	NÚMERO DEL HOGAR	<table border="1" style="width: 40px; height: 40px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
A02	NÚMERO DEL ÁREA DE ENUMERACIÓN (Número Comunidad)														
A03	LUGAR POBLADO (Comunidad) _____														
A04	MUNICIPIO _____														
A05	DEPARTAMENTO	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">SAN MARCOS</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">01</td> <td style="border: 1px solid black; padding: 2px;">TOTONICAPÁN</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">02</td> <td style="border: 1px solid black; padding: 2px;">QUICHÉ</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">03</td> <td style="border: 1px solid black; padding: 2px;">HUEHUETENANGO</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">04</td> <td style="border: 1px solid black; padding: 2px;">QUETZALTENANGO</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">05</td> </tr> </table>	SAN MARCOS	01	TOTONICAPÁN	02	QUICHÉ	03	HUEHUETENANGO	04	QUETZALTENANGO	05			
SAN MARCOS	01	TOTONICAPÁN	02	QUICHÉ	03	HUEHUETENANGO	04	QUETZALTENANGO	05						
A06	IDIOMA DE ENTREVISTA	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">ESPAÑOL</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">01</td> <td style="border: 1px solid black; padding: 2px;">KICHÉ</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">02</td> <td style="border: 1px solid black; padding: 2px;">MAM</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">03</td> <td style="border: 1px solid black; padding: 2px;">POPTI</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">04</td> <td style="border: 1px solid black; padding: 2px;">IXIL</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">05</td> <td style="border: 1px solid black; padding: 2px;">OTRO</td> <td style="border: 1px solid black; padding: 2px; width: 40px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">96</td> </tr> </table>	ESPAÑOL	01	KICHÉ	02	MAM	03	POPTI	04	IXIL	05	OTRO		96
ESPAÑOL	01	KICHÉ	02	MAM	03	POPTI	04	IXIL	05	OTRO		96			

(MÚLTIPLES RESPUESTAS POSIBLES)

VISITAS DE LA ENTREVISTADORA

	A06A PRIMERA VISITA	A07 SEGUNDA	A08 TERCERA	VISITA FINAL																
FECHA A09 ENTREVISTADORA DÍA DE VISITA A10-A12 RAZÓN DE LA VISITA	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	DÍA <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> MES <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> AÑO <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> CÓDIGO ENTREV. <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> RESULTADO <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>																
A13 PRÓXIMA VISITA FECHA HORA	_____ _____	_____ _____	_____ _____	NÚMERO TOTAL DE VISITAS <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>																
A14 RESULTADO FINAL DE LA ENTREVISTA 1 COMPLETA 2 NADIE EN CASA O NO HAY INFORMANTE CALIFICADO EN EL MOMENTO DE LA VISITA 9 OTRO _____ (ESPECIFIQUE)	3 MORADORES AUSENTES POR TIEMPO INDEFINIDO 4 POSPUESTA 5 RECHAZO	NÚMERO DE MUJERES 15-49 <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> TOTAL DE AGRICULTORES <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> TOTAL NIÑOS MENORES DE 5 <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> NÚMERO DE LÍNEA DEL INFORMANTE EN EL LISTADO DEL HOGAR (MODULO B) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>																		
A15 JEFE DEL HOGAR (PERSONA PRINCIPAL QUE DECIDE) _____																				
A16 SUPERVISOR NOMBRE _____ CÓDIGO <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>			A17 COORDINADOR DE CAMPO NOMBRE _____ CÓDIGO <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>			A18 EDITOR DE OFICINA NOMBRE _____ CÓDIGO <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>			A19 DIGITADOR NOMBRE _____ <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> DÍA <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> . MES <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> . AÑO <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>											

CONSENTIMIENTO INFORMADO

CONSENTIMIENTO INFORMADO: ES NECESARIO HACER UNA INTRODUCCIÓN DE LA ENCUESTA Y OBTENER EL CONSENTIMIENTO DE TODOS LOS INFORMANTES POTENCIALES A PARTICIPAR. SI UN INFORMANTE POTENCIAL (POR EJEMPLO, UNA MUJER QUE TOMA LAS DECISIONES) NO ESTÁ PRESENTE AL COMIENZO DE LA ENTREVISTA, ASEGÚRESE REGRESAR A ESTA PÁGINA Y OBTENER CONSENTIMIENTO ANTES DE ENTREVISTAR A ESA PERSONA. PIDA HABLAR CON UN ADULTO RESPONSABLE EN EL HOGAR.

Buenos días (tardes, noches). Mi nombre es _____. Yo trabajo con ICF/ARAGÓN. Estamos realizando una encuesta para aprender sobre **agricultura, consumo de alimentos, nutrición y bienestar de los hogares en Guatemala**. Su hogar fue seleccionado para la encuesta. Me gustaría hacerle algunas preguntas sobre su hogar. Las preguntas toman alrededor de **3 horas**. Podemos regresar mañana si usted no tiene tiempo hoy para responder todas las preguntas. Todas sus **respuestas serán confidenciales** y no serán compartidas con otras personas excepto otros miembros de nuestro equipo. Usted **no está obligado a participar** en la encuesta pero esperamos que usted participe en esta entrevista pues sus opiniones son importantes. Si le hiciera alguna pregunta que no quisiera responder, hágame saber y continuaré con las siguientes preguntas o **usted puede terminar la entrevista en cualquier momento**. Si usted necesita más información sobre la encuesta, usted puede contactar la persona listada en esta tarjeta.

ENTREGUE LA TARJETA CON INFORMACIÓN DE CONTACTO

¿Tiene alguna pregunta sobre el estudio o sobre su participación?

HAGA LAS SIGUIENTES PREGUNTAS DE CONSENTIMIENTO PARA TODOS LOS INFORMANTES POTENCIALES. COMO SE REQUIERA, CHEQUEE Y FIRME LA CASILLA DE CONSENTIMIENTO QUE APARECE ABAJO.

1. Jefe del hogar o adulto (15 años o mayor) informado sobre el hogar y sus miembros
[NOMBRE], ¿acepta usted participar en la encuesta?
Persona acepta _____ Persona no acepta _____
2. Madre(s) o responsable(s) de los niños menores de 6 años en el hogar
[NOMBRE], ¿acepta usted participar en la encuesta y permitir que los niños sean medidos y pesados?
Persona No. 1 acepta _____ Persona No. 1 no acepta _____ No hay niños en el hogar _____
Persona No. 2 acepta _____ Persona No. 2 no acepta _____
Persona No. 3 acepta _____ Persona No. 3 no acepta _____

MIEMBROS ADICIONALES EN EL HOGAR

		LA PERSONA ACEPTA	LA PERSONA NO ACEPTA
3. NOMBRE _____	Acepta usted participar en la encuesta?	_____	_____
4. NOMBRE _____	Acepta usted participar en la encuesta?	_____	_____
5. NOMBRE _____	Acepta usted participar en la encuesta?	_____	_____

MI FIRMA CONFIRMA QUE LEÍ EN VOZ ALTA LA DECLARACIÓN SOBRE EL CONSENTIMIENTO INFORMADO A LOS ENTREVISTADOS Y QUE CONTESTÉ A TODAS LAS PREGUNTAS QUE LOS ENTREVISTADOS ME HICIERON SOBRE EL ESTUDIO. LOS INFORMANTES CONSENTIERON QUE SE LES HICIERA LA ENTREVISTA.

NOMBRE Y CÓDIGO DE LA ENTREVISTADORA _____

FIRMA Y FECHA _____ . .
DÍA MES AÑO

NOMBRE Y CÓDIGO DE LA ENTREVISTADORA _____

FIRMA Y FECHA _____ . .
DÍA MES AÑO

MÓDULO B LISTADO DEL HOGAR

HORA

MINUTOS

NO. ORDEN	RESIDENTES USUALES DEL HOGAR	RELACIÓN CON EL JEFE DEL HOGAR	SEXO	EDAD	ELIGIBILIDAD						ESTADO CIVIL	SUPERVIVENCIA Y RESIDENCIA DE LOS PADRES BIOLÓGICOS				FUE ALGUNA VEZ A LA ESCUELA		ASISTENCIA ESCOLAR ACTUAL/RECIENTE		
					15 AÑOS O MÁS		NIÑOS MENOS DE 6 AÑOS	15 AÑOS O MÁS		15 AÑOS O MÁS		ENTRE 0 Y 17 AÑOS DE EDAD				5 AÑOS O MÁS		ENTRE 5 Y 24 AÑOS		
					MÓDULO C, H1	MÓDULO D	RESPONSABLE NIÑO	MÓDULO E	MÓDULO F, H2-H6	MÓDULO G		MÓDULO I	14	15	16	17	18	19	20	21
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	Por favor dígame el nombre y el sexo de cada persona que vive aquí, empezando por el jefe del hogar. [INCLUIR ADULTOS O NIÑOS QUE VIVEN JUNTOS, COMEN DE LA "MISMA OLLA" Y HAN VIVIDO EN ESTA CASA DURANTE 6 DE LOS ÚLTIMOS 12 MESES. NO INCLUYE A ALGUIEN QUE VIVA AQUÍ PERO QUE COME SEPARADAMENTE] DESPUÉS DE REGISTRAR LOS NOMBRES DE TODOS LOS MIEMBROS, RELACIÓN CON JEFE DE HOGAR, SEXO Y EDAD, HAGA LAS PREGUNTAS 2A-2C ABAJO. Y CONTÍNUE CON LA PREGUNTA 6 EN ADELANTE.	Parentesco con el jefe(a) del hogar 01 JEFE DEL HOGAR 02 ESPOSA/O 03 HIJO/A 04 YERNO/NUERA 05 NIETO/A 06 PADRE/MADRE 07 SUEGRO/A 08 HERMANO/A 09 OTRO 10 HIJO/A ADOPTADO/A 11 HIJASTRO/A 11 SIN RELACIÓN 98 NO SABE	¿Es (NOMBRE) hombre o mujer? MARQUE '1' PARA HOMBRE Y '2' PARA MUJER	¿Por favor dígame cuántos años cumplidos tiene (NOMBRE)? REGISTRE LA EDAD EN AÑOS CUMPLIDOS 98 = NO SABE SABE (SOLO PARA PERSONAS DE EDAD ≥ 50 AÑOS. 00= MENOS DE 1 AÑO	¿Fue (NOMBRE) responsable de la preparación de la comida del hogar el día de ayer? ES MENOR DE 6 AÑOS	¿Quién es el principal responsable del cuidado de (NOMBRE DE NIÑO MENOR DE 6 AÑOS)?* *VER DEFINICIÓN ABAJO INTRODUZCA EL NO. DE ORDEN DEL RESPONSABLE	ES MUJER DE 15-49 AÑOS (VER COLUMNAS 4 Y 5)	¿Qué adultos estarían disponibles para responder a preguntas sobre los servicios y gastos del hogar?	¿ES (NOMBRE) un agricultor? **(VER DEFINICIÓN ABAJO).	Es (NOMBRE) madre de un niño menor de 5 años?	¿Cuál es el estado civil actual de (NOMBRE)? 1 = CASADO O EN UNIÓN 2 = DIVORCIADO O SEPARADO 3 = VIUDO 4 = NUNCA CASADO Y NUNCA EN UNIÓN	¿Está viva la madre natural de (NOMBRE)?	¿Vive la madre natural de (NOMBRE) en este hogar? SI SÍ: ¿Cuál es su nombre?	¿Está vivo el padre natural de (NOMBRE)?	¿Vive el padre natural de (NOMBRE) en este hogar? SI SÍ: ¿Cuál es su nombre? REGISTRE EL NO. DE LÍNEA DE LA MADRE SI NO REGISTRE '00'.	¿Ha asistido (NOMBRE) alguna vez a algún centro educativo? VEA CÓDIGOS ABAJO	¿Cuál fue el nivel más alto al que ha asistido (NOMBRE)? VEA CÓDIGOS ABAJO	¿Cuál es el grado más alto que ha completado (NOMBRE) en ese nivel? VEA CÓDIGOS ABAJO	Durante este año, ha asistido (NOMBRE) a algún centro educativo?	¿Durante este año, a qué nivel y grado ha asistido (NOMBRE)? VEA CÓDIGOS ABAJO
01		0 1	H M 1 2	EN AÑOS [][]	SI NO 1 2	SI NO 1 2	[][]	SI NO 1 2	SI NO 1 2	SI NO 1 2	SI NO 1 2	[]	SI NONS 1 2-8 VAYA A 16	[][]	SI NO NS 1 2-8 VAYA A 18	[][]	SI NO 1 2 LÍNEA STE	NIVEL GRADO [][]	SI NO 1 2 LÍNEA STE	NIVEL GRADO [][]
02		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
03		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
04		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
05		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
06		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
07		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
08		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
09		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]
10		[][]	1 2	[][]	1 2	1 2	[][]	1 2	1 2	1 2	1 2	[]	1 2-8 VAYA A 16	[][]	1 2-8 VAYA A 18	[][]	1 2 LÍNEA STE	[][]	1 2 LÍNEA STE	[][]

2A) Sólo para asegurarme de que tengo un listado completo: hay alguna otra persona, como niños pequeños o bebés que no haya listado?

2B) Hay alguna otra persona que no sea miembro de la familia, como trabajadores domésticos, huéspedes o amigos que vivan aquí habitualmente?

2C) ¿Alguien más vive aquí aunque no esté en la casa en este momento? Esto puede incluir niños en la escuela o miembros del hogar que estén en el trabajo.

SI → AÑADIR A LISTADO

NO →

SI → AÑADIR A LISTADO

NO →

SI → AÑADIR A LISTADO

NO →

CÓDIGOS PREGUNTAS 19 Y 21 EDUCACIÓN

NIVEL	GRADO
1 = PRIMARIA (1-6)	00 = MENOS DE 1 AÑO
2 = BÁSICO (1-3)	(SÓLO PREGUNTA 19,
3 = DIVERSIFICADO (1-3)	NO VÁLIDO PARA 21)
4 = SUPERIOR (1-5)	98 = NO SABE
6 = PRE-PRIMARIA (NO INDIQUE CURSO)	
8 = NO SABE	

NO. ORDEN	RESIDENTES USUALES DEL HOGAR	RELACIÓN CON EL JEFE DEL HOGAR	SEXO	EDAD	ELIGIBILIDAD						ESTADO CIVIL	ENTRE 0 Y 17 AÑOS DE EDAD				5 AÑOS O MÁS		ENTRE 5 Y 24 AÑOS			
					15 AÑOS O MÁS		NIÑOS MENOS DE 6 AÑOS		15 AÑOS O MÁS			15 AÑOS O MÁS		SUPERVIVENCIA Y RESIDENCIA DE LOS PADRES BIOLÓGICOS				FUE ALGUNA VEZ A LA ESCUELA		ASISTENCIA ESCOLAR ACTUAL/RECIENTE	
					MODULOS C, H1	MODULO D	RESPONSA BLE NIÑO	MODULO E	MODULO F, H2-H6	MODULO G		MODULO I	14	15	16	17	18	19	20	21	
1	Por favor dígame el nombre y el sexo de cada persona que vive aquí, empezando por el jefe del hogar. [INCLUIR ADULTOS O NIÑOS QUE VIVEN JUNTOS, COMEN DE LA "MISMA OLLA" Y HAN VIVIDO EN ESTA CASA DURANTE 6 DE LOS ÚLTIMOS 12 MESES. NO INCLUYE A ALGUIEN QUE VIVA AQUÍ PERO QUE COME SEPARADAMENTE] DESPUÉS DE REGISTRAR LOS NOMBRES DE TODOS LOS MIEMBROS, RELACIÓN CON JEFE DE HOGAR, SEXO Y EDAD, HAGA LAS PREGUNTAS 2A-2C ABAJO. Y CONTINÚE CON LA PREGUNTA 6 EN ADELANTE.	Parentesco con el jefe(a) del hogar 01 JEFE DEL HOGAR 02 ESPOSA/O 03 HIJO/A 04 YERNO/NUERA 05 NIETO/A 06 PADRE/MADRE 07 SUEGRO/A 08 HERMANO/A 09 OTRO PARIENTE 10 HIJO/A ADOPTADO/A 11 SIN RELACIÓN 98 NO SABE	¿Es (NOMBRE) hombre o mujer? MARQUE '1' PARA HOMBRE Y '2' PARA MUJER	¿Por favor dígame cuántos años cumplidos tiene (NOMBRE)? REGISTRE LA EDAD EN AÑOS CUMPLIDOS 98 = NO SABE SABE (SOLO PARA PERSONAS DE EDAD ≥ 50 AÑOS. 00 = MENOS DE 1 AÑO	¿Fue (NOMBRE) responsable de la preparación de la comida del hogar el día de ayer? ES MENOR DE 6 AÑOS	¿Quién es el principal responsable del cuidado de (NOMBRE DE NIÑO MENOR DE 6 AÑOS)?* *VER DEFINICIÓN ABAJO	ES MUJER DE 15-49 AÑOS (VER COLUMNAS 4 Y 5)	¿Qué adultos estarían disponibles para responder a preguntas sobre los servicios y gastos del hogar?	¿ES (NOMBRE) un agricultor? **(VER DEFINICIÓN ABAJO).	Es (NOMBRE) madre de un niño menor de 5 años?	¿Cuál es el estado civil actual de (NOMBRE)? 1 = CASADO O EN UNIÓN 2 = DIVORCIADO O SEPARADO 3 = VIUDO 4 = NUNCA CASADO Y NUNCA EN UNIÓN	¿Está viva la madre natural de (NOMBRE)?	¿Vive la madre natural de (NOMBRE) en este hogar? SI SÍ: ¿Cuál es su nombre?	¿Está vivo el padre natural de (NOMBRE)?	¿Vive el padre natural de (NOMBRE) en este hogar? SI SÍ: ¿Cuál es su nombre? REGISTRE EL NO. DE LÍNEA DEL PADRE SI NO REGISTRE '00'.	¿Ha asistido (NOMBRE) alguna vez a algún centro educativo? VEA CÓDIGOS ABAJO	¿Cuál fue el nivel más alto al que ha asistido (NOMBRE)? VEA CÓDIGOS ABAJO	¿Cuál es el grado más alto que ha completado (NOMBRE) en ese nivel? VEA CÓDIGOS ABAJO	Durante este año, ha asistido (NOMBRE) a algún centro educativo?	¿Durante este año, a qué nivel y grado ha asistido (NOMBRE)? VEA CÓDIGOS ABAJO	
11			H M 1 2	EN AÑOS	1 2	1 2		1 2	1 2	1 2	1 2		SI NO NS 1 2 8 VAYA A 16		SI NO NS 1 2 8 VAYA A 18		SI NO 1 2 LÍNEA STE	NIVEL GRADO	SI NO 1 2 LÍNEA STE	NIVEL GRADO	
12			1 2		1 2	1 2		1 2	1 2	1 2	1 2		1 2 8 VAYA A 16		1 2 8 VAYA A 18		1 2 LÍNEA STE		1 2 LÍNEA STE		
13			1 2		1 2	1 2		1 2	1 2	1 2	1 2		1 2 8 VAYA A 16		1 2 8 VAYA A 18		1 2 LÍNEA STE		1 2 LÍNEA STE		
14			1 2		1 2	1 2		1 2	1 2	1 2	1 2		1 2 8 VAYA A 16		1 2 8 VAYA A 18		1 2 LÍNEA STE		1 2 LÍNEA STE		
15			1 2		1 2	1 2		1 2	1 2	1 2	1 2		1 2 8 VAYA A 16		1 2 8 VAYA A 18		1 2 LÍNEA STE		1 2 LÍNEA STE		
16			1 2		1 2	1 2		1 2	1 2	1 2	1 2		1 2 8 VAYA A 16		1 2 8 VAYA A 18		1 2 LÍNEA STE		1 2 LÍNEA STE		
17			1 2		1 2	1 2		1 2	1 2	1 2	1 2		1 2 8 VAYA A 16		1 2 8 VAYA A 18		1 2 LÍNEA STE		1 2 LÍNEA STE		
DEFINICIONES												CÓDIGOS PREGUNTAS 19 Y 21 SOBRE EDUCACIÓN									
P8. Responsable cuidado del menor de 6 años. Es la persona que más sabe sobre como se alimenta el niño y qué se le da. Generalmente, pero no siempre, esta persona es la madre del niño.												NIVEL		GRADO							
P11. Agricultores, incluye vaqueros y pescadores, son: 1) hombres/mujeres que tienen acceso a un lote (aún si muy pequeño) sobre el cual toman decisiones de qué cultivar, y qué hacer con el cultivo. Y/O 2) hombres y mujeres que tienen animales y/o productos agrícolas sobre los cuales tienen poder de decisión. Los agricultores producen alimentos, comida y fibra. "Alimentos" incluye cultivos agronómicos (cultivos en gran escala tales como granos), cultivos de horticultura (vegetales, frutas, nueces, bayas y hierbas), productos animales y agrícolas, al igual que productos naturales (es decir, productos no maderables, criaderos de peces). Estos agricultores pueden estar envueltos en el procesamiento y mercadeo de alimentos, comida y fibra y pueden residir en comunidades establecidas, comunidades pastoriles móviles, campos para refugiados o personas internamente desplazadas. Un miembro adulto del hogar que hace trabajo agricultor pero que no tiene responsabilidad decisoria sobre el lote o los animales, no se considera como un "agricultor." Por ejemplo, una mujer que trabaja en la tierra del esposo y que no tiene control propio sobre un lote no sería entrevistada.												1 = PRIMARIA (1-6)		00 = MENOS DE 1 AÑO							
												2 = BÁSICO (1-3)		(SÓLO PREGUNTA 19,							
												3 = DIVERSIFICADO (1-3)		NO VÁLIDO PARA 21)							
												4 = SUPERIOR (1-5)		98 = NO SABE							
												6 = PRE-PRIMARIA (NO INDIQUE CURSO)									
												8 = NO SABE									
MARQUE ESTA CAJA SI USÓ OTRO FORMULARIO												HORA FIN DE MÓDULO									
												HORA									
												MINUTOS									

Módulo F. Agua, Saneamiento e Higiene

NO.	PREGUNTAS Y FILTROS	CATEGORÍAS Y CÓDIGOS	PASE A
SERVICIO SANITARIO			
F11	¿Qué tipo de servicio sanitario usan habitualmente los miembros del hogar?	INODORO CONECTADO A RED DE DRENAJE 11 A FOSA SÉPTICA 12 LETRINA..... 21 POZO CIEGO 31 NO TIENE 51 OTRO 96 (ESPECIFIQUE)	→ F14
F12	¿Usted comparte el servicio sanitario con otros hogares?	SI 1 NO 2	→ F14
F13	¿Cuántos hogares comparten el servicio sanitario?	NÚMERO DE HOGARES SI MENOS DE 10 <input type="text" value="0"/> <input type="text"/> 10 O MÁS HOGARES 95 NO SABE 98	
LAVADO DE MANOS			
F14	¿Me puede mostrar por favor donde los miembros de su hogar se lavan las manos con más frecuencia?	OBSERVADO 1 NO OBSERVADO, NO EN VIVIENDA/PATIO/LOTE 2 NO OBSERVADO, NO PERMISO PARA VER 3 NO OBSERVADO, OTRA RAZÓN 4	F17 ←
F15	SÓLO POR OBSERVACIÓN: OBSERVE LA PRESENCIA DE AGUA EN EL SITIO PARA LAVADO DE MANOS.	HAY AGUA DISPONIBLE 1 NO HAY AGUA DISPONIBLE 2	
F16	OBSERVE LA PRESENCIA DE JABÓN, DETERGENTE, U OTROS AGENTES LIMPIADORES. SI EL JABÓN, DETERGENTE, U OTRO AGENTE LIMPIADOR NO ES VISIBLE, PREGUNTE: ¿Guardan jabón, detergente u otro limpiador de manos en otro lugar de la casa?	JABÓN O DETERGENTE (BARRA, LÍQUIDO, POLVO, PASTA) 1 CENIZA, BARRO, ARENA 2 NINGUNO 3	
F17	HORA FIN MÓDULO	HORA <input type="text"/> <input type="text"/> MINUTOS <input type="text"/> <input type="text"/>	→ VAYA A MÓDULO G

Módulo G. Agricultura

G00	REGISTRE LA HORA EN QUE COMENZÓ EL MÓDULO	HORA	<input type="text"/>	MINUTOS	<input type="text"/>
G01	NÚMERO DEL HOGAR Y DEL ÁREA DE ENUMERACIÓN	HOGAR	<input type="text"/>	ÁREA DE ENUM.	<input type="text"/>
G02	VEA P11 Y P2. NOMBRE DEL AGRICULTOR	<input type="text"/>			
G03	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/>			
II. PRODUCCION AGRICOLA Y ADOPCION DE PRACTICAS MEJORADAS					
IIA. MAIZ					
G05	¿Se dedicó al cultivo de maíz en los últimos 12 meses?	SI..... 1 NO..... 2	→ G18	SI..... 1 NO..... 2	→ G18
G06A	¿Es usted la persona que tomó las decisiones finales sobre el cultivo del maíz en los últimos 12 meses?	SI..... 1 NO..... 2	→ G07	SI..... 1 NO..... 2	→ G07
G06B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	<input type="text"/>			
G06C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/>			
G07	¿Qué tipo de semilla utilizó para el cultivo del maíz?	CRIOLLA 1 MEJORADA CERTIFICADA 2 LAS DOS ANTERIORES 3 NO SABE/NO ESTA SEGURO..... 8		CRIOLLA 1 MEJORADA CERTIFICADA 2 LAS DOS ANTERIORES 3 NO SABE/NO ESTA SEGURO..... 8	
G08	¿Selecciónd usted la semilla utilizada?	SI..... 1 NO..... 2	→ G09	SI..... 1 NO..... 2	→ G09
G08a	¿Qué tipo de selección utilizó?	SELECCIÓN TRADICIONAL..... 1 SELECCIÓN MASAL..... 2		SELECCIÓN TRADICIONAL..... 1 SELECCIÓN MASAL..... 2	
G09	¿Cuántos granos de semilla por postura utilizó en la siembra de maíz?	DE 1 A 3 1 MÁS DE 3 2		DE 1 A 3 1 MÁS DE 3 2	
G10	¿Fertilizó o abonó el maíz?	SI..... 1 NO..... 2	→ G12	SI..... 1 NO..... 2	→ G12
G11	¿Qué prácticas de fertilización o abonado utilizó para el cultivo del maíz en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES. REGISTRE LAS PRÁCTICAS EN ÚLTIMOS 12 MESES	INCORPORACIÓN DE COMPOSTA DE ABONERAS 01 FERTILIZACIÓN QUÍMICA 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LONBRICOMPOST..... 06 OTROS 96 (ESPECIFIQUE)		INCORPORACIÓN DE COMPOSTA DE ABONERAS 01 FERTILIZACIÓN QUÍMICA 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LONBRICOMPOST..... 06 OTROS 96 (ESPECIFIQUE)	
G12	En los últimos 12 meses ¿Tuvieron ustedes problemas con el cultivo del maíz?	SI..... 1 NO..... 2	→ G14	SI..... 1 NO..... 2	→ G14
G13	¿Qué problemas tuvieron con el cultivo del maíz? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PÉRDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 ACAME/LO TUMBÓ EL VIENTO..... 11 OTROS 96 (ESPECIFIQUE)		ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PÉRDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 ACAME/LO TUMBÓ EL VIENTO..... 11 OTROS 96 (ESPECIFIQUE)	
G14	¿Utilizó productos químicos para control y prevención de plagas y enfermedades en el cultivo del maíz en los últimos 12 meses?	SI..... 1 NO..... 2		SI..... 1 NO..... 2	
G15	¿Qué otras prácticas utilizó para control y prevención de plagas y enfermedades? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	PRACTICAS CULTURALES..... 01 CONTROL MECANICO 02 USO DE EXTRACTOS NATURALES... 03 OTROS 96 (ESPECIFIQUE) NINGUNA 97		PRACTICAS CULTURALES..... 01 CONTROL MECANICO 02 USO DE EXTRACTOS NATURALES... 03 OTROS 96 (ESPECIFIQUE) NINGUNA 97	
G16	¿Guardó el maíz cosechado?	SI..... 1 NO..... 2	→ G18	SI..... 1 NO..... 2	→ G18
G17	¿Cómo guardó el maíz? INVESTIGUE CÓMO SE GUARDÓ EL MAÍZ PARA EL CONSUMO DEL HOGAR MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	PRÁCTICAS MEJORADAS SILOS..... 01 TROJA MEJORADA..... 02 CASETA DE SECADO 03 TONELES HERMETICOS..... 04 OTRAS PRÁCTICAS TROJA TRADICIONAL..... 05 TAPANCO..... 06 COSTALES..... 07 MANCUERNA..... 08 CASETA DE SECADO 09 OTROS 96 (ESPECIFIQUE)		PRÁCTICAS MEJORADAS SILOS..... 01 TROJA MEJORADA..... 02 CASETA DE SECADO 03 TONELES HERMETICOS..... 04 OTRAS PRÁCTICAS TROJA TRADICIONAL..... 05 TAPANCO..... 06 COSTALES..... 07 MANCUERNA..... 08 CASETA DE SECADO 09 OTROS 96 (ESPECIFIQUE)	

Módulo G. Agricultura

IIB. FRIJOLES				
G18	¿Se dedicó al cultivo de frijoles en los últimos 12 meses?	SI..... 1 NO..... 2	→ G29	SI..... 1 NO..... 2 → G29
G18A	¿Es usted la persona que tomó las decisiones finales sobre el cultivo del frijol en los últimos 12 meses?	SI..... 1 NO..... 2	→ G19	SI..... 1 → G19 NO..... 2
G18B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	_____		_____
G18C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/> <input type="text"/>	→ G29	<input type="text"/> <input type="text"/> → G29
G19	¿Que tipo de semilla utilizó para el cultivo del frijol?	CRIOLLA 1 MEJORADA CERTIFICADA 2 LAS DOS ANTERIORES 3 NO SABE/NO ESTA SEGURO..... 8		CRIOLLA 1 MEJORADA CERTIFICADA 2 LAS DOS ANTERIORES 3 NO SABE/NO ESTA SEGURO..... 8
G20	¿Sembró maíz y frijol en asocio?	SI..... 1 NO..... 2		SI..... 1 NO..... 2
G21	¿Fertilizó o abonó el frijol?	SI..... 1 NO..... 2	→ G23	SI..... 1 → G23 NO..... 2
G22	¿Qué prácticas de fertilización o abonado utilizó en el cultivo del frijol en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES. REGISTRE LAS PRÁCTICAS EN ÚLTIMOS 12 MESES	INCORPORACIÓN DE COMPOSTA DE ABONERAS 01 FERTILIZACIÓN QUÍMICA 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LOMBRICOMPOST..... 06 OTROS 96 (ESPECIFIQUE)		INCORPORACIÓN DE COMPOSTA DE ABONERAS 01 FERTILIZACIÓN QUÍMICA 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LOMBRICOMPOST..... 06 OTROS 96 (ESPECIFIQUE)
G23	En los últimos 12 meses ¿Tuvo problemas con el cultivo del frijol?	SI..... 1 NO..... 2	→ G25	SI..... 1 → G25 NO..... 2
G24	¿Qué problemas tuvo con el cultivo del frijol? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PERDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 OTROS 96 (ESPECIFIQUE)		ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PERDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 OTROS 96 (ESPECIFIQUE)
G25	¿Utilizó productos químicos para control y prevención de plagas y enfermedades en el cultivo de frijol en los últimos 12 meses?	SI..... 1 NO..... 2		SI..... 1 NO..... 2
G26	¿Qué otras prácticas utilizó para control y prevención de plagas y enfermedades? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	PRACTICAS CULTURALES..... 01 CONTROL MECÁNICO 02 USO DE EXTRACTOS NATURALES... 03 OTROS 96 (ESPECIFIQUE) NINGUNA 97		PRACTICAS CULTURALES..... 01 CONTROL MECÁNICO 02 USO DE EXTRACTOS NATURALES... 03 OTROS 96 (ESPECIFIQUE) NINGUNA 97
G27	¿Guardó el frijol cosechado?	SI..... 1 NO..... 2	→ G29	SI..... 1 → G29 NO..... 2
G28	¿Cómo guardó el frijol? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	TONELES HERMÉTICOS..... 01 COSTALES..... 02 OTROS 96 (ESPECIFIQUE)		TONELES HERMÉTICOS..... 01 COSTALES..... 02 OTROS 96 (ESPECIFIQUE)

Módulo G. Agricultura

IIC. HIERBAS O VERDURAS PARA EL CONSUMO DE SU FAMILIA					
G29	¿En su casa han sembrado ustedes hierbas o verduras para el consumo de su familia en los últimos 12 meses?	SI..... 1 NO..... 2	→ G39	SI..... 1 NO..... 2	→ G39
G30A	¿Es usted la persona que tomó las decisiones finales sobre el cultivo de hierbas y verduras en los últimos 12 meses?	SI..... 1 NO..... 2	→ G31	SI..... 1 NO..... 2	→ G31
G30B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	_____		_____	
G30C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/>	→ G39	<input type="text"/>	→ G39
G31	¿Qué clase de hierbas cultivaron ustedes en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	BERRO..... 01 BLEDO O AMARANTO..... 02 CAMOTE..... 03 CHIPILIN..... 04 CILANTRO..... 05 COLINABO..... 06 CUCURBITACEAS (AYOTE, CHILACAYOTE, ETC..... 07 HIERBA BLAN..... 08 HIERBA BUENA..... 09 HIERBA MORA O MACUY..... 10 HOJA DE GUISQUIL..... 11 JICAMA..... 12 MALANGA..... 13 OTROS..... 96 (ESPECIFIQUE)		BERRO..... 01 BLEDO O AMARANTO..... 02 CAMOTE..... 03 CHIPILIN..... 04 CILANTRO..... 05 COLINABO..... 06 CUCURBITACEAS (AYOTE, CHILACAYOTE, ETC..... 07 HIERBA BLAN..... 08 HIERBA BUENA..... 09 HIERBA MORA O MACUY..... 10 HOJA DE GUISQUIL..... 11 JICAMA..... 12 MALANGA..... 13 OTROS..... 96 (ESPECIFIQUE)	
G32	¿Qué clase de hortalizas comerciales cultivaron ustedes en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	ACELGA..... 01 AJO..... 02 APIO..... 03 BROCOLI..... 04 CEBOLLA..... 05 CHILE PIMIENTO..... 06 COLIFLOR..... 07 ESPINACA..... 08 LECHUGA..... 09 NABO..... 10 PAPA..... 11 PEPINO..... 12 PEREJIL..... 13 PUERRO..... 14 RABANO..... 15 REMOLACHA..... 16 REPOLLO..... 17 TOMATE..... 18 ZANAHORIA..... 19 OTROS..... 96 (ESPECIFIQUE)		ACELGA..... 01 AJO..... 02 APIO..... 03 BROCOLI..... 04 CEBOLLA..... 05 CHILE PIMIENTO..... 06 COLIFLOR..... 07 ESPINACA..... 08 LECHUGA..... 09 NABO..... 10 PAPA..... 11 PEPINO..... 12 PEREJIL..... 13 PUERRO..... 14 RABANO..... 15 REMOLACHA..... 16 REPOLLO..... 17 TOMATE..... 18 ZANAHORIA..... 19 OTROS..... 96 (ESPECIFIQUE)	
G33	¿Fertilizó o abonó las hierbas/hortalizas en los últimos 12 meses?	SI..... 1 NO..... 2	→ G35	SI..... 1 NO..... 2	→ G35
G34	¿Qué prácticas de fertilización o abonado utilizó para las hierbas/hortalizas en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES. REGISTRE LAS PRÁCTICAS EN ÚLTIMOS 12 MESES	INCORPORACIÓN DE COMPOSTA DE ABONERAS..... 01 FERTILIZACIÓN QUÍMICA..... 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LOMBRICOMPOST..... 06 OTROS..... 96 (ESPECIFIQUE)		INCORPORACIÓN DE COMPOSTA DE ABONERAS..... 01 FERTILIZACIÓN QUÍMICA..... 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LOMBRICOMPOST..... 06 OTROS..... 96 (ESPECIFIQUE)	
G35	En los últimos 12 meses ¿Tuvo problemas con el cultivo de hierbas/hortalizas?	SI..... 1 NO..... 2	→ G37	SI..... 1 NO..... 2	→ G37
G36	¿Qué problemas tuvo con el cultivo de hierbas/hortalizas? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PERDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 OTROS..... 96 (ESPECIFIQUE)		ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PERDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 OTROS..... 96 (ESPECIFIQUE)	
G37	¿Utilizó productos químicos para control y prevención de plagas y enfermedades en hierbas/hortalizas en los últimos 12 meses?	SI..... 1 NO..... 2		SI..... 1 NO..... 2	
G38	¿Qué otras prácticas utilizó para control y prevención de plagas y enfermedades? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	PRÁCTICAS CULTURALES..... 01 CONTROL MECÁNICO..... 02 USO DE EXTRACTOS NATURALES..... 03 OTROS..... 96 (ESPECIFIQUE) NINGUNA..... 97		PRÁCTICAS CULTURALES..... 01 CONTROL MECÁNICO..... 02 USO DE EXTRACTOS NATURALES..... 03 OTROS..... 96 (ESPECIFIQUE) NINGUNA..... 97	

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IID. ÁRBOLES FRUTALES				
G39	¿Tienen ustedes árboles frutales en su terreno?	SI..... 1 NO..... 2	→ G49	SI..... 1 NO..... 2 → G49
G40	¿Realizan alguna práctica de mantenimiento para el cuidado de sus árboles frutales para que produzcan más frutos?	SI..... 1 NO..... 2	→ G45	SI..... 1 NO..... 2 → G45
G41A	¿Es usted la persona que tomó las decisiones finales sobre el cuidado de los árboles frutales en los últimos 12 meses?	SI..... 1 NO..... 2	→ G42	SI..... 1 NO..... 2 → G42
G41B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	_____		_____
G41C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/>	→ G49	<input type="text"/> → G49
G42	¿Qué prácticas para el cuidado de sus árboles frutales realizó en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	PODA..... 01 LIMPIA..... 02 ABONADO..... 03 ENCALADO DE TALLOS..... 04 RENOVACIÓN DE PLANTACIONES... 05 OTROS..... 96 (ESPECIFIQUE)		PODA..... 01 LIMPIA..... 02 ABONADO..... 03 ENCALADO DE TALLOS..... 04 RENOVACIÓN DE PLANTACIONES... 05 OTROS..... 96 (ESPECIFIQUE)
G43	¿Fertilizó o abonó sus árboles frutales?	SI..... 1 NO..... 2	→ G45	SI..... 1 NO..... 2 → G45
G44	¿Qué prácticas de fertilización o abonado utilizó en los árboles frutales en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES. REGISTRE LAS PRÁCTICAS EN ÚLTIMOS 12 MESES	INCORPORACIÓN DE COMPOSTA DE ABONERAS 01 FERTILIZACIÓN QUÍMICA..... 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LOMBRICOMPOST..... 06 OTROS..... 96 (ESPECIFIQUE)		INCORPORACIÓN DE COMPOSTA DE ABONERAS 01 FERTILIZACIÓN QUÍMICA..... 02 APLICACIÓN DE EXTRACTOS FOLIARES NATURALES..... 03 ABONOS VERDES..... 04 ESTIÉRCOL DE ANIMALES..... 05 LOMBRICOMPOST..... 06 OTROS..... 96 (ESPECIFIQUE)
G45	En los últimos 12 meses ¿Tuvo problemas con sus árboles frutales?	SI..... 1 NO..... 2	→ G47	SI..... 1 NO..... 2 → G47
G46	¿Qué problemas tuvo con sus árboles frutales? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PERDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 OTROS..... 96 (ESPECIFIQUE)		ENFERMEDADES/HONGOS..... 01 PLAGAS..... 02 FALTA DE INSUMOS..... 03 HELADAS..... 04 POCA LLUVIA O SEQUIA..... 05 EXCESO DE LLUVIA..... 06 FALTA DE SEMILLA..... 07 PERDIDAS POST COSECHA..... 08 FALTA DE TIERRA..... 09 INCREMENTO DEL COSTO DE RENTA..... 10 OTROS..... 96 (ESPECIFIQUE)
G47	¿Utilizó productos químicos en sus árboles frutales en los últimos 12 meses?	SI..... 1 NO..... 2		SI..... 1 NO..... 2
G48	¿Qué otras prácticas utilizó para control y prevención de plagas y enfermedades? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	PRÁCTICAS CULTURALES..... 01 CONTROL MECÁNICO..... 02 USO DE EXTRACTOS NATURALES... 03 OTROS..... 96 (ESPECIFIQUE) NINGUNA..... 97		PRÁCTICAS CULTURALES..... 01 CONTROL MECÁNICO..... 02 USO DE EXTRACTOS NATURALES... 03 OTROS..... 96 (ESPECIFIQUE) NINGUNA..... 97
III. CONSERVACIÓN				
G49	¿Realizan prácticas de conservación de suelos en su terreno? Por ejemplo, ¿hacen algo para evitar que la tierra se desmorone o se pierda en los terrenos en ladera?	SI..... 1 NO..... 2	→ G52	SI..... 1 NO..... 2 → G52
G50A	¿Es usted la persona que tomó las decisiones finales sobre la conservación de suelos en su terreno en los últimos 12 meses?	SI..... 1 NO..... 2	→ G51	SI..... 1 NO..... 2 → G51
G50B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	_____		_____
G50C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/>	→ G52	<input type="text"/> → G52
G51	¿Qué prácticas de conservación de suelos realizó? Por ejemplo, ¿hacen algo para evitar que la tierra se desmorone o se pierda en los terrenos en ladera? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	BARRERAS VIVAS..... 01 BARRERAS MUERTAS..... 02 CULTIVOS EN CONTORNO..... 03 ACEQUIAS (ZANJAS)..... 04 CULTIVOS DE COBERTURA..... 05 TERRAZAS INDIVIDUALES..... 06 PROTECCIÓN DE TALUDES..... 07 OTROS..... 96 (ESPECIFIQUE)		BARRERAS VIVAS..... 01 BARRERAS MUERTAS..... 02 CULTIVOS EN CONTORNO..... 03 ACEQUIAS (ZANJAS)..... 04 CULTIVOS DE COBERTURA..... 05 TERRAZAS INDIVIDUALES..... 06 PROTECCIÓN DE TALUDES..... 07 OTROS..... 96 (ESPECIFIQUE)

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III. MANEJO DEL BOSQUE																																			
G52	¿Han participado en la producción de árboles forestales en los últimos 12 meses?	SI..... 1 NO..... 2	→ G56	SI..... 1 NO..... 2	→ G56																														
G53A	¿Es usted la persona que tomó las decisiones finales sobre la producción de árboles forestales en los últimos 12 meses?	SI..... 1 NO..... 2	→ G54	SI..... 1 NO..... 2	→ G54																														
G53B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	_____		_____																															
G53C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/>	→ G56	<input type="text"/>	→ G56																														
G54	¿Cómo produjo / obtuvo los árboles para reforestar en los últimos 12 meses?	VIVERO INDIVIDUAL 01 VIVERO COMUNITARIOS 02 VIVERO MUNICIPAL 03 OTROS 96 (ESPECIFIQUE)		VIVERO INDIVIDUAL 01 VIVERO COMUNITARIOS 02 VIVERO MUNICIPAL 03 OTROS 96 (ESPECIFIQUE)																															
G55	¿Qué prácticas utilizó para el manejo forestal? Esto es, ¿qué hizo con los árboles que produjo u obtuvo?	AGRO FORESTERIA..... 01 REGENERACIÓN NATURAL FORESTAL..... 02 REFORESTACIÓN (PLANTACIONES NUEVAS)..... 03 REFORESTACIÓN DE FUENTES DE AGUA..... 04 MANEJO DE PLANTACIONES FORESTALES, BOSQUES ESTABLECIDOS..... 05 PRODUCCIÓN DE PLANTAS FORESTALES (SEMILLA)..... 06 OTROS 96 (ESPECIFIQUE)		AGRO FORESTERIA..... 01 REGENERACIÓN NATURAL FORESTAL..... 02 REFORESTACIÓN (PLANTACIONES NUEVAS)..... 03 REFORESTACIÓN DE FUENTES DE AGUA..... 04 MANEJO DE PLANTACIONES FORESTALES, BOSQUES ESTABLECIDOS..... 05 PRODUCCIÓN DE PLANTAS FORESTALES (SEMILLA)..... 06 OTROS 96 (ESPECIFIQUE)																															
IV. ADOPCION DE PRACTICAS PECUARIAS MEJORADAS																																			
G56	En los últimos 12 meses, ¿participaron ustedes en la cría o disposición de animales?	SI..... 1 NO..... 2	→ G68a	SI..... 1 NO..... 2	→ G68a																														
G57A	¿Es usted la persona que tomó las decisiones finales sobre la cría o disposición de animales en los últimos 12 meses?	SI..... 1 NO..... 2	→ G58	SI..... 1 NO..... 2	→ G58																														
G57B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	_____		_____																															
G57C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<input type="text"/>	→ G68a	<input type="text"/>	→ G68a																														
G58	¿Qué animales crió usted? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	POLLOS..... 01 PATOS 02 CHOMPIPIES..... 03 CERDOS..... 04 CONEJOS..... 05 OVEJAS..... 06 CABRAS..... 07 PECES..... 08 VACAS..... 09 OTROS 96 (ESPECIFIQUE)		POLLOS..... 01 PATOS 02 CHOMPIPIES..... 03 CERDOS..... 04 CONEJOS..... 05 OVEJAS..... 06 CABRAS..... 07 PECES..... 08 VACAS..... 09 OTROS 96 (ESPECIFIQUE)																															
G59	De los animales que crió, ¿cuáles estuvieron encerrados? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	POLLOS..... 01 PATOS 02 CHOMPIPIES..... 03 CERDOS..... 04 CONEJOS..... 05 OVEJAS..... 06 CABRAS..... 07 PECES..... 08 VACAS..... 09 OTROS 96 (ESPECIFIQUE) NINGUNO 97	→ G61	POLLOS..... 01 PATOS 02 CHOMPIPIES..... 03 CERDOS..... 04 CONEJOS..... 05 OVEJAS..... 06 CABRAS..... 07 PECES..... 08 VACAS..... 09 OTROS 96 (ESPECIFIQUE) NINGUNO 97	→ G61																														
G60	La instalación para el cuidado de los animales tiene: ¿Techo? ¿Paredes? ¿Bebederos? ¿Comedero?	<table border="0"> <tr><td></td><td>SI</td><td>NO</td></tr> <tr><td>TECHO</td><td>1</td><td>2</td></tr> <tr><td>PAREDES</td><td>1</td><td>2</td></tr> <tr><td>DISPENSADOR AGUA</td><td>1</td><td>2</td></tr> <tr><td>LUGAR PARA COMER</td><td>1</td><td>2</td></tr> </table>		SI	NO	TECHO	1	2	PAREDES	1	2	DISPENSADOR AGUA	1	2	LUGAR PARA COMER	1	2		<table border="0"> <tr><td></td><td>SI</td><td>NO</td></tr> <tr><td>TECHO</td><td>1</td><td>2</td></tr> <tr><td>PAREDES</td><td>1</td><td>2</td></tr> <tr><td>DISPENSADOR AGUA</td><td>1</td><td>2</td></tr> <tr><td>LUGAR PARA COMER</td><td>1</td><td>2</td></tr> </table>		SI	NO	TECHO	1	2	PAREDES	1	2	DISPENSADOR AGUA	1	2	LUGAR PARA COMER	1	2	
	SI	NO																																	
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DISPENSADOR AGUA	1	2																																	
LUGAR PARA COMER	1	2																																	
G61	VERIFIQUE P. 58 PARA HACER ESTA PREGUNTA SOLAMENTE A LOS QUE TIENEN AVES ¿Vacunó a sus aves en los últimos 12 meses?	SI..... 1 NO..... 2		SI..... 1 NO..... 2																															
G62	VERIFIQUE P. 58 PARA HACER ESTA PREGUNTA SOLAMENTE A LOS QUE TIENEN CABRAS ¿Qué actividades de control de la salud utilizó para las cabras en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	DESPARASITACIÓN..... 01 SUPLEMENTOS VITAMÍNICOS..... 02 VACUNACIÓN..... 03 DESPEZUÑADO..... 04 OTROS 96 (ESPECIFIQUE)		DESPARASITACIÓN..... 01 SUPLEMENTOS VITAMÍNICOS..... 02 VACUNACIÓN..... 03 DESPEZUÑADO..... 04 OTROS 96 (ESPECIFIQUE)																															

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G63	De la producción animal, ¿Qué productos obtuvo en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	CARNE 01 HUEVOS 02 LECHE DE CABRA 03 LECHE DE VACA 04 LANA 05 ESTIERCOL 06 OTROS 96 (ESPECIFIQUE) NINGUNO 97		CARNE 01 HUEVOS 02 LECHE DE CABRA 03 LECHE DE VACA 04 LANA 05 ESTIERCOL 06 OTROS 96 (ESPECIFIQUE) NINGUNO 97					
G64	De la producción animal, ¿Qué productos consumieron en su hogar en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	CARNE 01 HUEVOS 02 LECHE DE CABRA 03 LECHE DE VACA 04 OTROS 96 (ESPECIFIQUE) NINGUNO 97		CARNE 01 HUEVOS 02 LECHE DE CABRA 03 LECHE DE VACA 04 OTROS 96 (ESPECIFIQUE) NINGUNO 97					
G65	De la producción animal, ¿Qué productos vendió en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	CARNE 01 HUEVOS 02 LECHE DE CABRA 03 LECHE DE VACA 04 LANA 05 ESTIERCOL 06 OTROS 96 (ESPECIFIQUE) NINGUNO 97		CARNE 01 HUEVOS 02 LECHE DE CABRA 03 LECHE DE VACA 04 LANA 05 ESTIERCOL 06 OTROS 96 (ESPECIFIQUE) NINGUNO 97					
G66	¿Ha tenido problemas en la producción de animales en los últimos 12 meses?	SI 1 NO 2	→ G68a	SI 1 NO 2	→ G68a				
G67	¿Qué problemas tuvo para la producción de los animales? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	ENFERMEDADES 01 FALTA DE DINERO (CAPITAL) 02 FALTA DE ALIMENTO 03 ROBO 04 NO TIENE ESPACIO 05 CLÍMA 06 DEPREDADORES NATURALES 07 PARASITOS 08 OTROS 96 (ESPECIFIQUE)		ENFERMEDADES 01 FALTA DE DINERO (CAPITAL) 02 FALTA DE ALIMENTO 03 ROBO 04 NO TIENE ESPACIO 05 CLÍMA 06 DEPREDADORES NATURALES 07 PARASITOS 08 OTROS 96 (ESPECIFIQUE)					
V. MERCADEO FORMAL									
G68a	¿Consumieron algo de lo que produjeron sus animales o su terreno en los últimos 12 meses?	SI 1 NO 2		SI 1 NO 2					
G68b	¿Vendieron algo de lo que produjeron sus animales o su terreno en los últimos 12 meses?	SI 1 NO 2	→ G77	SI 1 NO 2	→ G77				
G69A	¿Es usted la persona que tomó las decisiones finales sobre la venta de la producción en los últimos 12 meses?	SI 1 NO 2	→ G70	SI 1 NO 2	→ G70				
G69B	VEA P11 Y P2. NOMBRE DE LA PERSONA QUE TOMÓ LAS DECISIONES	_____		_____					
G69C	VEA P1. NÚMERO DE ORDEN EN LISTADO DE HOGAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			→ G77	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			→ G77
G70	¿Qué tipo de productos vendió en los últimos 12 meses? NO LEA LAS OPCIONES. SONDEE PARA SABER DE QUE TIPO DE NEGOCIO ESTÁ HABLANDO LA PERSONA ENTREVISTADA. MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO	AGRÍCOLAS 01 PECUARIOS 02 ARTESANIAS 03 FORESTALES 04 AGRO INDUSTRIA 05 TEXTILES 06 OTROS 96 (ESPECIFIQUE)		AGRÍCOLAS 01 PECUARIOS 02 ARTESANIAS 03 FORESTALES 04 AGRO INDUSTRIA 05 TEXTILES 06 OTROS 96 (ESPECIFIQUE)					
G70A	En los últimos 12 meses, ¿hizo cálculos de los gastos del negocio?	SI 1 NO 2		SI 1 NO 2					
G70B	En los últimos 12 meses, ¿hizo cálculos de las ganancias del negocio?	SI 1 NO 2	→ G71	SI 1 NO 2	→ G71				
G70C	En los últimos 12 meses, ¿tuvo algún cuaderno donde anotó estos cálculos?	SI 1 NO 2		SI 1 NO 2					
G71	En los últimos 12 meses, ¿tuvo el apoyo de alguna institución para préstamos?	SI 1 NO 2	→ G73	SI 1 NO 2	→ G73				
G72	¿Cuáles fueron las organizaciones que le proporcionaron préstamos para el negocio? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	BANCOS DEL SISTEMA 01 COOPERATIVAS 02 ASOCIACIONES 03 FONDESOL 04 GRUPOS DE AUTOAHORRO 05 OTROS 96 (ESPECIFIQUE)		BANCOS DEL SISTEMA 01 COOPERATIVAS 02 ASOCIACIONES 03 FONDESOL 04 GRUPOS DE AUTOAHORRO 05 OTROS 96 (ESPECIFIQUE)					
G73	¿Tuvo problemas que afectaron el negocio en los últimos 12 meses?	SI 1 NO 2	→ G75	SI 1 NO 2	→ G75				

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G74	¿Qué tipo de problemas tuvo en el negocio? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	FALTA DE MERCADO..... 01 FALTA DE DINERO (CAPITAL)..... 02 FALTA DE CONTROL DE REGISTRO DE OPERACIONES..... 03 FALTA DE ASESORÍA..... 04 FALTA DE MATERIA PRIMA..... 05 FALTA DE ORGANIZACIÓN DE LOS PRODUCTORES..... 06 OTROS _____ 96 (ESPECIFIQUE)	FALTA DE MERCADO..... 01 FALTA DE DINERO (CAPITAL)..... 02 FALTA DE CONTROL DE REGISTRO DE OPERACIONES..... 03 FALTA DE ASESORÍA..... 04 FALTA DE MATERIA PRIMA..... 05 FALTA DE ORGANIZACIÓN DE LOS PRODUCTORES..... 06 OTROS _____ 96 (ESPECIFIQUE)
G75	¿Tuvo un plan para producción y venta en los últimos 12 meses?	SI..... 1 NO..... 2	SI..... 1 NO..... 2
G76	¿Dónde vendió sus productos en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	MERCADO COMUNAL..... 01 MERCADO MUNICIPAL..... 02 MERCADO REGIONAL..... 03 MERCADO DE MAYORISTA EN LA CAPITAL..... 04 INTERMEDIARIO..... 05 MERCADO DE EXPORTACIÓN..... 06 OTRO _____ 96 (ESPECIFIQUE)	MERCADO COMUNAL..... 01 MERCADO MUNICIPAL..... 02 MERCADO REGIONAL..... 03 MERCADO DE MAYORISTA EN LA CAPITAL..... 04 INTERMEDIARIO..... 05 MERCADO DE EXPORTACIÓN..... 06 OTRO _____ 96 (ESPECIFIQUE)

VI SERVICIOS FINANCIEROS

G77	¿Consiguió algún crédito agrícola, en dinero o especie, en los últimos 12 meses?	SI.....1..... NO.....2..... NO SABE.....8.....	SI.....1..... NO.....2..... NO SABE.....8.....
G78	Algunas personas aseguran su producción agrícola contra circunstancias negativas inesperadas tales como sequías, inundaciones y pestes. ¿Tuvo seguro agrícola en los últimos 12 meses?	SI.....1..... NO.....2..... NO SABE.....8.....	SI.....1..... NO.....2..... NO SABE.....8.....
G79	¿Ahorró algún dinero en los últimos 12 meses? En otras palabras, ¿guardaron dinero para usarlo más tarde?	SI.....1..... NO.....2..... NO SABE.....8..... → G82	SI.....1..... NO.....2..... NO SABE.....8..... → G82
G80	¿Tuvo el apoyo de alguna institución o grupo para el ahorro?	SI.....1..... NO.....2..... → G82	SI.....1..... NO.....2..... → G82
G81	¿Cuáles son las organizaciones o grupos donde ahorró en los últimos 12 meses? MARQUE TODAS LAS QUE INDIQUE EL ENTREVISTADO. NO LEA LAS OPCIONES.	BANCOS DEL SISTEMA.....01..... COOPERATIVAS.....02..... ASOCIACIONES.....03..... FONDESOL.....04..... GRUPOS DE AUTOAHORRO.....05..... OTROS _____ 96 (ESPECIFIQUE)	BANCOS DEL SISTEMA.....01..... COOPERATIVAS.....02..... ASOCIACIONES.....03..... FONDESOL.....04..... GRUPOS DE AUTOAHORRO.....05..... OTROS _____ 96 (ESPECIFIQUE)
G82	REVISE G06C, G18C, G30C, G41C, G50C, G53C, G57C Y G69C SI ALGÚN MÓDULO NO COMPLETADO, IDENTIFIQUE A LA PERSONA RESPONSABLE Y ENTREVÍSTELA PARA ESE MÓDULO EN LA SIGUIENTE COLUMNA SI LA PERSONA RESPONSABLE NO ESTÁ DISPONIBLE, IDENTIFIQUE A LA PERSONA QUE LE PUEDA RESPONDER Y ENTREVÍSTELA EN LA SIGUIENTE COLUMNA	MÓDULOS COMPLETOS..... 1 → G83 MÓDULOS INCOMPLETOS..... 2 → G01 SIGUIENTE COLUMNA	MÓDULOS COMPLETOS..... 1 → G83 MÓDULOS INCOMPLETOS..... 2 → G01 SIGUIENTE CUESTIONARIO

G83	HORA FIN MÓDULO	HORA <input type="text"/> <input type="text"/>	MINUTOS <input type="text"/> <input type="text"/>	→ VAYA A MÓDULO C
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MÓDULO C. ACCESO A ALIMENTOS

NO.	PREGUNTAS Y FILTROS	CATEGORÍAS Y CÓDIGOS	PASE A								
C00	HORA COMIENZO MÓDULO	HORA <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTOS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
C01	NÚMERO DEL HOGAR Y DEL ÁREA DE ENUMERACIÓN	HOGAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ÁREA DE EN. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
C01A	VEA LISTADO DEL HOGAR P6. PERSONA RESPONSABLE DE LA PREPARACIÓN DE ALIMENTOS EL DÍA DE AYER P1. NÚMERO DE ORDEN	NÚMERO DE ORDEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
PREGUNTAS DIVERSIDAD DIETÉTICA DEL HOGAR											
C02	ENUMERADORA DEBE ESTABLECER SI AYER FUE UN DÍA COMÚN O NORMAL PARA LA FAMILIA. SI SE TRATÓ DE UNA OCASIÓN ESPECIAL, COMO UN FUNERAL O UNA FIESTA, O SI LA MAYORÍA DE LOS MIEMBROS DE LA FAMILIA ESTUVIERON AUSENTES, SE DEBE PASAR A LA PREGUNTAR C16. ¿Fue ayer un día común, normal?	SI 1 NO 2	→ C16								
Ahora me gustaría preguntarle sobre los tipos de alimentos que usted o cualquier otra persona en su casa consumió ayer durante el día o por la noche. ¿Consumieron ustedes...		SI NO NS									
C04	¿Tortilla, tamales, pan, arroz, fideos, pasta, cereales u otros alimentos hechos de maíz, arroz, trigo, avena como atoles?	1 2 8									
C05	¿Papa, yuca, camote blanco, ichintal, otras raíces/tubérculos o alimentos hechos de raíces o tubérculos?	1 2 8									
C05A	¿Güicoy, zanahoria, camote amarillo u otros vegetales amarillos, anaranjados?	1 2 8									
C06	¿Verduras: hierbas, (acelga, lechuga, bledo, berro, hierbamora/macuy), güisquil, u otras verduras?	1 2 8									
C06A	¿Papaya, mango, (frutas amarillas, anaranjadas)	1 2 8									
C07	¿Otras frutas?	1 2 8									
C07A	¿Visceras o cholojos, panza, moronga, carcañales, hígado, riñones, corazón u otros órganos?	1 2 8									
C08	¿Carne de res, cerdo, cordero, chivo, conejo, pato u otras aves?	1 2 8									
C09	¿Huevos?	1 2 8									
C10	¿Pescado fresco o seco, mariscos?	1 2 8									
C11	¿Frijoles, manías, lentejas, habas o alimentos hechos a base de ellos?	1 2 8									
C12	¿Queso, crema, leche de vaca (líquida o en polvo), leche de cabra, yogurt u otros productos lácteos?	1 2 8									
C13	¿Aceite, mantequilla, margarina, manteca?	1 2 8									
C14	¿Azúcar, miel de abeja o panela?	1 2 8									
C15	¿Cualquier otro alimento, tales como condimentos, café o té aguas gaseosas, ricitos, dulces o chocolates?	1 2 8									
C15A	¿Incaparina?	1 2 8									
C15B	¿CSB, polenta u otros alimentos donados por algún programa como bolsa segura, soya, vitacereal?	1 2 8									
C15C	¿Otros?	1 2 8									

MÓDULO C. ACCESO A ALIMENTOS

NO.	PREGUNTAS Y FILTROS	CATEGORÍAS Y CÓDIGOS	PASE A				
PREGUNTAS HHS							
C16	En los últimos 30 días ¿en algún momento no hubo comida de ningún tipo en su casa debido a la falta de recursos para conseguirla?	SI 1 NO 2	→ C18				
C17	¿Cuántas veces ocurrió esto en los últimos 30 días? ¿Raramente (1 o 2 veces), algunas veces (3 a 10 veces), o a menudo (más de 10 veces)?	RARAMENTE (1-2 VECES) ... 1 ALGUNAS VECES (3-10) ... 2 A MENUDO (MAS DE 10) ... 3					
C18	En los últimos 30 días ¿usted o algún otro miembro de su hogar se acostó con hambre debido a que no había suficiente comida?	SI 1 NO 2	→ C20				
C19	¿Cuántas veces ocurrió esto en los últimos 30 días?	RARAMENTE (1-2 VECES) ... 1 ALGUNAS VECES (3-10) ... 2 A MENUDO (MAS DE 10) ... 3					
C20	En los últimos 30 días ¿usted o algún otro miembro de su hogar pasó todo el día y la noche sin comer nada en absoluto porque no había suficiente comida?	SI 1 NO 2	→ C22				
C21	¿Cuántas veces ocurrió esto en los últimos 30 días?	RARAMENTE (1-2 VECES) ... 1 ALGUNAS VECES (3-10) ... 2 A MENUDO (MAS DE 10) ... 3					
C22	HORA FIN MÓDULO	HORA <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTOS					→ VAYA A MÓDULO D

MÓDULO D. ESTADO NUTRICIONAL DE LOS NIÑOS MENORES DE 6 AÑOS Y PRÁCTICAS DE ALIMENTACIÓN

NO.	PREGUNTAS Y FILTROS	PRIMER NIÑO	SEGUNDO NIÑO	TERCER NIÑO
		NOMBRE _____	NOMBRE _____	NOMBRE _____
D00	HORA DE COMIENZO DEL MÓDULO	HORA <input type="text"/> <input type="text"/>	MINUTOS <input type="text"/> <input type="text"/>	
D01	NÚMERO DEL HOGAR Y DEL ÁREA DE ENUMERACIÓN	HOGAR <input type="text"/> <input type="text"/>	ÁREA DE EN. <input type="text"/> <input type="text"/>	
D02	VEA LISTADO DEL HOGAR P8. PERSONA RESPONSABLE DEL CUIDADO DEL NIÑO P1. NÚMERO DE ORDEN DEL RESPONSABLE	NO. DE ORDEN PERSONA A CARGO <input type="text"/> <input type="text"/>	NO. DE ORDEN PERSONA A CARGO <input type="text"/> <input type="text"/>	NO. DE ORDEN PERSONA A CARGO <input type="text"/> <input type="text"/>
D03	VEA LISTADO DEL HOGAR P7. MENOR DE 6 AÑOS P1. NÚMERO DE ORDEN DEL NIÑO	NO. DE ORDEN .. <input type="text"/> <input type="text"/>	NO. DE ORDEN .. <input type="text"/> <input type="text"/>	NO. DE ORDEN .. <input type="text"/> <input type="text"/>
D04	¿[NOMBRE DEL NIÑO] es hombre o mujer?	HOMBRE 1 MUJER 2	HOMBRE 1 MUJER 2	HOMBRE 1 MUJER 2
D05	Me gustaría hacerle algunas preguntas sobre [NOMBRE DEL NIÑO]. ¿Sería tan amable de mostrarme la partida de nacimiento o el carné de salud del niño/a u otro documento con su fecha de nacimiento? SI UN DOCUMENTO CON LA FECHA DE NACIMIENTO ES MOSTRADO Y EL INFORMANTE CONFIRMA QUE LA INFORMACIÓN ES CORRECTA, REGISTRE LA FECHA DE NACIMIENTO TAL COMO APARECE EN EL DOCUMENTO. ESCRIBA DOCUMENTO QUE MOSTRARON: _____ SI UN DOCUMENTO CON LA FECHA DE NACIMIENTO NO ES MOSTRADO, PREGUNTE: ¿En qué mes y año nació [NOMBRE DEL NIÑO]? ¿Cuándo es el cumpleaños de [NOMBRE DEL NIÑO]?	DÍA <input type="text"/> <input type="text"/> MES <input type="text"/> <input type="text"/> AÑO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DÍA <input type="text"/> <input type="text"/> MES <input type="text"/> <input type="text"/> AÑO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DÍA <input type="text"/> <input type="text"/> MES <input type="text"/> <input type="text"/> AÑO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D06	¿Cuántos años tenía [NOMBRE DEL NIÑO] en su último cumpleaños? REGISTRE LA EDAD EN AÑOS COMPLETOS	AÑOS <input type="text"/>	AÑOS <input type="text"/>	AÑOS <input type="text"/>
D07	REFIERASE A LAS TABLAS DE CONVERSIÓN Y REGISTRE LA EDAD EN MESES COMPLETOS USANDO EL MES Y EL AÑO REGISTRADO EN D05	MESES <input type="text"/> <input type="text"/>	MESES <input type="text"/> <input type="text"/>	MESES <input type="text"/> <input type="text"/>
D08	CHEQUEE D05, D06, Y D07 PARA CONSISTENCIA: A) CHEQUEE SI EL AÑO REGISTRADO EN D05 ES CONSISTENTE CON EDAD EN AÑOS REGISTRADA EN D06. B) CHEQUEE SI EL AÑO Y MES DE NACIMIENTO REGISTRADOS EN D05 SON CONSISTENTES CON LA EDAD EN MESES REGISTRADA EN D07. SI ALGUNA DE LAS RESPUESTAS EN 'A' O 'B' ES "NO" RESUELVA LA INCONSISTENCIA. SI LA FECHA DE NACIMIENTO FUE REGISTRADA EN UN CARNÉ DE SALUD, ESTE PUEDE SER USADO COMO LA FUENTE CORRECTA DE INFORMACIÓN.	SI 1 NO 2	SI 1 NO 2	SI 1 NO 2
COPIE LA INFORMACIÓN DE LOS NIÑOS ENTRE 0-59 MESES A LA HOJA DE ANTROPOMETRÍA (PREGUNTAS D67 a D72)				

MÓDULO D. ESTADO NUTRICIONAL DE LOS NIÑOS MENORES DE 6 AÑOS Y PRÁCTICAS DE ALIMENTACIÓN

NO.	PREGUNTAS Y FILTROS	PRIMER NIÑO NOMBRE _____	SEGUNDO NIÑO NOMBRE _____	TERCER NIÑO NOMBRE _____
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TABLAS DE CONVERSIÓN DE FECHA DE NACIMIENTO A EDAD EN MESES

		Fecha Estudio			
		2013			
		Mar.	Abr.	May.	Jun.
Fecha de Nacimiento - 2013	Ene.	2	3	4	5
	Feb.	1	2	3	4
	Mar.	0	1	2	3
	Abr.	--	0	1	2
	May.	--	--	0	1
	Jun.	--	--	--	0
	Jul.	--	--	--	--
	Ago.	--	--	--	--
	Sept.	--	--	--	--
	Oct.	--	--	--	--
	Nov.	--	--	--	--
	Dic.	--	--	--	--
		Fecha Estudio			
		2013			
		Mar.	Abr.	May.	Jun.
Fecha de Nacimiento - 2012	Ene.	14	15	16	17
	Feb.	13	14	15	16
	Mar.	12	13	14	15
	Abr.	11	12	13	14
	May.	10	11	12	13
	Jun.	9	10	11	12
	Jul.	8	9	10	11
	Ago.	7	8	9	10
	Sept.	6	7	8	9
	Oct.	5	6	7	8
	Nov.	4	5	6	7
	Dic.	3	4	5	6
		Fecha Estudio			
		2013			
		Mar.	Abr.	May.	Jun.
Fecha de Nacimiento - 2011	Ene.	26	27	28	29
	Feb.	25	26	27	28
	Mar.	24	25	26	27
	Abr.	23	24	25	26
	May.	22	23	24	25
	Jun.	21	22	23	24
	Jul.	20	21	22	23
	Ago.	19	20	21	22
	Sept.	18	19	20	21
	Oct.	17	18	19	20
	Nov.	16	17	18	19
	Dic.	15	16	17	18
		Fecha Estudio			
		2013			
		Mar.	Abr.	May.	Jun.
Fecha de Nacimiento - 2010	Ene.	38	39	40	41
	Feb.	37	38	39	40
	Mar.	36	37	38	39
	Abr.	35	36	37	38
	May.	34	35	36	37
	Jun.	33	34	35	36
	Jul.	32	33	34	35
	Ago.	31	32	33	34
	Sept.	30	31	32	33
	Oct.	29	30	31	32
	Nov.	28	29	30	31
	Dic.	27	28	29	30
		Fecha Estudio			
		2013			
		Mar.	Abr.	May.	Jun.
Fecha de Nacimiento - 2009	Ene.	50	51	52	53
	Feb.	49	50	51	52
	Mar.	48	49	50	51
	Abr.	47	48	49	50
	May.	46	47	48	49
	Jun.	45	46	47	48
	Jul.	44	45	46	47
	Ago.	43	44	45	46
	Sept.	42	43	44	45
	Oct.	41	42	43	44
	Nov.	40	41	42	43
	Dic.	39	40	41	42
		Fecha Estudio			
		2013			
		Mar.	Abr.	May.	Jun.
Fecha de Nacimiento - 2008	Ene.	62	63	64	65
	Feb.	61	62	63	64
	Mar.	60	61	62	63
	Abr.	59	60	61	62
	May.	58	59	60	61
	Jun.	57	58	59	60
	Jul.	56	57	58	59
	Ago.	55	56	57	58
	Sept.	54	55	56	57
	Oct.	53	54	55	56
	Nov.	52	53	54	55
	Dic.	51	52	53	54
		Fecha Estudio			
		2013			
		Mar.	Abr.	May.	Jun.
Fecha de Nacimiento - 2007	Ene.	74	75	76	77
	Feb.	73	74	75	76
	Mar.	72	73	74	75
	Abr.	71	72	73	74
	May.	70	71	72	73
	Jun.	69	70	71	72
	Jul.	68	69	70	71
	Ago.	67	68	69	70
	Sept.	66	67	68	69
	Oct.	65	66	67	68
	Nov.	64	65	66	67
	Dic.	63	64	65	66

MÓDULO D. ESTADO NUTRICIONAL DE LOS NIÑOS MENORES DE 6 AÑOS Y PRÁCTICAS DE ALIMENTACIÓN

NO.	PREGUNTAS Y FILTROS	PRIMER NIÑO NOMBRE _____	SEGUNDO NIÑO NOMBRE _____	TERCER NIÑO NOMBRE _____
LACTANCIA EXCLUSIVA Y DIETA MÍNIMA ACEPTABLE				
D14	CHEQUEE D07: TIENE EL NIÑO MENOS DE 60 MESES	SI 1 NO 2 (PASE A D01) PRÓXIMO NIÑO(A) O A D66 SI NO HAY MÁS NIÑOS) NO SABE 8	SI 1 NO 2 (PASE A D01) PRÓXIMO NIÑO(A) O A D66 SI NO HAY MÁS NIÑOS) NO SABE 8	SI 1 NO 2 (PASE A D01) PRÓXIMO NIÑO(A) O A D66 SI NO HAY MÁS NIÑOS) NO SABE 8
D15	CHEQUEE EN PREGUNTA D07 SI EL NIÑO TIENE MENOS DE 24 MESES (2 AÑOS).	SI 1 NO 2 PASE A D54 NO SABE 8	SI 1 NO 2 PASE A D54 NO SABE 8	SI 1 NO 2 PASE A D54 NO SABE 8
D16	¿Le han dado de mamar a [NOMBRE DEL NIÑO] alguna vez?	SI 1 NO 2 PASE A D18 NO SABE 8	SI 1 NO 2 PASE A D18 NO SABE 8	SI 1 NO 2 PASE A D18 NO SABE 8
D17	¿Le han dado de mamar a [NOMBRE DEL NIÑO] ayer durante el día o durante la noche?	SI 1 (PASE A D19) NO 2 NO SABE 8	SI 1 (PASE A D19) NO 2 NO SABE 8	SI 1 (PASE A D19) NO 2 NO SABE 8
D18	Algunas veces, cuando la mamá no puede estar, a los bebés les dan leche materna en formas diferentes, por ejemplo, con cuchara, vaso o pacha o mamila. Otras veces se les da leche de pecho de otra mujer, directamente o con una cuchara, vaso, pacha o mamila. ¿Consumió [NOMBRE DEL NIÑO] leche de pecho en alguna de estas formas ayer durante el día o durante la noche?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D19	Ahora me gustaría preguntarle sobre algunas medicinas y vitaminas que a veces les dan a los niños menores de 2 años. ¿Ayer durante el día o durante la noche, le dieron a [NOMBRE DEL NIÑO] vitaminas en gotas u otras medicinas en gotas?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D20	¿Le dieron suero oral a [NOMBRE DEL NIÑO] ayer durante el día o durante la noche?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D21A	Ahora me gustaría preguntarle sobre líquidos que [NOMBRE DEL NIÑO] puede haber tomado ayer durante el día o por la noche. ¿[NOMBRE DEL NIÑO] tomó [RUBRO EN LISTA]:			
D21	¿Agua sola?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D22	¿Leche de fórmula (p.ej. Similac, Enfamil, NAN)?	SI 1 NO 2 (PASE A D24) NO SABE 8	SI 1 NO 2 (PASE A D24) NO SABE 8	SI 1 NO 2 (PASE A D24) NO SABE 8

MÓDULO D. ESTADO NUTRICIONAL DE LOS NIÑOS MENORES DE 6 AÑOS Y PRÁCTICAS DE ALIMENTACIÓN

NO.	PREGUNTAS Y FILTROS	PRIMER NIÑO	SEGUNDO NIÑO	TERCER NIÑO
		NOMBRE _____	NOMBRE _____	NOMBRE _____
D23	¿Cuántas veces ayer durante el día o la noche [NOMBRE DEL NIÑO] tomó leche de fórmula?	VECES <input type="text"/> <input type="text"/>	VECES <input type="text"/> <input type="text"/>	VECES <input type="text"/> <input type="text"/>
D24	¿Tomó [NOMBRE DEL NIÑO] leche de lata, en polvo o leche fresca de vaca o cabra?	SI 1 NO 2 (PASE A D26) ← NO SABE 8	SI 1 NO 2 (PASE A D26) ← NO SABE 8	SI 1 NO 2 (PASE A D26) ← NO SABE 8
D25	¿Cuántas veces ayer durante el día o la noche [NOMBRE NIÑO] consumió cualquier leche?	VECES <input type="text"/> <input type="text"/>	VECES <input type="text"/> <input type="text"/>	VECES <input type="text"/> <input type="text"/>
D26	¿Tomó [NOMBRE NIÑO] algún jugo o bebidas de jugo?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D27	¿Caldo claro?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D28	¿Yogurt?	SI 1 NO 2 (PASE A D30) ← NO SABE 8	SI 1 NO 2 (PASE A D30) ← NO SABE 8	SI 1 NO 2 (PASE A D30) ← NO SABE 8
D29	¿Cuántas veces ayer durante el día o la noche [NOMBRE NIÑO] consumió yogurt?	VECES <input type="text"/> <input type="text"/>	VECES <input type="text"/> <input type="text"/>	VECES <input type="text"/> <input type="text"/>
D30	¿Consumió [NOMBRE NIÑO] atoles?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D31	¿Algún otro líquido tal como café, té, agua de maíz, agua de arroz, agua de cebada, pelo de maíz, manzanilla?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D32	¿Algún otro líquido?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8

MÓDULO D. ESTADO NUTRICIONAL DE LOS NIÑOS MENORES DE 6 AÑOS Y PRÁCTICAS DE ALIMENTACIÓN

NO.	PREGUNTAS Y FILTROS	PRIMER NIÑO	SEGUNDO NIÑO	TERCER NIÑO
		NOMBRE _____	NOMBRE _____	NOMBRE _____
	Ayer durante el día y la noche, consumió (NOMBRE) algún...	PRIMER NIÑO NOMBRE _____	SEGUNDO NIÑO NOMBRE _____	TERCER NIÑO NOMBRE _____
D33	Alimentos hechos de granos tales como tortillas, tamalitos pan, arroz, fideos, cereales?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D34	Güicoy, zanahorias, camote amarillo?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D35	Papa, yuca, ichintal, camote blanco, otras raíces/tubérculos o alimentos hechos de raíces o tubérculos?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D36	Vegetales de hojas verdes tales como espinaca, lechuga, acelga, bledo, berro, hierbamora/macuy, hoja de nabo, hoja de güisquil, ayote, hoja de garbanzo?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D37	Mangos maduros, papayas maduras, melón?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D38	Otras frutas o vegetales? Repollo, brócoli, coliflor, tomate, cebollas, manzanas, bananos u otras frutas o vegetales?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D39	Vísceras (hígado, riñón, corazón, panza, moronga, carcamales) u otros órganos?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D40	Carne, tal como aves, res, chivo, cerdo, conejo?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D41	Huevos?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D42	Pescado fresco o seco, mariscos o comida de mar?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D43	Alimentos hechos de frijoles, manías, lentejas, habas, arvejas, nueces o semillas?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D44	¿Queso, crema, leche de vaca (líquida o en polvo), leche de cabra, yogurt u otros productos lácteos?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D45	Aceite, mantequilla, margarina, manteca o alimentos hechos con cualquiera de estos productos?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D46	Alimentos azucarados tales como chocolates, dulces, caramelos, pasteles, tortas o bizcochos?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D47	Condimentos para sabor tales como chile, condimentos, hierbas aromáticas, polvo de pescado?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
	VERIFIQUE PREGUNTAS D33–D47:	"NO" A TODAS → D50 AL MENOS UN "SI" O "NS" → D51	"NO" A TODAS → D50 AL MENOS UN "SI" O "NS" → D51	"NO" A TODAS → D50 AL MENOS UN "SI" O "NS" → D51
D50	¿Comió [NOMBRE DEL NIÑO] cualquier alimento sólido, semisólido o blando ayer durante el día o la noche? SI 'SI': Por favor dígame todo lo que [NOMBRE DEL NIÑO] comió en ese momento.	SI 1 (REGRESE A D33-D47 Y REGISTRE LOS ALIMENTOS CONSUMIDOS. CONTINUE LUEGO CON D51) NO 2 (PASE A D54 PRIMERA COLUMNA) NO SABE 8 (PASE A D54 PRIMERA COLUMNA)	SI 1 (REGRESE A D33-D47 Y REGISTRE LOS ALIMENTOS CONSUMIDOS. CONTINUE LUEGO CON D51) NO 2 (PASE A D54 SEGUNDA COLUMNA) NO SABE 8 (PASE A D54 SEGUNDA COLUMNA)	SI 1 (REGRESE A D33-D47 Y REGISTRE LOS ALIMENTOS CONSUMIDOS. CONTINUE LUEGO CON D51) NO 2 (PASE A D54 TERCERA COLUMNA) NO SABE 8 (PASE A D54 TERCERA COLUMNA)
D51	¿Cuántas veces comió [NOMBRE DEL NIÑO] alimentos sólidos, semisólidos o blandos ayer durante el día o la noche?	VECES <input type="text"/> <input type="text"/> NO SABE 98	VECES <input type="text"/> <input type="text"/> NO SABE 98	VECES <input type="text"/> <input type="text"/> NO SABE 98
D52		PASE A D54 PRIMERA COLUMNA	PASE A D54 SEGUNDA COLUMNA	PASE A D54 TERCERA COLUMNA

MÓDULO D. ESTADO NUTRICIONAL DE LOS NIÑOS Y PRÁCTICAS DE ALIMENTACIÓN

NO.	PREGUNTAS Y FILTROS	PRIMER NIÑO	SEGUNDO NIÑO	TERCER NIÑO
		NOMBRE _____	NOMBRE _____	NOMBRE _____
D54	¿Tuvo (NOMBRE) diarrea o asiento en algún momento durante las últimas 2 semanas?	SI 1 NO 2 (PASE A D01 SIGUIENTE NIÑO O A D66 ← SI NO HAY MÁS NIÑOS) NO SABE 8	SI 1 NO 2 (PASE A D01 SIGUIENTE NIÑO O A D66 ← SI NO HAY MÁS NIÑOS) NO SABE 8	SI 1 NO 2 (PASE A D01 SIGUIENTE NIÑO O A D66 ← SI NO HAY MÁS NIÑOS) NO SABE 8
D55	¿Había sangre en los asientos o en el popo de (NOMBRE)?	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8	SI 1 NO 2 NO SABE 8
D56	Ahora me gustaría saber qué tanto le dio de beber a (NOMBRE) durante la diarrea (incluyendo leche materna). ¿Le dio de beber menos de lo usual, la misma cantidad de líquidos, o más que lo habitual? SI 'MENOS', INDAGUE: ¿Le dio mucho menos líquido de lo acostumbrado, o un poco menos?	MUCHO MENOS 1 UN POCO MENOS 2 LA MISMA CANTIDAD .. 3 MÁS 4 NADA DE BEBER 5 NO SABE 8	MUCHO MENOS 1 UN POCO MENOS 2 LA MISMA CANTIDAD .. 3 MÁS 4 NADA DE BEBER 5 NO SABE 8	MUCHO MENOS 1 UN POCO MENOS 2 LA MISMA CANTIDAD .. 3 MÁS 4 NADA DE BEBER 5 NO SABE 8
D57	Durante el tiempo que (NOMBRE) tuvo diarrea, ¿Le dio de comer menos de lo habitual, la misma cantidad de comida, más que lo habitual o no le dio comida? SI 'MENOS', INDAGUE: ¿Le dio mucho menos alimento de lo que le daba o un poco menos?	MUCHO MENOS 1 UN POCO MENOS 2 LA MISMA CANTIDAD .. 3 MÁS CANTIDAD 4 DEJÓ DE DARLE 5 NUNCA LE DIO COMIDA 6 NO SABE 8	MUCHO MENOS 1 UN POCO MENOS 2 LA MISMA CANTIDAD .. 3 MÁS CANTIDAD 4 DEJÓ DE DARLE 5 NUNCA LE DIO COMIDA 6 NO SABE 8	MUCHO MENOS 1 UN POCO MENOS 2 LA MISMA CANTIDAD .. 3 MÁS CANTIDAD 4 DEJÓ DE DARLE 5 NUNCA LE DIO COMIDA 6 NO SABE 8
D58	¿Buscó usted consejo o tratamiento para la diarrea de (NOMBRE)?	SI 1 NO 2 (PASE A D62)←	SI 1 NO 2 (PASE A D62)←	SI 1 NO 2 (PASE A D62)←
D59	¿Dónde buscó usted consejo o tratamiento para la diarrea del niño(a)? ¿En algún otro lugar? MARQUE TODAS LAS RESPUESTAS INDICADAS SONDEE PARA IDENTIFICAR EL TIPO DE CADA FUENTE. SI NO PUEDE DETERMINAR SI LA FUENTE ES PÚBLICA O PRIVADA, ESCRIBA EL NOMBRE DEL LUGAR. _____ (NOMBRE DEL LUGAR(ES))	HOSPITAL 01 CENTRO ATENCIÓN PERMANENTE 02 CENTRO DE SALUD .. 03 PUESTO DE SALUD .. 04 CLÍNICA PRIVADA..... 05 CENTRO CONVERGENCIA DEL MSPAS .. 06 PERSONAL DE SALUD COMUNITARIA 07 FARMACIA COMUNITARIA O FARMACÉUTICO 08 OTRO 96 (ESPECIFIQUE)	HOSPITAL 01 CENTRO ATENCIÓN PERMANENTE 02 CENTRO DE SALUD .. 03 PUESTO DE SALUD .. 04 CLÍNICA PRIVADA..... 05 CENTRO CONVERGENCIA DEL MSPAS .. 06 PERSONAL DE SALUD COMUNITARIA 07 FARMACIA COMUNITARIA O FARMACÉUTICO 08 OTRO 96 (ESPECIFIQUE)	HOSPITAL 01 CENTRO ATENCIÓN PERMANENTE 02 CENTRO DE SALUD .. 03 PUESTO DE SALUD .. 04 CLÍNICA PRIVADA..... 05 CENTRO CONVERGENCIA DEL MSPAS .. 06 PERSONAL DE SALUD COMUNITARIA 07 FARMACIA COMUNITARIA O FARMACÉUTICO 08 OTRO 96 (ESPECIFIQUE)
D60	VERIFIQUE D59: NÚMERO DE CODIGOS MARCADOS.	DOS O MÁS CÓDIGOS CIRCULADOS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SÓLO UN CÓDIGO CIRCULADO <input type="checkbox"/> (PASE A D62) ←	DOS O MÁS CÓDIGOS CIRCULADOS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SÓLO UN CÓDIGO CIRCULADO <input type="checkbox"/> (PASE A D62) ←	DOS O MÁS CÓDIGOS CIRCULADOS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SÓLO UN CÓDIGO CIRCULADO <input type="checkbox"/> (PASE A D62) ←
D61	¿Dónde buscó consejo o tratamiento por primera vez? USE EL CÓDIGO REGISTRADO EN LA PREGUNTA D59	PRIMER LUGAR <input type="text"/> <input type="text"/>	PRIMER LUGAR ... <input type="text"/> <input type="text"/>	PRIMER LUGAR ... <input type="text"/> <input type="text"/>

MÓDULO D. ESTADO NUTRICIONAL DE LOS NIÑOS Y PRÁCTICAS DE ALIMENTACIÓN

NO.	PREGUNTAS Y FILTROS	PRIMER NIÑO			SEGUNDO NIÑO			TERCER NIÑO		
		NOMBRE _____			NOMBRE _____			NOMBRE _____		
D62	Desde que (NOMBRE) empezó a tener la diarrea, le dio de beber algo de lo siguiente: a) Agua? b) Suero casero? c) Sales de rehidratación oral? d) Remedios caseros? e) Medicinas f) Otro (especifique)		SI NO NS		SI NO NS		SI NO NS		SI NO NS	
		AGUA	1 2 8	AGUA	1 2 8	AGUA	1 2 8	SUERO CASERO	1 2 8	
		SUERO CASERO	1 2 8	SUERO CASERO	1 2 8	SUERO CASERO	1 2 8	SALES	1 2 8	
		SALES	1 2 8	SALES	1 2 8	SALES	1 2 8	REMEDIOS	1 2 8	
		REMEDIOS	1 2 8	REMEDIOS	1 2 8	REMEDIOS	1 2 8	MEDICINAS	1 2 8	
		MEDICINAS	1 2 8	MEDICINAS	1 2 8	MEDICINAS	1 2 8	OTROS	1 2 8	
		OTROS	1 2 8	OTROS	1 2 8	OTROS	1 2 8	ESPECIFIQUE	ESPECIFIQUE	
D63	¿Le dio algún tratamiento (más a (NOMBRE) para tratarle la diarrea?	SI 1 NO 2 (PASE A D01 SIGUIENTE NIÑO O A D66 SI NO HAY MAS NIÑOS) NO SABE 8		SI 1 NO 2 (PASE A D01 SIGUIENTE NIÑO O A D66 SI NO HAY MAS NIÑOS) NO SABE 8		SI 1 NO 2 (PASE A D01 SIGUIENTE NIÑO O A D66 SI NO HAY MAS NIÑOS) NO SABE 8				
D64	¿Qué (más) le dio para tratar la diarrea? ¿Algo más? CIRCULE TODOS LOS TRATAMIENTOS MENCIONADOS.	PASTILLA O JARABE ANTIBIÓTICO 01 ANTIMOTÍLICO 02 ZINC 03 OTRO (NI ANTIBIÓTICO, NI ANTIMOTÍLICO, NI ZINC) 04 NO SABE TIPO DE PASTILLA/JARABE. . 05 INYECCIÓN ANTIBIÓTICO 06 NO ANTIBIÓTICO 07 NO SABE TIPO DE INYECCIÓN 08 (IV) INTRAVENOSA . . . 09 REMEDIOS CASEROS/ MEDICINAS DE HIERBAS 10 OTRO 96 (ESPECIFIQUE)		PASTILLA O JARABE ANTIBIÓTICO 01 ANTIMOTÍLICO 02 ZINC 03 OTRO (NI ANTIBIÓTICO, NI ANTIMOTÍLICO, NI ZINC) 04 NO SABE TIPO DE PASTILLA/JARABE. . 05 INYECCIÓN ANTIBIÓTICO 06 NO ANTIBIÓTICO 07 NO SABE TIPO DE INYECCIÓN 08 (IV) INTRAVENOSA . . . 09 REMEDIOS CASEROS/ MEDICINAS DE HIERBAS 10 OTRO 96 (ESPECIFIQUE)		PASTILLA O JARABE ANTIBIÓTICO 01 ANTIMOTÍLICO 02 ZINC 03 OTRO (NI ANTIBIÓTICO, NI ANTIMOTÍLICO, NI ZINC) 04 NO SABE TIPO DE PASTILLA/JARABE. . 05 INYECCIÓN ANTIBIÓTICO 06 NO ANTIBIÓTICO 07 NO SABE TIPO DE INYECCIÓN 08 (IV) INTRAVENOSA . . . 09 REMEDIOS CASEROS/ MEDICINAS DE HIERBAS 10 OTRO 96 (ESPECIFIQUE)				
D65		(PASE A D01 SIGUIENTE NIÑO O A D66 SI NO HAY MAS NIÑOS)		(PASE A D01 SIGUIENTE NIÑO O A D66 SI NO HAY MAS NIÑOS)		(PASE A D01 SIGUIENTE NIÑO O A D66 SI NO HAY MAS NIÑOS)				
D66	HORA FIN MÓDULO	HORA <input type="text"/> <input type="text"/>		MINUTOS <input type="text"/> <input type="text"/>		→ VAYA A TABLA KISH MUJERES 15-49				

MODULO E: Selección aleatoria de mujeres en hogares con más de una mujer entre 15 y 49 años**INSTRUCCIONES**

1. Verifique la columna 9 en el listado de hogar. Si hay más de una mujer 15-49, seleccione una utilizando el siguiente procedimiento.
2. Liste en la tabla todas las mujeres 15-49 del hogar, en orden descendente de mayor a menor edad.
3. Mire el último dígito de hogar en la portada del cuestionario, y marque el número correspondiente en la tabla.
4. Mire dónde se cruza la columna del último dígito de hogar con la fila del número total de mujeres 15-49 del hogar.
5. El dígito en la casilla donde se cruzan la columna y la fila es el número de mujer a entrevistar.

EJEMPLO: Si hay un total de 3 mujeres 15-49 y el último dígito de hogar es 5, seleccione la 2ª mujer del listado.

No de mujeres 15-49	No. de Línea	Nombre	Edad	Último dígito de hogar (ver portada)											
				1	2	3	4	5	6	7	8	9	0		
1				1	1	1	1	1	1	1	1	1	1	1	
2				1	2	1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	1	2	3
4				1	2	3	4	1	2	3	4	1	2	3	4
5				1	2	3	4	5	1	2	3	4	5	1	2
6				1	2	3	4	5	6	4	2	6	1	2	3
7				1	2	3	4	5	6	7	1	4	7	1	2
8				1	2	3	4	5	6	7	8	4	3	1	2
9				1	2	3	4	5	6	7	8	9	2	1	2
10				1	2	3	4	5	6	7	8	9	10	1	2

SI LA MUJER SELECCIONADA EN LA PRIMERA TABLA RESULTA NO ELEGIBLE DESPUÉS DE E05 SELECCIONE OTRA MUJER DE ENTRE LAS MUJERES ELEGIBLES (15-49) RESTANTES EN LA SIGUIENTE TABLA

No de mujeres 15-49	No. de Línea	Nombre	Edad	Último dígito de hogar (ver portada)											
				1	2	3	4	5	6	7	8	9	0		
1				1	1	1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	1	2	3
4				1	2	3	4	1	2	3	4	1	2	3	4
5				1	2	3	4	5	1	2	3	4	5	1	2
6				1	2	3	4	5	6	4	2	6	1	2	3
7				1	2	3	4	5	6	7	1	4	7	1	2
8				1	2	3	4	5	6	7	8	4	3	1	2
9				1	2	3	4	5	6	7	8	9	2	1	2
10				1	2	3	4	5	6	7	8	9	10	1	2

VAYA A MÓDULO E →

Módulo E. Estado Nutricional y Diversidad Dietética de las Mujeres

NO.	PREGUNTAS Y FILTROS	NOMBRE DE LA MUJER								
E00	HORA COMIENZO MÓDULO	HORA <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTOS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
E01	NÚMERO DEL HOGAR NÚMERO DEL ÁREA DE ENUMERACIÓN	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
E02	VEA LISTADO DEL HOGAR P4, P5 Y P1. SEXO, EDAD Y NÚMERO DE ORDEN (SI HAY MÁS DE UNA MUJER UTILICE LA TABLA KISH DE MUJERES)	NO. DE ORDEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
E03	¿En qué mes y año nació usted? SI NO SABE EL MES, REGISTRE "98" SI NO SABE EL AÑO, REGISTRE "9998"	MES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AÑO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
E04	Por favor me dice cuántos años cumplidos tiene usted. ¿Cuál era su edad en su último cumpleaños? REGISTRE LA EDAD EN AÑOS COMPLETOS Y HAGA PREGUNTA E06. SI LA INFORMANTE NO PUEDE RECORDAR LA EDAD, REGISTRE "98" Y HAGA PREGUNTA E05.	EDAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> → E06 NO SABE 98								
E05	¿Está usted entre los 15 y 49 años?	SI 1 NO 2 VAYA A TABLA KISH MUJERES Y SELECCIONE OTRA MUJER NO SABE 8								
E06	ESTÁ LA INFORMANTE ENTRE LOS 15 Y 49 AÑOS? SI LA INFORMACIÓN EN E03, E04 Y E05 CONCUERDA, DETERMINE CUÁL ES LA MÁS EXACTA.	SI 1 NO 2								
COPIE LA INFORMACIÓN DE LA MUJER ENTRE 15-49 AÑOS A LA HOJA DE ANTROPOMETRÍA (E04)										
DIVERSIDAD DIETÉTICA DE LA MUJER										
Ayer durante el día y la noche, consumió usted...										
E11	Alimentos hechos de granos tales como tortillas, tamalitos pan, arroz, fideos, cereales?	SI 1 NO 2 NO SABE 8								
E12	Güicoy, zanahorias, camote amarillo?	SI 1 NO 2 NO SABE 8								
E13	Papa, yuca, ichintal, camote blanco, otras raíces/tubérculos o alimentos hechos de raíces o tubérculos?	SI 1 NO 2 NO SABE 8								
E14	Vegetales de hojas verdes tales como espinaca, lechuga, acelga, bledo, berro, hierbamora/macuy, hoja de nabo, güisquil, ayote, hoja de garbanzo?	SI 1 NO 2 NO SABE 8								
E15	Mangos maduros, papayas maduras, melón?	SI 1 NO 2 NO SABE 8								
E16	Otras frutas o vegetales? Repollo, brócoli, coliflor, tomate, cebollas, manzanas, bananos u otras frutas o vegetales?	SI 1 NO 2 NO SABE 8								
E17	Vísceras (hígado, riñón, corazón) u otra carne de órganos?	SI 1 NO 2 NO SABE 8								
E18	Carne, tal como aves, res, chivo, cerdo, conejo?	SI 1 NO 2 NO SABE 8								
E19	Huevos?	SI 1 NO 2 NO SABE 8								
E20	Pescado fresco o seco, mariscos o comida de mar?	SI 1 NO 2 NO SABE 8								
E21	Alimentos hechos de frijoles, manías, lentejas, habas, arvejas, nueces o semillas?	SI 1 NO 2 NO SABE 8								
E22	¿Queso, crema, leche de vaca (líquida o en polvo), leche de cabra, yogurt u otros productos lácteos?	SI 1 NO 2 NO SABE 8								
E23	Aceite, mantequilla, margarina, manteca o alimentos hechos con cualquiera de estos productos?	SI 1 NO 2 NO SABE 8								
E24	Alimentos azucarados tales como chocolates, dulces, caramelos, pasteles, tortas o bizcochos?	SI 1 NO 2 NO SABE 8								
E25	Condimentos para sabor tales como chile, condimentos, hierbas, polvo de pescado?	SI 1 NO 2 NO SABE 8								

Módulo I: Selección aleatoria de madres de niños menores de 5 años

INSTRUCCIONES

1. Verifique la columna 12 en el listado de hogar. Asegúrese de que la elegibilidad de la madre no ha cambiado si un niño resultó tener 5 años o más de acuerdo con la pregunta D08. Si hay más de una madre de un niño menor de 5 años, seleccione una utilizando el siguiente procedimiento.
2. Liste en la tabla todas las madres del hogar, en orden descendente de mayor a menor edad)
3. Mire el último dígito de hogar en la portada del cuestionario, y marque el número correspondiente en la tabla.
4. Mire dónde se cruza la columna del último dígito de hogar con la fila del número total de madres.
5. El dígito en la casilla donde se cruzan la columna y la fila es el número de madre a entrevistar.

EJEMPLO: Si hay un total de 3 madres y el último dígito de hogar es 5, seleccione la 2ª mujer del listado.

No de madres	No. de Línea	Nombre	Edad	Último dígito de hogar (ver portada)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

Módulo I. Indicadores Específicos del País

NO.	PREGUNTAS Y FILTROS	CATEGORÍAS Y CÓDIGOS	PASE A
I00	HORA COMIENZO MÓDULO	HORA MINUTOS	
I01A	PREGUNTE A MUJER CON NIÑOS DE 0-59 MESES.		
I01B	NÚMERO DEL HOGAR Y DEL ÁREA DE ENUMERACIÓN	HOGAR [][] ÁREA DE EN. [][][][]	
I01C	NÚMERO DE ORDEN DE LA MUJER DEL LISTADO DE HOGAR (COLUMNA 1)	NÚMERO DE ORDEN [][]	
SEÑALES DE PELIGRO DURANTE EL EMBARAZO			
I02	¿Sabe usted cuáles son las señales de peligro durante el embarazo que indican que usted necesita tratamiento?	SI 1 NO 2 NO SABE 8	→ I07
I03	¿Entonces, me podría decir cuáles son esas señales de peligro? NO LEA LAS RESPUESTAS. CIRCULE TODAS LAS RESPUESTAS QUE DA LA ENTREVISTADA.	SANGRADO VAGINAL 01 FIEBRE 02 DIFICULTAD PARA ORINAR (DOLOR Y ARDOR) 03 FUERTE DOLOR EN LA BOCA DEL ESTOMAGO 04 FUERTE DOLOR DE CABEZA 05 VISIÓN BORROSA 06 MANOS/CARA/CUERPO HINCHADOS ... 07 DIFICULTAD PARA RESPIRAR 08 OTRA 96 (ESPECIFIQUE) NO SABE 98	→ I07
I04	¿Tuvo usted alguna de estas señales de peligro antes del último parto?	SI 1 NO 2 NO SABE 8	→ I07
I05	¿Buscó usted ayuda o tratamiento?	SI 1 NO 2 NO SABE 8	→ I07
I06	¿Dónde buscó usted ayuda o tratamiento?	HOSPITAL 01 CENTRO DE ATENCIÓN PERMANENTE .. 02 CENTRO DE SALUD 03 PUESTO DE SALUD 04 CLÍNICA PRIVADA 05 CENTRO DE CONVERGENCIA DEL MSPAS 06 PERSONAL DE SALUD COMUNITARIA ... 07 OTRA 96 (ESPECIFIQUE) NO BUSCÓ CONSEJO O TRATAMIENTO 98	
SEÑALES DE PELIGRO PARA EL RECIÉN NACIDO (MENOR DE 28 DÍAS)			
I07	¿Sabe usted cuáles son las señales de peligro que indican que un recién nacido (menor de 28 días) está muy enfermo y necesita tratamiento?	SI 1 NO 2 NO SABE 8	→ I12
I08	¿Entonces, me podría decir cuáles son esas señales de peligro? ¿Qué mas? NO LEA LAS RESPUESTAS. CIRCULE TODAS LAS RESPUESTAS QUE DA LA ENTREVISTADA.	NIÑO NO MAMA 01 MUY CALIENTE O CON FIEBRE 02 ROJO ALREDEDOR DEL OMBLIGO 03 NIÑO MUY FRIO 04 DIFICULTAD PARA RESPIRAR 05 MUY PEQUEÑO/BAJO PESO 06 SE PUSO MORADO 07 MUY INQUIETO 08 SE HA DESMAYADO 09 HA TENIDO ATAQUE EPILÉPTICO 10 OTRA 96 (ESPECIFIQUE) NO SABE 97	→ I12
I09	¿Tuvo su recién nacido alguna de estas señales dentro de los 28 días después del nacimiento?	SI 1 NO 2 NO SABE 8	→ I12
I10	¿Buscó usted ayuda o tratamiento?	SI 1 NO 2 NO SABE 8	→ I12
I11	¿Dónde buscó usted ayuda o tratamiento? CIRCULE TODAS LAS RESPUESTAS QUE DA LA ENTREVISTADA.	HOSPITAL 01 CENTRO DE ATENCIÓN PERMANENTE .. 02 CENTRO DE SALUD 03 PUESTO DE SALUD 04 CLÍNICA PRIVADA 05 CENTRO DE CONVERGENCIA DEL MSPAS 06 PERSONAL DE SALUD COMUNITARIA ... 07 OTRA 96 (ESPECIFIQUE) NO BUSCÓ CONSEJO O TRATAMIENTO 98	

Módulo I. Indicadores Específicos del País

NO.	PREGUNTAS Y FILTROS	CATEGORÍAS Y CÓDIGOS	PASE A
SEÑALES DE PELIGRO PARA LOS NIÑOS MENORES DE 5 AÑOS (0-59 MESES)			
112	¿Sabe usted cuáles son las señales de peligro que indican que su niño está muy enfermo y necesita tratamiento?	SI 1 NO 2 NO SABE 8	→ 117
113	¿Entonces, me podría decir cuáles son esas señales de peligro? ¿Algo más? NO LEA LAS RESPUESTAS. CIRCULE TODAS LAS RESPUESTAS QUE DA LA ENTREVISTADA.	NO LACTANDO/NO TOMA LIQUIDOS/ NO COME 01 VOMITA TODO 02 RESPIRACION RAPIDA O DIFICIL 03 SE HA DESMAYADO 04 CONVULSIONES/ATAQUE 05 TIENE OJOS HUNDIDOS 06 MUY CALIENTE O TIENE FIEBRE 07 TIRAJE SUBCOSTAL 08 PLIEGUE CUTANEO O PRUEBA CUTANEA TURGENCIA 09 OTRA 96 (ESPECIFIQUE) NO SABE 98	→ 117
114	¿Ha tenido su niño(a) alguna vez alguna de estas señales?	SI 1 NO 2 NO SABE 8	→ 117
115	¿Buscó usted ayuda o tratamiento?	SI 1 NO 2 NO SABE 8	→ 117
116	¿Dónde buscó usted ayuda o tratamiento?	HOSPITAL 01 CENTRO DE ATENCIÓN PERMANENTE 02 CENTRO DE SALUD 03 PUESTO DE SALUD 04 CLÍNICA PRIVADA 05 CENTRO DE CONVERGENCIA DEL MSPAS 06 PERSONAL DE SALUD COMUNITARIA 07 OTRA 96 (ESPECIFIQUE) NO BUSCÓ CONSEJO O TRATAMIENTO 98	
117	¿Actualmente Ud. está casada o conviviendo?	SÍ, ACTUALMENTE CASADA 1 SÍ, CONVIVIENDO 2 NO, NO EN UNIÓN 3	→ 120
118	¿Quién normalmente toma la decisión sobre la atención médica para usted: usted, su (esposo/compañero), usted y su (esposo/compañero) conjuntamente, o alguien más?	ENTREVISTADA DECIDE 1 ESPOSO/COMPAÑERO DECIDE 2 LA ENTREVISTADA Y SU ESPOSO/COMPAÑERO DECIDEN JUNTOS 3 A VECES ENTREVISTADA, A VECES ESPOSO/COMPAÑERO 4 OTRA 6 (ESPECIFIQUE)	
119a	¿Cuando su esposo/compañero está en casa, quién normalmente toma la decisión sobre la atención médica para sus hijos [NOMBRES DE LOS HIJOS 0-59 MESES] usted sola, su (esposo/compañero), usted y su (esposo/compañero) conjuntamente, o alguien más?	ENTREVISTADA DECIDE 1 ESPOSO/COMPAÑERO DECIDE 2 LA ENTREVISTADA Y SU ESPOSO/COMPAÑERO DECIDEN JUNTOS 3 A VECES LA ENTREVISTADA, A VECES EL COMPAÑERO DECIDE 4 OTRA 6 (ESPECIFIQUE)	
119b	¿Si su esposo/compañero no está en casa, quién normalmente toma la decisión sobre la atención médica para sus hijos [NOMBRES DE LOS HIJOS 0-59 MESES]?	ENTREVISTADA DECIDE 1 OTRA 6 (ESPECIFIQUE) NO SE DECIDE 97	
120	REGISTRE LA HORA EN QUE TERMINÓ EL MÓDULO	HORA MINUTOS	→ VAYA A MÓDULO H

Módulo H. Medición de la Pobreza

NÚMERO DEL HOGAR EN CARÁTULA DE IDENTIFICACIÓN

NÚMERO DEL ÁREA DE ENUMERACIÓN

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NÚMERO DE ORDEN DE LA PERSONA RESPONSABLE POR LA PREPARACIÓN DE ALIMENTOS (COLUMNA 6)

H00. HORA COMIENZO MÓDULO

MÓDULO H1. CONSUMO DE ALIMENTOS EN LOS ÚLTIMOS 7 DÍAS

CÓDIGO	PRODUCTO	SI = 1 NO = 2	CONSUMO TOTAL EN EL HOGAR ÚLTIMOS 7 DÍAS		TOTAL QUE PROVINO DE COMPRAS		CANTIDAD GASTADA	TOTAL QUE PROVINO DE PRODUCCIÓN AGRÍCOLA		TOTAL QUE PROVINO DE REGALOS Y OTRAS FUENTES																																		
	¿En los últimos 7 días, usted o alguna otra persona en su hogar consumió [ALIMENTO]?		¿Cuánto en total de [ALIMENTO] consumió su hogar en los últimos 7 días?		¿Cuánto de [ALIMENTO] provino de compras?		¿Cuánto gastaron en lo que se consumió en los últimos 7 días?	¿Cuánto de [ALIMENTO] provino de la producción agrícola?		¿Cuánto provino de regalos y otras fuentes?																																		
	INCLUYA ALIMENTOS CONSUMIDOS EN GRUPO EN EL HOGAR Y SEPARADAMENTE POR MIEMBROS DEL HOGAR.																																											
	NO INCLUYA COMIDA CONSUMIDA EN RESTAURANTES, QUE SE RECOGE AL FINAL (117)						SI SE CONSUMIÓ PARTE PERO NO TODO LO COMPRADO, ESTIMAR COSTO DE LO QUE SE CONSUMIÓ.																																					
H1.01		H1.02	H1.03A CANTIDAD	H1.03B UNIDAD	H1.04A CANTIDAD	H1.04B UNIDAD	H1.05 QUETZALES	H1.06A CANTIDAD	H1.06B UNIDAD	H1.07A CANTIDAD	H1.07B UNIDAD																																	
GRANOS BASICOS (INCLUYE CANTIDAD GASTADA EN HACER TORTILLAS, TAMALES, ATOLES ETC.)																																												
01	Frijol? (negro, blanco, colorado, etc) (Libras)	1 2																																										
02	Arroz (de 1ra. o de 2da.) (Libras)	1 2																																										
03	Maíz (blanco, amarillo, etc.) (Libras)	1 2																																										
PRODUCTOS DE PANADERIA/TORTILLERÍA (COMPRADOS)																																												
04	Pan (unidad pequeña / mediana / grande)	1 2						NO PREGUNTAR																																				
05	Galletas? (unidad pequeña / mediana / grande)	1 2																																										
06	Pasteles? (unidad pequeña / mediana / grande)	1 2																																										
07	Tortillas de maíz o harina (Unidades / Libras)	1 2																																										
TRIGO Y CEREALES																																												
08	Cereales preparados, Corn Flakes, etc? (Gramos)	1 2						NO PREGUNTAR																																				
09	Incaparina? (Libras)	1 2																																										
10	Avenas de toda clase (mosh, atol, etc.?) (Libras, Gramos)	1 2																																										
ATOLES (COMPRADOS)																																												
11	Atoles de maíz? (Vaso)	1 2						NO PREGUNTAR																																				
12	Otros atoles? (arroz en leche, atol de plátano, atolillo, shuco, etc.?) (Vaso)	1 2																																										
AZUCARES																																												
13	Azúcar? (Libras)	1 2						NO PREGUNTAR																																				
14	Panela? (rapadura) (Libras)	1 2																																										
HARINA (COMPRADA)																																												
17	Harina de maíz (maseca)? (Libras)	1 2						NO PREGUNTAR																																				
18	Harina de trigo? (Libras)	1 2																																										
Cuestionario Guatemala Febrero 23 2013 FINAL																																												
Página 33																																												
<table style="width: 100%; border: none;"> <tr> <td>UNIDADES</td> <td>LIBRAS (1 LB = 16 OZ)</td> <td>01</td> <td>LITROS</td> <td>04</td> <td>UNIDAD</td> <td>07</td> <td>UNIDAD GRANDE</td> <td>10</td> <td>PORCIÓN</td> <td>13</td> </tr> <tr> <td></td> <td>ONZAS</td> <td>02</td> <td>VASO</td> <td>05</td> <td>UNIDAD PEQUEÑA</td> <td>08</td> <td>MANOJO</td> <td>11</td> <td></td> <td></td> </tr> <tr> <td></td> <td>GRAMOS</td> <td>03</td> <td>MILILITROS</td> <td>06</td> <td>UNIDAD MEDIANA</td> <td>09</td> <td>BARRA (BARRA = 0.2 LBS)</td> <td>12</td> <td></td> <td></td> </tr> </table>												UNIDADES	LIBRAS (1 LB = 16 OZ)	01	LITROS	04	UNIDAD	07	UNIDAD GRANDE	10	PORCIÓN	13		ONZAS	02	VASO	05	UNIDAD PEQUEÑA	08	MANOJO	11				GRAMOS	03	MILILITROS	06	UNIDAD MEDIANA	09	BARRA (BARRA = 0.2 LBS)	12		
UNIDADES	LIBRAS (1 LB = 16 OZ)	01	LITROS	04	UNIDAD	07	UNIDAD GRANDE	10	PORCIÓN	13																																		
	ONZAS	02	VASO	05	UNIDAD PEQUEÑA	08	MANOJO	11																																				
	GRAMOS	03	MILILITROS	06	UNIDAD MEDIANA	09	BARRA (BARRA = 0.2 LBS)	12																																				

MÓDULO H1. CONSUMO DE ALIMENTOS EN LOS ÚLTIMOS 7 DÍAS											
CÓDIGO	PRODUCTO	SI = 1 NO = 2	CONSUMO TOTAL EN EL HOGAR ÚLTIMOS 7 DÍAS		TOTAL QUE PROVINO DE COMPRAS		CANTIDAD GASTADA	TOTAL QUE PROVINO DE PRODUCCIÓN AGRÍCOLA		TOTAL QUE PROVINO DE REGALOS Y OTRAS FUENTES	
	¿En los últimos 7 días, usted o alguna otra persona en su hogar consumió [ALIMENTO]?		¿Cuánto en total de [ALIMENTO] consumió su hogar en los últimos 7 días?		Cuánto de [ALIMENTO] provino de compras?		¿Cuánto gastaron en lo que se consumió en los últimos 7 días?	¿Cuánto de [ALIMENTO] provino de la producción agrícola?		¿Cuánto provino de regalos y otras fuentes?	
	INCLUYA ALIMENTOS CONSUMIDOS EN GRUPO EN EL HOGAR Y SEPARADAMENTE POR MIEMBROS DEL HOGAR.						SI SE CONSUMIÓ PARTE PERO NO TODO LO COMPRADO, ESTIMAR COSTO DE LO QUE SE CONSUMIÓ.				
H1.01		H1.02	H1.03A CANTIDAD	H1.03B UNIDAD	H1.04A CANTIDAD	H1.04B UNIDAD	H1.05 QUETZALES	H1.06A CANTIDAD	H1.06B UNIDAD	H1.07A CANTIDAD	H1.07B UNIDAD
ACEITES, MANTECA Y MARGARINA											
51	Aceite comestible? (Litros, Mililitros)	1 2						NO PREGUNTAR			
52	Manteca vegetal? (Libras)	1 2						NO PREGUNTAR			
53	Manteca de cerdo? (Libras)	1 2						NO PREGUNTAR			
54	Margarina? (Barras, Gramos)	1 2						NO PREGUNTAR			
55	Mayonesa y aderezos? (Gramos)	1 2						NO PREGUNTAR			
VERDURAS Y VEGETALES											
56	Tomate? (Libras)	1 2									
57	Cebolla? (Libras)	1 2									
58	Chiles? (Libras, Unidades)	1 2									
59	Repollo? (Unidades)	1 2									
60	Zanahoria? (Unidades)	1 2									
61	Güisquil? (Unidades)	1 2									
62	Lechuga? (Unidades)	1 2									
63	Pepino? (Unidades)	1 2									
64	Remolacha? (Unidades)	1 2									
65	Ajo? (1 Unidad = 1 Cabeza)	1 2									
66	Hierbas como berro, perejil, macuy, culantro, yerbabuena, chipilín, etc.? (Manojo)	1 2									
68	Apio? (Unidades)	1 2									
69	Papas? (Libras)	1 2									
70	Yuca? (Libras)	1 2									
71	Arveja? (Libras)	1 2									
72	Brócoli? (Unidades)	1 2									
73	Coliflor? (Unidades)	1 2									
74	Ejotes? (Libras)	1 2									
75	Güicoy? (Unidades)	1 2									
Unidades: LIBRAS (1 LB = 16 OZ) 01 LITROS 04 UNIDAD 07 UNIDAD GRANDE 10 PORCIÓN 13 ONZAS 02 VASO 05 UNIDAD PEQUEÑA 08 MANOJO 11 GRAMOS 03 MILILITROS 06 UNIDAD MEDIANA 09 BARRA (BARRA = 0.2 LBS) 12											

MÓDULO H1. CONSUMO DE ALIMENTOS EN LOS ÚLTIMOS 7 DÍAS

CÓDIGO	PRODUCTO	SI = 1 NO = 2	CONSUMO TOTAL EN EL HOGAR ÚLTIMOS 7 DÍAS		TOTAL QUE PROVINO DE COMPRAS		CANTIDAD GASTADA		TOTAL QUE PROVINO DE PRODUCCIÓN AGRÍCOLA		TOTAL QUE PROVINO DE REGALOS Y OTRAS FUENTES	
			¿Cuánto en total de [ALIMENTO] consumió su hogar en los últimos 7 días?		Cuánto de [ALIMENTO] provino de compras?		¿Cuánto gastaron en lo que se consumió en los últimos 7 días?		¿Cuánto de [ALIMENTO] provino de la producción agrícola?		¿Cuánto provino de regalos y otras fuentes?	
H1.01		H1.02	H1.03A CANTIDAD	H1.03B UNIDAD	H1.04A CANTIDAD	H1.04B UNIDAD	H1.05 QUETZALES	H1.06A CANTIDAD	H1.06B UNIDAD	H1.07A CANTIDAD	H1.07B UNIDAD	
	¿En los últimos 7 días, usted o alguna otra persona en su hogar consumió [ALIMENTO]?											
	INCLUYA ALIMENTOS CONSUMIDOS EN GRUPO EN EL HOGAR Y SEPARADAMENTE POR MIEMBROS DEL HOGAR.											
	NO INCLUYA COMIDA CONSUMIDA EN RESTAURANTES, QUE SE RECOGE AL FINAL (117)											
76	Plátanos? (Unidades)	1 2										
77	Guineos/bananos? (Unidades)	1 2										
78	Naranjas? (Unidades)	1 2										
79	Piña? (Unidades, Porción)	1 2										
80	Manzanas? (Libras / Unidades)	1 2										
81	Sandías? (Unidades, Porción)	1 2										
82	Mangos? (Unidades)	1 2										
83	Limonos? (Unidades)	1 2										
85	Aguacate? (Unidades)	1 2										
86	Papaya? (Unidades, Porción)	1 2										
87	Melones? (Unidades, Porción)	1 2										
88	Duraznos/melocotones? (Unidades)	1 2										
89	Fresas? (Libras)	1 2										
90	Mandarinas? (Unidades)	1 2										
91	Peras? (Unidades)	1 2										
92	Uvas? (Libras)	1 2										
93	Consomés, sazonadores, sal de ajo, de cebolla y otras sales? (Gramos)	1 2						NO PREGUNTAR				
94	Tomillo, laurel, orégano y otras especias? (Manojo, Onzas)	1 2						NO PREGUNTAR				
95	Sal? (Libras, Gramos)	1 2						NO PREGUNTAR				
96	Aguas gaseosas? (Litros, Mililitros)	1 2						NO PREGUNTAR				
97	Jugos empacados o enlatados? (Mililitros)	1 2						NO PREGUNTAR				
98	Frijoles enlatados? (Gramos)	1 2						NO PREGUNTAR				
99	Agua purificada? (Litros, Mililitros)	1 2						NO PREGUNTAR				
100	Helados, granizadas, etc.? (Unidades)	1 2						NO PREGUNTAR				
101	Café en grano, molido, instantáneo? (Libras, Gramos)	1 2						NO PREGUNTAR				
102	Chocolate? (Libras)	1 2						NO PREGUNTAR				
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Unidades: LIBRAS (1 LB = 16 OZ) 01 LITROS 04 UNIDAD 07 UNIDAD GRANDE 10 PORCIÓN 13 ONZAS 02 VASO 05 UNIDAD PEQUEÑA 08 MANOJO 11 GRAMOS 03 MILILITROS 06 UNIDAD MEDIANA 09 BARRA (BARRA = 0.2 LBS) 12												

MÓDULO H1. CONSUMO DE ALIMENTOS EN LOS ÚLTIMOS 7 DÍAS											
CÓDIGO	PRODUCTO	SI = 1 NO = 2	CONSUMO TOTAL EN EL HOGAR ÚLTIMOS 7 DÍAS		TOTAL QUE PROVINO DE COMPRAS		CANTIDAD GASTADA	TOTAL QUE PROVINO DE PRODUCCIÓN AGRÍCOLA		TOTAL QUE PROVINO DE REGALOS Y OTRAS FUENTES	
	¿En los últimos 7 días, usted o alguna otra persona en su hogar consumió [ALIMENTO]?		¿Cuánto en total de [ALIMENTO] consumió su hogar en los últimos 7 días?		Cuánto de [ALIMENTO] provino de compras?		¿Cuánto gastaron en lo que se consumió en los últimos 7 días?	¿Cuánto de [ALIMENTO] provino de la producción agrícola?		¿Cuánto provino de regalos y otras fuentes?	
	INCLUYA ALIMENTOS CONSUMIDOS EN GRUPO EN EL HOGAR Y SEPARADAMENTE POR MIEMBROS DEL HOGAR. NO INCLUYA COMIDA CONSUMIDA EN RESTAURANTES, QUE SE RECOGE AL FINAL (117)						SI SE CONSUMIÓ PARTE PERO NO TODO LO COMPRADO, ESTIMAR COSTO DE LO QUE SE CONSUMIÓ.				
H1.01		H1.02	H1.03A CANTIDAD	H1.03B UNIDAD	H1.04A CANTIDAD	H1.04B UNIDAD	H1.05 QUETZALES	H1.06A CANTIDAD	H1.06B UNIDAD	H1.07A CANTIDAD	H1.07B UNIDAD
OTROS ALIMENTOS Y BEBIDAS (CONTINUADO)											
103	Cerveza? (Onzas, Litros, Mililitros)	1 2						NO PREGUNTAR			
104	Golosinas? (tortrix, ricitos, etc.) (Gramos)	1 2						NO PREGUNTAR			
105	Mermeladas, jaleas? (Gramos)	1 2						NO PREGUNTAR			
106	Semillas tostadas como manía, marañón, etc.? (Gramos)	1 2						NO PREGUNTAR			
107	Licores, rones, whiskys, vinos, cusha etc? (Litros)	1 2						NO PREGUNTAR			
108	Cigarrillos? (Unidades)	1 2						NO PREGUNTAR			
110	Compotas? (Gramos)	1 2						NO PREGUNTAR			
111	Té en sobre/cajita? (Gramos)	1 2						NO PREGUNTAR			
ALIMENTOS PARA CONSUMO INMEDIATO (COMPRADOS)											
112	Tamales, colorados, negros, de elote, chuchitos, etc.? (Unidades)	1 2						NO PREGUNTAR			
113	Paches? (Unidades)	1 2						NO PREGUNTAR			
114	Chicharrones de cerdo? (Libra)	1 2						NO PREGUNTAR			
115	Tacos de toda clase? (Unidades)	1 2						NO PREGUNTAR			
116	Tostadas con guacamol, frijol, salsa, etc.? (Unidades)	1 2						NO PREGUNTAR			
COMIDA EN RESTAURANTES (SOLO PREGUNTE POR CANTIDAD GASTADA)											
117	Gasto en restaurantes (Comida, refrescos, cerveza, jugos u otras bebidas o comidas.	1 2	NO PREGUNTAR					NO PREGUNTAR			
Unidades: LIBRAS (1 LB = 16 OZ) 01 LITROS 04 UNIDAD 07 UNIDAD GRANDE 10 PORCIÓN 13 ONZAS 02 VASO 05 UNIDAD PEQUEÑA 08 MANOJO..... 11 GRAMOS 03 MILILITROS 06 UNIDAD MEDIANA 09 BARRA (BARRA = 0.2 LBS) 12											

MÓDULO H2. GASTOS DIFERENTES DE COMIDA EN LOS ÚLTIMOS 7 DÍAS

RUBRO NO.	PREGUNTAS PARA PERÍODO DE REFERENCIA DE UNA SEMANA	CATEGORÍAS Y CÓDIGOS	COSTO DE CADA RUBRO
	NÚMERO DE ORDEN EN EL LISTADO DEL HOGAR (COL.1) DEL JEFE DEL HOGAR O PERSONA RESPONSABLE SI EL JEFE DEL HOGAR ESTA AUSENTE	NÚMERO DE ORDEN <input type="text"/> <input type="text"/>	
H2	¿Durante los últimos 7 días su hogar usó, gastó o compró [RUBRO]		¿Cuánto pagó usted, (cuánto costaron) en total?
100	Buses urbanos, microbuses, taxis o mototaxis? (no incluya gastos por transporte escolar)	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
101	Periódicos?	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
102	Teléfono público, telegramas, cartas, fax, internet? (fuera del hogar)	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
103	Combustible para vehículos de uso particular del hogar?	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
106	Dinero que se da a los niños para los gastos personales en el colegio? (NO INCLUIR LOS GASTOS EN GOLOSINAS DE LA SECCIÓN ANTERIOR)	SI 1 → NO 2 ↙ (PASE A SIG. RUBRO)	COSTO TOTAL EN QUETZALES: _____
107	Molienda de maíz?	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
108	Fósforos?	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
109	Encendedores?	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
110	Lustre de calzado?	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
111	Tarjetas de tiempo de aire para teléfonos celulares? (recargas, pines)	SI 1 → NO 2 (PASE A SIG. RUBRO)↙	COSTO TOTAL EN QUETZALES: _____
112	Otros, cuáles?	OTROS RUBROS: _____ _____ _____ _____	COSTO EN QUETZALES: _____ _____ _____ _____

MÓDULO H3. GASTOS DIFERENTES DE COMIDA EN EL ÚLTIMO MES

RUBRO NO.	PREGUNTAS PARA PERÍODO DE REFERENCIA DE UN MES	CATEGORÍAS Y CÓDIGOS	COSTO DE CADA RUBRO EN QUETZALES
H3	¿Durante el <u>pasado mes</u> su hogar usó o compró [RUBRO]		¿Cuánto pagó usted, (cuánto costaron) en total?
113a.	Jabón lava platos, jabón en bola, detergentes, suavizante líquido, blanqueadores, cloro, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
113b.	Cepillos para ropa, cepillos para calzado, líquido y betún para calzado, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
113c.	Linternas o focos, bombillas, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
114	Jabón de baño, champú, acondicionador, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
115	Pasta dental, cepillo dental, hilo dental, enjuague bucal, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
116	Papel higiénico y toallas sanitarias, servilletas, toallas desechables, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
117	Cepillos para el cabello, peines, peinetas, ganchos, diademas, colas, tubos, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
118	Rasuradoras, repuestos para rasuradora, hojas de afeitar, cremas de afeitar, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
119	Tijeras, limas y corta uñas, pinzas, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
121	Escobas, cepillos, trapeadores, cera para pisos, bolsas para basura, basureros, palas para recoger basura, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
122	Guantes para lavar y de cocina, esponjas, lazos, ganchos para colgar ropa, limpiadores, escurridor de platos, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
124	Aceite de bebé, hisopos, mamones, pepes, pachas, pañales desechables y/o de tela, camisetas, baberos, frazaditas para bebé, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
125	Hilos para coser, lanas, botones, elásticos, zippers y similares, etc.? (para uso del hogar)	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
126	Libros y revistas (no incluya los textos escolares)?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
127	Colonias, desodorantes, lociones, talcos, perfumes, gel para el cabello, vaselina, tratamiento para el cabello, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
130	Lavado planchado y reparación de prendas de vestir fuera del hogar?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
131	Recreación, diversión como: espectáculos públicos, cine, fútbol, compra de cassettes, CD's, DVD's, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
132	Barbería (corte de pelo y afeitada), salón de belleza, (peinado, rizado, manicure, pedicure, maquillaje)?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
134	Servicio de empleada doméstica, lavandera, planchadora, chofer etc..?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
137	Pagos por pensión alimenticia?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
138	Gastos por pago de parqueo para vehículos del hogar?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____
139	Gastos por pasajes extraurbanos?	SI 1 → NO 2 (SIG. RUBRO) ←┘	COSTO TOTAL EN QUETZALES: _____

MÓDULO H3. GASTOS DIFERENTES DE COMIDA EN EL ÚLTIMO MES

RUBRO NO.	PREGUNTAS PARA PERÍODO DE REFERENCIA DE UN MES	CATEGORÍAS Y CÓDIGOS	COSTO DE CADA RUBRO EN QUETZALES
H3	¿Durante el <u>pasado mes</u> su hogar usó o compró [RUBRO]		¿Cuánto pagó usted, (cuánto costaron) en total?
SERVICIOS DEL HOGAR (MENSUAL)			
141	Teléfono fijo en el hogar?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
142	Teléfono celular? (incluir todos los miembros del hogar)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
143	Agua?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
144	Internet?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
FUENTES DE ENERGÍA QUE UTILIZA EL HOGAR			
146	Candelas y/o veladoras?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
147	Keroseno (gas corriente)?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
148	Gas propano?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
149	Carbón?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
150	Baterías (pilas)?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
151	Electricidad?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
152	Leña? (si solo la recogen y/o cortan, estime su valor en Q.)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
GASTOS DE SALUD (MENSUAL)			
153	¿Asuntos relacionados con enfermedades y lesiones incluyendo medicamentos, exámenes, consultas y hospitalizaciones?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
154	¿Atención médica no relacionada con una enfermedad; cuidado preventivo de la salud; visitas prenatales, chequeos, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____
155	¿Medicinas para primeros auxilios, alcohol u otros medicamentos sin receta tales como Panadol, Tabcin, Ibuprofeno, Aspirina, Alka Seltzer, Sal Andrews, etc?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES: _____

MÓDULO H4. GASTOS DIFERENTES DE COMIDA EN LOS ÚLTIMOS 12 MESES

RUBRO NO.	PREGUNTAS PARA PERÍODO DE REFERENCIA DE 1 AÑO (12 MESES)	CATEGORÍAS Y CÓDIGOS	COSTO DE CADA RUBRO EN QUETZALES
	¿Durante el último año (doce meses) su hogar usó o compró [RUBRO]:		¿Cuánto pagó usted, (cuánto costaron) en total?
157	Prendas de vestir confeccionadas? (No incluya los uniformes escolares)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
158	Telas para confeccionar ropa? (No incluya las telas para uniformes escolares, incluya el pago por la confección)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
159	Calzado, zapatos tenis, botas y reparación de calzado? (No incluya el calzado usado para uniforme escolar)	SI . . . QUETZALES ____ 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
160	Mantenimiento y reparación de la vivienda? (pintura y otras reparaciones menores)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
161	Muebles de cocina, comedor, sala, dormitorio? (Incluya las reparaciones)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
162	Reparación y mantenimiento de bienes personales y del hogar? (Electrodomésticos, aparatos electrónicos etc.)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
164	Vajillas, ollas, bandejas, sartenes, cubiertos y otros utensilios para cocinar y comer? (Incluya las reparaciones)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
165	Cortinas, sábanas, toallas, mantas, colchones, manteles, frazadas y otros?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
166	Adornos como: floreros de toda clase, plantas ornamentales y otros adornos?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
167	Artículos de joyería de metales preciosos y fantasía? (Incluya las reparaciones)	SI . . . 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
168	Fiestas, cumpleaños, celebraciones, bautizos y matrimonios (organizados por el hogar)?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
169	Regalos para todo tipo de fiestas o celebraciones (no organizadas por el hogar)?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
171	Hoteles, pensiones y paquetes turísticos (tours) de viajes?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
172	Pagos por obtención y trámites de documentos como: calcomanías de vehículos, multas, licencias, pasaportes, DPI, etc.?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
174	Reparación y mantenimiento de vehículos? (Incluya repuestos, lubricantes, mano de obra, llantas, etc.)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
175	Medicinas, honorarios médicos, exámenes, radiografías, hospitalizaciones, etc.? (No incluya los gastos del mes pasado)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
176	Impuestos directos? (Impuesto sobre la renta, impuesto único sobre inmuebles)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
177	Servicios profesionales de abogados, contadores y otros profesionales diferentes a los relacionados con la salud?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
178	Enviaron dinero y/o bienes (alimentos, vestido calzado) a miembros del hogar ausentes, estudiantes familiares, amigos o conocidos?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
179	Hicieron donaciones a personas, entidades de caridad sin fines de lucro?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____

MÓDULO H4. GASTOS DIFERENTES DE COMIDA EN LOS ÚLTIMOS 12 MESES

RUBRO NO.	PREGUNTAS PARA PERÍODO DE REFERENCIA DE 1 AÑO (12 MESES)	CATEGORÍAS Y CÓDIGOS	COSTO DE CADA RUBRO EN QUETZALES
180	¿Durante el último año (doce meses) su hogar usó o compró [RUBRO]: Aportes a asociaciones locales?	SI 1 → NO 2 (SIG. RUBRO) ←	¿Cuánto pagó usted, (cuánto costaron) en total? COSTO TOTAL EN QUETZALES _____
181	Servicios y contratos funerarios, panteones, cajas mortuorias, etc.)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
182	Pago de seguro del vehículo, incendio, robo, vida, salud, enfermedad o accidente?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
185	Artículos deportivos?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
186	Juguetes?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
187	Aparato de telefonía celular?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
GASTOS EN EDUCACIÓN			
188	Por la inscripción o matrícula?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
189	Libros, papelería, cuadernos y/o materiales escolares?	SI 1 → NO 2 (SIG. RUBRO) ←	¿Cuánto pagó usted, (cuánto costaron) en total? _____
190	Uniformes? (Incluya solo calzado para uniforme)	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
192	Transporte de ida y vuelta a la escuela?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____
193	Mensualidad escolar o colegiatura?	SI 1 → NO 2 (SIG. RUBRO) ←	COSTO TOTAL EN QUETZALES _____

MÓDULO H5 GASTOS DE LA VIVIENDA

NO.	PREGUNTAS Y FILTROS	CATEGORÍAS Y CÓDIGOS	PASE A
H5.1	¿Es usted el dueño de esta casa o la está comprando, la tiene prestada de un empleador, la utiliza gratis, o es alquilada?	CASA PROPIA 01 LA ESTA COMPRANDO 02 EMPLEADOR PROVEE 03 GRATIS, AUTORIZADA 04 GRATIS, NO AUTORIZADA 05 ALQUILADA 06 OTRA _____ 96 (ESPECIFIQUE) NO SABE/NO RESPUESTA/ NO APLICABLE 98	→ H5.4 → H5.4 → H5.4 → H5.5 → H5.4 → H5.4
H5.2	Si usted <u>vendiera esta vivienda hoy</u> , ¿cuánto recibiría usted por ella?	QUETZALES _____ NO SABE/NO RESPUESTA/NO APLICA . 98	
H5.3	¿Cuántos años hace que fue construida esta vivienda? ¿Cuántos años tiene la vivienda?	AÑOS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> NO SABE 98	
H5.4	Si usted <u>alquilara hoy esta vivienda</u> , ¿cuánto recibiría usted por el alquiler?	QUETZALES _____ POR DÍA 1 POR SEMANA 2 POR MES 3 POR AÑO 4 NO SABE/NO RESPUESTA/ NO APLICABLE 8	→ H5.6 → H5.6 → H5.6 → H5.6 → H5.6
H5.5	Cuánto paga usted de alquiler por esta vivienda?	QUETZALES _____ POR DÍA 1 POR SEMANA 2 POR MES 3 POR AÑO 4 NO SABE/NO RESPUESTA/ NO APLICABLE 8	
H5.6	PASE A SIGUIENTE MÓDULO		

MÓDULO H6. GASTOS EN BIENES DURABLES

CÓDIGO DEL RUBRO	PRODUCTO	SI = 1 NO = 2	NÚMERO DE UNIDADES DE CADA RUBRO	EDAD DE LOS RUBROS	VALOR ACTUAL	RUBROS COMPRADOS ÚLTIMOS 12 MESES	TOTAL PAGADO EN LOS ÚLTIMOS 12 MESES POR LOS RUBROS COMPRADOS
	¿Su hogar posee [RUBRO]: CIRCULE 1 (SI) O 2 (NO) EN LA COLUMNA SIGUIENTE. SI LA RESPUESTA ES "NO" HAGA LAS PREGUNTAS PARA EL RUBRO SIGUIENTE.		¿Cuántos [RUBRO] posee usted?	Cuál es la edad de estos [RUBROS]? SI MÁS DE UN RUBRO PROMEDIE LA EDAD SI MENOS DE UN AÑO ESCRIBA '00'	Si usted tuviera necesidad de vender este/estos [RUBROS] hoy mismo, ¿cuánto recibiría usted? SI MÁS DE UN RUBRO, PROMEDIE EL VALOR.	¿Compró usted o pagó por alguno de estos [RUBROS] en los últimos 12 meses? "NO": HAGA PREGUNTAS PARA RUBRO SIGUIENTE.	¿Cuánto en total pagó usted por todos estos [RUBROS] en los últimos 12 meses?
H6.1		H6.2	H6.3 NÚMERO DE RUBROS	H6.4 NÚMERO DE AÑOS	H6.5 QUETZALES	H6.6	H6.7 QUETZALES
ARTÍCULOS DE COCINA		SI NO	Nº RUBROS	AÑOS	QUETZALES	SI NO	QUETZALES
195	Estufa a gas o eléctrica?	1 2				1 2	
198	Refrigeradora ?	1 2				1 2	
202	Molino manual de nixtamal?	1 2				1 2	
204	Piedra de moler?	1 2				1 2	
205	Olla a presión?	1 2				1 2	
205a	Otros artículos de cocina? (microondas, horno tostador, cafetera eléctrica, licuadora, exprimidor de jugos, tostador de pan, procesador de alimentos)	1 2				1 2	
ARTÍCULOS PERSONALES Y DE ESPARCIMIENTO		SI NO	Nº RUBROS	AÑOS	QUETZALES	SI NO	QUETZALES
207	Computadora?	1 2				1 2	
209	Impresora?	1 2				1 2	
210	Cámara fotográfica?	1 2				1 2	
211	Radio transistor?	1 2				1 2	
215	Televisor?	1 2				1 2	
215a	Otros artículos personales y de esparcimiento (video/casetera, reproductor de DVD's, consola de video juego, minicomponente con CD, grabadora/radiograbadora, walkman, mp3, mp4, ipod, cámara de video)	1 2				1 2	

MÓDULO H6. GASTOS EN BIENES DURABLES

CÓDIGO DEL RUBRO	PRODUCTO	SI = 1 NO = 2	NÚMERO DE UNIDADES DE CADA RUBRO	EDAD DE LOS RUBROS	VALOR ACTUAL	RUBROS COMPRADOS ÚLTIMOS 12 MESES	TOTAL PAGADO EN LOS ÚLTIMOS 12 MESES POR LOS RUBROS COMPRADOS
	¿Su hogar posee [RUBRO]: CIRCULE 1 (SI) O 2 (NO) EN LA COLUMNA SIGUIENTE. SI LA RESPUESTA ES "NO" HAGA LAS PREGUNTAS PARA EL RUBRO SIGUIENTE.		¿Cuántos [RUBRO] posee usted?	Cuál es la edad de estos [RUBROS]? SI MÁS DE UN RUBRO PROMEDIE LA EDAD SI MENOS DE UN AÑO ESCRIBA '00'	Si usted tuviera necesidad de vender este/estos [RUBROS] hoy mismo, ¿cuánto recibiría usted? SI MÁS DE UN RUBRO, PROMEDIE EL VALOR.	¿Compró usted o pagó por alguno de estos [RUBROS] en los últimos 12 meses? "NO": HAGA PREGUNTAS PARA RUBRO SIGUIENTE.	¿Cuánto en total pagó usted por todos estos [RUBROS] en los últimos 12 meses?
H6.1		H6.2	H6.3 NÚMERO DE RUBROS	H6.4 NÚMERO DE AÑOS	H6.5 QUETZALES	H6.6	H6.7 QUETZALES
ARTÍCULOS DEL HOGAR		SI NO	Nº RUBROS	AÑOS	QUETZALES	SI NO	QUETZALES
223	Panel solar?	1 2				1 2	
225	Plancha?	1 2				1 2	
226	Lavadora de ropa?	1 2				1 2	
228	Ventilador?	1 2				1 2	
230	Máquina de coser?	1 2				1 2	
233	Calentador de agua?	1 2				1 2	
235	Silo metálico para guardar granos?	1 2				1 2	
235a	Otros artículos del hogar? (secadora de ropa, aspiradora, máquina de escribir etc.)	1 2				1 2	
VEHÍCULOS USADOS		SI NO	Nº RUBROS	AÑOS	QUETZALES	SI NO	QUETZALES
236	Automóvil, pick up, camioneta?	1 2				1 2	
239	Moto, motoneta?	1 2				1 2	
240	Camión?	1 2				1 2	
241	Bicicleta?	1 2				1 2	
244	Otro, cuál? _____	1 2				1 2	
H6.8	HORA FIN DE MÓDULO	HORA		MINUTO			DE LAS GRACIAS Y COMPLETE LA ENTREVISTA

OBSERVACIONES DE LA ENTREVISTADORA

PARA LLENAR UNA VEZ TERMINADA LA ENTREVISTA

COMENTARIOS SOBRE LA PERSONA ENTREVISTADA:

COMENTARIOS SOBRE PREGUNTAS ESPECÍFICAS:

OTROS COMENTARIOS:

OBSERVACIONES DE SUPERVISOR(A)

NOMBRE DE SUPERVISOR(A): _____ FECHA: _____

OBSERVACIONES DE EDITOR(A)

NOMBRE DE EDITOR(A): _____ FECHA: _____

ANTROPOMETRÍA

NÚMERO DE HOGAR			AREA DE EN.			HORA DE COMIENZO:		HORA:		MINUTO:		
NIÑOS MENORES DE 5 AÑOS (ENTRE 0 Y 59 MESES DE EDAD)						PESO Y ESTATURA DE NIÑOS MENORES DE 5 AÑOS (ENTRE 0 Y 59 MESES DE EDAD)						
D67	D68	D69	D70	D71			D72	D73	D74	D75	D76	D77
No. DE	NOMBRE	SEXO	EDAD EN	FECHA DE NACIMIENTO DEL			FUENTE	ESTATURA	PESO	ESTATURA	RESULTADO	TIENE
				D D	M M	A A						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/> . <input type="text"/> LBS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/> . <input type="text"/> LBS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/> . <input type="text"/> LBS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/> . <input type="text"/> LBS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/> . <input type="text"/> LBS	<input type="text"/>	<input type="text"/>	<input type="text"/>
COMENTARIOS:							FUENTE DE LA FECHA DE NACIMIENTO					
							1. CERTIFICADO DE NACIMIENTO 2. REGISTRO BAPTISMAL 3. CARNÉ DE SALUD 4. REGISTRO CASERO 5. TESTIMONIO DEL PADRE/MADRE 6. OTRO (ESPECIFIQUE) _____					

INFORMACIÓN DE LA MUJER (15-49) SELECCIONADA			PESO Y ESTATURA DE LA MUJER (15-49) SELECCIONADA		
E34	E35	E36	E37	E38	E39
No. DE	NOMBRE	EDAD EN		PESO	RESULTADO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/> . <input type="text"/> LBS	<input type="text"/>
COMENTARIOS:					
			PESADA 3 MEDIANA 2 LIVIANA 1 NO HAY EXCESO 0		

HORA FIN DE MÓDULO	
HORA	<input type="text"/>
MINUTOS	<input type="text"/>

NOMBRE ANTROPOMETRISTA:	FIRMA:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	_____	ID #	DÍA	MES	AÑO
NOMBRE SUPERVISOR:	FIRMA:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	_____	ID #	DÍA	MES	AÑO

**Annex 2b:
Household Survey
Questionnaire Back-
translated to English**

MODULE A. IDENTIFICATION AND INFORMED CONSENT

IDENTIFICATION

A01	HOUSEHOLD NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>													
A02	ENUMERATION AREA # (Community Number)														
A03	PLACE NAME (Community) _____														
A04	MUNICIPALITY _____														
A05	DEPARTMENT	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">SAN MARCOS</td> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;">TOTONICAPÁN</td> <td style="border: 1px solid black; padding: 2px;">02</td> <td style="border: 1px solid black; padding: 2px;">QUICHÉ</td> <td style="border: 1px solid black; padding: 2px;">03</td> <td style="border: 1px solid black; padding: 2px;">HUEHUETENANGO</td> <td style="border: 1px solid black; padding: 2px;">04</td> <td style="border: 1px solid black; padding: 2px;">QUETZALTENANGO</td> <td style="border: 1px solid black; padding: 2px;">05</td> </tr> </table>	SAN MARCOS	01	TOTONICAPÁN	02	QUICHÉ	03	HUEHUETENANGO	04	QUETZALTENANGO	05			
SAN MARCOS	01	TOTONICAPÁN	02	QUICHÉ	03	HUEHUETENANGO	04	QUETZALTENANGO	05						
A06	LANGUAGE OF INTERVIEW	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">SPANISH</td> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;">KICHÉ</td> <td style="border: 1px solid black; padding: 2px;">02</td> <td style="border: 1px solid black; padding: 2px;">MAM</td> <td style="border: 1px solid black; padding: 2px;">03</td> <td style="border: 1px solid black; padding: 2px;">POPTI</td> <td style="border: 1px solid black; padding: 2px;">04</td> <td style="border: 1px solid black; padding: 2px;">IXIL</td> <td style="border: 1px solid black; padding: 2px;">05</td> <td style="border: 1px solid black; padding: 2px;">OTHER</td> <td style="border: 1px solid black; padding: 2px; width: 50px;"></td> <td style="border: 1px solid black; padding: 2px;">96</td> </tr> </table>	SPANISH	01	KICHÉ	02	MAM	03	POPTI	04	IXIL	05	OTHER		96
SPANISH	01	KICHÉ	02	MAM	03	POPTI	04	IXIL	05	OTHER		96			

(SEVERAL ANSWERS MAY BE POSSIBLE)

INTERVIEWER'S VISITS

	A06A FIRST VISIT	A07 SECOND VISIT	A08 THIRD VISIT	FINAL VISIT																									
<p>DATE</p> <p>A09 NAME OF INTERVIEWER</p> <p>DAY OF THE VISIT</p> <p>A10-A12 REASON FOR THE VISIT</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>DAY</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table> <p>MONTH</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table> <p>YEAR</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>INTERVIEWER CODE</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table> <p>RESULT</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>																									
<p>A13 NEXT VISIT</p> <p style="margin-left: 20px;">DATE</p> <p style="margin-left: 20px;">TIME</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>TOTAL NUMBER OF VISITS</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>																									
<p>A14 RESULT OF THE INTERVIEW</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1 COMPLETE</td> <td style="width: 33%;">3 PEOPLE AWAY INDEFINITELY</td> <td style="width: 33%;"></td> </tr> <tr> <td>2 NOBODY WAS HOME OR THERE WAS NO QUALIFIED INFORMANT AT THE TIME OF THE VISIT</td> <td>4 POSTPONED</td> <td></td> </tr> <tr> <td></td> <td>5 REJECTED</td> <td></td> </tr> </table> <p>9 OTHER _____ (SPECIFY)</p>				1 COMPLETE	3 PEOPLE AWAY INDEFINITELY		2 NOBODY WAS HOME OR THERE WAS NO QUALIFIED INFORMANT AT THE TIME OF THE VISIT	4 POSTPONED			5 REJECTED		<p>NUMBER OF WOMEN 15-49 YRS</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table> <p>TOTAL NUMBER OF FARMERS</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table> <p>TOTAL NUMBER OF CHILDREN UNDER 5</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table> <p>LINE NUMBER OF THE INFORMANT FROM THE HOUSEHOLD LIST (UNIT B)</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>																
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	5 REJECTED																												
<p>A15 HEAD OF HOUSEHOLD (MAIN PERSON RESPONSIBLE FOR DECISION MAKING)</p> <p>_____</p>																													
<p>A16 SUPERVISOR</p> <p>NAME _____</p> <p>CODE <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table></p>	<p>A17 FIELD COORDINATOR</p> <p>NAME _____</p> <p>CODE <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table></p>	<p>A18 OFFICE EDITOR</p> <p>NAME _____</p> <p>CODE <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table></p>	<p>A19 DATA ENTERER</p> <p>NAME _____</p> <p>DAY MONTH YEAR</p> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; width: 20px;"></td> </tr> </table>																										

INFORMED CONSENT

INFORMED CONSENT: IT IS NECESSARY TO PERFORM AN INTRODUCTION TO THE SURVEY AND OBTAIN CONSENT FROM ALL THE POTENTIAL RESPONDENTS THAT MIGHT PARTICIPATE. IF A POTENTIAL RESPONDENT (FOR EXAMPLE, A WOMAN THAT MAKES DECISIONS) IS NOT PRESENT AT THE BEGINNING OF THE INTERVIEW, MAKE SURE TO GO BACK TO THIS PAGE AND OBTAIN CONSENT BEFORE YOU INTERVIEW THE PERSON. ASK TO SPEAK WITH THE ADULT WHO IS RESPONSIBLE FOR THE HOUSEHOLD.

Good day (afternoon, night). My name is _____. I work with ICF/ARAGON. We are conducting a survey to learn about agriculture, consumption of food, nutrition, and the well-being of the households in Guatemala. Your house was selected for a survey. I would like to ask you some questions regarding your house. The time frame for this survey to be completed is around 3 hours. We can come back tomorrow if you don't have time to answer all the questions today. All the answers will be confidential and will not be shared with other people except the other members of our team. You are not obligated to participate in the survey but we hope that you will agree to take part in it, since your opinions are very important. If there is a question that you do not wish to answer, please let me know and I will continue with the rest of the questions or you can end the survey at any moment. If you need more information about the survey, you can contact the person listed on this card.

HAND IN THE CARD WITH THE CONTACT INFORMATION.

Do you have any question about the study or about your participation in this interview?

ASK THE FOLLOWING CONSENT QUESTIONS TO ALL THE POTENTIAL RESPONDENTS. AS REQUIRED, CHECK AND SIGN THE CONSENT BOX THAT APPEARS BELLOW.

1. Head of household or adult (age: 15 years old or older) that knows about the house and the members of the family.
(Name), do you accept to participate in this survey?

Person accepts _____ Person does not accept _____

2. Mother(s) or people responsible for the children under 6 years old in the house
(Name), do you accept to participate in this survey and allow that the children be weighed and measured?

Person No. 1 Accepts _____ Person No. Person does not accept _____ No children in the household _____

Person No. 2 Accepts _____ Person No. Person does not accept _____

Person No. 3 Accepts _____ Person No. Person does not accept _____

ADDITIONAL MEMBERS OF THE HOUSEHOLD

PERSON ACCEPTS PERSON DOES NOT ACCEPT

3. NAME _____	Do you accept to participate in the survey?	_____	_____
4. NAME _____	Do you accept to participate in the survey?	_____	_____
5. NAME _____	Do you accept to participate in the survey?	_____	_____

MY SIGNATURE CONFIRMS THAT THE DECLARATION OF INFORMED CONSENT WAS READ OUT LOUD TO THE RESPONDENTS AND THAT ALL QUESTIONS REGARDING THE STUDY THAT THE RESPONDENTS ASKED WERE ANSWERED. THE RESPONDENTS AGREED TO PARTICIPATE IN THE INTERVIEW.

NAME AND CODE OF INTERVIEWER _____

SIGNATURE AND DATE _____ . .
DAY MONTH YEAR

NAME AND CODE OF INTERVIEWER _____

SIGNATURE AND DATE _____ . .
DAY DAY YEAR

MODULE B LIST OF THE HOUSEHOLD

HOUR **MINUTES**

ORDER No.	USUAL RESIDENTS IN THE HOUSEHOLD	RELATIONSHIP WITH THE HEAD OF HOUSEHOLD	GENDER	AGE	ELIGIBILIDAD						MARITAL STATUS	AGES BETWEEN 0 AND 17				AGE 5 OR MORE		AGES BETWEEN 5 AND 24		
					AGE 15+		CHILDREN UNDER 6 YEARS OF AGE	AGE 15 OR MORE		AGE 15 OR MORE		AGE 15 OR MORE	BIOLOGICAL PARENTS' SURVIVAL AND PLACE OF RESIDENCE				HAS BEEN TO SCHOOL		CURRENT OR RECENT SCHOOL ATTENDANCE	
					UNITS C, H1	UNITS D		IN CHARGE OF CHILD	UNIT E				UNITS F, H2-H6	UNIT G	UNIT I	14	15	16	17	18
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	Could you please tell me the name and gender of every person who lives here, starting with the head of household. [PLEASE INCLUDE ADULTS AND CHILDREN WHO "EAT OUT OF THE SAME POT" AND HAVE LIVED IN THIS HOUSE DURING 6 OF THE LAST 12 MONTHS. DO NOT INCLUDE ANYONE WHO LIVES HERE BUT EATS SOMEWHERE ELSE].	Relationship with the head of household. 01 HEAD OF HOUSEHOLD 02 SPOUSE 03 SON OR DAUGHTER 04 SON/DAUGHTER-IN-LAW 05 GRANDCHILD 06 FATHER/MOTHER 07 MOTHER/FATHER-IN-LAW 08 SIBLINGS 09 OTHER RELATIVE 10 ADOPTED SON/DAUGHTER, STEPSON/DAUGHTER 11 NO KINSHIP 98 DOES NOT KNOW	Is (NAME) a man or a woman? MARK '1' FOR MAN '2' FOR WOMAN	Please, tell me, How old is (NAME) (in completed years)? REGISTER AGE IN COMPLETED YEARS 98=DOES NOT KNOW (ONLY FOR PEOPLE ≥ 50 YEARS OLD) 00= UNDER 1	Was (NAME) responsible of preparing meals for the household yesterday? YES NO	IS UNDER 6 YEARS OF AGE YES NO	Who is in charge of (NAME OF CHILD UNDER 6)? *SEE THE DEFINITION BELOW WRITE THE LINE NO. OF THE PERSON IN CHARGE	WOMAN BETWEEN 15-49 YEARS OLD (SEE COLUMNS 4 AND 5)	Which adults would be available to answer questions regarding household services and expenses? YES NO	Is (NAME) a farmer? ** (See definition below).	Is (NAME) a mother of a child under 5 years of age? YES NO	What is the current marital status of (NAME)? 1 = MARRIED OR IN CIVIL UNION 2 = DIVORCED OR SEPARATED 3 = WIDOW/ER 4 = NEVER MARRIED NOR IN CIVIL UNION	Is the biological mother of (NAME) alive? IF YES: What's her name? REGISTER THE LINE NO. OF THE MOTHER IF NEGATIVE: REGISTER '00'	Does the biological mother of (NAME) live in this house? IF YES: What's her name? REGISTER THE LINE NO. OF THE FATHER IF NEGATIVE: REGISTER '00'	Is the biological father of (NAME) alive? IF YES: What's her name? REGISTER THE LINE NO. OF THE MOTHER IF NEGATIVE: REGISTER '00'	Does the biological father of (NAME) live in this house? IF Affirmative: What is her name? REGISTER THE LINE NO. OF THE FATHER IF NEGATIVE: REGISTER '00'	Has (NAME) ever been to school? YES NO	Which was the highest level of education that (NAME) completed? SEE CODES BELOW Which was the highest grade that (NAME) completed in that level? SEE CODES BELOW	Has (NAME) been to school during this year? YES NO	During this year, what level and grade has (NAME) attended? SEE CODES BELOW
01		<input type="text"/> <input type="text"/>	M F 1 2	IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2	YES NO 1 2	<input type="text"/> <input type="text"/>	YES NO 1 2	YES NO 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 LÍNEA STE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
02		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
03		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
04		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
05		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
06		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
07		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
08		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
09		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
10		<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 GO TO 18	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>

2A) Just to be sure that I have the complete list: is there anyone else, such as small children or babies that have not been included in the list?
 YES → ADD TO THE LIST
 NO

2B) Is there anyone who is not a member of the family, such as a domestic worker, guests or friends that usually live here?
 YES → ADD TO THE LIST
 NO

2C) Does anyone else live in this house, who is not here at this moment? This may include children at school, or other members of the household who might be at work.
 YES → ADD TO THE LIST
 NO

CODES FOR THE QUESTIONS 19 TO 21 REGARDING EDUCATION

LEVEL	GRADE
1 = PRIMARY (1-6)	00 = LESS THAN 1 YEAR
2 = LOWER SECONDARY (1-3)	(ONLY QUESTION #19, NOT VALID FOR #21)
3 = UPPER SECONDARY (1-3)	
4 = HIGHER (1-5)	98 = DOES NOT KNOW
6 = KINDERGARTEN (DO NOT INCLUDE COURSE)	
8 = DOES NOT KNOW	

Module F. Water, Sanitation, and Hygiene.

NO.	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO
SANITARY SERVICE			
F11	What type of toilet facility do the members of your household usually use?	TOILET CONNECTED TO SEWAGE 11 CESS PIT 12 LATRINE 21 PIT LATRINE V 31 DOES NOT HAVE ONE 51 OTHER _____ 96 (SPECIFY)	→ F14
F12	Do you share the facility with other homes?	YES 1 NO 2	→ F14
F13	How many households share the facility?	NUMBER OF HOUSEHOLDS IF LESS THAN 10 <input style="width: 40px; text-align: center;" type="text" value="0"/> 10 OR MORE THAN 10 95 DOES NOT KNOW 98	
HAND WASHING			
F14	Can you please show me where the members of your household most frequently wash their hands ?	OBSERVED 1 NOT OBSERVED, NOT INSIDE THE HOUSEHOLD/BACKYARD 2 NOT OBSERVED, DOES NOT HAVE PERMISSION TO SEE 3 NOT OBSERVED, ANOTHER REASON 4 F17 ←	
F15	OBSERVATION ONLY: OBSERVE THE PRESENCE OF WATER IN THE PLACE WHERE THEY WASH THEIR HANDS	WATER IS AVAILABLE 1 THERE IS NO AVAILABLE WATER 2	
F16	OBSERVE THE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANING AGENTS. IF SOAP, DETERGENT OR OTHER CLEANING AGENTS ARE NOT VISIBLE, ASK: Do you keep the soap, detergent or other cleaning agents somewhere else?	SOAP OR DETERGENT (SOAP BAR, LIQUID, POWDER, PASTE) 1 ASH, MUD, SAND 2 NONE OF THE ABOVE 3	
F17	MODULE END TIME	HOUR <input style="width: 40px; text-align: center;" type="text"/> MINUTES <input style="width: 40px; text-align: center;" type="text"/>	→ GO TO MODULE G

Module G Agriculture					
G00	MODULE START TIME	HOUR	<input type="text"/>	MINUTES	<input type="text"/>
G01	HOUSEHOLD NUMBER AND ENUMERATION AREA	HOUSEHOLD	<input type="text"/>	E.A.	<input type="text"/>
G02	SEE P11 AND P2. NAME OF FARMER	<input type="text"/>		<input type="text"/>	
G03	SEE P1. LINE NUMBER FROM HOUSEHOLD LISTING	<input type="text"/>		<input type="text"/>	
II. AGRICULTURE PRODUCTION AND ADOPTION OF IMPROVED PRACTICES					
IIA. CORN					
G05	Have you cultivated corn within the last 12 months?	YES..... 1 NO..... 2	→ G18	YES..... 1 NO..... 2	→ G18
G06A	Are you the person who made decisions over the cultivation of corn within the last 12 months?	YES..... 1 NO..... 2	→ G07	YES..... 1 NO..... 2	→ G07
G06B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	<input type="text"/>		<input type="text"/>	
G06C	SEE P1 LINE NUMBER FROM HOUSEHOLD LISTING	<input type="text"/>		<input type="text"/>	
G07	What type of seed was used to plant corn?	CREOLE 1 IMPROVED/CERTIFIED 2 BOTH 3 DOES NOT KNOW, NOT SURE 8		CREOLE 1 IMPROVED/CERTIFIED 2 BOTH 3 DOES NOT KNOW, NOT SURE 8	
G08	Did you choose the seed that was used to plant corn?	YES..... 1 NO..... 2	→ G09	YES..... 1 NO..... 2	→ G09
G08a	What type of selection did you make?	TRADITIONAL SELECTION 1 MASSAL SELECTION 2		TRADITIONAL SELECTION 1 MASSAL SELECTION 2	
G09	How many seeds did you use per corn plant?	FROM 1 TO 3 1 MORE THAN 3 2		FROM 1 TO 3 1 MORE THAN 3 2	
G10	Did you use fertilizer or compost for the corn?	YES..... 1 NO..... 2	→ G12	YES..... 1 NO..... 2	→ G12
G11	What type of fertilization or compost practices did you use for the cultivation of corn during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS. RECORD THE PRACTICES IN THE LAST 12 MONTHS	COMPOST FERTILIZATION 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS 96 (SPECIFY)		COMPOST FERTILIZATION 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS 96 (SPECIFY)	
G12	Did you have problems with the cultivation of corn in the last few months?	YES..... 1 NO..... 2	→ G14	YES..... 1 NO..... 2	→ G14
G13	What problems did you have with the cultivation of the corn? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREASE IN COST OF RENT 10 LODGING/KNOCKED OVER BY WIND 11 OTHERS 96 (SPECIFY)		DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREASE IN COST OF RENT 10 LODGING/KNOCKED OVER BY WIND 11 OTHERS 96 (SPECIFY)	
G14	Did you use chemical products for the control and prevention of pests and diseases in the cultivation of the corn during the last 12 months?	YES..... 1 NO..... 2		YES..... 1 NO..... 2	
G15	What other practices did you use for the control and prevention of pests and diseases? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	CULTURAL PRACTICES 01 MECHANICAL CONTROL 02 THE USE OF NATURAL EXTRAC 03 OTHERS 96 (SPECIFY) NONE 97		CULTURAL PRACTICES 01 MECHANICAL CONTROL 02 THE USE OF NATURAL EXTRAC 03 OTHERS 96 (SPECIFY) NONE 97	
G16	Was the harvested corn stored?	YES..... 1 NO..... 2	→ G18	YES..... 1 NO..... 2	→ G18
G17	How was the corn stored? RESEARCH HOW THE CORN WAS STORED FOR THE HOUSEHOLD'S CONSUMPTION. MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	IMPROVED PRACTICES SILOS..... 01 IMPROVED GRANARY..... 02 DRYING BOOTH 03 AIRTIGHT BARRELS..... 04 OTHER PRACTICES TRADITIONAL STORAC..... 05 LOFT 06 SACKS..... 07 ON ROPE..... 08 DRYING BOOTH .. 09 OTHERS 96 (SPECIFY)		IMPROVED PRACTICES SILOS..... 01 IMPROVED GRANARY 02 DRYING BOOTH..... 03 AIRTIGHT BARRELS..... 04 OTHER PRACTICES TRADITIONAL STORAG..... 05 LOFT 06 SACKS..... 07 ON ROPE..... 08 DRYING BOOTH .. 09 OTHERS 96 (SPECIFY)	

Module G Agriculture

IIB. BEANS

G18	Have you cultivated beans in the last 12 months?	YES..... 1 NO..... 2	→ G29	YES..... 1 NO..... 2	→ G29
G18A	Are you the person who has made decisions over the cultivation of beans in the last 12 months?	YES..... 1 NO..... 2	→ G19	YES..... 1 NO..... 2	→ G19
G18B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	_____		_____	
G18C	SEE P1 LINE NUMBER FROM HOUSEHOLD LISTING	[] []	→ G29	[] []	→ G29
G19	What type of seeds were used to plant beans?	CREOLE 1 IMPROVED/CERTIFIED 2 BOTH 3 DOES NOT KNOW, NOT SURE 8		CREOLE 1 IMPROVED/CERTIFIED 2 BOTH 3 DOES NOT KNOW, NOT SURE 8	
G20	Were corn and beans planted together?	YES..... 1 NO..... 2		YES..... 1 NO..... 2	
G21	Did you use fertilizer or compost for the beans?	YES..... 1 NO..... 2	→ G23	YES..... 1 NO..... 2	→ G23
G22	What type of fertilization or compost practices did you use for the cultivation of beans within the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS. RECORD THE PRACTICES IN THE LAST 12 MONTH	THE INCORPORATION OF COMPOST FERTILIZATION 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS 96 (SPECIFY)		THE INCORPORATION OF COMPOST FERTILIZATION 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS 96 (SPECIFY)	
G23	Did you have problems with the cultivation of beans in the last 12 months?	YES..... 1 NO..... 2	→ G25	YES..... 1 NO..... 2	→ G25
G24	What problems did you have with the cultivation of the beans? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREASE IN COST OF RENT.... 10 LODGING/KNOCKED OVER BY WIND 96 OTHERS		DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREASE IN COST OF RENT.... 10 LODGING/KNOCKED OVER BY WIND 96 OTHERS	
G25	Did you use chemical products for the control and prevention of pests and diseases in the cultivation of beans within the last 12 months?	YES..... 1 NO..... 2		YES..... 1 NO..... 2	
G26	What other practices did you use for the control and prevention of pests and diseases? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	CULTURAL PRACTICES 01 MECHANICAL CONTROL 02 THE USE OF NATURAL EXTRAC 03 OTHERS 96 (SPECIFY) NONE 97		CULTURAL PRACTICES 01 MECHANICAL CONTROL 02 THE USE OF NATURAL EXTRAC 03 OTHERS 96 (SPECIFY) NONE 97	
G27	Did you store the harvested beans?	YES..... 1 NO..... 2	→ G29	YES..... 1 NO..... 2	→ G29
G28	How did you store the beans? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	AIRTIGHT BARRELS..... 01 SACKS..... 02 OTHERS 96 (SPECIFY)		AIRTIGHT BARRELS..... 01 SACKS..... 02 OTHERS 96 (SPECIFY)	

Module G Agriculture

IIC. HERBS AND VEGETABLES FOR YOUR FAMILY'S CONSUMPTION

G29	Have you cultivated herbs or vegetables at home for your household consumption, during the last 12 months?	YES..... 1 NO..... 2	→ G39	YES..... 1 NO..... 2	→ G39
G30A	Are the person who was in charge of making final decisions over the cultivation of herbs and vegetables during the last 12 months?	YES..... 1 NO..... 2	→ G31	YES..... 1 NO..... 2	→ G31
G30B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	_____		_____	
G30C	SEE P1 LINE NUMBER FROM HOUSEHOLD LISTING	<input type="text"/>	→ G39	<input type="text"/>	→ G39
G31	What type of herbs did you grow during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	WATERCRESS..... 01 AMARANTH..... 02 SWEET POTATOES..... 03 CHIPILIN..... 04 CILANTRO..... 05 KOHLRABI..... 06 CUCURBITS (pumpkin, cucumber, squashes, cucumber) 07 BLAN HERB..... 08 SPEARMINT..... 09 HIERBAMORA OR MACUY..... 10 GUISQUIL OR CHAYOTE VINE..... 11 JICAMA..... 12 MALANGA OR TARO..... 13 OTHERS..... 96 (SPECIFY)		WATERCRESS..... 01 AMARANTH..... 02 SWEET POTATOES..... 03 CHIPILIN..... 04 CILANTRO..... 05 KOHLRABI..... 06 CUCURBITS (pumpkin, cucumber, squashes, cucumber) 07 BLAN HERB..... 08 SPEARMINT..... 09 HIERBAMORA OR MACUY..... 10 GUISQUIL OR CHAYOTE VINE..... 11 JICAMA..... 12 MALANGA OR TARO..... 13 OTHERS..... 96 (SPECIFY)	
G32	What type of vegetables did you grow during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	CHARD..... 01 GARLIC..... 02 CELERY..... 03 BROCCOLI..... 04 ONIONS..... 05 BELL PEPPER..... 06 COLIFLOWER..... 07 SPINACH..... 08 LETTUCE..... 09 TURNIP..... 10 POTATOES..... 11 CUCUMBER..... 12 PARSLEY..... 13 LEEK..... 14 RADISH..... 15 BEETS..... 16 CABBAGE..... 17 TOMATOES..... 18 CARROTS..... 19 OTHERS..... 96 (SPECIFY)		CHARD..... 01 GARLIC..... 02 CELERY..... 03 BROCCOLI..... 04 ONIONS..... 05 BELL PEPPER..... 06 COLIFLOWER..... 07 SPINACH..... 08 LETTUCE..... 09 TURNIP..... 10 POTATOES..... 11 CUCUMBER..... 12 PARSLEY..... 13 LEEK..... 14 RADISH..... 15 BEETS..... 16 CABBAGE..... 17 TOMATOES..... 18 CARROTS..... 19 OTHERS..... 96 (SPECIFY)	
G33	Did you use fertilizer or compost for the herbs or vegetables?	YES..... 1 NO..... 2	→ G35	YES..... 1 NO..... 2	→ G35
G34	What type of fertilization or compost practices did you use for the cultivation of herbs or vegetables in the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS. RECORD THE PRACTICES IN THE LAST 12 MONTH	THE INCORPORATION OF COMPOST FERTILIZATION..... 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS..... 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS..... 96 (SPECIFY)		THE INCORPORATION OF COMPOST FERTILIZATION..... 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS..... 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS..... 96 (SPECIFY)	
G35	Did you have problems with the cultivation of herbs or vegetables in the last 12 months?	YES..... 1 NO..... 2	→ G37	YES..... 1 NO..... 2	→ G37
G36	What problems did you have with the cultivation of the herbs or veget MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREMENT IN COST OF RENT.. 10 OTHERS..... 96 (SPECIFY)		DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREMENT IN COST OF RENT.. 10 OTHERS..... 96 (SPECIFY)	
G37	Did you use chemical products for the control and prevention of pests and diseases in the cultivation of herbs and vegetables in the last 12 months?	YES..... 1 NO..... 2		YES..... 1 NO..... 2	
G38	What other practices did you use for the control and prevention of pests and diseases? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	CULTURAL PRACTICES..... 01 MECHANICAL CONTROL..... 02 THE USE OF NATURAL EXTRAC..... 03 OTHERS..... 96 (SPECIFY) NONE..... 97		CULTURAL PRACTICES..... 01 MECHANICAL CONTROL..... 02 THE USE OF NATURAL EXTRAC..... 03 OTHERS..... 96 (SPECIFY) NONE..... 97	

Module G Agriculture

IID. FRUIT TREES

G39	Do you have fruit trees in your land?	YES..... 1 NO..... 2	→ G49	YES..... 1 NO..... 2	→ G49
G40	Do you practice any type of maintenance on the fruit trees in order for them to produce more?	YES..... 1 NO..... 2	→ G45	YES..... 1 NO..... 2	→ G45
G41A	Are you the person in charge of making final decisions over the care of the fruit trees in the last 12 months?	YES..... 1 NO..... 2	→ G42	YES..... 1 NO..... 2	→ G42
G41B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	_____		_____	
G41C	SEE P1 LINE NUMBER FROM HOUSEHOLD LISTING	□ □	→ G49	□ □	→ G49
G42	What practice did you undertake on the fruit trees in order for them to produce more? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	PRUNING..... 01 CLEANING..... 02 FERTILIZATION..... 03 TREE TRUNK WHITE WASH..... 04 PLANTATION RENEWAL..... 05 OTHERS..... 96 (SPECIFY)		PRUNING..... 01 CLEANING..... 02 FERTILIZATION..... 03 TREE TRUNK WHITE WASH..... 04 PLANTATION RENEWAL..... 05 OTHERS..... 96 (SPECIFY)	
G43	Did you use fertilizer or compost for the fruit trees?	YES..... 1 NO..... 2	→ G45	YES..... 1 NO..... 2	→ G45
G44	What type of fertilization or compost practices did you use for the planting of fruit trees in the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS. RECORD THE PRACTICES USED IN THE LAST 12 M	THE INCORPORATION OF COMPOST FERTILIZATION..... 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS..... 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS..... 96 (SPECIFY)		THE INCORPORATION OF COMPOST FERTILIZATION..... 01 CHEMICAL FERTILIZATION..... 02 APPLICATION OF NATURAL LEAF EXTRACTS..... 03 GREEN MULCH..... 04 ANIMAL MANURE..... 05 VERMICOMPOSTING..... 06 OTHERS..... 96 (SPECIFY)	
G45	Did you have problems with the cultivation of fruit trees in the last 12 months?	YES..... 1 NO..... 2	→ G47	YES..... 1 NO..... 2	→ G47
G46	What problems did you have with the cultivation of the fruit trees? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREASE IN COST OF RENT..... 10 OVERTURNING DUE TO THE FORCE OF THE WIND..... 10 OTHERS..... 96 (SPECIFY)		DISEASES/FUNGI..... 01 PESTS..... 02 LACK OF SUPPLIES..... 03 FROST..... 04 LITTLE RAIN OR DROUGHT..... 05 EXCESS OF RAIN..... 06 LACK OF SEEDS..... 07 POST HARVEST LOSS..... 08 LACK OF LAND..... 09 INCREASE IN COST OF RENT..... 10 OVERTURNING DUE TO THE FORCE OF THE WIND..... 10 OTHERS..... 96 (SPECIFY)	
G47	Did you use chemical products for the control and prevention of pests and diseases in the cultivation of fruit trees in the last 12 months?	YES..... 1 NO..... 2		YES..... 1 NO..... 2	
G48	What other practices did you use for the control and prevention of pests and diseases? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	CULTURAL PRACTICES..... 01 MECHANICAL CONTROL..... 02 THE USE OF NATURAL EXTRACTS..... 03 OTHERS..... 96 (SPECIFY) NONE..... 97		CULTURAL PRACTICES..... 01 MECHANICAL CONTROL..... 02 THE USE OF NATURAL EXTRACTS..... 03 OTHERS..... 96 (SPECIFY) NONE..... 97	

III. PRESERVATION

G49	Do you conserve, in any way, the soil of your land? For instance, do you do anything to avoid the soil from collapsing or being lost on sloped land?	YES..... 1 NO..... 2	→ G52	YES..... 1 NO..... 2	→ G52
G50A	Are you the person in charge of making decisions over soil conservation in the last 12 months?	YES..... 1 NO..... 2	→ G51	YES..... 1 NO..... 2	→ G51
G50B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	_____		_____	
G50C	SEE P1. LINE NUMBER FROM HOUSEHOLD LISTING	□ □	→ G52	□ □	→ G52
G51	What type of practices did you undertake in order to conserve your soil? For instance, do you do anything to avoid the soil from collapsing or being lost on sloped land? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	LIVING BARRIERS..... 01 DEAD BARRIERS..... 02 OUTSKIRTS CROPS..... 03 DITCHES..... 04 COVER CROPS..... 05 INDIVIDUAL TERRACES..... 06 SLOPE PROTECTION..... 07 OTHERS..... 96 (SPECIFY)		LIVING BARRIERS..... 01 DEAD BARRIERS..... 02 OUTSKIRTS CROPS..... 03 DITCHES..... 04 COVER CROPS..... 05 INDIVIDUAL TERRACES..... 06 SLOPE PROTECTION..... 07 OTHERS..... 96 (SPECIFY)	

Module G Agriculture

III. FOREST MANAGEMENT

G52	Have you participated in production of forest trees in the last 12 months?	YES..... 1 NO..... 2	→ G56	YES..... 1 NO..... 2	→ G56
G53A	Are you the person who made the final decisions regarding the production of forest trees, in the last 12 months?	YES..... 1 NO..... 2	→ G54	YES..... 1 NO..... 2	→ G54
G53B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	_____		_____	
G53C	SEE P1 LINE NUMBER FROM HOUSEHOLD LISTING	<input type="text"/> <input type="text"/>	→ G56	<input type="text"/> <input type="text"/>	→ G56
G54	How did you produce/obtain the trees for reforestation in the last 12 months?	INDIVIDUAL NURSERY 01 COMMUNITY NURSERIES 02 MUNICIPAL NURSERY 03 OTHERS (SPECIFY) 96 NONE 97		INDIVIDUAL NURSERY 01 COMMUNITY NURSERIES 02 MUNICIPAL NURSERY 03 OTHERS (SPECIFY) 96 NONE 97	
G55	What practices did you apply to the forest management? This is, what did you do with the trees that you produced or obtained?	AGRO FORESTRY..... 01 NATURAL FOREST REGENERATION..... 02 REFORESTACION (NEW PLANTATIONS)..... 03 REFORESTING OF WATER RESOURCES 04 MANAGEMENT OF FORESTS AND ESTABLISHED WOODS..... 05 PRODUCTION OF FOREST PLANTS (SEEDS)..... 06 OTHERS _____ 96 (SPECIFY)		AGRO FORESTRY..... 01 NATURAL FOREST REGENERATION..... 02 REFORESTACION (NEW PLANTATIONS)..... 03 REFORESTING OF WATER RESOURCES 04 MANAGEMENT OF FORESTS AND ESTABLISHED WOODS..... 05 PRODUCTION OF FOREST PLANTS (SEEDS)..... 06 OTHERS _____ 96 (SPECIFY)	

IV. IMPROVED LIVESTOCK PRACTICES ADOPTED

G56	During the last 12 months, has the household been involved in livestock breeding or caretaking?	YES..... 1 NO..... 2	→ G68a	YES..... 1 NO..... 2	→ G68a
G57A	Are you the person in charge of making decisions related to livestock breeding or caretaking?	YES..... 1 NO..... 2	→ G58	YES..... 1 NO..... 2	→ G58
G57B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	_____		_____	
G57C	SEE P1 LINE NUMBER FROM HOUSEHOLD LISTING	<input type="text"/> <input type="text"/>	→ G68a	<input type="text"/> <input type="text"/>	→ G68a
G58	What type of animals did you breed? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	CHICKENS..... 01 DUCKS 02 TURKEYS..... 03 PIGS..... 04 RABBITS..... 05 SHEEP..... 06 GOATS..... 07 FISH..... 08 COWS..... 09 OTHERS (SPECIFY) 96		CHICKENS..... 01 DUCKS 02 TURKEYS..... 03 PIGS..... 04 RABBITS..... 05 SHEEP..... 06 GOATS..... 07 FISH..... 08 COWS..... 09 OTHERS (SPECIFY) 96	
G59	Of the animals that you bred, which animals were penned? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	CHICKENS..... 01 DUCKS 02 TURKEYS..... 03 PIGS..... 04 RABBITS..... 05 SHEEP..... 06 GOATS..... 07 FISH..... 08 COWS..... 09 OTHERS (SPECIFY) 96 NONE 97	→ G61	CHICKENS..... 01 DUCKS 02 TURKEYS..... 03 PIGS..... 04 RABBITS..... 05 SHEEP..... 06 GOATS..... 07 FISH..... 08 COWS..... 09 OTHERS (SPECIFY) 96 NONE 97	→ G61
G60	Does the facilities for the animal's care have: a roof? walls? water dispenser/trough? food trough?	SI NO ROOF 1 2 WALLS 1 2 WATER DISPENSER..... 1 2 FOODTROUGH..... 1 2		SI NO ROOF 1 2 WALLS 1 2 WATER DISPENSER..... 1 2 FOODTROUGH..... 1 2	
G61	VERIFY P.58 - ASK THIS QUESTION ONLY TO THOSE WHO HAVE BIRDS Did you vaccinate your birds during the last 12 months?	YES..... 1 NO..... 2		YES..... 1 NO..... 2	
G62	VERIFY P.58 - ASK THIS QUESTION ONLY TO THOSE WHO HAVE GOATS What type of health control did you use on your goats during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	DEWORM..... 01 VITAMIN SUPPLEMENTS..... 02 VACCINATION..... 03 HOOF CLIPPING..... 04 OTHERS _____ 96 (SPECIFY)		DEWORM..... 01 VITAMIN SUPPLEMENTS..... 02 VACCINATION..... 03 HOOF CLIPPING..... 04 OTHERS _____ 96 (SPECIFY)	

Module G Agriculture				
G63	What products did you obtain from your livestock during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	MEAT 01 EGGS 02 GOAT MILK 03 COW MILK 04 WOOL 05 MANURE 06 OTHERS 96 (SPECIFY) NONE 97		MEAT 01 EGGS 02 GOAT MILK 03 COW MILK 04 WOOL 05 MANURE 06 OTHERS 96 (SPECIFY) NONE 97
G64	Of the products you obtained from your livestock, which ones did your household consume during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	MEAT 01 EGGS 02 GOAT MILK 03 COW MILK 04 OTHERS 96 (SPECIFY) NONE 97		MEAT 01 EGGS 02 GOAT MILK 03 COW MILK 04 OTHERS 96 (SPECIFY) NONE 97
G65	Of the products you obtained from your livestock, which ones did you sell during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	MEAT 01 EGGS 02 GOAT MILK 03 COW MILK 04 WOOL 05 MANURE 06 OTHERS 96 (SPECIFY) NONE 97		MEAT 01 EGGS 02 GOAT MILK 03 COW MILK 04 WOOL 05 MANURE 06 OTHERS 96 (SPECIFY) NONE 97
G66	Have you had any problems in the production of livestock during the last 12 months?	YES 1 NO 2	→ G68a	YES 1 NO 2 → G68a
G67	What problems did you have in the production of livestock? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	DISEASES 01 LACK OF MONEY (CAPITAL) 02 LACK OF FOOD 03 THEFT 04 LACK OF SPACE 05 WEATHER 06 NATURAL PREDATORS 07 PARASITES 08 OTHERS 96 (SPECIFY)		DISEASES 01 LACK OF MONEY (CAPITAL) 02 LACK OF FOOD 03 THEFT 04 LACK OF SPACE 05 WEATHER 06 NATURAL PREDATORS 07 PARASITES 08 OTHERS 96 (SPECIFY)
V. FORMAL TRADE MARKETING				
G68a	Did you consume anything that was produced by your livestock or from your land during the last 12 months?	YES 1 NO 2		YES 1 NO 2
G68b	Did you sell anything that was produced by your livestock or from your land during the last 12 months?	YES 1 NO 2	→ G77	YES 1 NO 2 → G77
G69A	Are you the person who made the final decisions over the sale of the products during the last 12 months?	YES 1 NO 2	→ G70	YES 1 NO 2 → G70
G69B	SEE P11 AND P2. NAME OF THE PERSON WHO MADE THE DECISIONS.	_____		_____
G69C	SEE P1 LINE NUMBER FROM HOUSEHOLD LISTING	<input type="text"/> <input type="text"/>	→ G77	<input type="text"/> <input type="text"/> → G77
G70	What type of products did you sell during the last 12 months? DO NOT READ THE OPTIONS PROBE TO FIND WHAT TYPE OF BUSINESS THE PERSON IS RUNNING MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE.	AGRICULTURE 01 LIVESTOCK 02 CRAFTS 03 FORESTAL 04 AGRO INDUSTRY 05 TEXTILES 06 OTHERS 96 (SPECIFY)		AGRICULTURE 01 LIVESTOCK 02 CRAFTS 03 FORESTAL 04 AGRO INDUSTRY 05 TEXTILES 06 OTHERS 96 (SPECIFY)
G70A	During the last 12 months Did you calculate your business expenses?	YES 1 NO 2		YES 1 NO 2
G70B	During the last 12 months Did you calculate your business earnings?	YES 1 NO 2	→ G71	YES 1 NO 2 → G71
G70C	During the last 12 months Did you have a notebook where you wrote those calculations?	YES 1 NO 2		YES 1 NO 2
G71	During the last 12 months Did you have an institution's support for loans?	YES 1 NO 2	→ G73	YES 1 NO 2 → G73
G72	Which were the organizations which supplied the loans for the business? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	BANKS 01 COOPERATIVES 02 ASSOCIATIONS 03 GUATEMALAN SOLIDARITY DEVELOPMENT FUND 04 SELFSAVING GROUPS 05 OTHERS 96 (SPECIFY)		BANKS 01 COOPERATIVES 02 ASSOCIATIONS 03 GUATEMALAN SOLIDARITY DEVELOPMENT FUND 04 SELFSAVING GROUPS 05 OTHERS 96 (SPECIFY)
G73	Did you have problems that affected your business in the last 12 months?	YES 1 NO 2	→ G75	YES 1 NO 2 → G75

Module G Agriculture				
G74	What type of problems did you have MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	LACK OF MARKET 01 LACK OF MONEY(CAPITAL)..... 02 LACK OF BOOKKEEPING 03 LACK OF ADVISORY SUPPORT.. 04 LACK OF RAW MATERIAL..... 05 LACK OF ORGANIZACIÓN AMONG PRODUCERS..... 06 OTHERS _____ 96 (SPECIFY)		LACK OF MARKET 01 LACK OF MONEY(CAPITAL)..... 02 LACK OF CONTROL OF THE REGISTRATION OF OPERATION: 03 LACK OF SUPPORT..... 04 LACK OF RAW MATERIAL..... 05 LACK OF ORGANIZACIÓN AMONG PRODUCERS..... 06 OTHERS _____ 96 (SPECIFY)
G75	Did you have a plan for your production and sales during the last 12 months?	YES..... 1 NO..... 2		YES..... 1 NO..... 2
G76	Where did you sell your products during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	COMMUNITY MARKET..... 01 MUNICIPAL MARKET..... 02 REGIONAL MARKET..... 03 WHOLESALE MARKET IN THE CAPITAL CITY..... 04 INTERMEDIARY..... 05 EXPORT MARKET..... 06 OTHER _____ 96 (SPECIFY)		COMMUNITY MARKET..... 01 MUNICIPAL MARKET..... 02 REGIONAL MARKET..... 03 WHOLESALE MARKET IN THE CAPITAL CITY..... 04 INTERMEDIARY..... 05 EXPORT MARKET..... 06 OTHER _____ 96 (SPECIFY)
VI FINANCIAL SERVICES				
G77	Did you acquire any agricultural credit, whether in cash or in kind, during the last 12 months?	YES..... 1 NO..... 2 DOES NOT KNOW 8		YES..... 1 NO..... 2 DOES NOT KNOW 8
G78	Some people insure their agricultural production against unexpected negative circumstances, such as droughts, floods, plagues. Have you had agricultural insurance during the last 12 months?	YES..... 1 NO..... 2 DOES NOT KNOW 8		YES..... 1 NO..... 2 DOES NOT KNOW 8
G79	Did you any some money during the last 12 months? In other words, did you have some type of savings to use later on?	YES..... 1 NO..... 2 DOES NOT KNOW 8	→ G82	YES..... 1 NO..... 2 DOES NOT KNOW 8
G80	Did you have any support from a group or organization for your savings?	YES..... 1 NO..... 2	→ G82	YES..... 1 NO..... 2
G81	What the organizations with which you kept your savings during the last 12 months? MARK ALL THE OPTIONS INDICATED BY THE INTERVIEWEE. DO NOT READ THE OPTIONS.	BANKS (<i>del sistema</i>)..... 01 COOPERATIVES..... 02 ASSOCIATIONS..... 03 FONDESOL..... 04 SELF-SAVING GROUPS..... 05 OTHERS _____ 96 (SPECIFY)		SYSTEM BANKS..... 01 COOPERATIVES..... 02 ASSOCIATIONS..... 03 FONDESOL..... 04 SELF-SAVING GROUPS..... 05 OTHERS _____ 96 (SPECIFY)
G82	Check G06C, G18C, G30C, G41C, G50C, G53C, G57C Y G69C IF THERE IS ANY MODULE WHICH HAS NOT BEEN COMPLETED, IDENTIFY THE RESPONSIBLE PERSON AND INTERVIEW HIM/HER FOR THIS MODULE IN THE NEXT COLUMN IF THE RESPONSIBLE PERSON IS NOT AVAILABLE, IDENTIFY THE PERSON WHO CAN ANSWER AND INTERVIEW HIM/HER IN THE NEXT COLUMN	COMPLETE MODULES..... 1 INCOMPLETE MODULES..... 2	→ G83 → G01 NEXT COLUMN	COMPLETE MODULES..... 1 INCOMPLETE MODULES..... 2
G83	MODULE END TIME	HOUR <input type="text"/> <input type="text"/>	MINUTES <input type="text"/> <input type="text"/>	→ GO TO MODULE C

MODULE C. ACCESS TO FOOD

NO.	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO								
C00	MODULE START TIME	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
C01	HOUSEHOLD NUMBER AND ENUMERATION AREA	HH # <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> E.A. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
C01A	SEE THE HOUSEHOLD LISTING P6. PERSON IN CHARGE OF PREPARING YESTERDAY'S FOOD P1. LINE NUMBER	LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
QUESTIONS - DIET DIVERSITY OF THE HOUSEHOLD											
C02	THE INTERVIEWER MUST ESTABLISH WETHER YESTERDAY WAS A TYPICAL DAY OR IF IT WAS A SPECIAL OCCASION, SUCH AS A FUNERAL OR A PARTY, OR IF MOST OF THE MEMBERS OF THE HOUSHOLD WERE ABSENT, IF SO, GO TO C16. Was yesterday a typical day?	YES 1 NO 2	→ C16								
Now, I would like to ask you about the type of food you or any other person in the household ate yesterday during the day or night. Did you eat....		YES NO DK									
C04	Tortillas, tamales, bread, rice, pasta, spaghetti, cereal or other food made out of corn, rice, wheat, or oats such as porridge?	1 2 8									
C05	Potatoes, yucca, sweet potatoes, vegetable pear root, other roots or tubers or food made out of roots or tubers?	1 2 8									
C05A	Zucchini, carrots, yellow sweet potatoes or other yellow or orange vegetables?	1 2 8									
C06	Vegetables: herbs (swiss chard, lettuce, amaranth, watercress, nightshade), chayote, or other green vegetables?	1 2 8									
C06A	Papaya, mango, (yellow or orange fruits)	1 2 8									
C07	Other fruits?	1 2 8									
C07A	Entrails, stomach, blood sausage, liver, kidneys, heart or other animal organs?	1 2 8									
C08	Meat of beef, pork, lamb, goat, rabbit, duck or other birds?	1 2 8									
C09	Eggs?	1 2 8									
C10	Fish fresh or dried, seafood?	1 2 8									
C11	Beans, nuts, lentils, broad beans or food made out of them?	1 2 8									
C12	Cheese, cream, cow milk (liquid or powdered), goat milk, yogurt or other milk products?	1 2 8									
C13	Oil, butter, margarine, lard?	1 2 8									
C14	Sugar, bee honey, brown sugar?	1 2 8									
C15	Any other food such as condiments, coffee or tea, sodas, packaged snack food, sweets or chocolates?	1 2 8									
C15A	Incaparina?	1 2 8									
C15B	CSB, corn meal or any other food donated by some sort of program such as "bolsa segura", soy, vitacereal?	1 2 8									
C15C	Others?	1 2 8									

MODULE C. ACCESS TO FOOD

NO.	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO				
HHS QUESTIONS							
C16	During the last 30 days, has there been a time in which there was no food of any type in your house due to the lack of resources to get food?	YES 1 NO 2	→ C18				
C17	How many times did this happen during the last 30 days? rarely (1 or 2 time) sometimes (3 to 10 times) or often (more than 10 times)?	RARELY (1-2 TIMES) ... 1 SOMETIMES (3-10) ... 2 OFTEN (MORE THAN 10) ... 3					
C18	During the last 30 days, did you or any other member of the household go to bed hungry because there was not enough food?	YES 1 NO 2	→ C20				
C19	How many times did this happen during the last 30 days?	RARELY (1-2 TIMES) ... 1 SOMETIMES (3-10) ... 2 OFTEN (MORE THAN 10) ... 3					
C20	During the last 30 days, did you or any other member of the household spend all day and night without eating anything at all because there was not enough food?	YES 1 NO 2	→ C22				
C21	How many times did this happen during the last 30 days?	RARELY (1-2 TIMES) ... 1 SOMETIMES (3-10) ... 2 OFTEN (MORE THAN 10) ... 3					
C22	MODULE END TIME	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> MINUTES					→ GO TO MODULE D

**MODULE D. NUTRITIONAL STATUS OF CHILDREN UNDER 6 YEARS OLD
AND FEEDING PRACTICES**

NO.	QUESTIONS AND FILTERS	FIRST CHILD	SECOND CHILD	THIRD CHILD
		NAME _____	NAME _____	NAME _____
D00	MODULE START TIME	HOUR <input type="text"/> <input type="text"/>	MINUTES <input type="text"/> <input type="text"/>	
D01	HOUSEHOLD NUMBER AND ENUMERATION AREA	HOUSEHOLD # <input type="text"/> <input type="text"/>	E.A. <input type="text"/> <input type="text"/>	
D02	SEE HOUSEHOLD LISTING P8. PERSON RESPONSIBLE FOR THE CHILD'S CARE P1. LINE NUMBER OF THE RESPONSIBLE PERSON	LINE NUMBER OF PERSON IN CHARGE <input type="text"/> <input type="text"/>	LINE NUMBER OF PERSON IN CHARGE <input type="text"/> <input type="text"/>	LINE NUMBER OF PERSON IN CHARGE <input type="text"/> <input type="text"/>
D03	SEE HOUSEHOLD LISTING P7. UNDER 6 YEARS OLD P1. LINE NUMBER OF THE CHILD	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
D04	Is [NAME OF THE CHILD] a boy or a girl?	BOY 1 GIRL 2	BOY 1 GIRL 2	BOY 1 GIRL 2
D05	I would like to ask you some questions about [NAME OF THE CHILD]. Would you be so kind to show me the birth certificate or health ID card, or any other document that has the date of birth? IF A DOCUMENT WITH THE DATE OF BIRTH IS SHOWN AND THE INFORMANT CONFIRMS THAT THE INFORMATION IS CORRECT, RECORD THE DATE OF BIRTH AS THE DOCUMENT STATES WRITE THE DOCUMENT SHOWN _____ IF NO DOCUMENT WITH THE DATE OF BIRTH IS SHOWN, ASK: In what month and year was [NAME OF CHILD] born? When is [NAME OF CHILD] 's birthday?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D06	How old was [NAME OF CHILD] on his last birthday? REGISTER THE AGE IN COMPLETED YEARS	YEARS <input type="text"/>	YEARS <input type="text"/>	YEARS <input type="text"/>
D07	REFER TO THE CONVERSION TABLES AND REGISTER THE AGE IN FULL MONTHS USING THE MONTH AND YEAR THAT IS REGISTERED ON D05	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>
D08	CHECK D05, D06, Y D07 FOR CONSISTENCY: A) CHECK IF THE YEAR THAT WAS RECORDED ON D05 IS CONSISTENT WITH THE AGE IN COMPLETED YEARS REGISTERED ON D06 B) CHECK IF THE YEAR AND MONTH OF BIRTH RECORDED ON D05 ARE CONSISTENT WITH THE AGE IN MONTHS THAT IS RECORDED ON D07 IF ANY OF THE ANSWERS ON "A" OR "B" IS "NO", RESOLVE THE INCONSISTENCY. IF THE DATE OF BIRTH WAS RECORDED FROM A HEALTH CENTER ID CARD, THIS MAY BE USED AS THE MOST ACCURATE SOURCE OF INFORMATION.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
COPY THE INFORMATION OF THE CHILDREN BETWEEN 0-59 MONTHS TO THE ANTHROPOMETRY PAGE (QUESTIONS D67 TO D72)				

**MODULE D. NUTRITIONAL STATUS OF CHILDREN UNDER 6 YEARS OLD
AND FEEDING PRACTICES**

NO.	QUESTIONS AND FILTERS	FIRST CHILD NAME _____	SECOND CHILD NAME _____	THIRD CHILD NAME _____																																																																																																																																																																																											
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**MODULE D. NUTRITIONAL STATUS OF CHILDREN UNDER 6 YEARS OLD
AND FEEDING PRACTICES**

NO.	QUESTIONS AND FILTERS	FIRST CHILD	SECOND CHILD	THIRD CHILD
		NAME _____	NAME _____	NAME _____
EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET				
D14	CHECK D07 THE CHILD IS UNDER 60 MONTHS OLD	YES 1 NO 2 (GO TO D01 NEXT CHILD OR TO D66 IF THERE ARE MORE CHILDREN) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D01 NEXT CHILD OR TO D66 IF THERE ARE MORE CHILDREN) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D01 NEXT CHILD OR TO D66 IF THERE ARE MORE CHILDREN) ← DOES NOT KNOW 8
D15	SEE QUESTION D07 TO CHECK IF THE CHILD IS LESS THAN 24 MONTHS OLD (2 YEARS)	YES 1 NO 2 GO TO D54 ← DOES NOT KNOW 8	YES 1 NO 2 GO TO D54 ← DOES NOT KNOW 8	YES 1 NO 2 GO TO D54 ← DOES NOT KNOW 8
D16	Has [NAME OF CHILD] EVER been breastfed?	YES 1 NO 2 GO TO D18 ← DOES NOT KNOW 8	YES 1 NO 2 GO TO D18 ← DOES NOT KNOW 8	YES 1 NO 2 GO TO D18 ← DOES NOT KNOW 8
D17	Was [NAME OF CHILD] breastfed yesterday during the day or night?	YES 1 (GO TO D19) ← NO 2 DOES NOT KNOW 8	YES 1 (GO TO D19) ← NO 2 DOES NOT KNOW 8	YES 1 (GO TO D19) ← NO 2 DOES NOT KNOW 8
D18	Some times, when a mother cannot be with the child, he/she is fed with breast milk through different methods, such as with a spoon, a cup or a bottle. Other times, the child is fed with milk from another woman, with a spoon, a bottle, a cup or directly. Yesterday, did [NAME OF THE CHILD] drink breast milk in any way during the day or night?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D19	Now I would like to ask you about some medicines and vitamins that are sometimes given to children under 2 years of age. Yesterday, was [NAME OF THE CHILD] given any vitamins or medicines in drops during the day or night?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D20	Yesterday, was [NAME OF THE CHILD] given oral saline solution during the day or night?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D21A	Now I would like to ask you about liquids that [NAME OF THE CHILD] might have drunk yesterday during the day or night. Did [NAME OF THE CHILD] drink [CHECK THE LIST]:			
D21	Pure water?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D22	Formula (such as Similac, Enfamil, NAN)?	YES 1 NO 2 (GO TO D24) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D24) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D24) ← DOES NOT KNOW 8

**MODULE D. NUTRITIONAL STATUS OF CHILDREN UNDER 6 YEARS OLD
AND FEEDING PRACTICES**

NO.	QUESTIONS AND FILTERS	FIRST CHILD	SECOND CHILD	THIRD CHILD
		NAME _____	NAME _____	NAME _____
D23	How many times did [NAME OF THE CHILD] drink formula yesterday?	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>
D24	Did [NAME OF THE CHILD] drink canned milk, powdered milk or fresh cow or goat milk?	YES 1 NO 2 (GO TO D26) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D26) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D26) ← DOES NOT KNOW 8
D25	Yesterday, how many times did [NAME OF THE CHILD] drink any type of milk during the day or night?	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>
D26	Did [NAME OF THE CHILD] drink any type of juice?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D27	Clear broth?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D28	Yogurt?	YES 1 NO 2 (GO TO D30) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D30) ← DOES NOT KNOW 8	YES 1 NO 2 (GO TO D30) ← DOES NOT KNOW 8
D29	How many times did [NAME OF THE CHILD] eat yogurt yesterday during the day or night?	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>	VECES <input type="text"/> <input type="text"/>
D30	Did [NAME OF THE CHILD] drink any atole?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D31	Did [NAME OF THE CHILD] drink any other liquid such as coffee, tea, corn water, rice water, barley water, <i>pelo de maiz</i> , chamomile?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D32	Any other liquid?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8

**MODULE D. NUTRITIONAL STATUS OF CHILDREN UNDER 6 YEARS OLD
AND FEEDING PRACTICES**

NO.	QUESTIONS AND FILTERS	FIRST CHILD	SECOND CHILD	THIRD CHILD
		NAME _____	NAME _____	NAME _____
	Yesterday, during the day or night, did [NAME OF THE CHILD] eat any of the following...	FIRST CHILD NAME: _____	SECOND CHILD NAME: _____	THIRD CHILD NAME: _____
D33	Foods made with grains, such as tortillas, little tamales, bread, rice, pasta, cereals?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D34	Zucchini, carrots, yellow sweet potatoes?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D35	Potatoes, yucca, white sweet potatoes, other roots, or foods made from roots?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D36	Green leaves such as spinach, lettuce, swiss chard, water cress, turnip leaves, zucchini leaves, chickpea leaves, amaranth etc.?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D37	Ripe mangoes, papayas and cantaloupe?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D38	Other fruits and vegetables? Cabbage, broccoli, tomatoes, onions, apples, bananas and other fruits or vegetables?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D39	Entrails, (liver, kidney, heart, stomach) or other organs?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D40	Meats of birds, goats, pork, rabbit or beef?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D41	Eggs?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D42	Fish (dried or fresh), shellfish, or seafood?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D43	Food made from beans, nuts, lentils, broad beans, peas, or seeds?	YES 1 NO 2 NO SABE 8	YES 1 NO 2 NO SABE 8	YES 1 NO 2 NO SABE 8
D44	Cheese, cream, cow's milk (liquid or powdered), goat milk, yogurt or other milk products?	YES 1 NO 2 NO SABE 8	YES 1 NO 2 NO SABE 8	YES 1 NO 2 NO SABE 8
D45	Oil, butter, margarine, lard, or food made with any of these products?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D46	Sweets, such as chocolates, candies, caramel, cakes etc.?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D47	Condiments or seasonings such as chili, condiments, aromatic herbs, fish powder?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
	VERIFY QUESTIONS D33–D47:	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "NO" → D51	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "NO" → D51	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "NO" → D51
D50	DID [NAME OF THE CHILD] EAT ANY SOLID, SEMI-SOLID OR BLENDED FOOD DURING THE DAY OR NIGHT YESTERDAY? If so, please tell me everything that [NAME OF THE CHILD] ate at that time.	YES..... 1 (GO BACK TO D33-D47 AND REGISTER ALL THE EATEN FOODS. THEN CONTINUE TO D51) NO 2 (GO TO D54 FIRST COLUMN) DOES NOT KNOW 8 (GO TO D54 FIRST COLUMN)	YES..... 1 (GO BACK TO D33-D47 AND REGISTER ALL THE EATEN FOODS. THEN CONTINUE TO D51) NO 2 (GO TO D54 SECOND COLUMN) DOES NOT KNOW 8 (GO TO D54 SECOND COLUMN)	YES..... 1 (GO BACK TO D33-D47 AND REGISTER ALL THE EATEN FOODS. THEN CONTINUE TO D51) NO 2 (GO TO D54 THIRD COLUMN) DOES NOT KNOW 8 (GO TO D54 THIRD COLUMN)
D51	How many times did [NAME OF THE CHILD] eat solid, semi-solid or blended food yesterday during the day or night?	TIMES <input type="text"/> <input type="text"/> DOES NOT KNOW 98	TIMES <input type="text"/> <input type="text"/> DOES NOT KNOW 98	TIMES <input type="text"/> <input type="text"/> DOES NOT KNOW 98
D52		GO TO D54 FIRST COLUMN	GO TO D54 SECOND COLUMN	GO TO D54 THIRD COLUMN

MODULE D. CHILDREN'S NUTRITIONAL STATE AND FEEDING PRACTICES

NO.	QUESTIONS AND FILTERS	FIRST CHILD NAME _____	SECOND CHILD NAME _____	THIRD CHILD NAME _____
D54	Did [NAME OF THE CHILD] have diarrhea at any point during the last 2 weeks?	YES 1 NO 2 GO TO D01, NEXT CHILD OR TO D66 IF NO MORE CHILDREN ← DOES NOT KNOW..... 8	YES 1 NO 2 GO TO D01, NEXT CHILD OR TO D66 IF NO MORE CHILDREN ← DOES NOT KNOW..... 8	YES 1 NO 2 GO TO D01, NEXT CHILD OR TO D66 IF NO MORE CHILDREN ← DOES NOT KNOW..... 8
D55	Was there any blood in the stools or poop of [NAME OF THE CHILD]?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
D56	Now I would like to ask you how much did [NAME OF THE CHILD] drink during the time he/she had diarrhea (including breast milk) Did he/she drink less than usual, the same or more liquids than usual? If 'LESS', FIND OUT: Did you give him/her to drink much lesser than usual or just a little bit less?	A LOT LESS 1 A LITTLE LESS 2 THE SAME AMOUNT 3 MORE 4 NOTHING TO DRINK 5 DOES NOT KNOW 8	A LOT LESS 1 A LITTLE LESS 2 THE SAME AMOUNT 3 MORE 4 NOTHING TO DRINK 5 DOES NOT KNOW 8	A LOT LESS 1 A LITTLE LESS 2 THE SAME AMOUNT 3 MORE 4 NOTHING TO DRINK 5 DOES NOT KNOW 8
D57	During the time [NAME OF THE CHILD] had diarrhea, was he/she fed less than usual, the same amount of food or more food? If 'LESS', FIND OUT: Did you feed him/her much lesser than usual or just a little bit less?	A LOT LESS 1 A LITTLE LESS 2 THE SAME AMOUNT 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DOES NOT KNOW 8	A LOT LESS 1 A LITTLE LESS 2 THE SAME AMOUNT 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 HIM/HER 6 DOES NOT KNOW 8	A LOT LESS 1 A LITTLE LESS 2 THE SAME AMOUNT 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 HIM/HER 6 DOES NOT KNOW 8
D58	Did you seek advice or treatment for [NAME OF CHILD]'s diarrhea?	YES 1 NO 2 (GO TO D62) ←	YES 1 NO 2 (GO TO D62) ←	YES 1 NO 2 (GO TO D62) ←
D59	Where did you look for advice or treatment for the child's diarrhea? Any other place? MARK ALL THE ANSWERS THAT WERE INDICATED, PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF YOU ARE NOT ABLE TO DETERMINE IF THE SOURCE IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE _____ (NAME OF THE PLACE (S))	HOSPITAL 01 PERMANENT CARE CENTER 02 HEALTH CENTER 03 HEALTH POST 04 PRIVATE CLINIC 05 CONVERGENCE CENTER OF THE MSPAS* 06 COMMUNITY HEALTH ASSITANT 07 COMMUNITY PHARMACY OR PHARMACIST 08 OTHER 96 (SPECIFY)	HOSPITAL 01 PERMANENT CARE CENTER 02 HEALTH CENTER 03 HEALTH POST 04 PRIVATE CLINIC 05 CONVERGENCE CENTER OF THE MSPAS* 06 COMMUNITY HEALTH ASSITANT 07 COMMUNITY PHARMACY OR PHARMACIST 08 OTHER 96 (SPECIFY)	HOSPITAL 01 PERMANENT CARE CENTER 02 HEALTH CENTER 03 HEALTH POST 04 PRIVATE CLINIC 05 CONVERGENCE CENTER OF THE MSPAS* 06 COMMUNITY HEALTH ASSITANT 07 COMMUNITY PHARMACY OR PHARMACIST 08 OTHER 96 (SPECIFY)
D60	VERIFY D59: NUMBER OF MARKED CODES	TWO OR MORE MARKED CODES ONLY ONE MARKED CODE ↓ (GO TO D62) ←	TWO OR MORE MARKED CODES ONLY ONE MARKED CODE ↓ (GO TO D62) ←	TWO OR MORE MARKED CODES ONLY ONE MARKED CODE ↓ (GO TO D62) ←
D61	Where did you first seek advice or treatment? USE THE CODES FROM QUESTION D59	FIRST PLACE..... <input type="text"/> <input type="text"/>	FIRST PLACE..... <input type="text"/> <input type="text"/>	FIRST PLACE..... <input type="text"/> <input type="text"/>

MODULE D. CHILDREN'S NUTRITIONAL STATE AND FEEDING PRACTICES

NO.	QUESTIONS AND FILTERS	FIRST CHILD	SECOND CHILD	THIRD CHILD																																																																																																
		NAME _____	NAME _____	NAME _____																																																																																																
D62	Since [NAME OF CHILD] started to have diarrhea, did you give him/her any of the following to drink: a) Water? b) Homemade whey c) Hydration Saline Solution d) Homemade Remedies? e) Medicines? f) Other (specify)?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>D KN</td> </tr> <tr> <td>WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE WHEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SALINE SOL.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REMEDIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICINES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4">_____ SPECIFY</td> </tr> </table>		YES	NO	D KN	WATER	1	2	8	HOMEMADE WHEY	1	2	8	SALINE SOL.	1	2	8	REMEDIES	1	2	8	MEDICINES	1	2	8	OTHER	1	2	8	_____ SPECIFY				<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>D KN</td> </tr> <tr> <td>WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE WHEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SALINE SOL.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REMEDIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICINES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4">_____ SPECIFY</td> </tr> </table>		YES	NO	D KN	WATER	1	2	8	HOMEMADE WHEY	1	2	8	SALINE SOL.	1	2	8	REMEDIES	1	2	8	MEDICINES	1	2	8	OTHER	1	2	8	_____ SPECIFY				<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>D KN</td> </tr> <tr> <td>WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE WHEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SALINE SOL.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REMEDIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICINES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4">_____ SPECIFY</td> </tr> </table>		YES	NO	D KN	WATER	1	2	8	HOMEMADE WHEY	1	2	8	SALINE SOL.	1	2	8	REMEDIES	1	2	8	MEDICINES	1	2	8	OTHER	1	2	8	_____ SPECIFY			
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_____ SPECIFY																																																																																																				
D63	Did you give [NAME OF CHILD] any other treatment to help stop the diarrhea?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8																																																																																																
D64	What (else) did you give to treat the diarrhea? Anything else? CIRCLE ALL THE TREATMENTS THAT WERE MENTIONED	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY AGENT 02 ZINC 03 OTHER (NEITHER ANTIBIOTIC, NOR ANTIMOTILITY AGENTS NOR ZINC) 04 DOES NOT KNOW THE TYPE OF PILL/SYRUP 05 SHOT ANTIBIOTIC 06 NOT ANTIBIOTIC 07 DOES NOT KNOW THE TYPE OF SHOT 08 (IV) INTRAVENOUS ... 09 MEDICINES MADE OUT OF HERBS 10 OTHER 96 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY AGENT 02 ZINC 03 OTHER (NEITHER ANTIBIOTIC, NOR ANTIMOTILITY AGENTS NOR ZINC) 04 DOES NOT KNOW THE TYPE OF PILL/SYRUP 05 SHOT ANTIBIOTIC 06 NOT ANTIBIOTIC 07 DOES NOT KNOW THE TYPE OF SHOT 08 (IV) INTRAVENOUS ... 09 MEDICINES MADE OUT OF HERBS 10 OTHER 96 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY AGENT 02 ZINC 03 OTHER (NEITHER ANTIBIOTIC, NOR ANTIMOTILITY AGENTS NOR ZINC) 04 DOES NOT KNOW THE TYPE OF PILL/SYRUP 05 SHOT ANTIBIOTIC 06 NOT ANTIBIOTIC 07 DOES NOT KNOW THE TYPE OF SHOT 08 (IV) INTRAVENOUS ... 09 REMEDIES/ MEDICINES MADE OUT OF HERBS 10 OTHER 96 (SPECIFY)																																																																																																
D65																																																																																																				
D66	MODULE END TIME	HOUR <input type="text"/> <input type="text"/>	MINUTES <input type="text"/> <input type="text"/>	→ GO TO KISH FOR WOMEN 15-49																																																																																																

MODULE E: RANDOM SELECTION OF WOMEN IN HOUSEHOLDS THAT HAVE MORE THAN ONE WOMAN BETWEEN 15 AND 49 YEARS OF AGE

INSTRUCTIONS

1. Verify column 9 on the household list. If there is more than one woman between 15-49, select one using the following procedure.
2. List on the table all the women between 15-49, in descending order from the eldest to the youngest.
3. Look at the last digit of the household number in the cover of the questionnaire and mark the matching number on the table.
4. Look where the column of the number of household **crosses** with the row of number of total of women, between 15-49 years of age.
5. The digit of the cell where both column and row cross, is the number of the woman that should be interviewed.

EXAMPLE: If there is a total of 3 women 15-49, and the last digit of the household is 5, choose the 2nd woman on the list

Number of women 15-49	Line Number	Name	Age	Last digit of the household number (see cover)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

IF THE SELECTED WOMAN ON THE FIRST TABLE TURNS OUT TO BE NOT ELEGIBLE AFTER E05, CHOOSE ANOTHER WOMAN AMONG THE REST OF THE ELEGIBLE WOMEN (15-49) USING THE FOLLOWING TABLE

Number of Women 15-49	Line Number	Name	Age	Last digit of the household number (see cover)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

GO TO MODULE E →

Module E. Nutritional Status and Dietary Diversity of Women

NO.	QUESTIONS AND FILTERS	NAME OF THE WOMAN
E00	MODULE START TIME	HOUR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
E01	HOUSEHOLD NUMBER ENUMERATION AREA	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
E02	SEE THE HOUSEHOLD LISTING P4, P5 Y P1. SEX, AGE AND LINE NUMBER (IF THERE IS MORE THAN ONE WOMAN, USE THE KISH TABLE FOR WOMEN)	LINE NUMBER..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
E03	In what month and year were you born? IF THE MONTH IS UNKNOWN, RECORD "98" IF THE YEAR IS UNKNOWN, RECORD "9998"	MONTH..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
E04	Can you please tell me how old you are? What was your age on your last birthday? REGISTER THE AGE IN COMPLETED YEARS AND ASK E06 IF THE INFORMANT CANNOT REMEMBER HER AGE, REGISTER "98" AND ASK QUESTION E05	AGE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> → E06 DOES NOT 98
E05	Are you between 15 and 49 years of age?	Yes 1 NO 2 GO TO THE KISH WOMEN TABLE AND CHOOSE ANOTHER WOMAN ← DOES NOT KNOW 8
E06	IF THE INFORMATION BETWEEN 15 AND 49 YEARS OBTAINED FROM THE INFORMATION ON E03 AND E05 DOES NOT CONCUR, DETERMINE WHICH IS THE MORE ACCURATE	YES 1 NO 2
COPY THE INFORMATION OF THE WOMAN BETWEEN 15-49 YEARS OF AGE TO THE ANTHROPOMETRY SHEET (E04)		
DIETARY DIVERSITY OF THE WOMAN		
E11	Yesterday during the day or night did you eat... Food made with grains such as tortillas, tamales, bread, rice, pasta, cereal?	YES 1 NO 2 DOES NOT KNOW..... 8
E12	Zucchini, carrots, yellow sweet potatoes?	YES 1 NO 2 DOES NOT KNOW..... 8
E13	Potatoes, yucca, roots, white sweet potatoes, other roots or tubers or food made out of roots or tubers?	YES 1 NO 2 DOES NOT KNOW..... 8
E14	Vegetables with green leaves like spinach, lettuce, swiss chard, amaranth, watercress, nightshade, turnip leaves, chayote leaves,	YES 1 NO 2 DOES NOT KNOW..... 8
E15	Ripe mangoes, ripe papayas, cantaloupe?	YES 1 NO 2 DOES NOT KNOW..... 8
E16	Other fruits and vegetables? Cabbage, broccoli, tomatoes, onions, apples, bananas or other fruits or vegetables?	YES 1 NO 2 DOES NOT KNOW..... 8
E17	Entrails, (liver, kidney, heart) or other organ meat?	YES 1 NO 2 DOES NOT KNOW..... 8
E18	Meat, like that of birds, beef, goat, pork, rabbit?	YES 1 NO 2 DOES NOT KNOW..... 8
E19	Eggs?	YES 1 NO 2 DOES NOT KNOW..... 8
E20	Fish (fresh or dried), shellfish, or seafood?	YES 1 NO 2 DOES NOT KNOW..... 8
E21	Foods made from beans, nuts, lentils, broad beans, peas, or seeds?	YES 1 NO 2 DOES NOT KNOW..... 8
E22	Cheese, cream, cow milk (liquid or powdered), goat milk, yogurt or other milk products?	YES 1 NO 2 DOES NOT KNOW..... 8
E23	Oil, butter, margarine, lard, or food made with any of these products?	YES 1 NO 2 DOES NOT KNOW..... 8
E24	Sweets, such as chocolates, candies, caramel, cakes or butterscotches?	YES 1 NO 2 DOES NOT KNOW..... 8
E25	Condiments for flavor such as chili, condiments, aromatic herbs, fish powder?	YES 1 NO 2 DOES NOT KNOW..... 8

Module E. Nutritional Status and Dietary Diversity of Women

NO.	QUESTIONS AND FILTERS	NAME OF THE WOMAN _____
E28	I WOULD LIKE TO ASK YOU SOME QUESTIONS REGARDING THE PREGNACIES AND BIRTHS YOU'VE HAD Are you currently pregnant?	YES 1 (GO TO E33) ↵ NO 2 DOES NOT KNOW..... 8
E29	Have you ever been pregnant? IF THE ANSWER IS "NO", PROBE Have you ever been pregnant even if there wasn't a birth of a living child?	YES 1 NO 2 (GO TO E33) ↵
E30	Have you ever given birth (including if your child did not survive)? IF THE ANSWER IS "NO", PROBE: What I mean is, have you ever given birth even if the baby only lived for a few minutes or hours, or even if the baby was stillborn.	YES 1 NO 2 (GO TO E33) ↵
E31	When was the last time you gave birth (even if that child is not still alive)? IF THE WOMAN DOES NOT KNOW THE DATE, ASK: Do you have a health card (or vaccination sheet) for that child that indicates the date of birth? IF YOU ARE SHOWN A HEALTH CARD (OR VACCINATION SHEET) WRITE DOWN THE DATE OF BIRTH INDICATED ON THE CARD	Date of last birth DAY <input type="text"/> <input type="text"/> IF THE DAY IS UNKNOWN,WRITE "98" ABOVE MONTH.... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E33	MODULE END TIME HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	→ (GO TO KISH TABLE MOTHER SECTION)

Module I: Random selection of mothers of children less than 5 years old

INSTRUCTIONS

1. Verify column 12 on the household listing. Make sure that the eligibility of the mother has not changed if a child turned out to be 5 years old or more, according to question D08. If there is more than one mother of a child under 5 years old, choose one, using the following procedure.
2. Make a list on the table of all the mothers in the household, in descending order, from the eldest to the youngest.
3. Look for the last digit of the household number on the cover of the questionnaire and mark the corresponding number on the table.
4. Search for the point at which the column of the last digit of the household number crosses with the row of the total number of mothers.
5. The digit in the cell where the row and column cross is the number of the mother to be interviewed.

Example: If there are a total of 3 mothers and the last digit of the household number is 5, choose the woman number 2 fro

Number of mothers	Line Number	Name	Age	Last digit of the household number (see cover)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

Module I Specific Indicator of the Country

NO	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO A
100	MODULE START TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101A	ASK OF WOMAN WITH CHILDREN BETWEEN 0-59 MONTHS OF AGE		
101B	HOUSEHOLD NUMBER AND ENUMERATION AREA	HH# <input type="text"/> <input type="text"/> E.A. <input type="text"/> <input type="text"/> <input type="text"/>	
101C	WOMAN'S LINE NUMBER FROM HOUSEHOLD LISTING (COLUMN 1)	LINE NUMBER <input type="text"/> <input type="text"/>	
SIGNS OF DANGER DURING PREGNACY			
102	Do you know what are the signs of danger during pregnancy that indicate that you need treatment?	YES 1 NO 2 DOES NOT KNOW 8	→ 107
103	Then, could you tell me which are those signs of danger? DO NOT READ THE POSSIBLE ANSWERS CIRCLE ALL THE ANSWERS GIVEN BY THE INTERVIEWEE	VAGINAL BLEEDING 01 FEVER 02 DIFICULT TO URINATE (PAIN AND BURNING)..... 03 STRONG PAIN IN THE PIT OF THE STOMACH..... 04 STRONG HEADACHE 05 BLURRY VISION 06 SWOLLEN HANDS/FACE/BODY 07 DIFFICULT TO BREATH 08 OTHER _____ 96 (SPECIFY) DOES NOT KNOW 98	→ 107
104	Did you have any of these danger signs during your last pregnancy?	YES 1 NO 2 DOES NOT KNOW 8	→ 107
105	Did you seek help or treatment?	YES 1 NO 2 DOES NOT KNOW 8	→ 107
106	Where did you seek help or treatment?	HOSPITAL 01 PERMANENT ASSITANCE CENTER 02 HEALTH CENTER 03 HEALTH POST 04 PRIVATE CLINIC 05 CONVERGENCE CENTER OF THE MSPAS 06 COMMUNITY HEALTH PERSONNEL 07 OTHER _____ 96 (SPECIFY) DID NOT LOOK FOR HELP OR ASSISTANCE 98	
SIGNS OF DANGER FOR THE NEWBORN (UNDER 28 DAYS)			
107	Do you know what are the signs of danger that indicate that a newborn (under 28 days of age) is very sick and needs treatment?	YES 1 NO 2 DOES NOT KNOW 8	→ 112
108	Then, could you tell me what are those signs of danger? What else? DO NOT READ THE POSSIBLE ANSWERS CIRCLE ALL THE ANSWERS GIVEN BY THE INTERVIEWEE	BABY DOES NOT NURSE 01 VERY HOT OR HAS FEVER 02 RED AROUND THE BELLY BUTTON 03 BABY VERY COLD 04 HAS DIFFICULTY BREATHIN 05 VERY SMALL/LOW WEIGHT 06 BABY IS BLUE 07 IS RESTLESS 08 HAS FAINTED 09 HAS HAD AN EPILEPTIC SEIZURE 10 OTHER _____ 96 (SPECIFY) DOES NOT KNOW 97	→ 112
109	Did your newborn baby have any of these signs during the 28 days after birth?	YES 1 NO 2 DOES NOT KNOW 8	→ 112
110	Did you seek help or treatment?	YES 1 NO 2 DOES NOT KNOW 8	→ 112
111	Where did you seek help or treatment? CIRCLE ALL THE ANSWERS GIVEN BY THE INTERVIEWEE	HOSPITAL 01 PERMANENT ASSITANCE CENTER 02 HEALTH CENTER 03 HEALTH POST 04 PRIVATE CLINIC 05 CONVERGENCE CENTER OF THE MSPAS 06 COMMUNITY HEALTH PERSONNEL 07 OTHER _____ 96 (SPECIFY) DID NOT LOOK FOR HELP OR ASSISTANCE 98	

Module I Specific Indicator of the Country

NO	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO A				
SIGNS OF DANGER FOR CHILDREN UNDER 5 YEARS OF AGE (0-59 MONTHS)							
I12	Do you know what are the signs of danger that indicate that your child is very sick and needs treatment?	YES 1 NO 2 DOES NOT KNOW 8	→ I17				
I13	Then, could you tell me what are those signs of danger? What else? DO NOT READ THE POSSIBLE ANSWERS CIRCLE ALL THE ANSWERS GIVEN BY THE INTERVIEWEE	NOT NURSING/NOT DRINKING ANY FLUID/ 01 NOT EATING 01 VOMITS EVERYTHING 02 FAST OR DIFFICULT BREATHING 03 HAS FAINTED 04 SEIZURES/ATTACKS 05 HAS SUNKEN EYES 06 VERY HOT/HAS A FEVER 07 SUBCOSTAL RETRACT 08 WRINKLED SKIN OR 09 TURGIDITY SKIN TEST 09 OTHER _____ 96 (SPECIFY) DOES NOT KNOW 98	→ I17				
I14	Has your child ever had any of these signs?	YES 1 NO 2 DOES NOT KNOW 8	→ I17				
I15	Did you seek help or treatment?	YES 1 NO 2 DOES NOT KNOW 8	→ I17				
I16	Where did you seek help or treatment?	HOSPITAL 01 PERMANENT ASSISTANCE CENTER 02 HEALTH CENTER 03 HEALTH POST 04 PRIVATE CLINIC 05 CONVERGENCE CENTER 06 OF THE MSPAS 06 COMMUNITY HEALTH PERSONNEL 07 OTHER _____ 96 (SPECIFY) DID NOT LOOK FOR HELP OR ASSISTANCE 98					
I17	Are you currently married or cohabitating?	YES, CURRENTLY MARRIED 1 YES, COHABITATING 2 NO, NOT WITH A PARTNER 3	→ I20				
I18	Who normally makes the decisions regarding medical attention for you: You, your husband/partner, you and your husband/partner together, or somebody else?	THE INTEVIEWEE DECIDES 1 HUSBAND/PARTNER DECIDES 2 THE INTERVIEWEE AND HUSBAND/PARTNER DECIDE TOGETHER 3 SOMETIMES THE INTERVIEWEE, AND SOMETIMES THE HUSBAND/PARTNER 4 OTHER _____ 6 (SPECIFY)					
I19a	When your husband/partner is at home , who normally makes decisions regarding medical attention for your children [NAMES OF THE CHILDRES 0-59 MONTHS OLD]: you alone, you husband/partner, you and your husband/partner, or somebody else?	THE INTEVIEWEE DECIDES 1 HUSBAND/PARTNER DECIDES 2 THE INTERVIEWEE AND HUSBAND/PARTNER DECIDE TOGETHER 3 SOMETIMES THE INTERVIEWEE, AND SOMETIMES THE HUSBAND/PARTNER 4 OTHER _____ 6 (SPECIFY)					
I19b	If your husband is NOT at home , who normally makes decisions regarding medical attention for your children [NAMES OF THE CHILDRES 0-59 MONTHS OLD]?	THE INTEVIEWEE DECIDES 1 OTHER _____ 6 (ESPECIFY) NOBODY MAKES A DECISION 97					
I20	MODULE END TIME	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES					→ GO TO MODULE H

Module H. Measures of Poverty

HOUSEHOLD NUMBER

ENUMERATION AREA

LINE NUMBER OF THE PERSON RESPONSIBLE FOR PREPARING FOOD (COLUMN 6)

H00. MODULE START TIME

HOUR

MINUTES

MODULE H1. FOOD CONSUMPTION IN THE LAST 7 DAYS

CODE	PRODUCT	YES = 1 NO = 2	TOTAL CONSUMPTION IN THE HH DURING THE LAST SEVEN DAYS		TOTAL THAT CAME FROM PURCHASES		AMOUNT SPENT	TOTAL THAT CAME FROM AGRICULTURAL PRODUCTION		TOTAL THAT CAME FROM GIFTS AND OTHER SOURCES											
	During the last 7 days, did you or any other person in your household consume [FOOD]? INCLUDE ALL THE FOOD THAT WAS CONSUMED AS A GROUP AND SEPARATELY BY MEMBERS OF THE HOUSEHOLD. DO NOT INCLUDE FOOD CONSUMED IN RESTAURANTS, THAT IS RECORDED AT THE END (117)		How much, in total of [FOOD], did your household consume during the last 7 days?		How much of [FOOD] came from purchases?		How much money was spent on what was eaten during the last 7 days? IF ONLY A PART OF WHAT WAS BOUGHT WAS CONSUMED AND NOT EVERYTHING, PLEASE ESTIMATE THE COST OF WHAT WAS CONSUMED.	How much of [FOOD] came from agricultural production?		How much came from gifts and other sources?											
H1.01		H1.02	H1.03A	QUANTITY	H1.03B	UNIT	H1.04A	QUANTITY	H1.04B	UNIT	H1.05	QUETZALES	H1.06A	QUANTITY	H1.06B	UNIT	H1.07A	QUANTITY	H1.07B	UNIT	
BASIC GRAINS (INCLUDE THE QUANTITY SPENT ON MAKING TORTILLAS, TAMALES, ATOLE ETC.)																					
01	Beans? (black, white, red, etc.) (Pounds)	1 2																			
02	Rice (High or Low quality) (Pounds)	1 2																			
03	Corn (white, yellows, etc.) (Pounds)	1 2																			
PRODUCTS FROM THE BAKERY OR THE TORTILLA FACTORY																					
04	Bread? (small, medium or large size)	1 2											DO NOT ASK								
05	Cookies? (Small, medium or large size)	1 2																			
06	Cakes? (small, medium or large size)	1 2																			
07	Corn or flour tortillas (Units/Pounds)	1 2																			
WHEAT AND CEREALS																					
08	Prepared cereals, Corn Flakes, etc.? (Grams)	1 2											DO NOT ASK								
09	Incaparina? (Pounds)	1 2																			
10	Oats of all kinds (mosh, atole, etc.)? (Pounds, Grams)	1 2																			
ATOLE (PURCHASED)																					
11	Corn atole? (cup)	1 2											DO NOT ASK								
12	Other atole? (Rice and milk, Plantain, atolillo, shuco, etc.?)	1 2																			
SUGARS																					
13	Sugar? (pounds)	1 2											DO NOT ASK								
14	Brown sugar? (Pounds)	1 2																			
FLOUR (Bought)																					
17	Corn flour (Maseca)? (Pounds)	1 2											DO NOT ASK								
18	Wheat flour? (Pounds)	1 2																			

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UNITS	POUNDS (1 LB = 16 OZ)	01	LITERS	04	UNIT	07	LARGE UNIT	10	PORTION	13
	OUNCES	02	CUP	05	SMALL UNIT	08	BUNCH	11		
	GRAMS	03	MILILITERS	06	MEDIUM UNIT	09	BARRS (BARR = 0.2 LBS)	12		

MODULE H1. FOOD CONSUMPTION IN THE LAST 7 DAYS												
CODE	PRODUCT	YES = 1 NO = 2	TOTAL CONSUMPTION IN THE HH DURING THE LAST SEVEN DAYS			TOTAL THAT CAME FROM PURCHASES		AMOUNT SPENT	TOTAL THAT CAME FROM AGRICULTURAL PRODUCTION		TOTAL THAT CAME FROM GIFTS AND OTHER SOURCES	
	During the last 7 days, did you or any other person in your household consume [FOOD]? INCLUDE ALL THE FOOD THAT WAS CONSUMED AS A GROUP AND SEPARATELY BY MEMBERS OF THE HOUSEHOLD. DO NOT INCLUDE FOOD CONSUMED IN RESTAURANTS, THAT IS RECORDED AT THE END (117)		How much, in total of [FOOD], did your household consume during the last 7 days?			How much of [FOOD] came from purchases?		How much money was spent on what was eaten during the last 7 days? IF ONLY A PART OF WHAT WAS BOUGHT WAS CONSUMED AND NOT EVERYTHING, PLEASE ESTIMATE THE COST OF WHAT WAS CONSUMED.	How much of [FOOD] came from agricultural production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A	QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 QUETZALES	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
SAUCEES AND PASTAS												
22	Spaghetti, noodles, macaroni, any type of pasta? (Pounds, Grams).	1 2										
23	Packaged soup (Mahler, Maggi, etc.)? (Grams)	1 2										
24	Canned tomato sauces and paste? (Grams)	1 2										
26	Instant soups in a cup? (Grams)	1 2										
MEATS, FISH AND SHELL FISH												
27	Beef? (Pounds)	1 2										
30	Pork? (Pounds)	1 2										
33	Chicken or hen? (Pounds)	1 2										
34	Entrails-Giblets? (Pounds)	1 2										
35	Fresh or dried fish? (Pounds)	1 2										
37	Sardines, tuna? (canned) (Grams)	1 2										
38	Shell fish, shrimp, crab etc.? (Pounds)	1 2										
39	Ham? (Pounds, Grams)	1 2										
39a	Other cold cuts, such as hot dogs, spicy sausages, Italian style sausages, etc.? (small/medium/large unit)	1 2										
MILK AND EGGS												
40	Powdered baby formula? (Pounds)	1 2										
41	Powdered milk? (Pounds, Grams)	1 2										
42	Liquid milk? (Liters, Milliliters)	1 2										
44	Eggs? (Units)	1 2										
MILK PRODUCTS												
46	Fresh cream? (Liters, Cup, Grams, Milliliters)	1 2										
47	Fresh or dried cheese? (Pounds)	1 2										
48	Yogurt? (Grams)	1 2										
49	Butter? (Pounds)	1 2										
UNITS: POUNDS (1 LB = 16 OZ) 01 LITERS 04 UNIT 07 LARGE UNIT 10 PORTION 13 OUNCES 02 CUP 05 SMALL UNIT 08 BUNCH..... 11 GRAMS 03 MILILITERS 06 MEDIUM UNIT 09 BARRS (BARR = 0.2 LBS) 12												

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MODULE H1. FOOD CONSUMPTION IN THE LAST 7 DAYS												
CODE	PRODUCT	YES = 1 NO = 2	TOTAL CONSUMPTION IN THE HH DURING THE LAST SEVEN DAYS			TOTAL THAT CAME FROM PURCHASES		AMOUNT SPENT	TOTAL THAT CAME FROM AGRICULTURAL PRODUCTION		TOTAL THAT CAME FROM GIFTS AND OTHER SOURCES	
	During the last 7 days, did you or any other person in your household consume [FOOD]? INCLUDE ALL THE FOOD THAT WAS CONSUMED AS A GROUP AND SEPARATELY BY MEMBERS OF THE HOUSEHOLD. DO NOT INCLUDE FOOD CONSUMED IN RESTAURANTS, THAT IS RECORDED AT THE END (117)		How much, in total of [FOOD], did your household consume during the last 7 days?			How much of [FOOD] came from purchases?		How much money was spent on what was eaten during the last 7 days? IF ONLY A PART OF WHAT WAS BOUGHT WAS CONSUMED AND NOT EVERYTHING, PLEASE ESTIMATE THE COST OF WHAT WAS CONSUMED.	How much of [FOOD] came from agricultural production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A	QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 QUETZALES	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
FRUITS												
76	Plantains? (Units)	1 2										
77	Bananas? (Units)	1 2										
78	Oranges? (Units)	1 2										
79	Pineapple? (UNITS, PORTION)	1 2										
80	Apples? (Pounds / Units)	1 2										
81	Watermelon? (UNITS, PORTION)	1 2										
82	Mangoes? (Units)	1 2										
83	Lemons? (Units)	1 2										
85	Avocado? (Units)	1 2										
86	Papaya? (UNITS, PORTION)	1 2										
87	Cantaloupe? (UNITS, PORTION)	1 2										
88	Peaches?	1 2										
89	Strawberries? (Pounds)	1 2										
90	Tangerines? (Units)	1 2										
91	Pears? (Units)	1 2										
92	Grapes? (Pounds)	1 2										
OTHER FOOD AND BEVERAGES												
93	Bouillon, seasoning, garlic salt, onion salt, other salts? (Grams)	1 2										
94	Thyme, bay, oregano and other spice? (Bunch, Ounces)	1 2										
95	Salt? (Pounds, Grams)	1 2										
96	Sodas? (Liters, Milliliters)	1 2										
97	Boxed or canned juices? (Milliliters)	1 2										
98	Canned beans? (Grams)	1 2										
99	Purified water? (Liters, Milliliters)	1 2										
100	Ice cream and frozen drinks etc.? (Units)	1 2										
101	Coffee, whole bean, ground, instant? (Pounds, Grams)	1 2										
102	Chocolate? (Pounds)	1 2										
UNITS: POUNDS (1 LB = 16 OZ) 01 LITERS 04 UNIT 07 UNIT GRANDE 10 PORTION 13 OUNCES 02 CUP 05 UNIT PEQUEÑA 08 BUNCH 11 GRAMS 03 MILILITERS 06 UNIT MEDIANA 09 BARRS (BARR = 0.2 LBS) 12												

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MODULE H1. FOOD CONSUMPTION IN THE LAST 7 DAYS												
CODE	PRODUCT	YES = 1 NO = 2	TOTAL CONSUMPTION IN THE HH DURING THE LAST SEVEN DAYS			TOTAL THAT CAME FROM PURCHASES		AMOUNT SPENT	TOTAL THAT CAME FROM AGRICULTURAL PRODUCTION		TOTAL THAT CAME FROM GIFTS AND OTHER SOURCES	
	During the last 7 days, did you or any other person in your household consume [FOOD]? INCLUDE ALL THE FOOD THAT WAS CONSUMED AS A GROUP AND SEPARATELY BY MEMBERS OF THE HOUSEHOLD. DO NOT INCLUDE FOOD CONSUMED IN RESTAURANTS, THAT IS RECORDED AT THE END (117)		How much, in total of [FOOD], did your household consume during the last 7 days?			How much of [FOOD] came from purchases?		How much money was spent on what was eaten during the last 7 days? IF ONLY A PART OF WHAT WAS BOUGHT WAS CONSUMED AND NOT EVERYTHING, PLEASE ESTIMATE THE COST OF WHAT WAS CONSUMED.	How much of [FOOD] came from agricultural production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A	QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 QUETZALES	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
OTHER FOODS AND BEVERAGES (CONTINUED)												
103	Beer? (Ounces, Liters, Milliliters)	1 2										
104	Packaged snacks (tortrix, ricitos, etc.) (Grams)	1 2										
105	Jams, jellies? (Grams)	1 2										
106	Toasted seeds such as peanuts, cashews, etc.? (Grams)	1 2										
107	Liquors, rums, whiskey, wine, cusha? (Liters)	1 2										
108	Cigarettes? (Units)	1 2										
110	Compote, preserves? (Grams)	1 2										
111	Tea in bag/box? (Grams)	1 2										
PREPARED FOOD FOR IMMEDIATE INTAKE (BOUGHT)												
112	Tamales, red, black, of corn, chuchitos, etc.? (Units)	1 2										
113	Paches? (Units)	1 2										
114	Pork chicharrones? (Pounds)	1 2										
115	Tacos of any kind? (Units)	1 2										
116	Tostadas with guacamole, beans, tomato sauce, etc.? (Units)	1 2										
RESTAURANT FOOD (ONLY ASK HOW MUCH WAS SPENT)												
117	Money spent in restaurants (food, refreshments, beer, juices and other beverages and food)	1 2										
UNITS: POUNDS (1 LB = 16 OZ) 01 LITERS 04 UNIT 07 UNIT GRANDE 10 PORTION 13 OUNCES 02 CUP 05 UNIT PEQUEÑA 08 BUNCH..... 11 GRAMS 03 MILILITERS 06 UNIT MEDIANA 09 BARRS (BARR = 0.2 LBS) 12												

MODULE H2. EXPENSES ON ITEMS OTHER THAN FOOD DURING THE LAST 7 DAYS

ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE WEEK	CATEGORIES AND CODES	COST OF EACH ITEM
	LINE NUMBER FROM THE HOUSEHOLD LISTING (COL.1) OF THE HEAD OF HOUSEHOLD OR RESPONSIBLE PERSON IF THE HEAD OF HOUSEHOLD IS ABSCENT	LINE NUMBER <input type="text"/> <input type="text"/>	
H2	<u>During the last 7 days</u> , did you use, consume, or buy [ITEM]?		total? (How much did it cost)
100	Urban buses, minibuses, taxis or moto-taxis? (does not include expenses on school buses)	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
101	Newspapers?	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
102	Public phone, telegrams, letters, fax, internet? (outside of home)	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
103	Fuel for vehicles of private use of the household?	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
106	Money given to children for personal expenses at school? (DO NOT INCLUDE EXPENSES ON SNACKS FROM THE PRECEEDING SECTION)	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
107	Corn milling?	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
108	Matches?	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
109	Lighters?	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
110	Shoe polish?	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
111	Pre-paid airtime telephone cards for mobile phones? (recharges, pins)	YES 1 → NO 2 (GO TO NEXT ITEM) ←↓	TOTAL COST IN QUETZALES: _____
112	Others?	OTHER ITEMS _____ _____ _____ _____	COSTO EN QUETZALES: _____ _____ _____ _____

MODULE H3. EXPENSES ON ITEMS OTHER THAN FOOD DURING THE LAST MONTH

ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE MONTH	CATEGORIES	COST OF EACH ITEM
H3	<u>During the last month</u> , did your household use or buy [ITEM]?		How much did you pay in total? (How much did it cost)
113a.	Dish washing soap, solid washing soap, detergents, liquid softener, bleach, clorox, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
113b.	Brush for clothes, shoe brushes, shoe polish solid/liquid etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
113c.	Flashlights, light bulbs, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
114	Bathing soap, shampoo, conditioner, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
115	Toothpaste, toothbrush, dental floss, mouthwash, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
116	Toilet paper, sanitary pads, napkins, disposable towels etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
117	Hairbrush, combs, hairpins, hairbands, headbands, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
118	Razors, razors replacements, shaving cream?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
119	Scissors, nail file, nail clipper, tweezers, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
121	Brooms, brushes, mops, floor polish, trash bags, trash cans, dustpan, etc. ?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
122	Cleaning and kitchen gloves, sponges, ropes, clothes hangers, wipers, dish drainer, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
124	Baby oil, cotton swabs, bottle nipples, bottles, disposable or cloth diapers, t-shirts, bibs, baby napkins, baby blankets etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
125	Sewing thread, knitting thread, buttons, elastic bands, zippers and similar items, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
126	Books and magazines (does not include school books)?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
127	Colognes, deodorants, body splash, body powder, perfumes, hair gel, vaseline, hair treatments, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
130	Services provided out of the household, such as laundry washing and ironing, clothes repairs, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
131	Recreation and fun: public shows, movie theaters, soccer games, purchase of audio tapes, CDs, and DVDs?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
132	Barber shop (haircut and shave) beauty salon (hair styling, permanent curls, manicure, pedicure, makeup etc.)?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
134	Domestic services, laundry services, chauffer, etc.?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
137	Alimony or child support payments?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
138	Parking expenses?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
139	Non-urban transportation expenses?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____

MODULE H3. EXPENSES ON ITEMS OTHER THAN FOOD DURING THE LAST MONTH			
ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE MONTH	CATEGORIES	COST OF EACH ITEM
H3	<u>During the last month</u> , did your household use or buy [ITEM]?		How much did you pay in total? (How much did it cost)
	HOUSE SERVICES (MONTHLY)		
141	House telephone line?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
142	Mobil phone? (Include all members of the household)	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
143	Water?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
144	Internet?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
	ENERGY SOURCES USED AT HOME		
146	Candles?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
147	Kerosene (current gas)?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
148	Propane gas?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
149	Coal?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
150	Batteries?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
151	Electricity?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
152	Firewood? (If it is only cut or collected, estimate its value in Q.)	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
	HEALTH EXPENSES (MONTHLY)		
153	Mattes related to illnesses and injuries, including medicine, evaluations, consultations and hospitalizations?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
154	Medical assistance not related to an illness, such as preventive care, prenatal visits, checkups etc. ?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____
155	First aid medicines such as alcohol or other over-the-counter medicines such as Panadol, Tabcin, Ibuprofen, Aspirin, Alka Seltzer, Sal Andrews, etc.?	YES 1 → NO 2 (NEXT ITEM) ←┘	TOTAL COST IN QUETZALES: _____

MODULE H4. EXPENSES ON ITEMS OTHER THAN FOOD DURING THE LAST 12 MONTHS

ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE YEAR (12 MONTHS)	CATEGORIES	COST OF EACH ITEM
	During the last year (twelve months) did your household use or buy [ITEM]:		How much did you pay (how much did it cost) in total?
157	Tailored clothing? (Does not include school uniforms)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
158	Dressmaking materials? (Does not include the materials for school uniforms, include costs for tailoring)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
159	Shoes, tennis shoes, boots, and shoe repairs? (Does not include shoes that are used for school uniforms)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
160	House maintenance and repairs? (Painting and other small repairs)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
161	Kitchen, bedroom, dining and living room furniture? (Includes all repairs)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
162	Maintenance and repair of personal and home goods? (appliances, electronic goods, etc.)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
164	Dinner service, pots, trays, pans, cutlery, and other ware used for cooking and eating? (Includes repairs)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
165	Curtains, bed spreads, towels, mattresses, tablecloths, blankets and others?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
166	Decorations such as: flower vases of all types, ornamental plants, and others?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
167	Articles of jewelry made of precious metals or consume jewelry? (includes repairs)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
168	Parties, birthdays, celebrations, baptisms, weddings (hosted by the household) ?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
169	Gifts of all types for all parties or celebrations (not hosted by the household)?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
171	Hotels, motels, and touristic packages (tours) for trips?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
172	Payments to obtain and transmission documents such as: vehicle transfers, tickets, driving licenses, passports, personal identification documents, etc. ?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
174	Vehicle maintenance and repairs? (Include all parts, lubricants, labor cost, wheels, etc.).	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
175	Medicines, medical fees, tests, x-rays, hospitalization, etc.? (Do not include expenses from last month)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
176	Direct taxes? (income tax, property taxes)	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
177	Professional services from attorneys, accountants, other professionals not related to health services?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
178	Was money or goods (clothing, food or shoes) sent to absent members of the household, students relatives, friends, or acquaintances?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____
179	Did you make any type of donations to people, charitable nonprofit entities?	YES 1 → NO 2 (NEXT ITEM) ←	TOTAL COST IN QUETZALES: _____

MODULE H4. EXPENSES ON ITEMS OTHER THAN FOOD DURING THE LAST 12 MONTHS

ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE YEAR (12 MONTHS)	CATEGORIES	COST OF EACH ITEM
180	<p>During the last year (twelve months) did your household use or buy [ITEM]:</p> <p>Contributions to local associations?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>How much did you pay (how much did it cost) in total? _____</p> <p>TOTAL COST IN QUETZALES: _____</p>
181	<p>Funerary contracts and services, pantheons, caskets, etc.?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
182	<p>Insurance payments for: vehicles, fire, theft, life, health, accidents, etc.?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
185	<p>Sport articles?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
186	<p>Toys?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
187	<p>Mobil telephone?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
EDUCATION EXPENSES			
188	<p>Enrollment or registration?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
189	<p>Books, paper, notebooks and/or any other school materials?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>How much did you pay in total? _____</p>
190	<p>Uniforms? (Includes only uniform shoes)</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
192	<p>Round trip transportation to school?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>
193	<p>Monthly school payments?</p>	<p>YES 1 → NO 2 (NEXT ITEM) ←</p>	<p>TOTAL COST IN QUETZALES: _____</p>

MODULE H5 HOUSE EXPENSES

NO.	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO
H5.1	Are you the owner of this house, or are you buying it, do you have it on loan from an employer, or you use it for free, or is it rented?	OWN HOUSE 01 BUYING THE HOUSE 02 EMPLOYER PROVIDES HOUSING 03 FREE, AUTHORIZED 04 FREE, NOT AUTHORIZED 05 RENTED 06 OTHER _____ 96 (SPECIFY) DOES NOT KNOW/ DOES NOT ANSWER NOT APPLICABLE 98	→ H5.4 → H5.4 → H5.4 → H5.5 → H5.4 → H5.4
H5.2	If you were to <u>sell this house today</u> , how much would you receive for it?	QUETZALES _____ DOES NOT KNOW/ DOES NOT ANSWER NOT APPLICABLE 98	
H5.3	How long ago was this house built? How old is this house?	YEARS <input type="text"/> <input type="text"/> DOES NOT KNOW 98	
H5.4	If you were to <u>rent this house today</u> , how much would you receive for the rent?	QUETZALES _____ DAILY 1 WEEKLY 2 MONTHLY 3 YEARLY 4 DOES NOT KNOW/ DOES NOT ANSWER NOT APPLICABLE 8	→ H5.6 → H5.6 → H5.6 → H5.6 → H5.6
H5.5	How much do you pay in rent for this house?	QUETZALES _____ DAILY 1 WEEKLY 2 MONTHLY 3 YEARLY 4 DOES NOT KNOW/ DOES NOT ANSWER NOT APPLICABLE 8	
H5.6	GO TO THE NEXT MODULE		

MODULE H6. EXPENSES ON DURABLE GOODS

CODE OF THE ITEM	PRODUCT	YES = 1 NO = 2	NUMBER OF UNITS FOR EACH ITEM	AGE OF THE ITEMS	CURRENT VALUE	ITEMS PURCHASED DURING THE LAST 12 MONTHS	TOTAL AMOUNT PAID DURING THE LAST 12 MONTHS FOR ITEMS PURCHASED
	Does your household have [ITEM]: CIRCLE 1 (YES) OR 2 (NO) IN THE NEXT COLUMN. IF THE ANSWER IS "NO", ASK THE QUESTIONS FOR THE NEXT ITEM		How many [ITEM] do you have?	What is the age of those [ITEMS]? IF THERE IS MORE THAN ONE ITEM, TAKE THE AVERAGE IF IT IS LESS THAN A ONE YEAR, WRITE '00'	If you needed to sell this/these [ITEMS] today, how much would you receive? IF THERE IS MORE THAN ONE ITEM, TAKE THE AVERAGE	Did you buy or pay for any of these [ITEMS] during the last 12 months? "NO": GO TO THE NEXT ITEM	How much did you pay, in total, for all these [ITEMS] during the last 12 months?
H6.1		H6.2	H6.3 NUMBER OF ITEMS	H6.4 NUMBER OF YEARS	H6.5 QUETZALES	H6.6	H6.7 QUETZALES
KITCHEN ARTICLES		YES NO	N° ITEMS	YEARS	QUETZALES	YES NO	QUETZALES
195	Gas or electric stove?	1 2				1 2	
198	Refrigerator?	1 2				1 2	
202	Manual corn mill?	1 2				1 2	
204	Mill stone?	1 2				1 2	
205	Pressure pot?	1 2				1 2	
205a	Other kitchen articles? (microwave oven, toaster oven, electric coffe maker, blender, juicer, toaster, food processor)	1 2				1 2	
PERSONAL AND LEISURE ARTICLES		YES NO	N° ITEMS	YEARS	QUETZALES	YES NO	QUETZALES
207	Computer?	1 2				1 2	
209	Printer?	1 2				1 2	
210	Photographic Camara?	1 2				1 2	
211	Transistor radio?	1 2				1 2	
215	Television?	1 2				1 2	
215a	Other personal or leisure articles (video or cassette player, DVD player, video game console, stereo player with CD set, tape/audiorecorder, walkman, mp3, mp4, ipod, video camara)	1 2				1 2	

MODULE H6. EXPENSES ON DURABLE GOODS

CODE OF THE ITEM	PRODUCT	YES = 1 NO = 2	NUMBER OF UNITS FOR EACH ITEM	AGE OF THE ITEMS	CURRENT VALUE	ITEMS PURCHASED DURING THE LAST 12 MONTHS	TOTAL AMOUNT PAID DURING THE LAST 12 MONTHS FOR ITEMS PURCHASED
	Does your household have [ITEM]: CIRCLE 1 (YES) OR 2 (NO) IN THE NEXT COLUMN. IF THE ANSWER IS "NO", ASK THE QUESTIONS FOR THE NEXT ITEM		How many [ITEM] do you have?	What is the age of those [ITEMS]? IF THERE IS MORE THAN ONE ITEM, TAKE THE AVERAGE IF IT IS LESS THAN A ONE YEAR, WRITE '00'	If you needed to sell this/these [ITEMS] today, how much would you receive? IF THERE IS MORE THAN ONE ITEM, TAKE THE AVERAGE	Did you buy or pay for any of these [ITEMS] during the last 12 months? "NO": GO TO THE NEXT ITEM	How much did you pay, in total, for all these [ITEMS] during the last 12 months?
H6.1		H6.2	H6.3 NUMBER OF ITEMS	H6.4 NUMBER OF YEARS	H6.5 QUETZALES	H6.6	H6.7 QUETZALES
HOME ARTICLES		YES NO	N° ITEMS	YEARS	QUETZALES	YES NO	QUETZALES
223	Solar panel?	1 2				1 2	
225	Iron?	1 2				1 2	
226	Washing machine?	1 2				1 2	
228	Fan?	1 2				1 2	
230	Sewing machine?	1 2				1 2	
233	Water heater?	1 2				1 2	
235	Metalic silo?	1 2				1 2	
235a	Other home appliances? (clothes drier, vaccume cleaner, type writer, etc.)	1 2				1 2	
USED VEHICLES		YES NO	N° RUBROS	AÑOS	QUETZALES	YES NO	QUETZALES
236	Car, pick up truck, mini van?	1 2				1 2	
239	Motorcicle, scooter?	1 2				1 2	
240	Truck?	1 2				1 2	
241	Bicicle?	1 2				1 2	
244	Other, which? _____	1 2				1 2	
H6.8	MODULE END TIME	HOUR		MINUTES			GIVE THANKS AND CLOSE THE INTERVIEW

Annex 3: Indicator Definitions

Annex 3 Household Survey Indicator Definitions

Table A3.1. Food for Peace Title II Baseline Survey Indicators

Indicator	Disaggregation	Data Points
1. Average Household Dietary Diversity Score (HDDS) ¹	None	Indicator, CI*, # households in target area
2. Prevalence of households with moderate or severe hunger - Household Hunger Scale (HHS) ²	Gendered Household Type	Indicator, CI, # households in target area
3. Prevalence of underweight children under five years of age ³	Sex	Indicator, CI, # children 0–59 months in target area
4. Prevalence of stunted children under five years of age ³	Sex	Indicator, CI, # children 0–59 months in target area
5. Percentage of children under age five who had diarrhea in the last two weeks ⁴	Sex	Indicator, CI, # children 0–59 months in target area
6. Percentage of children under age five with diarrhea treated with Oral Rehydration Therapy (ORT) ⁴	Sex	Indicator, CI, # children 0–59 months in target area who had diarrhea in the last two weeks
7. Prevalence of exclusive breast-feeding of children under six months of age ⁵	Sex	Indicator, CI, # children < 6 months in target area
8. Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) ⁵	Sex	Indicator, CI, # children 6-23 months in target area
9. Prevalence of underweight women of reproductive age ⁴	None	Indicator, CI, # women 15-49 years in target area
10. Women's Dietary Diversity Score ⁶	None	Indicator, CI, # women 15-49 years in target area
11. Percentage of households using an improved drinking water source ⁴	None	Indicator, CI, # households in target area
12. Percentage of households using improved sanitation facilities ⁴	None	Indicator, CI, # households in target area
13. Percent of households with soap and water at a hand washing station commonly used by family members ⁴	None	Indicator, CI, # households in target area
14. Percentage of farmers who used financial services in the past 12 months	Sex*	Indicator, CI, # farmers in target area
15. Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	Sex*	Indicator, CI, # farmers in target area
16. Percentage of farmers who used at least three sustainable agricultural practices in the past 12 months	Sex*	Indicator, CI, # farmers in target area
17. Percentage of farmers who used improved storage practices in the past 12 months	Sex*	Indicator, CI, # farmers in target area
18. Prevalence of poverty: Percent of people living on less than \$1.25/day	Gendered Household Type	Indicator, CI, # individuals in target area
19. Mean depth of poverty	Gendered Household Type	Indicator, CI, # individuals in target area
20. Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	Gendered Household Type	Indicator, CI, # individuals in target area

*Although FFP requires that the agricultural indicators are disaggregated by sex, it was not possible for the Guatemala survey due to the purposive selection of the primary farmer in each household.

¹Anne Swindale and Paula Bilinsky. 2006. *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide*. Version 2. Available at http://www.fantaproject.org/publications/hdds_mahfp.shtml.

²Terri Ballard, Jennifer Coats, Anne Swindale, and Megan Deitchler. 2011. *Household Hunger Scale: Indicator Definition and Measurement Guide*. Available at http://www.fantaproject.org/publications/hhs_2011.shtml.

³Bruce Cogill. 2003. *Anthropometric Indicators Measurement Guide*. Revised Edition. Available at <http://www.fantaproject.org/publications/anthropom.shtml>.

⁴Demographic Household Survey (DHS). Phase 6 (2008-2013). Available at <http://www.measuredhs.com/>

⁵WHO. 2008. *Indicators for assessing infant and young child feeding practices – Part 1: Definitions*. Available at <http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/index.html>.

WHO. 2010. *Indicators for assessing infant and young child feeding practices – Part 2: Measurement*. Available at <http://www.who.int/nutrition/publications/infantfeeding/9789241599290/en/index.html>

⁶Mary Arimond et al. 2010. 'Developing Simple Measures of Women's Diet Quality in Developing Countries: Methods and Findings.' *Journal of Nutrition* 140(11): Supplement. Available at http://www.fantaproject.org/publications/JofN_Oct2010.shtml.

Annex 3
Household Survey Indicator Definitions

Table A3.2. Definition of Agricultural Indicators

Indicator	Definition	Questionnaire Items
Percentage of farmers who used at least 2 sustainable agricultural (crop) practices and/or technologies in the past 12 months	<ol style="list-style-type: none"> 1. Use of improved seed for beans -SAVE 2. Use of soil conservation practices - SAVE and CRS 3. Use of organic fertilization - SAVE and CRS 4. Household garden production - SAVE and CRS 5. Management of fruit trees - SAVE 6. Production of native herbs - SAVE and CRS 	<ol style="list-style-type: none"> 1. Question G19 2. Question G49 3. Questions G11, G22, G34, G44 4. Question G29 5. Question G40 6. Question G31
Percentage of farmers who used at least 2 sustainable agricultural (livestock) practices and/or technologies in the past 12 months	<ol style="list-style-type: none"> 1. Improved (roof, wall, water and food) livestock facilities for rabbits, goats, pigs, poultry - SAVE and CRS 2. Vaccination of poultry - SAVE and CRS 3. Management of goats (3 of 4) (deworming, vaccination, hoof removal, vitamin supplementation) - SAVE 	<ol style="list-style-type: none"> 1. Question G60 2. Question G61 3. Question G62
Percentage of farmers who used at least 2 sustainable agricultural (NRM) practices and/or technologies in the past 12 months	<ol style="list-style-type: none"> 1. Management of watershed - CRS 2. Agro-forestry or cultivation of fruit trees - SAVE and CRS 3. Reforestation – SAVE and CRS 4. Management of forest plantation - SAVE and CRS 5. Management of natural regeneration - SAVE and CRS 6. Production of seedlings - SAVE and CRS 	Question G55
Percentage of farmer who used at least 3 sustainable agricultural practices and/or technologies in the past twelve months	This indicator will be set based on whether three of the activities listed for all three sub-indicators above are used.	NA
Percentage of farmers who used improved storage practices in the past 12 months	<ol style="list-style-type: none"> 1. Silos 2. Other improved practices (improved crib, drying crib, hermetic tonnels) 	Question G17 (corn) SAVE and CRS Question G28 (beans) SAVE
Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months (at least two activities)	<ol style="list-style-type: none"> 1. Market-oriented production 2. Calculation of cost of production for the market 3. Keeping production records 4. Developing production and sales plans 	<ol style="list-style-type: none"> 1. Question G68B 2. Question G70A 3. Question G70C 4. Question G75
Percentage of farmers who used financial services in the past 12 months	<ol style="list-style-type: none"> 1. Savings 2. Agricultural credit 3. Agricultural insurance 	<ol style="list-style-type: none"> 1. Question G79 2. Question G77 3. Question G78

Annex 3
Household Survey Indicator Definitions

Table A3.3. Definition of Program-Specific Indicators

Program-specific indicators for Guatemala	
1.	<p>Percentage of mothers of children 0-59 months that recognize at least 2 pregnancy danger signs that indicate need of seeking Health Services.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I02=1 + 2 or more responses 1 to 8 in I03 • <u>Denominator</u>: Total number of mothers of children 0-59 months
2.	<p>Percentage of mothers of children 0-59 months that recognize at least 2 neonatal (<28 days) danger signs that indicate need of seeking Health Services</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I07=1 + 2 or more responses 1 to 10 in I08 • <u>Denominator</u>: Total number of mothers of children 0-59 months
3.	<p>Percentage of mothers of children 0-59 months that recognize at least 2 childhood illness signs that indicate need of seeking Health Services.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I12=1 + 2 or more responses 1 to 9 in I13 • <u>Denominator</u>: Total number of mothers of children 0-59 months
4.	<p>Percentage of mothers of children 0-59 months seeking health services when pregnancy danger signs were present during their last pregnancy.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I02=1 + any response 1 to 08 in I03 + I04=1 + I05=1 + I06=1 any response 1 to 6 • <u>Denominator</u>: I02 =1 + any response 1 to 08 in I03 + I04= 1
5.	<p>Percentage of mothers of children 0-59 months seeking health services when neo natal danger signs are present.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I07=1 + any response 1 to 10 in I08 + I09=1 + I10=1 + I11=1 any response 1 to 6 • <u>Denominator</u>: I07 =1 + any response 1 to 10 in I08 + I09=1
6.	<p>Percentage of mothers of children 0-59 months seeking health services when childhood illness danger signs are present.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I012=1 + any response 1 to 09 in I13 + I14=1 + I15=11 + I16=1 any response 1 to 6 • <u>Denominator</u>: I012=1 + any response 1 to 09 in I13 + I14=1
7.	<p>Percentage of mothers of children 0-59 months that are married or living in a union and report making decisions about health care for themselves.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I17=1 or 2 + (I18=1 or I18=3 or I18=4). • <u>Denominator</u>: Total number of mothers of children 0-59 months married or living in a union (I17=1 or 2).
8.	<p>Percentage of mothers of children 0-59 months that are married or living in a union who report making decisions about health care for their children 0-59 months.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I17=1 or 2 + (I19a=1 or I19a=3 or I19a=4 or I19b=1). • <u>Denominator</u>: Total number of mothers of children 0-59 months married or living in a union (I17=1 or 2).

Annex 4: Methods for Poverty Indicators

Annex 4

Description of Methodology to Derive Poverty Indicators

The World Bank defines poverty as whether households or individuals have enough resources or abilities today to meet their needs. Poverty is usually measured based on consumption levels rather than other measures such as income. Actual consumption is more closely related to a person's well-being in the sense of having enough to meet current basic needs. Also, in poor agrarian economies and in urban economies with large informal sectors, income may be difficult to estimate. It may be seasonal and erratic, and it may be difficult to estimate particularly for agricultural households whose income may not be monetized.

The prevalence of household poverty was measured using information on household expenditures to compute a household consumption aggregate. The consumption aggregates was constructed following guidelines from Deaton & Zaidi (2002)¹ and Grosh & Muñoz (1996)² by adding together the various goods and services consumed by each household during a period of 12 months. The various components of consumption were grouped together into 6 main categories, including food, usual expenses (expenses in the last 7 days), occasional expenses (expenses in the last 30 days), unusual expenses (expenses in the last 12 months), housing, and durable assets.

In general consumption was calculated by adding the value in local currency units (LCU) of the items consumed by the household, as reported by household informants. These items were collected according to different time horizons, but were then transformed into daily per capita consumption.

Whenever a household missed data on the value consumed for a given item, that value was imputed using the closest local median value for that item. That is, if a household missed consumption information on a given item, it was assigned the median value reported by other households in the vicinity. Whenever the item is reported frequently enough, this imputation was done at the cluster level. However some items were consumed by few households. In those cases the level of imputation was at a higher level, depending on how rare the item was. These imputed amounts were subject to checks that the imputed prices are plausible to avoid undue influence from outliers.

The reported values for each item and each consumption component were checked for outliers to detect possible coding errors or extreme values. Values that were 5 standard deviations (SD)

¹ Deaton, A. and S. Zaidi (2002), A Guide to Aggregating Consumption Expenditures, Living Standards Measurement Study, Working Paper 135. Available at: <http://siteresources.worldbank.org/INTPA/Resources/429966-1092778639630/deatonZaidi.pdf>

² Margaret Grosh and Juan Muñoz (1996). A Manual for Planning and Implementing the Living Standards Measurement Study Surveys. LSMS Working Paper #126, The World Bank. Available at: <http://documents.worldbank.org/curated/en/1996/05/438573/manual-planning-implementing-living-standards-measurement-study-survey>

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Description of Methodology to Derive Poverty Indicators

over the average were flagged and checked for plausibility. Values deemed implausible were imputed using the methodology described above.

Besides this general methodology, some components required specific computations.

- **Food Consumption**

Computation of food consumption is complex because it involves products that are purchased in the market, where price information is available, and products that are home-produced or received as a gift, where price information is not available. Even when products are purchased, it is often difficult for household informants to report the precise market value of the amounts consumed by the household over the reference period, which often results in missing data.

The value of non-purchased food (and of any food missing value information), was imputed by first transforming the amounts consumed by the household to a common metric unit (kilograms or liters). Once amounts consumed were transformed into a common metric unit, they were multiplied by the local median value of that unit for imputation of home production and gifts. If a product was reportedly consumed, but amount information was missing or implausible, the median per capita value consumed by local households was imputed.

- **Assets**

Purchases of durable goods represent large and relatively infrequent expenses. While almost all households incur relatively large expenditures on these at some point, only a small proportion of all households are expected to make such expenditures during the reference period covered by the survey. As indicated by Deaton & Zaidi (2002) “From the point of view of household welfare, rather than using expenditure on purchase of durable goods during the recall period, the appropriate measure of consumption of durable goods is the value of services that the household receives from all the durable goods in its possession over the relevant time period” (p. 33).

Consumption of durable goods was calculated as the annual rental equivalent of owning the asset. As the value of the item when new was not available in the data sets, consumption of durable goods was calculated based on the estimated remaining life of the asset, as recommended by Deaton & Zaidi (2002): First, the average age for each durable good, \bar{T} , was calculated from the data on the current age of the particular respondent’s asset recorded in the survey (T). The average lifetime of each durable good was estimated as $2\bar{T}$ under the assumption that purchases are uniformly distributed through time. This uniform distribution is defined over the continuum 0 to $2\bar{T}$ and has a mean of \bar{T} . The remaining life of each good was calculated as $2\bar{T} - T$. A rental

Annex 4

Description of Methodology to Derive Poverty Indicators

equivalent estimating the daily per capita flow of services from the durable goods is then derived by dividing the current replacement value of the good by its expected remaining life.

- **Housing**

The case of housing is similar to other durable goods, in that it is better measured as an annual consumption of housing services, either annual rent expenditures for renters, or an annual rental equivalent for non-renters.

The baseline survey collected information on rent paid among renters, and an estimated rental equivalent for non-renters. It is likely that the housing rental market is small and a significant amount of non-renters were unable to provide an estimated rental equivalent. Missing responses were imputed using two approaches. First, the age of the house and its current replacement value was used to estimate a housing rental equivalent, using the methodology described above for durable goods.

For those cases where an estimated current value or age of the house were not available, an hedonic OLS regression model was used, as suggested by Grosh & Muñoz (1996). The model was built on the sample of households reporting non-zero rent or rental equivalents, with the log of rent paid by renters as a dependent variable, and several sets of independent variables, that included:

- Housing characteristics: number of members, type of water access, type of sanitation services.
- Socio-economic status: consumption sub-aggregates (in log form), asset ownership, Household Dietary Diversity Score.
- Location: District and community, all expressed as a set of dummy variables taking the value of 1 when the code was applicable to a given case, and a value of 0 when it was not.

The final model was estimated based on the following regression equation,

$$\log(R_i) = \beta_0 + \beta X_i + \varepsilon_i$$

where R_i represents the reported non-zero rent paid by household i , β_0 is the constant term, X_i is the final vector of independent variables and ε_i is the error term accounting for unexplained variance. The unstandardized beta weights resulting from this regression equation were applied to the vector of independent variables among non-renting households to estimate their annual rent equivalent.

Annex 4

Description of Methodology to Derive Poverty Indicators

Total daily consumption per capita was computed as the sum of daily per capita values for all the components of the expenditure module, except those categories that Deaton and Zaidi (2002) recommend excluding:

- Factors that are considered productive assets (e.g. farm equipment, trucks)
- Large and unusual expenditures (ceremonies, marriages, funerals, parties, etc.)
- Gifts, charitable contributions, and remittances to other households
- Taxes and levies

Poverty indicators were computed based on this total consumption aggregate, including the prevalence of poverty, average daily per capita expenditures, and mean depth of poverty. Each of these three indicators is defined below.

- **Prevalence of Poverty**

The prevalence of poverty, or poverty headcount ratio, is the proportion of the population in the survey area living in extreme poverty, defined as having average daily consumption of less than US\$1.25 per capita, converted into LCU at 2005 Purchasing Power Parity (PPP) exchange rates. This poverty line was calculated using the following two steps:

- First, the \$1.25 line was converted into LCU, using the 2005 PPP exchange rate for Guatemala³, of 4.54.
- Second, the resulting figure was adjusted for cumulative price inflation since 2005. The adjustment was done using the average monthly inflation in 2005 as the base factor⁴, and the monthly inflation for each of the survey months as the numerator. Poverty lines were computed using these CPI values, one for each month of data collection ($CPI_{Apr.2013} = 153.08$, $CPI_{May.2013} = 153.49$, $CPI_{Jun.2013} = 154.44$).

The final poverty lines were:

- April 2013 Poverty Line = $1.25 * 4.54 * 1.5308 = 8.68$ GTQ
- May 2013 Poverty Line = $1.25 * 4.54 * 1.5349 = 8.71$ GTQ
- June 2013 Poverty Line = $1.25 * 4.54 * 1.5444 = 8.76$ GTQ

Note that the poverty line is converted to LCUs to enable a computation of prevalence of poverty using per capita expenditures figures in LCUs, given that the currency units must be standardized

³ Global Purchasing Power Parities and Real Expenditures, 2005 International Comparison Program. Available at: <http://data.worldbank.org/indicator/PA.NUS.PRVT.PP?page=1>

⁴ CPI data for Guatemala obtained from : <http://elibrary-data.imf.org>

Annex 4 Description of Methodology to Derive Poverty Indicators

in the computation. It is also possible to compute the prevalence of poverty by using the \$1.25 poverty line and converting the per capita expenditure figures from 2013 GTQ to 2005 US dollars instead. This is because the prevalence of poverty figures that are reported do not explicitly state which currency underpinned the calculation.

- **Average daily per capita expenditures**

This indicator was computed as the average of daily per capita expenditures, expressed in constant 2010 US dollars at 2005 PPP adjusted to 2010 US prices. The steps to convert daily per capita expenditure in 2013 GTQ to constant 2010 US\$ (2005 PPP adjusted to 2010 US prices) were:

- Convert LCU at the time of the survey to LCU at 2005 prices, by dividing by the CPI for the survey month ($CPI_{Apr.2013} = 153.08$, $CPI_{May.2013} = 153.49$, $CPI_{Jun.2013} = 154.44$).
- Convert 2005 LCU to 2005 US\$ by dividing by the 2005 PPP conversion rate (4.54)
- Convert US\$ in 2005 prices to US\$ in 2010 prices by multiplying by 111.65, which is the US CPI for 2010.

Note that average daily per capita expenditure is expressed in US\$ in 2010 prices in order to enable comparisons with other countries.

- **Mean depth of poverty**

This indicator is useful to understand the average, over all people, of the gaps between poor people's living standards and the poverty line. It indicates the extent to which individuals fall below the poverty line (if they do).

Mean depth of poverty is computed based on the poverty gap index (PGI). This index is defined as the ratio of the Poverty Gap (PG) to the poverty line. The PG is computed as the average of the differences between an individual's total daily per capita consumption and the poverty line, divided by the poverty line, with individuals over the poverty line having a PG = 0. The PGI is given by the formula:

$$PGI = \left(\frac{1}{N} \sum_{i=1}^q \left(\frac{z - y_i}{z} \right) \right) \times 100$$

Where N is the total number of individuals in the population, z is the poverty line and y_i is the daily per capita consumption of individual i.

Annex 5: Qualitative Study Sampled Communities

Annex 5
Sampled Communities for Qualitative Study

Department	Municipality	Community	Est # of HH	Activity Undertaken	PVO and Partner
San Marcos	Comitancillo	San Francisco	46	IDI Male Head of Household IDI Female Head of Household IDI Male Farmer	CRS Caritas
San Marcos	San Lorenzo	Cerro Grande	185	FGD Fathers or Male Caregivers IDI Female Farmer IDI Male Caregiver/Father IDI Female Caregiver/Mother KEY INFORMANT-Health Care Expert	CRS Caritas
Totonicapan	Totonicapan	Chuisuc Centro	275	FDG-Male Head of Household IDI-Male Head of Household IDI-Female Head of Household IDI-Male Farmer KEY INFORMANT INTERVIEW-Agricultural Specialist	CRS ADIPO
Totonicapan	Santa Lucia la Reforma	Paraje Pajomet	41	FGD-Female Caregivers or Mother IDI-Female Farmer IDI-Male Caregiver/Father IDI-Female Caregiver/Mother	CRS ADIPO
Quiche	Uspantan	Ojo de Agua Camino Real	77	IDI Male Head of Household IDI Female Head of Household IDI Male Farmer KEY INFORMANT INTERVIEW-Agricultural Specialist	Save the Children
Quiche	Chichicastenango	Chugüexa I	320	FGD Female Head of Household IDI Female Farmer IDI Male Caregiver/Father IDI Female Caregiver/Mother	Save the Children
Quetzaltenango	San Juan Ostuncalco	Varsovia	577	FGD Male Farmers IDI Male Head of Household IDI Female Head of Household IDI Male Farmer KEY INFORMANT-Health Care Expert	Save the Children
Huehuetenango	Chiantla	Magdalena Chancol	57	FGD Female Farmers IDI Female Farmer IDI Male Caregiver/Father IDI Female Caregiver/Mothers KEY INFORMANT-Health Care Expert KEY INFORMANT-Agricultural Expert	Save the Children PCI

**Annex 6a:
Qualitative Study
Instruments in
English**

IN-DEPTH INTERVIEW GUIDE FOR POTENTIAL DIRECT BENEFICIARIES

Background Information: Before we begin our specific questions related to food, agriculture, health and nutrition, I wanted to learn a little bit about your definition of a household and a little bit more about the people who live there.

1. How do you define household? For you, what is a household? Who does a household include? How do you define family?
2. Please list for me the people, their ages, and sex, who are a part of your **household**.
 - a. Do they all live under the same roof? If no, please explain to me where they live.
 - b. Who do you consider to be the head of the household? Does the head of the household always live and sleep in the same home?
 - c. Is there a person in your household who is the primary decision-maker? If yes, who is that person?
3. Do you or other members of your household migrate to distant locations (either inside or outside of Guatemala) at particular times of year? What is the purpose of the migration? To learn a little bit more about migration in your household I have a few more questions:
 - a. Who in your household migrates? And who does not?
 - b. What are the times of year during which you or other members of your household migrate?
 - c. Where do they migrate to?
 - d.
 - e. Who in the household makes decision regarding who migrates and who does not, where individuals will migrate to, and the purpose of migration?
4. Are there individuals in your household that attend school? Please list these individuals for me, their age, and what level they are in school.
 - a. Why did you make the decision to send children in your household to school? What purpose does school serve?
 - b. What months of the year do children attend school?
 - c. When do they attend?
 - d. Are there periods of the year that they do not attend? Why?
 - e. Do children who attend school also migrate? What happens during this time? Do they attend different schools in different locations? Do they miss any school time due to migration?

Food Access and Utilization: The primary objective of this section is to understand the types of foods you and members of your household eat and beverages you drink, the access you have to those foods and beverages, why you make the food choices you do, and what food choices you might make if you had additional resources.

5. Please describe what a typical day in the last week looks like in terms of the food you eat...
 - a. How many times of day do you eat? At what times?
 - b. What are the foods you eat at those times?
 - c. Why do you think it good or important to eat that particular food?
 - d. How do you decide what you are going to eat for each meal?
 - e. Where do the foods come from that you eat?
 - f. Have there been times you would like to eat, but there is no food? What do you do during those times?
 - g. Who is the person or people who most frequently prepare the meals in your household?

6. Now I would like to ask the same question but about the different members of your household to understand if there are differences in the types of food you and other members in your family eat.
 - a. Are there differences between what you eat and what the children in your household eat?
 - b. Are there differences in the types of foods that boys and girls eat? How about the men and women?
 - c. Does the type of activities people do in a day influence the types of food people in your household eat? If so, please tell me what those activities are and how that changes the types of foods. [Note for interviewer, give them an example. For days that they have to do lots of physical work on the farm, do they eat different foods? Why?]
 - d. Who makes the decisions regarding which individuals will receive the different foods?
 - e. If there is not enough food available to feed your entire family, how do you manage that situation?

7. Do you eat different foods in the rainy season than you do in the dry season? Why or why not?

8. Has the source of your food changed over the last 5 years? 2 years? 1 year?

9. What is the primary beverage that is consumed in your household by the adults? And the children?
 - a. How often do you consume that beverage? Do your children consume that beverage?
 - b. Tell me which beverages are taken with meals?
 - c. What is the source of the beverages that you and the members of your household consume?
 - d. Are there times when you or other people in your household take alcoholic beverages? What type? How often? What is the primary purpose for alcohol consumption?

10. Do you believe that people either in your household or in the community suffer from malnutrition? What are some of the causes of malnutrition? What are some of the ways to prevent malnutrition? What are some of the signs that someone is malnourished?

Health Status and Access to Health Care: Now that we've learned a little bit about your eating and drinking habits, we would like to discuss your health status and the health of other individuals in your household, especially that of the women and children. And we'd also like to learn a bit more about the access to healthcare you have in this community.

[NOTE TO INTERVIEWERS, MAKE SURE THAT ALL OF THE QUESTIONS REGARDING HEALTH ARE ASKED IN A SENSITIVE MANNER AND MAKE SURE TO TAKE INTO ACCOUNT THE LOCAL CONTEXT]

11. Were the children that are a part of your household breastfed? Why or why not?
 - a. How old was the child when s/he started to breastfeed? Did it occur immediately after the child was born? Why or why not?
 - b. Who makes the decision as to whether or not a child will be breastfed?
 - c. Some children receive breast milk in different ways such as a spoon, cup, or bottle, was that the case for any children in your household?
 - d. At what stage/age did you begin to introduce either beverages or food instead of breast milk? Why did you choose that age/stage?
 - e. Who taught you about how breastfeeding should be done?

12. What are some of the illnesses that you or members of your household have faced over the year? Two years? Please tell me about that experience.

[NOTE TO THE INTERVIEWERS, THE INTENTION HERE IS TO FIND OUT WHAT TYPES OF ILLNESSES ARE COMMON IN THE COMMUNITY AND WHAT OPTIONS THEY BELIEVE THEY HAVE TO TREAT THOSE ILLNESSES]

13. What measures have you taken so that members of your family to not become ill or get sick less?
 - a. When someone in your family needs health care, what do you do? What health services are available to you? (Probe: public, private, traditional healers, etc).
 - b. Where are the health care facilities located? And how long does it take you to reach the health care facilities you need to attend?
 - c. In what moment do you go to seek out health care services? Who makes the decision if a household member will seek treatment?
 - d. Is there someone aside from a health care facility within in the community or within your family that you turn to for health care advice?
 - e. Do you feel that your healthcare providers are reliable? Why or why not? Do you trust them? Why or why not? Do you fear them? If so, why?

14. When a woman in your household become pregnant what type of medical care does she receive? (NOTE: IF IT IS THE WOMAN RESPONDING, MAKE SURE TO CHANGE THE LANGUAGE SO THAT YOU ARE ASKING ABOUT HER EXPERIENCES)
 - a. Does she receive care prior to giving birth? Who provides the care? And what type of care does she receive?
 - b. Where does she give birth? How was the decision made where she would give birth?

- c. Does she receive care after giving birth? What type of care? Who provides that care? How long does the care continue after she has given birth?
15. Have your children been vaccinated? Why did you have your child vaccinated? Why not? What type of vaccines did they receive? Who make the decision to have your children vaccinated? If you did vaccinate your children, where did you go? Was it difficult or easy to have the vaccinations done?
16. Have you or any of the children in your household experienced diarrhea over the last year? What were some of the other symptoms they experienced? What do you believe caused this diarrhea? What do you do to treat diarrhea? What do you and other members of your household do so that you don't get diarrhea?

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about your living arrangements and your access to water, and toilet facilities.

[NOTE TO INTERVIEWERS, AS WITH THE LAST SECTION, THESE ARE VERY SENSITIVE QUESTIONS. WE ASK ABOUT LATRINE USE AND BATHING. PLEASE USE THE LOCAL CONTEXT WHEN FRAMING THE QUESTION. FOR EXAMPLE, IF YOU KNOW IN THE COMMUNITY THERE IS A LACK OF LATRINES, INCORPORATE THAT INTO THE QUESTIONS, WHILE BEING CAREFUL NOT TO BE CRITICAL OF THEIR CIRCUMSTANCES]

17. What is the main source of drinking water for members of your household? In the dry season? In the rainy season? How is the quality of water? (NOTE TO THE INTERVIEWER, IF THEY ARE UNABLE TO ASK THE LAST QUESTION, INSTEAD ASK, "DO YOU BELIEVE THAT DRINKING THIS WATER WILL MAKE YOU SICK? WHY OR WHY NOT?")
18. Tell me about the daily routine for fetching water.
- a. How long does it take to fetch water and return, including travel and waiting time?
 - b. How is water carried?
 - c. What time does it occur? And how often in the week?
 - d. Who in the family is responsible for that activity?
 - e. Who makes the decision regarding who will be responsible for fetching the water?
 - f. Do those who fetch water face any risks? What are these risks and what steps have been taken, if any, to reduce the risk?
 - g. Do you typically sanitize your water before use? If so, what process do you follow? If not, why not?
19. Is the water source you identified always available? What do you do if it isn't?
20. In your household, when do the [men, women, children] bathe? Where and how do they do it? How often? Do they use soap or another cleansing agent? What practices do you teach your children about washing?
21. What practices are used in your household for washing clothes? How often does this occur?

22. When do you wash your hands? In addition to water, what do you and your family members use to wash your hands?
23. Do you and the members of your household have access to a latrine?
- What is the setup of the latrine (letrina versus pogo ciego)?
 - What are the advantages and disadvantages of that particular set up?
 - Do you wish to upgrade your latrine? If yes, why?
 - Are there times you or your family members elect not to use a latrine? Please explain.

Agriculture and Livelihood: Now I would like to ask you some questions about the farming you do either here at your home or at other locations. When I use the term farming I am including producing crops like beans or maize, raising animals such as goats, pigs or cows, and fishing.

24. When you farm, do you do so to eat the food or to sell it? If both, what percentage do you eat and what percent do you sell? What times of year are you more likely to produce food to sell? And what about food for eating? Does that happen throughout the entire year? Or are there particular times when you farm food to eat?
25. I would like to learn a little bit more about the type of farming you do here for consumption
- What types of products do you and your household farm at the various times of year? (Particular plant or animal?)
 - Who makes the primary decisions about the farming you undertake for the production of food you consume?
 - How did you/they decide to farm that particular product?
 - Tell me a little bit about the roles and responsibilities of individuals in your household for farming as well as household work.
 - Please tell me a little bit about your processes once you have harvested your food for your consumption. What is your process for storing it? How do you process it? Who makes the decisions regarding the production and storage of food your harvested?
26. Now, I would like to learn a little bit more about the type of farming you do here to generate income.
- Are the products you farm to sell the same as those that you produce for you and your family to eat? If yes, what are those products?
 - Who makes the primary decisions about the farming you undertake for income generation?
 - How did you/they decide to farm that particular product?
 - Tell me a little bit about the roles and responsibilities of individuals in your household for farming (grandmothers, grandfathers, mothers, fathers, children, etc.)

- e. Please tell me a little bit about your processes once you have harvested your food for sale. What is your process for storing it? How do you process it? Who makes the decisions regarding the production and storage of food your harvested?
27. If you are selling any part of your products, please describe that process for me.
- a. Do you farm here locally or do you have to go elsewhere?
 - b. What part of the process do you or other household members undertake in the preparation and sale of foods?
 - c. Do you work with other community members?
 - d. What do you do with the money you earn selling your goods?
 - e. Who is the person or people who make the decisions regarding how the money will be allocated?
28. Have you experienced any events in the past that have impacted your ability to farm either for sustenance or for income? (Family illness, environmental episode, accident, community event, national event?) How did you manage that experience?
29. Where did you learn your farming techniques? Who gave you this information? Are there techniques you would like to learn, but have not had access to?
- a. Techniques for farming for consumption?
 - b. Techniques for farming for income generation?
30. What are some of the customs, traditions and/or beliefs related to work in the household? What differences are there in men's versus women's work responsibilities?
- a. Who in your household owns and tends the livestock?
 - b. If there is a person who fishes in your household, how is that person?
 - c. Who is responsible for processing different kinds of crops, livestock, and fish/seafood?

Livelihood and Income: In this section we will ask you a few questions about your income sources, your saving practices, and how you obtain the items you need for daily living.

31. What are the primary sources of work in your community?
32. What is the primary source of income for your household? Are there other secondary sources? Who is responsible for bringing in these sources of income?
33. Do you pool your money into a single fund or do the individuals who earn the income have "ownership" over the income they bring in?
34. Does the income you or you in combination with others in your household brings in provide you with enough economic support to sustain your daily life? Please explain.

- a. If your income does not sustain you, what other means do you use to obtain items you need for daily life including housing, health care, transportation, schooling, food, etc.
 - b. Are there times when you trade goods and services? Tell me about that experience?
35. Do you have any savings? Are your savings part of a savings plan? Please tell me more about that. Is there something in particular for which you are saving? What is the main income source for your savings?

Socio-Cultural and Political Community Context: In this last part of our interview, I would like to learn a little bit more about your community as a whole

36. What do you think are some of the greatest needs for your community?
37. Have there been programs implemented in the past by the government, or other organizations in your community? Please describe those programs.
- a. Do you think that those programs helped you or your family? If yes, how?
 - b. Do you think that they helped the community? If so, how?
 - c. If you were to make changes or additions to the programs you have experienced in your community, what would those changes be?
38. How has the overall context and living situation in your community changed within the last 2 years? Please discuss this in relationship to the following:
- a. Overall security
 - b. Access to food
 - c. Agricultural production
 - d. Health: both the types of illnesses, but also the services offered
 - e. women's rights
39. How often do you or other members of your household interact with individuals from other communities? What is the nature of interaction? Are there variations by sex?
40. What are things that are happening at the community level that are helping to prevent malnutrition? To prevent natural disasters? To prevent food insecurity? What organizations are involved in this work? What do the programs involve?
41. Is there any other additional information you would like to share with us about your access to food, your consumption of food and beverages, your work/livelihood, and nutritional status of women and children or other healthcare practices?

FOCUS GROUP DISCUSSION WITH POTENTIAL DIRECT BENEFICIARIES

READ THE CONSENT FORM PRIOR TO READING THE SECTION BELOW.

I want to welcome you all to our discussion today. As I described during the consent process, we are here as a part of a (FILL IN SAVE THE CHILDREN, CARITAS, ADIPO, CRS, ETC AS APPROPRIATE) that intends to help build food security here in the Western Highlands of Guatemala. We are excited to gain information from you about your community that will help them build the most effective programs possible in your area. We welcome you to answer all of the questions we ask. However, if something makes you feel uncomfortable or prefer not to answer, that is okay. Or if you don't know an answer, it is fine to just say, "I don't know." This is not a test, but simply an opportunity to share your experiences. But if you don't feel comfortable participating in certain parts of the conversation, that is fine. We want to keep this fairly informal. We will ask you questions, and then as you would like, please feel free to answer. We do ask, however, that you are respectful of your fellow participants and therefore make sure only one of you speaks at a time. If you think of something you want to say while someone else is speaking, simply raise your hand, and we will make note to make sure to let you have an opportunity to speak next. If there is something you don't feel comfortable sharing in the group, but want us to know, please feel free to stay with us afterwards and we would be happy to speak with you.

Does anyone have any questions? Thank you so much for your willingness to participate. Let's get started.

.....
Background Information: Before we begin our specific questions related to food, agriculture, health and nutrition, I wanted to learn a little bit about you and the community you live in.

1. Let's begin by having you tell me a little bit about the typical structure of a household in your community. Who are the particular individuals who are a part of a household? Do all of the individuals who are in the same household live under the same roof?

2. Now let's talk a little bit about the typical roles and responsibilities of individuals within the household in this community
 - a. Who is typically the head of the household in household in your community? How is the head of household chosen? What are the roles and responsibilities one has as the head of the household?
 - b. Who in the household is typically responsible for the primary care of children and the decision-making regarding child care?
 - c. Who in the household is typically responsible for bringing in income? If multiple people hold the financial responsibilities of the household, can you describe for me what that looks like? Who typically makes the primary decisions regarding household finances?

3. Is there a school in your community for children to attend? Do most children attend school? Why or why not? Who makes the decision in most families about who will attend school? What do you think is the primary purpose of children attending school?
4. In your community, does migration happen? Please describe for me that process.
 - a. Who are the individuals in a household who typically migrate?
 - b. Where do they go?
 - c. When do they migrate?
 - d. Do they take other members of the household with them?
 - e. How does migration affect the family and community?

Food Access and Utilization: Now that I have a better understanding of the structure of the households in your community and the various roles and responsibilities of members of the household, I want to ask you some questions about the various foods and drinks, people in your household typically consume or use.

5. Describe a typical day as it relates to eating/meals in your household.
 - a. What kinds of foods do you typically eat? Can you break this down by household member? For example, what types of food do children typically eat? Are there differences between what boys and girls eat? What about food for the adults in a household?
 - b. What times of day do people eat?
 - c. Who is responsible for the preparation of the selection of the food? And who is responsible for the preparation of the food?
6. Please tell me a little bit about the liquids individuals in your household typically drink.
 - a. What types of beverages do individuals take with their meals?
 - b. What beverage is taken most frequently?
 - c. What other types of beverages do they take?
 - d. What times of day?
7. Where do most of the foods and beverages you consume come from?
8. Describe how particular special events or holidays you celebrate affect your food and beverage choices.. How frequently do these events occur?
9. Do you believe that malnutrition is a concern in your community? What do you believe are the primary causes of malnutrition? How are you able identify if someone is malnourished?

Health Status and Access to Health Care: Now that we've learned a little bit about the types of foods and beverages people in your community eat and drink, we would like to discuss any health issues you've seen and experienced in the community.

10. In the past year, what are some of the illnesses that individuals in your community have faced? Are the illnesses that seem to affect women and children more frequently? If yes, what are those illnesses?
11. Has anything been done at the community level to resolve these illnesses? If so, what has taken place to help get reduce these problems?
12. Has the general health of people in your community changed in the last five years? If yes, in what way? And what do you think caused the change?
13. When someone in your community becomes ill, where do they go to seek treatment? Do people in the community trust their health care providers? Is it common for people to seek out preventive care?
14. Is diarrhea a concern here in your community? What are some of the things that the community has done or could do to address this issue?
15. Are respiratory problems a concern in your community? What are some of the things that the community has done or have taken place in your community to address this issue?
16. Are there are other things that could be done at the community level to better support the healthcare needs of the people who live here?

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about your access to water.

17. What is the main source of water for your community?
18. Tell me about the typical daily routine for fetching water. Does this activity happen individually for each household? Or is there a community system that is in place for fetching water?
 - a. Do those who fetch water face any risks? What are these risks and what steps have been taken, if any, to reduce the risk?
 - b. Do people typically disinfect their water before use? If so, what process do they follow? If not, why not?
19. Does this change in the dry versus the rainy season?
20. Are there times when water is not available to you? If so, what do you do when this happens?

Agriculture and Livelihood: Now I would like to ask you some questions about how the farming in your community is typically done. When I use the term farming, I am including goods that your plant and grow, animals that are produced and tended to such as cows, pigs, and chickens, as well as fishing.

21. What types of products do you or other members of your community farm (plants, animals, fish, etc)? Do people produce different things for consumption than they do to sell? Please explain.
22. Typically who is in charge of the farming in the household regarding the decisions that are made? Who is in charge of the activities that take place for farming? Are these the same person? Or distinct people? Tell me a little bit about the breakdown of roles and responsibilities.

PROBES:

- a. Do the children in the household participate in farming?
 - b. Are there differences in the types of activities you undertake if you are a man or a woman?
23. Are there farming activities that people in the community participate in as an organized group?
PROBES:
 - a. What types of farming activities are taken on as a community versus individually?
 - b. What about during particular holidays or celebrations?
 - c. Who in the community is responsible for decision-making for community farming?
 24. What are some of the challenges you or other individuals in the community have faced with farming?
 25. Where did the members of your community learn their farming practices?
 26. Aside from farming, what are some of the other livelihood sources that help support individuals in the community? Are there additional supports that need to be put in place to further this development? If so, what are they?

Socio-Cultural and Political Community Context: In this last part of our interview, I would like to learn a little bit more about your community as a whole

27. What do you think are some of the greatest needs for your community? Have there been programs implemented in the past by the government, foreign donors, or community based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses?
28. How has the overall context and living situations changed within the last 2 years? Please discuss this in relationship to the following:
 - a. Overall security
 - b. Access to food
 - c. Agricultural production

- d. Health: both the types of illnesses, but also the services offered
- e. Women's rights

29. How often do individuals in this community interact with individuals from other communities? What is the nature of interaction? Are there variations by sex?
30. What are things that are happening at the community level that are helping to prevent malnutrition? To prevent natural disasters? To prevent food insecurity? What organizations are involved in this work? What do the programs involve?
31. Is there any other additional information you would like to share with us about your access to food, your consumption of food and beverages, your work/livelihood, and nutritional status of women and children or other healthcare practices?

Thank you so much for taking time to participate in this conversation with us today.

PVO INTERVIEW GUIDE

Background: Before we begin our conversation around your program, I want to learn a little bit about who you are and the nature of your position.

1. What organization(s) do you work with?
2. Which districts do you work in?
3. What is your current title?
4. What are the roles and responsibilities related with that position?
 - a. Tell me specifically about the roles and responsibilities related to food security, nutrition, health, and/or agriculture.
 - b. What portion of your time do you dedicate to the activities you spoke about in reference to the prior question?
 - c. Which departments, municipalities, communities, etc. are covered by these activities?

Food Access and Utilization: The next series of questions I am going to ask you focus on food access and utilization in the communities where your organization is working. Our goal in this section is to learn about the context of the community as well as the approach you are taking to address these issues.

5. Please describe for me the major concerns related to food access that individuals in the communities you work in have.
 - a. Are there particular foods that are available or not available?
 - b. In your opinion, what creates this deficit in the access to food?
6. Are the communities you are working in impacted by malnutrition? What are some of the primary drivers of malnutrition in those communities?
7. Where does the majority of food consumed come from in the communities where you work? (Are they purchased, produced, or provided by another source)? Has that changed over time? Change through different seasons?
8. What are the primary issues related to food security, food access and nutrition that you are trying to address with your program? Please describe for me the components of your program that address these concerns?
9. What do you anticipate will be some of the more significant challenges you will face implementing your program?
10. Are there particular community organizations or government agencies with whom you will work to implement this/these component(s)?

11. Are there any customs, traditions, or beliefs that involve food the communities where you are working that you've had to take into consideration when designing your programs? For example, is there a period in which people fast, or eat a particular food type, or avoid a particular food type? Are there beliefs that interfere with breastfeeding? Are there beliefs as to the kinds of foods children need when they are sick?

Access to Health Care: Now that I've learned a little bit about the program you've designed and the communities in which you are working in relationship to food access, food security, and nutrition, I would now like to ask you a little bit about healthcare.

12. Where do individuals go to seek services for their health care needs or to seek treatment for illness in the communities where you are working?
13. What types of health care services are available in the communities where you are working?
 - a. What do people do if there is a health emergency?
 - b. What do people do for pregnancy care and delivery?
 - c. What is the quality of the health services that are available?
 - d. Who in families make the primary decisions regarding health care?
 - e. Are the health care providers reliable?
14. What have you identified as some of the primary needs in the community related to health care? What are some of the strengths of the communities in which you are working in terms of health care?
15. What program components and activities will you be implementing in order to address health care concerns you have identified?
16. Are there particular community organizations or government agencies with whom you will work to implement this/these component(s)?

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about living arrangements and access to water in the communities where you are working and if that is something that your program will address

17. What is the main source of drinking water in the majority of communities where you are working?
18. Are there common habits in the community regarding the treatment of water to ensure that it is safe to drink? What type of awareness-raising has been conducted in the past around this issue? Do

individuals change their practices regarding water treatment following the awareness-raising? Why or why not? Is this something that you plan to undertake as a part of your program?

19. What types of things are children taught about how to keep clean? What about washing hands? Do households have washbasins and soap or other cleaning materials? Are children's clothes washed? Is this something you plan to undertake as a part of your program?
20. What is the typical set up of the latrines in the communities where you work? What are the beliefs and practices around latrine use in those communities? Is this something you plan to undertake as a part of your program?

Agriculture and Livelihood: Now I'd like to ask about agriculture and livelihood in the community, and what types of program components and activities you will be putting in place to improve agriculture and livelihood development.

21. Tell me about the type of farming that happens in the communities where you are working? Are they primarily subsistence farming? Or farming for income generation? Or both?
22. What type of crops and livestock are normally grown/raised for consumption in the communities you are working in? (Particular plant or animal?)
23. What type of crops and livestock are normally grown/raised for sale in the communities you are working in? (Particular plant or animal?)
24. Do men, women, or youth in the communities where you are working migrate to distant locations at particular times of year? Please tell me about that process.
25. What components, if any, of your program are designed to increase agricultural production?
26. What are some of the challenges you anticipate you will encounter while implementing these components?
27. Are there particular community organizations or government agencies with whom you will work to implement this/these component(s)?

Income and Livelihood:

28. What would you say are the primary sources of income for the majority of households in the communities where you are working? Agriculture, livestock, trading? Services? Combination? Others – e.g. selling wild food? Firewood, charcoal, etc.? And who is involved in those activities?

29. What types of supports do you believe the community needs to improve livelihoods that are driven by agriculture?
30. What types of supports do you believe the community needs to improve livelihoods that are driven by sources other than agriculture? (Have the respondent clarify what types of businesses these are)
31. What types of programs or activities will your organization be putting in place to improve income generation in the communities? Are there infrastructure components that you will be helping to create?
32. Are there particular community organizations or government agencies with whom you will work to implement this/these component(s)?
33. Is it common for individuals or families to save money? Why or why not? And if so, what are savings commonly directed towards? Are people members of saving groups? Is this something that you will be developing as a part of your program?

Socio-Cultural and Political Context: In this last part of our interview, I would like to learn a little bit more about the community as a whole and some of the practices put in place to assist individuals in their everyday lives.

34. Are there particular groups of people (women, children, elderly, etc) in the community you are working in who struggle with severe food scarcity on a day to day basis? What do you think is the reason for this hunger or lack of food security? What could the community itself do to improve the situation? What kinds of external help does the community need?
35. Have there been food security programs implemented in the past by the government, foreign donors, or community based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses?
36. What impact do conflict/disputes have on food security in the community?
37. Is there anything else you would like to share with us either about food security, healthcare, agriculture and livelihoods in the communities you are working in that will help us have a better understand of the context in which you are implementing your program?
38. Is there anything else you would like to share with us about the program design and your plans for implementation?

KEY INFORMANT: AGRICULTURE AND LIVELIHOODS

Background: Before we begin our conversation around food security and livelihood development, I want to learn a little bit about who you are and the nature of your position. What organization(s) do you work with?

1. What is your current title?
2. What are the roles and responsibilities related with that position?
 - a. Tell me specifically about the roles and responsibilities related to agriculture or business/livelihood development.
 - b. What portion of your time do you dedicate to the activities you spoke about in reference to the prior question?
 - c. Which districts, sub-counties, villages, etc. do you work in?

Agricultural Development and Farming: Now I'd like to ask about agriculture as a source of income in the community the communities where your organization works

3. Tell me what your organization has identified as the types of farming that happens in this community. Are they primarily subsistence farming? Or farming for income generation? Or both? Does this change throughout the year? Please explain. What are the patterns in access to land for cultivation?
4. For those individuals who are producing food for consumption, please tell me what type of crops and livestock are normally grown/raised? (particular plant or animal?)
5. I would like to learn a little bit more about farming that is undertaken to produce goods for sale in this community.
 - a. What type of crops and livestock are normally grown/raised for sale? (Particular plant or animal?)
 - b. Are there other products that your organization is trying to encourage communities to develop? If so, what are those products? How did your organization select those products?
 - c. Do the community members who are farmers collaborate in decision making regarding what types of goods are being produced? Do they pool resources? Where do the resources come from?
 - d. Tell me a little bit about the typical roles and responsibilities of individuals in the community for farming for the production of goods for sale.
 - e. What are the supports that are in place to help encourage agriculture as a sustainable livelihood?
 - f. What other supports are needed?

6. For the products that are being sold, please tell me the about that process?
 - a. Do individuals sell the goods here locally? Where? To whom? In what quantities?
 - b. What part of the process do community members undertake in the process of selling goods?
 - c. Is there collective sharing of the money that is earned through community sales?
7. Has the community experienced any events in the past that have impacted individuals' ability to farm? Is it typical for community members to have any insurance that helped them through that event? If not, how do they manage that?
8. Where or how do most community members learn their farming techniques? Whom do they believe knows about farming? Whom do they trust?
9. If the community keeps food to eat throughout the year, where do they store it? Which foods are stored? How is it stored?

Livelihood and Business Development: Now I'd like to ask you about other sources of income in the community and what your organization has identified as needs in the community for further economic and agricultural development.

10. What would you say are the primary sources of income for the majority of households in this community where your organization works? Agriculture, livestock, trading? Services? Combination? Others – e.g. selling wild food? Firewood, charcoal, etc.? And who is involved in those activities?
11. Are there business development opportunities that your organization has identified that would help build food security in this area? Please explain?
12. Are there structures in place that encourage individuals in the communities where you work to save money?
13. Has your organization identified other structural features in the community that may prevent successful economic growth? Please explain.
14. Is there a reliable source of water in the community? Who maintains that source?
15. Are there reliable roads and sources of transportation in the communities where your organization works?

Socio-Cultural and Political Context: In this last part of our interview, I would like to learn a little bit more about the community as a whole and some of the practices put in place to assist individuals in their everyday lives.

16. How would you characterize the community where you work with respect to food insecurity? Are there particular groups of people in the community who struggle with severe food scarcity on a day to day basis? What are some of the causes of hunger or lack of food security that your organization has identified? What could the community itself do to improve the situation? What kinds of external help does the community need?
17. Have there been food security programs implemented in the past by the government, foreign donors, or community based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses?
18. From your organizations perspective, what impact do conflict/disputes have on food security in the community?
19. How often do community members interact with people from other communities? What is the nature of interaction? What types of economic interactions are associated with good/bad relationship?
20. Is there any additional information you would like to share regarding your organizations observations on food security, agricultural development, and economic development?

KEY INFORMANT: HEALTH AND NUTRITION

Background: Before we begin our conversation around food security, I want to learn a little bit about who you are and the nature of your position.

1. What organization(s) do you work with?
2. What is your current title?
3. What are the roles and responsibilities related with that position?
4. In what municipalities do you work?
5. What are some of your past experiences working in this topic area?

Food Access and Utilization: The primary objective of this section is to gain insight about your organizations understanding of the access the community has to various food sources and malnutrition. What barriers, habits, customs has your organization identified that could potentially result in food insecurity and malnutrition?

6. What are some of the primary reasons your organization has identified as the cause of low levels of food production? A lack of dietary diversity? And a overall lack of access to food? Are there particular times of year that these problems are particularly acute? And are certain populations are more vulnerable than others?
7. Where does the majority of food consumed come from in the communities where your organization works? (Are they purchased, produced, or provided by another source)? Has that changed over time? Change through different seasons?
8. What are the primary beverages (water, milk, juice, coffee, tea, alcohol/spritis, beerconsumed in the communities where your organization works? Has your organization identified any issues related to alcohol consumption in particular areas?

Nutritional Status of Women and Children and Access to Health Care: Now that we've learned a little bit about food access and malnutrition, we would like to discuss some issues around the health and nutritional status of the women and children in the community.

9. Do women in the community typically receive pre and ante-natal care? What does this care consist of? Who provides this care?
10. Where do women typically give birth in the communities where your organization works?

11. What types of health care services are available to community members?
 - a. What do people do if there is a health emergency?
 - b. What do people do for pregnancy care and delivery?
 - c. What is the quality of the health services that are available?
 - d. Where are they? How far must individuals travel or how long does it take to reach a health center?
 - e. How do individuals access them?
 - f. When (under what circumstances) do community members typically access those facilities?
 - g. Who in families make the primary decisions regarding health care?
 - h. Are the health care providers reliable?

12. Is there trust in the community of health care providers? Why or why not? Is there fear of health care providers? What are they afraid of? Is it around certain treatments or conditions? If so, why? Is there variation in trust of health care providers by sex? Please explain this variance.

13. Is there someone in particular in the community individuals turn to for guidance about health other than western health care providers? (Traditional healers, elders, relatives, etc.)

14. What are some of the patterns in illnesses that individuals in this community face? What kinds of illnesses are there? Are there variances by age, sex, SES, or other demographic characteristics?

15. Is there a practice of vaccinating children in the community? What were the vaccinations for? How are children vaccinated?

16. Is there a need in the community for particular types of medications that are currently lacking? Or sources of health care? Please tell me a little bit about that situation.

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about living arrangements and access to water in the community.

17. What is the main source of drinking water for members of the community?

18. Who is responsible for maintaining the water source in the community where you work?

19. Are there periods of time when water is not available? During those times what do community members do to secure water?

20. Are there common habits in the community regarding the treatment of water to ensure that it is safe to drink? What type of awareness-raising has been conducted in the past around this issue? Do individuals change their practices regarding water treatment following the awareness-raising? Why or why not?

21. Do most families have a latrine in their home or near their home? Please describe a typical set up. If latrines are available, are they used? Why or why not?

Socio-Cultural and Political Context: In this last part of our interview, I would like to learn a little bit more about the community as a whole and some of the practices put in place to assist individuals in their everyday lives.

22. Are there particular groups of people in the community who struggle with severe food scarcity on a day to day basis? What do you think is the reason for this hunger or lack of food security? What could the community itself do to improve the situation? What kinds of external help does the community need?

23. Have there been food security programs implemented in the past by the government, foreign donors, or community based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses?

24. How often do community members interact with people from other communities? What is the nature of interaction? What types of economic interactions are associated with good/bad relationship? Are there variations by sex? Who are the aggravators of conflict?

25. Is there any additional information you wish to share regarding the health and nutrition in the communities where your organization works?

**Annex 6b:
Qualitative Study
Instruments in
Spanish**

GUIA DE ENTREVISTA EN PROFUNDIDAD PARA POTENCIALES BENEFICIARIOS DIRECTOS

Información de Antecedentes: Antes de iniciar nuestras preguntas específicas relacionadas a la alimentación, agricultura, salud y nutrición, quisiera aprender un poco sobre su definición de un hogar y un poco más sobre las personas que viven allí.

1. ¿Cómo define a un hogar? Para usted, ¿qué es un hogar? ¿Quién está incluido en un hogar? ¿Cómo se define a una familia?
2. Por favor provea una lista de las personas, sus edades, y sus sexos, que son parte de su **hogar**.
 - a. ¿Viven todos bajo el mismo techo? De no ser así, por favor explíqueme dónde viven.
 - b. ¿A quién considera usted como el/la jefe/a del hogar? ¿El/la jefe/a de familia siempre vive y duerme en la misma casa?
 - c. ¿Hay una persona en su hogar quien sea el/la responsable principal de tomar las decisiones? De ser así, ¿quién es esa persona?
3. ¿Usted u otros miembros de su hogar migran a lugares distantes en momentos particulares del año (ya sea dentro o fuera de Guatemala)? ¿Qué propósito tiene la migración? Para aprender un poco más sobre la migración en su hogar, tengo algunas preguntas más:
 - a. ¿Quiénes migran en su hogar? ¿Y quiénes no?
 - b. ¿En qué momentos del año usted o los otros miembros de su hogar migran?
 - c. ¿A dónde migran?
 - d. ¿Qué persona del hogar toma las decisiones sobre quién migra y quién no, dónde migrarán los individuos, y el propósito de la migración?
4. ¿Hay personas en su hogar que van a la escuela? Por favor provea una lista de dichos individuos, sus edades, y sus niveles escolares.
 - a. ¿Cuál fue la razón que hizo que usted decidiera enviar a los niños de su hogar a la escuela? ¿Qué propósito cumple la escuela?
 - b. ¿En qué meses del año van los niños a la escuela?
 - c. ¿Cuándo van a la escuela?
 - d. ¿Hay períodos del año durante los cuales no van a la escuela? ¿Por qué?
 - e. ¿Los niños que van a la escuela también migran? ¿Qué ocurre durante dicho tiempo? ¿Van a diferentes escuelas en lugares diferentes? ¿Faltan a la escuela a causa de la migración?

Acceso y Utilización de Alimentos: El objetivo primario de esta sección es entender los tipos de alimentos que usted y los miembros de su hogar comen y las bebidas que toman, el acceso que tienen a dichos alimentos y bebidas, las razones por tal selección de alimentos, y qué tipos de alimentos usted seleccionaría en el caso de disponer de recursos adicionales.

5. Por favor describa los alimentos que usted comió durante un día típico de la semana pasada...

- a. ¿Cuántas veces al día comió? ¿En qué horarios?
 - b. ¿Qué alimentos come en dichos momentos?
 - c. ¿Por qué cree que sea bueno o importante comer esos alimentos en particular?

 - d. ¿Cómo decide usted lo que se va a comer en cada comida?
 - e. ¿De dónde provienen los alimentos que usted come?
 - f. ¿Han tenido casos en los que usted quiso comer pero no había alimentos? De ser así, ¿qué hizo en dichos casos?
 - g. ¿Quién es la persona o personas que más frecuentemente preparan las comidas en su hogar?
6. Ahora quisiera hacerle la misma pregunta pero con respecto a diferentes miembros de su hogar para entender si hay diferencias entre los tipos de alimentos que usted come y que los otros miembros comen.
- a. ¿Hay diferencias entre lo que usted come y lo que los niños del hogar comen?
 - b. ¿Hay diferencias entre los tipos de alimentos que comen los niños y las niñas? ¿entre lo que comen los hombres y las mujeres?
 - c. ¿El tipo de actividades que la gente hace en el día influencia los tipos de alimentos que come la gente en su hogar? De ser así, por favor provea información sobre esas actividades y cómo eso cambia los tipos de alimentos. (Nota para la entrevistadora, provea un ejemplo. Los días que deben hacer mucho trabajo físico en el campo, comen alimentos diferentes? ¿Por qué?
 - d. ¿Quién toma las decisiones sobre qué personas reciben los distintos alimentos?
 - e. Si no hay suficientes alimentos para alimentar a toda la familia, cómo maneja dicha situación?
7. ¿Los alimentos que come en la temporada de lluvia son diferentes a los de la temporada seca? ¿Por qué o por qué no?
8. ¿Ha cambiado la fuente de sus alimentos en los últimos 5 años? ¿2 años? ¿1 año?
9. ¿Cuál es la principal bebida que consumen los adultos en su hogar? ¿Y los niños?
- a. ¿Con qué frecuencia consume esa bebida? ¿Sus hijos consumen esa bebida?
 - b. ¿Qué bebidas se toman con las comidas?
 - c. ¿De dónde provienen las bebidas que usted y los otros miembros del hogar consumen?
 - d. ¿Hay momentos en los que usted u otras personas en su hogar tomen bebidas alcohólicas? ¿De qué tipo? ¿Con qué frecuencia? ¿Cuál es el propósito principal para el consumo de alcohol?
10. ¿Usted cree que hay gente en su hogar o en la comunidad que sufran de desnutrición? ¿Cuáles son algunas de las causas de la desnutrición? ¿Cuáles son algunas formas de evitar la desnutrición? ¿Cuáles son algunos síntomas de que alguien esté desnutrido?

Estado de Salud y Acceso a la Asistencia Médica: Ahora que hemos aprendido un poco sobre sus hábitos de alimentación y bebidas, quisiéramos discutir su estado de salud y la salud de las otras personas en su hogar, especialmente la de las mujeres y los niños. Y también quisiéramos aprender un poco más sobre el acceso a la asistencia médica que usted tiene en esta comunidad.

[NOTA A LAS ENTREVISTADORAS, ASEGURESE QUE TODAS LAS PREGUNTAS SOBRE LA SALUD SE HAGAN DE UNA MANERA SENSIBLE Y ASEGURESE DE TOMAR EN CUENTA EL CONTEXTO LOCAL]

11. ¿Los niños que forman parte de su hogar fueron amamantados? ¿Por qué o por qué no?
 - a. ¿Qué edad tenía el/la niño/a cuando empezó a amamantar? ¿Ocurrió inmediatamente después de que naciera? ¿Por qué o por qué no?
 - b. ¿Quién toma la decisión con respecto a si el/la niño/a será amamantado/a?
 - c. Algunos niños reciben leche materna en modos diferentes, por ejemplo por cuchara, taza, o biberón, ¿fue ese el caso para algún/a niño/a en su hogar?
 - d. ¿A qué edad o etapa se introdujeron otras bebidas o comidas en reemplazo a la leche materna? ¿Por qué eligió dicha edad o etapa?
 - e. ¿Quién le enseñó a usted cómo amamantar?

12. ¿Qué tipo de enfermedades ha enfrentado usted o han enfrentado los miembros de su hogar en el último año? ¿En los últimos dos años? Por favor describa dicha experiencia.
[NOTA A LAS ENTREVISTADORAS, LA INTENCION AQUÍ ES AVERIGUAR QUE TIPOS DE ENFERMEDADES SON COMUNES EN LA COMUNIDAD Y QUE OPCIONES ELLOS CREEN QUE TIENEN PARA TRATAR ESAS ENFERMEDADES]

13. ¿Qué medidas ha tomado usted para que los miembros de su familia no se enfermen o que se enfermen menos
 - a. Cuando alguien en su familia necesita atención médica, ¿qué hace usted? ¿Qué servicios médicos le son disponibles? (Averigüe: públicos, privados, curanderos tradicionales, etc.)
 - b. ¿Dónde están localizados los servicios de asistencia médica? ¿Y cuánto tiempo tarda en llegar a las instalaciones de asistencia médica que usted necesita?
 - c. ¿En qué momento usted busca servicios de asistencia médica? ¿Quién toma la decisión sobre si un miembro del hogar necesita tratamiento?
 - d. ¿Hay alguien además de las instalaciones médicas dentro de su comunidad y en su familia a quien usted solicite consejos médicos?
 - e. ¿Cree que sus proveedores de asistencia médica son confiables? ¿Por qué o por qué no? ¿Usted les tiene confianza? ¿Por qué o por qué no? ¿Les tiene miedo? De ser así, por qué?

14. Cuando una mujer en su hogar queda embarazada, ¿qué tipo de atención médica recibe?
(NOTA: SI ES LA MUJER QUIEN RESPONDE, ASEGURESE DE CAMBIAR EL LENGUAGE PARA PREGUNTARLE SOBRE SUS EXPERIENCIAS)

- a. ¿Recibe asistencia antes de dar a luz? ¿Quién provee la asistencia? ¿Y qué tipo de asistencia médica recibe?
 - b. ¿Dónde da a luz? ¿Cómo se tomó la decisión sobre dónde ella dará a luz?
 - c. ¿Recibe asistencia médica después de dar a luz? ¿Qué tipo de asistencia? ¿Quién provee la asistencia? ¿Hasta cuándo continúa la asistencia médica después de dar a luz?
15. ¿Han sido vacunados sus niños? ¿Por qué ha hecho vacunar a sus niños? ¿O por qué no? ¿Qué tipo de vacunas recibieron? ¿Quién toma la decisión de vacunar a sus niños? En el caso de haber vacunado a sus niños, a dónde fue? ¿Fue difícil o fácil recibir las vacunas?
16. ¿Usted o algunos de los niños en su hogar han sufrido diarrea en el último año? ¿Cuáles fueron algunos de los síntomas que tuvieron? ¿Cuál cree que fue la causa de dicha diarrea? ¿Qué hace para tratar la diarrea? ¿Qué hacen usted y los otros miembros de su hogar para no tener diarrea?

Agua, Saneamiento, e Higiene: Ahora, quisiera hacerle unas pocas preguntas sobre su vivienda y su acceso al agua y a instalaciones sanitarias.

[NOTA A LAS ENTREVISTADORAS: COMO EN LA SECCION ANTERIOR, ESTAS PREGUNTAS SON MUY SENSIBLES. PREGUNTAMOS SOBRE EL USO DE LETRINAS Y LOS HABITOS DE BAÑARSE. POR FAVOR USE EL CONTEXTO LOCAL CUANDO ELABORE LA PREGUNTA. POR EJEMPLO, SI SABE QUE EN LA COMUNIDAD NO HAY LETRINAS, INCORPORA ESO EN LAS PREGUNTAS, AL MISMO TIEMPO DE TENER CUIDADO DE NO SER CRITICA DE SUS CIRCUNSTANCIAS.]

17. ¿Cuál es la fuente principal de agua potable para los miembros de su hogar? En la temporada seca? ¿En la temporada de lluvia? ¿Qué calidad tiene el agua? (NOTA A LA ENTREVISTADORA, SI NO PUEDEN RESPONDER A LA ULTIMA PREGUNTA, PREGUNTE ENTONCES “CREE QUE SI BEBE ESTE AGUA SE ENFERMARÁ? ¿POR QUÉ O POR QUÉ NO?”)
18. Provea información sobre la rutina diaria para obtener el agua.
- a. ¿Cuánto tiempo toma obtener agua y volver, incluyendo el tiempo de viaje y espera?
 - b. ¿Cómo se transporta el agua?
 - c. ¿Cuándo ocurre? ¿Y con qué frecuencia durante la semana?
 - d. ¿Quién es responsable por esta actividad en la familia?
 - e. ¿Quién toma la decisión para designar a la persona responsable de obtener el agua?
 - f. ¿Las personas que obtienen agua, enfrentan algún riesgo? ¿Cuáles son los riesgos y qué medidas se han tomado, si alguna, para reducir tales riesgos?
 - g. ¿Usted típicamente limpia el agua antes de usarla? En tal caso, ¿qué proceso utiliza? De no ser así, ¿por qué no?
19. ¿La fuente de agua que usted identificó está siempre disponible? ¿Qué hace usted en caso contrario?

20. En su hogar, cuándo se bañan los/las [hombres, mujeres, niños]? ¿Dónde y cómo lo hacen? ¿Con qué frecuencia? ¿Usan jabón u otro elemento de limpieza? ¿Qué hábitos les enseña a sus niños sobre su limpieza?
21. ¿Qué prácticas se utilizan en su hogar para lavar la ropa? ¿Con qué frecuencia ocurre?
22. ¿En qué momento se lava las manos? Además de agua, ¿qué utilizan usted y los miembros de su familia para lavarse las manos?
23. ¿Usted y los miembros de su hogar tienen acceso a una letrina?
- ¿Qué tipo de letrina tiene (letrina versus pozo ciego)?
 - ¿Qué ventajas y desventajas tiene su letrina?
 - ¿Quisiera mejorar su letrina? De ser así, ¿por qué?
 - ¿Hay momentos en los que usted o los miembros de su familia optan por no usar la letrina? Por favor explicar.

Agricultura y Sustento: Ahora, quisiera hacerle algunas preguntas sobre la actividad agropecuaria que usted practica aquí en su casa o en otros lugares. Cuando utilizo el término actividad agropecuaria me refiero a la producción de cultivos como los frijoles o el maíz, o la cría de animales como las cabras, cerdos o vacas, y la pesca.

24. Cuando usted realiza alguna actividad agropecuaria, ¿lo hace para comer los alimentos o para venderlos? En caso de ser para ambos, ¿qué porcentaje come y qué porcentaje vende? ¿En qué momentos del año es más probable que usted produzca alimentos para vender? ¿Y en qué momentos para consumir? ¿Eso ocurre durante todo el año? ¿O hay momentos específicos en los que produzca alimentos para comer?
25. Quisiera aprender un poco más sobre el tipo de actividad agropecuaria que usted hace aquí para consumo
- ¿Qué tipos de productos se cultivan o crían en su hogar en distintos momentos del año? (¿planta o animal en particular?)
 - ¿Quién toma las decisiones principales sobre la actividad agropecuaria que usted realiza para la producción de alimentos que consume?
 - ¿Cómo se decidió cultivar/criar ese producto en particular?
 - Proporcione información sobre los roles y responsabilidades de las personas en su hogar con respecto a la actividad agropecuaria y los quehaceres de la casa.
 - Por favor proporcione información sobre los procesos que se realizan una vez que los alimentos han sido cosechados para su consumo. ¿Qué método se utiliza para guardarlos? ¿Cómo los

procesa? ¿Quién toma las decisiones en cuanto a la manera de guardar y procesar los alimentos que han sido cosechados?

26. Ahora, quisiera aprender un poco más sobre el tipo de actividad agropecuaria que usted realiza aquí para generar ganancias.

- a. ¿Los productos que usted obtiene mediante la actividad agropecuaria para vender son los mismos que los que usted y su familia comen? De ser así, ¿cuáles son esos productos?
- b. ¿Quién toma las decisiones principales sobre la actividad agropecuaria que se realiza para generar ganancias?
- c. ¿Cómo se decidió cultivar/criar ese producto en particular?
- d. Provea información sobre los roles y responsabilidades de las personas en su hogar con respecto a la actividad agropecuaria (abuelas, abuelos, madres, padres, hijos/as, etc.)
- e. Por favor provea información sobre los procesos que se realizan una vez que los alimentos han sido cosechados para su venta. ¿Qué método se utiliza para guardarlos? ¿Cómo los procesa? ¿Quién toma las decisiones en cuanto a la manera de producir y guardar los alimentos que han sido cosechados?

27. Si usted vende alguna parte de sus productos, por favor describa dicho proceso.

- a. Realiza la actividad agropecuaria aquí localmente o debe ir a otro lugar?
- b. ¿Qué parte del proceso lleva a cabo usted o los otros miembros de su hogar en cuanto a la preparación y venta de los alimentos?
- c. ¿Usted trabaja con otros miembros de la comunidad?
- d. ¿Qué hace con el dinero que gana vendiendo sus productos?
- e. ¿Quién es la persona o personas que toman las decisiones con respecto a cómo se utilizará el dinero?

28. ¿Han ocurrido eventos en el pasado que hayan impactado su capacidad de cultivar o criar, ya sea para subsistencia o ganancia? (Enfermedad en la familia, problema ambiental, accidente, evento en la comunidad, evento nacional?) ¿Cómo manejó esa experiencia?

29. ¿Dónde aprendió sus técnicas para la agricultura? ¿Quién le dio esta información? ¿Hay algún método o técnica que quisiera aprender, al cual no tiene acceso?

- a. ¿Técnicas de agricultura para consumo?
- b. ¿Técnicas de agricultura para generar ganancias?

30. ¿Cuáles son algunas de las tradiciones, hábitos y/creencias con respecto al trabajo en el hogar? ¿Qué diferencias hay entre las responsabilidades de trabajo para el hombre en comparación a la mujer?

- a. ¿En su hogar, quién es dueño/a de los animales y quién los cuida?
- b. ¿Hay una persona en su hogar que pesca? ¿Quién es esa persona?

- c. ¿Quién es responsable de procesar los distintos tipos de cultivos, ganado y pescados/mariscos?

Sustento y Ganancias: En esta sección, le haremos algunas preguntas sobre sus fuentes de ganancias, sus prácticas con respecto al ahorro, y la manera de obtener los elementos que necesita para su vida diaria.

- 31. ¿Cuáles son las principales fuentes de trabajo en su comunidad?
- 32. ¿Cuál es la principal fuente de ganancias para su hogar? ¿Hay otras fuentes secundarias? ¿Quién es responsable de recaudar dichas fuentes de ganancias?
- 33. ¿Se junta todo el dinero en un fondo común o cada persona que genera ganancias es “dueña” de las ganancias que contribuyen?
- 34. ¿Las ganancias generadas por usted solo/a o en combinación con otros en su hogar constituyen suficiente apoyo económico para sustentar su vida diaria? Por favor explicar.
 - a. Si sus ganancias no lo sustentan, ¿qué otros medios utiliza para obtener los elementos necesarios para su vida diaria, incluyendo vivienda, cuidado de la salud, transporte, educación, alimentación, etc.
 - b. ¿Hay situaciones en las que intercambia bienes y servicios? Provea información sobre dicha experiencia.
- 35. ¿Tiene algunos ahorros? ¿De ser así, forman parte de un plan de ahorros? Por favor provea más información sobre este tema. ¿Hay algo en particular para lo cual está ahorrando? ¿Cuál es la fuente principal de ganancias para sus ahorros?

Contexto Socio-Cultural y Político de la Comunidad: En esta última parte de nuestra entrevista, quisiera saber más sobre su comunidad en general

- 36. En su opinión, ¿cuáles son las mayores necesidades para su comunidad?
- 37. En el pasado, ¿se han realizado programas implementados por el gobierno, u otras organizaciones, en su comunidad? Por favor describa dichos programas.
 - a. ¿Cree que dichos programas lo han ayudado a usted o a su familia? En caso afirmativo, ¿cómo?
 - b. ¿Cree que ayudaron a la comunidad? En caso afirmativo, ¿cómo?
 - c. Si usted pudiera cambiar o agregar algo a los programas con los cuales tuvo experiencia en su comunidad, ¿qué cambiaría?

38. ¿Cómo han cambiado el contexto general y la situación de vida en su comunidad en los últimos dos años? Por favor discuta esto en relación a lo siguiente:
- Seguridad en general
 - Acceso a alimentos
 - Producción agropecuaria
 - Salud: tanto los tipos de enfermedades, como los servicios ofrecidos
 - Derechos de la mujer
39. ¿Con qué frecuencia usted u otros miembros de su hogar interactúan con personas de otras comunidades? ¿Qué tipo de interacción tienen? ¿Hay diferencias por sexo?
40. ¿Qué actividades están ocurriendo a nivel de comunidad que ayuden a evitar la desnutrición? ¿Y para proteger el medio ambiente y minimizar el impacto de los desastres naturales? ¿para evitar la inseguridad alimentaria? ¿Qué organizaciones están involucradas en este trabajo? ¿qué tipo de actividades están incluidas en dichos programas?
41. ¿Hay alguna otra información adicional que usted quisiera compartir con nosotros sobre su acceso a los alimentos, su consumo de alimentos y bebidas, su trabajo/sustento, y el estado nutricional de las mujeres y niños u otras prácticas en el cuidado de la salud?

Muchas gracias por su tiempo, y por compartir sus experiencias con nosotros.

DISCUSION EN GRUPOS DE ENFOQUE CON POTENCIALES BENEFICIARIOS DIRECTOS

LEA EL FORMULARIO DE CONSENTIMIENTO ANTES DE LEER LA SIGUIENTE SECCION.

Quiero darles la bienvenida a todos a nuestra discusión de hoy. Como lo describí durante el proceso de consentimiento, estamos aquí como parte de un proyecto de (INSERTAR SAVE THE CHILDREN, CARITAS, ADIPO, CRS, ETC. COMO SEA APROPIADO), que busca ayudar a crear una seguridad alimentaria aquí en el Altiplano Occidental de Guatemala. Estamos muy entusiasmados por recibir información de ustedes acerca de su comunidad, lo cual ayudará a dichas organizaciones a construir el programa más eficaz posible en su zona. Les invitamos a responder todas las preguntas que les haremos. Sin embargo, si hubiera algo que les hace sentir incómodos o que prefieren no responder, está bien. O, si no saben la respuesta, también está bien decir simplemente “no sé.” Esto no es un examen, sino simplemente una oportunidad de compartir sus experiencias. Pero si no se sienten cómodos participando en ciertas partes de la conversación, está bien. Queremos que esta conversación sea bastante informal. Les haremos preguntas, y luego como quieran, siéntanse libres de responder. Lo que sí pedimos, sin embargo, es que sean respetuosos con sus compañeros participantes y por lo tanto se aseguren de que solamente uno de ustedes habla a la vez. Si se les ocurre algo que quieren decir mientras otra persona está hablando, simplemente levanten la mano, y tomaremos nota para asegurarnos de darle la oportunidad de hablar a continuación. Si hay algo que no se sienten cómodos compartiendo en grupo, pero que quieren que sepamos, por favor quédense después de la conversación y será un placer hablar con ustedes.

¿Alguien tiene alguna pregunta? Muchas gracias por su voluntad de participar. Comencemos.

.....
Información de Antecedentes: Antes de iniciar nuestras preguntas específicas relacionadas a la alimentación, agricultura, salud y nutrición, quisiera saber un poco más sobre ustedes y la comunidad donde viven.

1. Para comenzar, les pedimos que nos cuenten un poco sobre la estructura típica de un hogar en su comunidad. ¿Quiénes son las personas específicas que forman parte de un hogar? ¿Todas las personas que pertenecen al mismo hogar viven bajo el mismo techo?
2. Ahora hablemos un poco sobre los roles y responsabilidades típicos de las personas dentro del hogar en su comunidad.
 - a. ¿Quién es típicamente el/la jefe/a del hogar en su comunidad? ¿Cómo se selecciona al /la jefe/a del hogar? ¿Cuáles son los roles y responsabilidades que uno tiene como jefe/a del hogar?
 - b. ¿Dentro del hogar, típicamente quién tiene la responsabilidad del cuidado principal de los niños y la toma de decisiones con respecto al cuidado de los niños?

- c. ¿Típicamente, quién es responsable de generar ganancias en el hogar? Si varias personas tienen responsabilidades financieras dentro de la casa, ¿puede describir la situación? ¿Típicamente, quién toma las decisiones principales sobre las finanzas del hogar?
3. ¿Hay una escuela en su comunidad donde pueden asistir los niños? ¿La mayoría de los niños va a la escuela? ¿Por qué o por qué no? ¿Quién toma las decisiones en la mayoría de las familias sobre quiénes van a la escuela? ¿En su opinión, cuál es el propósito principal para que los niños vayan a la escuela?
4. En su comunidad, ¿ocurre la migración? Por favor provean información sobre dicho proceso.
 - a. ¿Qué personas dentro del hogar migran típicamente?
 - b. ¿A dónde van?
 - c. ¿Cuándo migran?
 - d. ¿Llevan a otros miembros del hogar con ellos?
 - e. ¿Cómo afecta la migración a la familia y a la comunidad?

Acceso y Utilización de Alimentos: Ahora que tengo mayor noción sobre la estructura de los hogares en su comunidad y los varios roles y responsabilidades de los miembros del hogar, les quiero hacer algunas preguntas sobre los distintos alimentos y bebidas que la gente en su hogar típicamente consume o utiliza.

5. Por favor describan un día típico en relación a la alimentación/comidas en su hogar.
AVERIGÜE:
 - a. ¿Qué tipos de alimentos se comen típicamente? ¿Se diferencia entre los miembros del hogar? Por ejemplo, ¿qué tipos de alimentos comen los niños típicamente? ¿Hay diferencias entre lo que comen los niños y las niñas? ¿Y los adultos del hogar?
 - b. ¿A qué hora del día come la gente típicamente?
 - c. ¿Quién es responsable de la selección de alimentos? ¿Y quién es responsable de la preparación de los alimentos?
6. Por favor provean información sobre los líquidos que se beben típicamente en su hogar.
 - a. ¿Qué tipo de bebidas toman las personas con sus comidas?
 - b. ¿Qué bebida se toma más frecuentemente?
 - c. ¿Qué otros tipos de bebidas se toman?
 - d. ¿A qué horas del día?
7. ¿De dónde provienen la mayoría de los alimentos y bebidas que ustedes consumen?
8. Describan cómo ciertos eventos especiales o feriados en particular que ustedes celebran afectan sus selecciones en relación a los alimentos y las bebidas. ¿Con qué frecuencia ocurren estos eventos?

9. ¿Usted cree que la desnutrición es un problema en su comunidad? ¿En su opinión, cuáles son las causas principales de la desnutrición? ¿Cómo puede identificar si alguien está desnutrido/a?

Estado de Salud y Acceso a la Asistencia Médica: Ahora que sabemos más sobre los tipos de alimentos y bebidas que la gente en su comunidad come y bebe, quisiéramos discutir cualquier tema de salud que ustedes han visto en la comunidad.

10. Durante los últimos doce meses, ¿cuáles son algunas de las principales enfermedades que han enfrentado las personas en su comunidad? ¿Hay enfermedades que afecten a las mujeres y los niños más frecuentemente? De ser así, ¿cuáles son esas enfermedades?
11. ¿Se ha hecho algo a nivel comunitario al respecto para resolver estas enfermedades? De ser así, ¿qué ha ocurrido para ayudar a reducir estos problemas?
12. En los últimos cinco años, ¿ha cambiado la salud en general de la gente en su comunidad? De ser así, ¿de qué manera? ¿Qué creen que causó el cambio?
13. Cuando alguien en su comunidad se enferma, ¿a dónde van para recibir tratamiento? ¿La gente en la comunidad confía en sus proveedores de asistencia médica? ¿Es común que la gente reciba cuidado médico preventivo?
14. ¿La diarrea es un problema aquí en su comunidad? ¿Qué cosas ha hecho o podría hacer la comunidad para atender este asunto?
15. ¿Las enfermedades respiratorias son un problema en su comunidad? ¿Qué ha hecho la comunidad o qué cosas han ocurrido en su comunidad para enfrentar este tema?
16. ¿Hay otras cosas que se podrían hacer a nivel comunitario para cubrir mejor las necesidades en salud de la gente que vive aquí?

Agua, Saneamiento e Higiene: Ahora quisiera hacerles algunas preguntas sobre su acceso al agua.

17. ¿Cuál es la fuente principal de agua para su comunidad?
18. Provean información sobre la rutina diaria para obtener agua. ¿Esta actividad ocurre individualmente en cada hogar? ¿O existe un sistema comunitario establecido para obtener agua?
- ¿Las personas que obtienen agua, enfrentan algún riesgo? ¿Cuáles son los riesgos y qué medidas se han tomado, si alguna, para reducir tales riesgos?
 - ¿La gente típicamente desinfecta el agua antes de usarla? En tal caso, ¿qué proceso se utiliza? De no ser así, ¿por qué no?

19. ¿Esto cambia de acuerdo a la temporada seca o temporada de lluvia?

20. ¿Han momentos en que ustedes no tengan agua disponible? De ser así, ¿qué hacen en esos casos?

Agricultura y Sustento: Ahora quisiera hacerles algunas preguntas sobre cómo se realiza típicamente la actividad agropecuaria en su comunidad. Cuando utilizo el término actividad agropecuaria incluyo los cultivos que usted planta y cosecha; los animales que usted cría y cuida como las vacas, cerdos, y gallinas; así como a la pesca.

21. ¿Qué tipo de productos cultivan o crían ustedes u otros miembros de su comunidad (plantas, animales, pescados, etc.)? ¿Lo que la gente produce para consumir es diferente a lo que se produce para vender? Por favor explique.

22. Típicamente, ¿quién está a cargo de la actividad agropecuaria en el hogar, en cuanto a la toma de decisiones? ¿Quién está a cargo de las actividades que se llevan a cabo para la actividad agropecuaria? ¿Es la misma persona? ¿O personas distintas? Provean información sobre la separación de roles y responsabilidades.

AVERIGÜE:

- a. ¿Los niños del hogar participan en la actividad agropecuaria?
- b. ¿Hay diferencias en el tipo de actividades que realizan los hombres o las mujeres?

23. ¿Hay actividades agropecuarias en las que la gente de la comunidad participe como un grupo organizado?

AVERIGÜE:

- a. ¿Qué tipo de actividades agropecuarias se llevan a cabo como comunidad y cuáles a nivel individual?
- b. ¿Qué sucede durante los feriados o celebraciones en particular?
- c. ¿Quién es responsable dentro de la comunidad de tomar las decisiones en relación a las actividades agropecuarias comunitarias?

24. ¿Qué tipo de desafíos han enfrentado usted u otras personas en la comunidad en su actividad agropecuaria?

25. ¿Dónde aprendieron sus técnicas para las prácticas agropecuarias los miembros de su comunidad?

26. Además de la actividad agropecuaria, ¿qué otras fuentes de sustento hay para ayudar a las personas en la comunidad? ¿Hay apoyos adicionales que necesitan establecerse para asistir en este desarrollo? De ser así, ¿cuáles son?

Contexto Socio-Cultural y Político: En esta última parte de nuestra entrevista, quisiera saber más sobre su comunidad en general.

27. En su opinión, ¿cuáles son las mayores necesidades para su comunidad? En el pasado, ¿se han realizado programas implementados por el gobierno, donantes extranjeros, u organizaciones de base comunitaria? De ser así, por favor provea información sobre su experiencia con dichos programas. ¿Qué fortalezas y debilidades tuvieron esos programas?
28. ¿Cómo han cambiado el contexto general y la situación de vida en los últimos dos años? Por favor discuta esto en relación a lo siguiente:
 - a. Seguridad en general
 - b. Acceso a alimentos
 - c. Producción agropecuaria
 - d. Salud: tanto los tipos de enfermedades como los servicios ofrecidos
 - e. Derechos de la mujer
29. ¿Con qué frecuencia los miembros de su comunidad interactúan con personas de otras comunidades? ¿Qué tipo de interacción tienen? ¿Hay diferencias por sexo?
30. ¿Qué actividades están ocurriendo a nivel de comunidad que ayuden a evitar la desnutrición? ¿Y para proteger el medio ambiente y minimizar los impactos de los desastres naturales? ¿para evitar la inseguridad alimentaria? ¿Qué organizaciones están involucradas en este trabajo? ¿qué tipo de actividades están incluidas en dichos programas?
31. ¿Hay alguna otra información que usted quisiera compartir con nosotros sobre su acceso a los alimentos, su consumo de alimentos y bebidas, su trabajo/sustento, y el estado nutricional de las mujeres y niños u otras prácticas en el cuidado de la salud?

Muchas gracias por su tiempo para participar en esta conversación con nosotros hoy.

GUIA PARA LA ENTREVISTA A LAS ORGANIZACIONES QUE IMPLEMENTAN SERVICIOS EN LA COMUNIDAD

Antecedentes: Antes de iniciar nuestra conversación sobre su programa, quisiera saber un poco más sobre usted y su ocupación.

1. ¿Con qué organización(es) trabaja usted?
2. ¿En qué distritos trabaja usted?
3. ¿Cuál es su título actual?
4. ¿Qué roles y responsabilidades tiene su trabajo?
 - a. Provea información específica sobre los roles y responsabilidades relacionados a la seguridad alimentaria, nutrición, salud y/o agricultura.
 - b. ¿Qué proporción de su tiempo lo dedica a las actividades que usted mencionó referenciadas en la pregunta anterior?
 - c. ¿Qué departamentos, municipalidades, comunidades, etc. cubren estas actividades?

Acceso y Utilización de Alimentos: Las siguientes preguntas que le haré se enfocan en el acceso y la utilización de los alimentos en las comunidades donde su organización está trabajando. Nuestra meta en esta sección es aprender sobre el contexto de la comunidad así como el enfoque que usted está tomando para enfrentar estos temas.

5. Por favor provea información sobre los principales problemas que tienen las personas en las comunidades donde usted trabaja en relación al acceso a los alimentos.
 - a. ¿Hay alimentos en particular que estén disponibles o no?
 - b. En su opinión, ¿cuál es la causa de este déficit con respecto al acceso a los alimentos?
6. ¿Las comunidades donde usted trabaja están afectadas por la desnutrición? ¿Cuáles son los principales factores que contribuyen a la desnutrición en esas comunidades?
7. ¿De dónde proviene la mayoría de los alimentos que se consumen en las comunidades donde usted trabaja? (¿Se compran, producen, o provienen de otra fuente)? ¿Esto ha cambiado con el tiempo? ¿Cambia dependiendo de la temporada/estación?
8. ¿Cuáles son los principales temas en relación a la seguridad alimentaria, el acceso a los alimentos y la nutrición, que usted está tratando de cubrir con su programa? Por favor describa los componentes de su programa que cubren estos temas.
9. ¿Cuáles son los desafíos más significativos que usted anticipa enfrentar en la implementación de su programa?

10. ¿Hay organizaciones específicas en la comunidad o agencias de gobierno con las cuales usted trabajará para implementar este/estos componente/s?
11. ¿Existen costumbres, tradiciones o creencias en relación a los alimentos en las comunidades donde usted trabaja, las cuales ha debido tener en consideración en el diseño de sus programas? Por ejemplo, hay algún período en que la gente ayune, o coma un tipo de alimento en particular, o evite un tipo de alimento en particular? ¿Hay creencias que interfieran con el amamantamiento? ¿Hay creencias sobre las clases de alimentos que los niños necesitan cuando están enfermos?

Acceso a la Asistencia Médica: Ahora que aprendí un poco sobre el programa que usted diseñó y las comunidades en las que usted está trabajando con respecto al acceso a los alimentos, la seguridad alimentaria, y la nutrición, ahora quisiera preguntarle un poco sobre la asistencia médica.

12. ¿A dónde van las personas para recibir servicios relacionados a sus necesidades en el cuidado de la salud, o para recibir tratamiento a las enfermedades, en las comunidades donde usted está trabajando?
13. ¿Qué tipo de servicios de asistencia médica están disponibles en las comunidades donde usted está trabajando?
 - a. ¿Qué hace la gente en caso de una emergencia de salud?
 - b. ¿Qué hace la gente con respecto al cuidado durante el embarazo y el parto?
 - c. ¿Qué calidad tienen los servicios de salud que están disponibles?
 - d. ¿Quiénes son las personas responsables en las familias de tomar las decisiones principales sobre el cuidado de la salud?
 - e. ¿Son confiables los proveedores de asistencia médica?
14. ¿Cuáles son algunas de las principales necesidades que usted haya identificado en la comunidad, en cuanto a la asistencia médica? ¿Cuáles son algunas fortalezas de las comunidades en las que usted trabaja, en cuanto a la asistencia médica?
15. ¿Qué componentes y actividades del programa implementará usted para tratar los problemas de asistencia médica que ha identificado?
16. ¿Hay organizaciones específicas en la comunidad, o agencias gubernamentales, con las que usted trabajará para implementar este/estos componentes?

Agua, Saneamiento e Higiene: Ahora, quisiera hacerle unas pocas preguntas sobre las viviendas y el acceso al agua en las comunidades donde usted está trabajando, y si eso es un tema que su programa tratará.

17. ¿Cuál es la fuente principal de agua potable para la mayoría de las comunidades en las que usted está trabajando?
18. ¿Hay hábitos comunes en la comunidad con respecto al saneamiento del agua para asegurar que se pueda beber? ¿Qué tipo de concientización se ha realizado en el pasado sobre este tema? ¿La gente cambia sus prácticas sobre el saneamiento del agua después de la concientización? ¿Por qué o por qué no? ¿Esto es algo que usted planea cubrir como parte de su programa?
19. ¿Qué se les enseña a los niños con respecto a la higiene? ¿A lavarse las manos? ¿Los hogares tienen piletas de lavado y jabón u otros materiales de limpieza? ¿Se lavan las ropas de los niños? ¿Esto es algo que usted planea cubrir como parte de su programa?
20. ¿Cuál es el típico sistema de letrinas en las comunidades donde usted trabaja? ¿Cuáles son las creencias y prácticas sobre el uso de las letrinas en esas comunidades? ¿Esto es algo que usted planea cubrir como parte de su programa?

Agricultura y Sustento: Ahora quisiera preguntarle sobre la agricultura y el sustento en la comunidad, y qué tipo de componentes y actividades programáticas usted estará realizando para mejorar la agricultura y el desarrollo de sustentos de vida.

21. Provea información sobre el tipo de actividad agropecuaria que ocurre en las comunidades donde usted está trabajando. ¿Son actividades principalmente de subsistencia? ¿O para generar ganancias? ¿O ambas cosas?
22. ¿Qué tipo de cultivos y ganado se cosechan/crían normalmente para su consumo en las comunidades donde usted está trabajando? (¿Plantas o animales en particular?)
23. ¿Qué tipo de cultivos y ganado se cosechan/crían normalmente para la venta en las comunidades donde usted está trabajando? (¿Plantas o animales en particular?)
24. Hay hombres, mujeres o niños en las comunidades donde usted trabaja que migren a lugares distantes en ciertos momentos del año? Por favor provea información sobre ese proceso.

25. ¿Qué componentes de su programa, si hubiera alguno, están diseñados para aumentar la producción de la agricultura?
26. ¿Qué desafíos anticipa enfrentar en la implementación de dichos componentes?
27. ¿Hay organizaciones específicas en la comunidad o agencias de gobierno con las cuales usted trabajará para implementar este/estos componente/s?

Ganancias y Sustento:

28. En su opinión, cuáles son las principales fuentes de ganancias para la mayoría de los hogares en las comunidades donde usted está trabajando? Agricultura, ganadería, comercio? ¿Servicios? ¿Una combinación? ¿Otros – por ejemplo la venta de alimentos silvestres? ¿Leña, carbón, etc.? ¿Quiénes están involucrados en dichas actividades?
29. ¿Qué tipo de apoyos cree usted que la comunidad necesita para mejorar su sustento si dependen de la agricultura?
30. ¿Qué tipo de apoyos cree usted que la comunidad necesita para mejorar su sustento si dependen de otras fuentes que no sean la agricultura? (Haga que la persona entrevistada clarifique a qué tipo de negocios se refiere)
31. ¿Qué tipo de programas o actividades realizará su organización para mejorar la generación de ganancias en las comunidades? ¿Hay componentes de infraestructura que usted ayudará a crear?
32. ¿Hay organizaciones específicas en la comunidad o agencias de gobierno con las cuales usted trabajará para implementar este/estos componente/s?
33. ¿Es común que las personas o familias ahorren dinero? ¿Por qué o por qué no? En caso afirmativo, cuál es el propósito de los ahorros comúnmente? ¿Las personas pertenecen a grupos de ahorro?

Contexto Socio-Cultural y Político: En esta última parte de la entrevista, quisiera aprender más sobre su comunidad en general y sobre algunas de las prácticas establecidas para asistir a las personas en sus vidas cotidianas.

34. ¿Hay grupos de personas en particular (mujeres, niños, gente de mayor edad, etc.) dentro de la comunidad en la que usted está trabajando que sufran de la escasez de alimentos a diario? ¿Cuál

cree que sea la causa de dicho hambre o falta de seguridad alimentaria? ¿Qué puede hacer la comunidad misma para mejorar la situación? ¿Qué tipo de ayuda externa necesita la comunidad?

35. ¿Han existido programas de seguridad alimentaria en el pasado, implementados por el gobierno, donantes extranjeros, u organizaciones de base comunitaria? De ser así, por favor provea información sobre su experiencia con esos programas. ¿Qué fortalezas y debilidades tuvieron dichos programas?
36. ¿Qué impacto tienen los conflictos/disputas en la seguridad alimentaria de la comunidad?
37. ¿Hay alguna otra información que usted quiera compartir con nosotros, sobre la seguridad alimentaria, la asistencia médica, o la agricultura y sustento, en las comunidades donde usted está trabajando, que nos ayude a entender mejor el contexto en el cual usted está implementando su programa?
38. ¿Hay algo más que usted quiera compartir con nosotros sobre el diseño del programa y sus planes para la implementación?

INFORMANTE CLAVE: AGRICULTURA Y SUSTENTO

Antecedentes: Antes de iniciar nuestra conversación sobre la seguridad alimentaria y el desarrollo de sustento, quisiera aprender un poco sobre usted y su ocupación.

1. ¿Con qué organizaciones trabaja usted?
2. ¿Cuál es su título actual?
3. ¿Qué roles y responsabilidades tiene su trabajo?
 - a. Provea información específica sobre los roles y responsabilidades relacionados a la agricultura o al desarrollo de empresas/sustentos.
 - b. ¿Qué proporción de su tiempo lo dedica a las actividades referenciadas en la pregunta anterior?
 - c. ¿En qué distritos, subcondados, pueblos, etc. trabaja usted?

Desarrollo Agropecuario y Cultivos: Ahora quisiera preguntarle sobre la agricultura como fuente de ganancias en las comunidades donde trabaja su organización.

4. Por favor provea información sobre los tipos de actividad agropecuaria que su organización ha identificado que se realizan en esta comunidad. ¿Son actividades principalmente de subsistencia? ¿O para generar ganancias? ¿O ambas cosas? ¿Esta situación cambia durante el año? Por favor explique. ¿Cuáles son los patrones de acceso al terreno para su cultivo?
5. En el caso de las personas que producen alimentos para su consumo, por favor explique qué tipos de cultivos y ganado se cosechan/crían? (planta o animal en particular)
6. Me gustaría saber un poco más sobre la actividad agropecuaria que se realiza para producir bienes que se venden en esta comunidad.
 - a. ¿Qué tipo de cultivos y ganado se cosechan/crían para su venta? (planta o animal en particular)
 - b. ¿Hay otros productos que su organización está intentando promover para que las comunidades los desarrollen? De ser así, ¿cuáles son esos productos? ¿Cómo seleccionó su organización esos productos?
 - c. ¿Los miembros de la comunidad que trabajan en la actividad agropecuaria, colaboran en la toma de decisiones con respecto a qué tipos de bienes se producen? ¿Juntan sus recursos? ¿De dónde provienen los recursos?
 - d. Provea información sobre los roles y responsabilidades típicos de las personas en la comunidad, con respecto a la actividad agropecuaria con fines de producción de bienes para la venta.
 - e. ¿Qué tipo de apoyos están establecidos para ayudar a promover la agricultura como un sustento de vida sostenible?

- f. ¿Qué otros apoyos son necesarios?
7. Con respecto a los productos que se venden, por favor provea información sobre ese proceso.
- ¿Las personas venden los productos aquí localmente? ¿Dónde? ¿A quién? ¿En qué cantidades?
 - ¿En qué parte del proceso se involucran los miembros de la comunidad para vender los productos?
 - ¿El dinero que se gana a través de las ventas comunitarias se comparte colectivamente?
8. ¿Han ocurrido eventos en la comunidad en el pasado que hayan impactado la capacidad de las personas para realizar actividades agropecuarias? ¿Es típico que los miembros de la comunidad tengan algún seguro que los ayude en caso de tales eventos? De no ser así, cómo manejan la situación?
9. ¿Dónde o cómo aprenden la mayoría de los miembros de la comunidad sus técnicas para la actividad agropecuaria? ¿En la opinión de dichos miembros, quiénes son las personas que tienen conocimiento sobre la actividad agropecuaria? ¿En quién confían?
10. Si la comunidad guarda alimentos para comer durante el año, ¿dónde los guardan? ¿Qué alimentos se guardan? ¿Cómo los guardan??

Sustento y Desarrollo de Empresas: Ahora quisiera preguntarle sobre otras fuentes de ganancias en la comunidad, y las necesidades que su organización ha identificado en la comunidad para un mayor desarrollo económico y agropecuario.

11. ¿Cuáles son las principales fuentes de ganancias para la mayoría de los hogares en esta comunidad donde trabaja su organización? Agricultura, ganadería, comercio? ¿Servicios? ¿Una combinación? ¿Otros – por ejemplo la venta de alimentos silvestres? ¿Leña, carbón, etc.? ¿Quiénes están involucrados en dichas actividades?
12. ¿Hay oportunidades para el desarrollo de empresas que su organización ha identificado que puedan asistir en la seguridad alimentaria en esta zona? Por favor explique.
13. ¿Hay estructuras establecidas que incentiven a las personas en las comunidades donde usted trabaja a ahorrar dinero?
14. ¿Hay algunos otros rasgos estructurales que su organización ha identificado en la comunidad, que prevengan un crecimiento económico exitoso? Por favor explique.
15. ¿Existe una fuente segura de agua en la comunidad? ¿Quién mantiene dicha fuente?

16. ¿Existen rutas de transporte confiables en las comunidades donde su organización trabaja?

Contexto Socio-Cultural y Político: En esta última parte de la entrevista, quisiera aprender más sobre su comunidad en general y sobre algunas de las prácticas establecidas para asistir a las personas en sus vidas cotidianas.

17. ¿Cómo caracterizaría usted la comunidad donde trabaja, con respecto a la seguridad alimentaria? ¿Hay grupos de personas en particular dentro de la comunidad que sufran de la escasez de alimentos a diario? ¿Cuáles son algunas de las causas de dicho hambre o falta de seguridad alimentaria que su organización ha identificado? ¿Qué puede hacer la comunidad misma para mejorar la situación? ¿Qué tipo de ayuda externa necesita la comunidad?

18. ¿Han existido programas de seguridad alimentaria en el pasado, implementados por el gobierno, donantes extranjeros, u organizaciones de base comunitaria? De ser así, por favor provea información sobre su experiencia con esos programas. ¿Qué fortalezas y debilidades tuvieron dichos programas?

19. Desde la perspectiva de su organización, ¿qué impacto tienen los conflictos/disputas en la seguridad alimentaria de la comunidad?

20. ¿Con qué frecuencia interactúan los miembros de la comunidad con gente de otras comunidades? ¿Qué tipo de interacción tienen? ¿Qué tipos de interacciones económicas están asociadas con una relación buena/mala?

21. ¿Hay alguna otra información adicional que usted quiera compartir con respecto a las observaciones de su organización sobre la seguridad alimentaria, y el desarrollo agropecuario y económico?

INFORMANTE CLAVE: SALUD Y NUTRICION

Antecedentes: Antes de iniciar nuestra conversación sobre la seguridad alimentaria, quisiera aprender un poco sobre usted y su ocupación.

1. ¿Con qué organizaciones trabaja usted?
2. ¿Cuál es su título actual?
3. ¿Qué roles y responsabilidades tiene en su trabajo?
4. ¿En qué municipalidades trabaja?
5. ¿Cuáles han sido algunas de sus experiencias pasadas trabajando en este tema?

Acceso y Utilización de Alimentos: El objetivo primario de esta sección es tener mayor conocimiento con respecto a lo que su organización sabe sobre el acceso de la comunidad a las varias fuentes de alimentos y sobre la desnutrición. ¿Qué barreras, hábitos, costumbres, ha identificado su organización que pudieran potencialmente resultar en la inseguridad alimentaria y la desnutrición?

6. ¿Cuáles son algunas de las principales razones que su organización ha identificado como causa de los bajos niveles de producción de alimentos? ¿Una falta de diversidad en la dieta? ¿Y una falta de acceso a los alimentos en general? ¿Hay momentos específicos durante el año cuando estos problemas son particularmente acentuados? ¿Y hay ciertas poblaciones que sean más vulnerables que otras?
7. ¿De dónde proviene la mayoría de los alimentos que se consumen en las comunidades donde trabaja su organización? (¿Se compran, producen, o provienen de otra fuente)? ¿Esto ha cambiado con el tiempo? ¿Cambia dependiendo de la temporada/estación?
8. ¿Cuáles son las bebidas principales (agua, leche, café, té, alcohol/licor, cerveza) que se consumen en las comunidades donde trabaja su organización? ¿Su organización ha identificado algún problema relacionado con el consumo de alcohol en alguna zona en particular?

Estado Nutricional de la Mujeres y Niños y Acceso a la Asistencia Médica: Ahora que aprendimos un poco sobre el acceso a los alimentos y la desnutrición, quisiéramos discutir algunos temas con respecto al estado nutricional y de salud de las mujeres y niños en la comunidad.

9. ¿Las mujeres en la comunidad típicamente reciben cuidado pre y ante-natal? ¿En qué consiste dicho cuidado? ¿Quién provee este cuidado?
10. ¿A dónde dan a luz típicamente las mujeres en las comunidades en las que trabaja su organización?

11. ¿Qué tipos de servicios de asistencia médica están disponibles a los miembros de la comunidad?
 - a. ¿Qué hace la gente en caso de una emergencia de salud?
 - b. ¿Qué hace la gente con respecto al cuidado durante el embarazo y el parto?
 - c. ¿Qué calidad tienen los servicios de salud que están disponibles?
 - d. ¿Dónde se encuentran? ¿Qué lejos deben viajar las personas o cuánto tiempo se tarda en llegar al centro de salud?
 - e. ¿Cómo llegan las personas?
 - f. ¿Cuándo (bajo qué circunstancias) van típicamente los miembros de la comunidad a dichas instalaciones?
 - g. ¿Quiénes son las personas responsables en las familias de tomar las decisiones principales sobre el cuidado de la salud?
 - h. ¿Son confiables los proveedores de atención médica?

12. Existe confianza en la comunidad con respecto a los proveedores de asistencia médica? ¿Por qué o por qué no? ¿Existe miedo a los proveedores de asistencia médica? ¿A qué le tienen miedo? ¿Es en relación a ciertos tratamientos o condiciones? De ser así, ¿por qué? ¿Hay alguna variante por sexo en el nivel de confianza en los proveedores de asistencia médica? Por favor explique esta variante.

13. ¿Hay alguien en particular dentro de la comunidad a quien acudan las personas cuando necesitan consejos sobre la salud, además de los proveedores de asistencia médica occidental? (curanderos tradicionales, gente mayor, familiares, etc.)

14. ¿Cuáles son algunos de los patrones de enfermedad que padecen las personas en la comunidad? ¿Qué tipos de enfermedades existen? ¿Hay variantes por edad, sexo, estado socio-económico, u otras características demográficas?

15. ¿Existe la práctica de vacunación infantil en la comunidad? ¿Para qué son las vacunas? ¿Cómo se vacuna a los niños?

16. ¿Hay necesidad de ciertas medicaciones en la comunidad que actualmente faltan? ¿O fuentes de asistencia médica? Por favor provea información sobre esa situación.

Agua, Saneamiento e Higiene: Ahora, quisiera hacerle unas pocas preguntas sobre su vivienda y su acceso al agua en la comunidad.

17. ¿Cuál es la fuente principal de agua potable para los miembros de la comunidad?

18. ¿Quién es responsable de mantener la fuente de agua en la comunidad donde usted trabaja?

19. ¿Hay períodos de tiempo en los que no haya agua disponible? En dichos momentos, ¿qué hacen los miembros de la comunidad para obtener agua?
20. ¿Hay hábitos comunes en la comunidad con respecto al saneamiento del agua para asegurar que se pueda beber? ¿Qué tipo de concientización se ha realizado en el pasado sobre este tema? ¿La gente cambia sus prácticas sobre el saneamiento del agua después de la concientización? ¿Por qué o por qué no?
21. ¿La mayoría de las familias tienen letrinas en sus casas o cerca de sus casas? Por favor describa el sistema típico. Si hay letrinas disponibles, ¿se utilizan? ¿Por qué o por qué no?

Contesto Socio-Cultural y Político: En esta última parte de la entrevista, quisiera aprender más sobre la comunidad en general y sobre algunas de las prácticas establecidas para asistir a las personas en sus vidas cotidianas.

22. ¿Hay grupos de personas en particular dentro de la comunidad que sufran de la escasez de alimentos a diario? ¿Cuál cree que sea la causa de dicho hambre o falta de seguridad alimentaria? ¿Qué puede hacer la comunidad misma para mejorar la situación? ¿Qué tipo de ayuda externa necesita la comunidad?
23. ¿Han existido programas de seguridad alimentaria en el pasado, implementados por el gobierno, donantes extranjeros, u organizaciones de base comunitaria? De ser así, por favor provea información sobre su experiencia con esos programas. ¿Qué fortalezas y debilidades tuvieron dichos programas?
24. ¿Con qué frecuencia interactúan los miembros de la comunidad con gente de otras comunidades? ¿Qué tipo de interacción tienen? ¿Qué tipos de interacciones económicas están asociadas con una relación buena/mala? ¿Hay diferencias por sexo? ¿Quiénes son los agravantes de los conflictos?
25. ¿Hay alguna información adicional que usted quiera compartir con respecto a la salud y la nutrición en las comunidades donde trabaja su organización?

Annex 7: Tabular Summary of Indicators

Table A7.1. Title II Baseline Indicators - Both Program Areas
 Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% C.I.		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
HOUSEHOLD LEVEL INDICATORS							
Average Household Dietary Diversity Score (HDDS)	6.2	6.0	6.3	5,642	63,802	0.1	2.7
Prevalence of households with moderate or severe hunger (HHS)	7.4	6.0	9.2	5,865	63,802	0.8	2.4
Adult Female no Adult Male	10.9	7.8	15.0	550	5,399	1.8	1.4
Adult Male no Adult Female	3.9	1.0	13.9	66	715	2.6	1.1
Male and Female Adults	7.2	5.7	9.0	5,244	57,629	0.8	2.3
Child No Adults *	6.5	0.0	95.8	5	58	8.1	0.7
Percentage of households using an improved drinking water source	19.9	16.3	24.1	5,868	63,802	2.0	3.8
Percentage of households using improved sanitation facilities	51.6	48.4	54.8	5,861	63,802	1.6	2.5
Percentage of households with soap and water at a handwashing station commonly used by family members	75.0	71.1	78.5	5,732	63,802	1.9	3.4
Prevalence of poverty: Percent of people living on less than \$1.25/day	44.0	40.6	47.4	37,434	408,252	1.7	2.7
Adult Female no Adult Male	25.8	19.7	33.0	2,172	21,712	3.4	1.8
Adult Male no Adult Female	16.3	6.4	35.4	153	1,736	7.0	1.5
Male and Female Adults	45.1	41.7	48.6	35,098	384,682	1.7	2.5
Child No Adults *	0.0	0.0	0.0	11	122	0.0	0.0
Mean depth of poverty	11.9	10.5	13.2	37,434	408,252	0.7	2.9
Adult Female no Adult Male	6.8	4.5	9.0	2,172	21,712	1.1	1.9
Adult Male no Adult Female	2.3	0.0	4.8	153	1,736	1.2	1.5
Male and Female Adults	12.2	10.8	13.6	35,098	384,682	0.7	2.8
Child No Adults *	0.0	0.0	0.0	11	122	0.0	0.0
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.9	1.8	2.0	37,434	408,252	0.0	2.7
Adult Female no Adult Male	2.6	2.4	2.8	2,172	21,712	0.1	1.3
Adult Male no Adult Female	3.0	2.5	3.6	153	1,736	0.3	0.9
Male and Female Adults	1.9	1.8	2.0	35,098	384,682	0.0	2.6
Child No Adults *	4.4	1.9	6.9	11	122	0.6	1.1
AGRICULTURAL INDICATORS*							
Percentage of farmers who used financial services in the past 12 months	16.1	13.6	19.0	5,488	113,488	1.4	2.8
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	13.6	11.8	15.5	5,504	113,488	0.9	2.0
Percentage of farmers who used at least three sustainable agricultural practices in the past 12 months	50.1	46.5	53.8	5,546	113,488	1.9	2.8
Percentage of farmers who used improved storage practices in the past 12 months	8.4	6.9	10.1	5,525	113,488	0.8	2.2
WOMEN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight women	2.1	1.6	2.9	4,604	81,469	0.3	1.5
Women's Dietary Diversity Score	3.9	3.8	4.0	5,335	94,320	0.1	3.0
CHILDREN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight children under 5 years of age (Total)	30.8	28.2	33.6	5,556	59,482	1.3	2.2
Prevalence of underweight children under 5 years of age (Male)	32.9	29.7	36.3	2,772	29,612	1.7	1.9
Prevalence of underweight children under 5 years of age (Female)	28.8	25.9	31.7	2,784	29,870	1.5	1.7
Prevalence of stunted children under 5 years of age (Total)	77.4	75.1	79.5	5,556	59,482	1.1	2.0

Table A7.1. Title II Baseline Indicators - Both Program Areas
 Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% C.I.		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Prevalence of stunted children under 5 years of age (Male)	78.7	76.0	81.1	2,772	29,612	1.3	1.7
Prevalence of stunted children under 5 years of age (Female)	76.1	73.5	78.6	2,784	29,870	1.3	1.6
Prevalence of wasted children under 5 years of age (Total)	1.5	1.2	2.0	5,556	59,482	0.2	1.2
Prevalence of wasted children under 5 years of age (Male)	2.0	1.4	2.9	2,772	29,612	0.4	1.4
Prevalence of wasted children under 5 years of age (Female)	1.0	0.7	1.6	2,784	29,870	0.2	1.1
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	36.4	33.6	39.3	5,665	60,650	1.4	2.2
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	37.3	34.1	40.8	2,839	30,355	1.7	1.9
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	35.5	32.5	38.6	2,826	30,295	1.6	1.7
Percentage of children under age 5 with diarrhea treated with ORT (Total)	50.7	46.7	54.7	1,976	22,040	2.0	1.8
Percentage of children under age 5 with diarrhea treated with ORT (Male)	50.4	45.2	55.6	1,022	11,319	2.6	1.7
Percentage of children under age 5 with diarrhea treated with ORT (Female)	51.0	46.5	55.5	954	10,721	2.3	1.4
Prevalence of exclusive breast-feeding of children under six months of age (Total)	63.4	58.5	68.0	638	6,896	2.4	1.3
Prevalence of exclusive breast-feeding of children under six months of age (Male)	65.5	58.5	71.9	339	3,596	3.4	1.3
Prevalence of exclusive breast-feeding of children under six months of age (Female)	61.1	54.7	67.1	299	3,300	3.1	1.1
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Total)	19.9	16.9	23.3	1,737	19,293	1.6	1.7
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	19.5	16.2	23.3	902	10,122	1.8	1.4
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	20.3	16.7	24.5	835	9,171	2.0	1.4

Note: Prevalence of wasted children is included but is not a required FFP indicator

*Although FFP requires that agricultural indicators are disaggregated by sex, they are not included due to the non-random selection of only one farmer in each household.

Table A7.2. Title II Baseline Indicators - SC Program Area
Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% C.I.		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
HOUSEHOLD LEVEL INDICATORS							
Average Household Dietary Diversity Score (HDDS)	6.1	6.0	6.3	2,648	29,956	0.1	2.5
Prevalence of households with moderate or severe hunger (HHS)	7.6	5.5	10.2	2,793	29,956	1.2	2.3
Adult Female no Adult Male	12.9	8.3	19.5	245	2,457	2.8	1.3
Adult Male no Adult Female	6.5	0.8	36.1	24	243	6.3	1.2
Male and Female Adults	7.1	5.1	9.8	2,521	27,224	1.2	2.3
Child No Adults *	11.7	0.1	92.2	3	32	10.8	0.5
Percentage of households using an improved drinking water source	21.5	15.8	28.7	2,795	29,956	3.3	4.2
Percentage of households using improved sanitation facilities	51.8	47.4	56.0	2,793	29,956	2.2	2.3
Percentage of households with soap and water at a handwashing station commonly used by family members	77.1	70.8	82.5	2,768	29,956	2.9	3.7
Prevalence of poverty: Percent of people living on less than \$1.25/day	44.2	39.8	48.6	17,529	187,944	2.2	2.3
Adult Female no Adult Male	20.1	13.3	29.2	898	8,716	4.0	1.5
Adult Male no Adult Female	16.1	3.4	51.0	62	717	11.3	1.6
Male and Female Adults	45.5	41.1	49.9	16,561	178,434	2.3	2.2
Child No Adults *	0.0	0.0	0.0	8	77	0.0	0.0
Mean depth of poverty	11.8	9.7	13.8	17,529	187,944	1.0	3.0
Adult Female no Adult Male	4.4	2.4	6.4	898	8,716	1.0	1.4
Adult Male no Adult Female	1.2	0.0	2.8	62	717	0.8	1.4
Male and Female Adults	12.2	10.1	14.3	16,561	178,434	1.1	2.9
Child No Adults *	0.0	0.0	0.0	8	77	0.0	0.0
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.9	1.8	2.0	17,529	187,944	0.1	2.3
Adult Female no Adult Male	2.7	2.5	2.9	898	8,716	0.1	1.0
Adult Male no Adult Female	2.8	2.0	3.5	62	717	0.4	1.1
Male and Female Adults	1.8	1.7	2.0	16,561	178,434	0.1	2.3
Child No Adults *	3.7	3.1	4.2	8	77	0.1	0.6
AGRICULTURAL INDICATORS*							
Percentage of farmers who used financial services in the past 12 months	20.2	16.0	25.3	2,546	52,231	2.4	2.9
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	15.9	13.3	19.0	2,553	52,231	1.4	2.0
Percentage of farmers who used at least three sustainable agricultural practices in the past 12 months	50.2	44.6	55.8	2,573	52,231	2.8	2.9
Percentage of farmers who used improved storage practices in the past 12 months	8.7	6.7	11.1	2,558	52,231	1.1	2.0
WOMEN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight women	2.2	1.5	3.3	2,202	39,261	0.4	1.4
Women's Dietary Diversity Score	3.8	3.7	4.0	2,564	45,384	0.1	2.7
CHILDREN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight children under 5 years of age (Total)	26.4	23.8	29.2	2,578	26,838	1.4	1.6
Prevalence of underweight children under 5 years of age (Male)	27.3	24.4	30.4	1,281	13,327	1.5	1.2
Prevalence of underweight children under 5 years of age (Female)	25.5	22.2	29.1	1,297	13,512	1.7	1.4
Prevalence of stunted children under 5 years of age (Total)	74.7	72.0	77.2	2,578	26,838	1.3	1.5

Table A7.2. Title II Baseline Indicators - SC Program Area
 Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% C.I.		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Prevalence of stunted children under 5 years of age (Male)	77.1	73.3	80.4	1,281	13,327	1.8	1.5
Prevalence of stunted children under 5 years of age (Female)	72.3	69.5	75.0	1,297	13,512	1.4	1.1
Prevalence of wasted children under 5 years of age (Total)	1.0	0.6	1.5	2,578	26,838	0.2	1.1
Prevalence of wasted children under 5 years of age (Male)	0.8	0.4	1.5	1,281	13,327	0.3	1.0
Prevalence of wasted children under 5 years of age (Female)	1.2	0.7	1.9	1,297	13,512	0.3	1.0
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	28.8	25.7	32.2	2,623	27,264	1.7	1.8
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	29.0	25.1	33.1	1,306	13,570	2.0	1.6
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	28.7	24.9	32.7	1,317	13,694	2.0	1.6
Percentage of children under age 5 with diarrhea treated with ORT (Total)	53.3	48.6	57.9	736	7,836	2.4	1.3
Percentage of children under age 5 with diarrhea treated with ORT (Male)	55.4	48.9	61.8	373	3,921	3.3	1.3
Percentage of children under age 5 with diarrhea treated with ORT (Female)	51.2	45.5	56.7	363	3,916	2.8	1.1
Prevalence of exclusive breast-feeding of children under six months of age	66.1	58.3	73.1	298	3,158	3.8	1.4
Prevalence of exclusive breast-feeding of children under six months of age (Male)	69.4	58.8	78.3	170	1,789	5.0	1.4
Prevalence of exclusive breast-feeding of children under six months of age (Female)	61.6	50.0	72.1	128	1,369	5.7	1.3
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	22.1	17.9	27.1	842	9,262	2.3	1.6
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	22.0	17.3	27.5	429	4,757	2.6	1.3
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	22.3	17.3	28.3	413	4,506	2.8	1.3

Note: Prevalence of wasted children is included but is not a required FFP indicator

*Although FFP requires that agricultural indicators are disaggregated by sex, they are not included due to the non-random selection of only one farmer in each household.

Table A7.3. Title II Baseline Indicators - CRS Program Area
Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% C.I.		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
HOUSEHOLD LEVEL INDICATORS							
Average Household Dietary Diversity Score (HDDS)	6.2	6.0	6.4	2,994	33,846	0.1	2.8
Prevalence of households with moderate or severe hunger (HHS)	7.3	5.4	9.8	3,072	33,846	1.1	2.4
Adult Female no Adult Male	9.2	5.6	14.7	305	2,943	2.3	1.4
Adult Male no Adult Female	2.6	0.6	9.9	42	472	1.8	0.7
Male and Female Adults	7.2	5.3	9.9	2,723	30,405	1.2	2.3
Child No Adults *	0.0	0.0	0.0	2	26	0.0	0.0
Percentage of households using an improved drinking water source	18.5	14.3	23.6	3,073	33,846	2.3	3.4
Percentage of households using improved sanitation facilities	51.4	46.7	56.1	3,068	33,846	2.4	2.7
Percentage of households with soap and water at a handwashing station commonly used by family members	73.1	68.7	77.1	2,964	33,846	2.2	2.9
Prevalence of poverty: Percent of people living on less than \$1.25/day	43.8	39.0	48.7	19,905	220,308	2.5	2.8
Adult Female no Adult Male	29.6	21.1	39.8	1,274	12,996	4.8	1.9
Adult Male no Adult Female	16.4	4.9	42.9	91	1,019	9.1	1.5
Male and Female Adults	44.8	40.0	49.8	18,537	206,248	2.5	2.7
Child No Adults *	0.0	0.0	0.0	3	45	0.0	0.0
Mean depth of poverty	11.9	10.3	13.6	19,905	220,308	0.8	2.6
Adult Female no Adult Male	8.4	5.0	11.7	1,274	12,996	1.7	2.0
Adult Male no Adult Female	3.1	0.0	7.1	91	1,019	2.0	1.6
Male and Female Adults	12.2	10.6	13.9	18,537	206,248	0.8	2.5
Child No Adults *	0.0	0.0	0.0	3	45	0.0	0.0
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.9	1.8	2.1	19,905	220,308	0.1	2.8
Adult Female no Adult Male	2.5	2.2	2.8	1,274	12,996	0.1	1.4
Adult Male no Adult Female	3.3	2.5	4.1	91	1,019	0.4	0.9
Male and Female Adults	1.9	1.8	2.0	18,537	206,248	0.1	2.7
Child No Adults *	5.7	5.1	6.3	3	45	0.1	0.6
AGRICULTURAL INDICATORS*							
Percentage of farmers who used financial services in the past 12 months	12.6	9.9	15.9	2,942	61,257	1.5	2.5
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	11.5	9.4	14.1	2,951	61,257	1.2	2.0
Percentage of farmers who used at least three sustainable agricultural practices in the past 12 months	50.1	45.3	54.9	2,973	61,257	2.4	2.7
Percentage of farmers who used improved storage practices in the past 12 months	8.1	6.2	10.6	2,967	61,257	1.1	2.2
WOMEN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight women	2.1	1.4	3.2	2,402	42,208	0.5	1.5
Women's Dietary Diversity Score	4.0	3.8	4.2	2,771	48,937	0.1	3.2
CHILDREN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight children under 5 years of age (Total)	34.5	30.6	38.6	2,978	32,644	2.0	2.3
Prevalence of underweight children under 5 years of age (Male)	37.6	32.5	42.9	1,491	16,286	2.6	2.1
Prevalence of underweight children under 5 years of age (Female)	31.4	27.4	35.8	1,487	16,358	2.1	1.8

Prevalence of stunted children under 5 years of age (Total)	79.6	76.2	82.7	2,978	32,644	1.6	2.2
Prevalence of stunted children under 5 years of age (Male)	80.0	76.2	83.3	1,491	16,286	1.8	1.8
Prevalence of stunted children under 5 years of age (Female)	79.3	75.3	82.8	1,487	16,358	1.9	1.8
Prevalence of wasted children under 5 years of age (Total)	2.0	1.5	2.7	2,978	32,644	0.3	1.2
Prevalence of wasted children under 5 years of age (Male)	3.0	2.0	4.5	1,491	16,286	0.6	1.4
Prevalence of wasted children under 5 years of age (Female)	0.9	0.5	1.7	1,487	16,358	0.3	1.2
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	42.6	38.7	46.6	3,042	33,385	2.0	2.3
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	44.1	39.6	48.7	1,533	16,785	2.3	1.8
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	41.1	36.7	45.6	1,509	16,600	2.2	1.8
Percentage of children under age 5 with diarrhea treated with ORT (Total)	49.3	43.8	54.8	1,240	14,204	2.8	2.0
Percentage of children under age 5 with diarrhea treated with ORT (Male)	47.7	40.8	54.7	649	7,398	3.5	1.8
Percentage of children under age 5 with diarrhea treated with ORT (Female)	51.0	44.7	57.3	591	6,806	3.2	1.6
Prevalence of exclusive breast-feeding of children under six months of age	61.1	55.0	66.9	340	3,739	3.0	1.2
Prevalence of exclusive breast-feeding of children under six months of age (Male)	61.6	52.2	70.1	169	1,807	4.6	1.2
Prevalence of exclusive breast-feeding of children under six months of age (Female)	60.7	53.6	67.4	171	1,931	3.5	0.9
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	17.9	13.8	22.8	895	10,030	2.3	1.8
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	17.4	12.9	23.0	473	5,365	2.5	1.5
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	18.5	13.5	24.7	422	4,665	2.8	1.5

Note: Prevalence of wasted children is included but is not a required FFP indicator

*Although FFP requires that agricultural indicators are disaggregated by sex, they are not included due to the non-random selection of only one farmer in each household.

Table A7.4. Title II FFP Baseline Indicators - Program Comparisons
Indicators and P-values for Test of Differences [Guatemala, 2013]

	Indicator Value		P-Value
	SC	CRS	
HOUSEHOLD LEVEL INDICATORS			
Average Household Dietary Diversity Score (HDDS)	6.1	6.2	.72
Prevalence of households with moderate or severe hunger (HHS)	7.6	7.3	.89
Adult Female no Adult Male	12.9	9.2	.30
Adult Male no Adult Female	6.5	2.6	.44
Male and Female Adults	7.1	7.2	.93
Child No Adults ¹	11.7	0.0	.00**
Percentage of households using an improved drinking water source	21.5	18.5	.45
Percentage of households using improved sanitation facilities	51.8	51.4	.92
Percentage of households with soap and water at a handwashing station commonly used by family members	77.8	75.3	.26
Prevalence of poverty: Percent of people living on less than \$1.25/day	44.2	43.8	.91
Adult Female no Adult Male	20.1	29.6	.13
Adult Male no Adult Female	16.1	16.4	.98
Male and Female Adults	45.5	44.8	.85
Child No Adults *	0.0	0.0	-
Mean depth of poverty	11.8	11.9	.88
Adult Female no Adult Male	4.4	8.4	.05*
Adult Male no Adult Female	1.2	3.1	.39
Male and Female Adults	12.2	12.2	.97
Child No Adults *	0.0	0.0	-
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.9	1.9	.58
Adult Female no Adult Male	2.7	2.5	.30
Adult Male no Adult Female	2.8	3.3	.35
Male and Female Adults	1.8	1.9	.57
Child No Adults *	3.7	5.7	.00**
AGRICULTURAL INDICATORS			
Percentage of farmers who used financial services in the past 12 months	20.2	12.6	.00**
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	15.9	11.5	.02*
Percentage of farmers who used at least three sustainable agricultural practices in the past 12 months	50.2	50.1	.98
Percentage of farmers who used improved storage practices in the past 12 months	8.7	8.1	.73
WOMEN'S HEALTH AND NUTRITION INDICATORS			
Prevalence of underweight women	2.2	2.1	.90
Women's Dietary Diversity Score	3.8	4.0	.25
CHILDREN'S HEALTH AND NUTRITION INDICATORS			
Prevalence of underweight children under 5 years of age (Total)	26.4	34.5	.00**
Prevalence of underweight children under 5 years of age (Male)	27.3	37.6	.00**
Prevalence of underweight children under 5 years of age (Female)	25.5	31.4	.03*
Prevalence of stunted children under 5 years of age (Total)	74.7	79.6	.02*
Prevalence of stunted children under 5 years of age (Male)	77.1	80.0	.26

Table A7.4. Title II FFP Baseline Indicators - Program Comparisons
Indicators and P-values for Test of Differences [Guatemala, 2013]

	Indicator Value		P-Value
	SC	CRS	
Prevalence of stunted children under 5 years of age (Female)	72.3	79.3	.00**
Prevalence of wasted children under 5 years of age (Total)	1.0	2.0	.01*
Prevalence of wasted children under 5 years of age (Male)	0.8	3.0	.00**
Prevalence of wasted children under 5 years of age (Female)	1.2	0.9	.58
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	29.0	44.1	.00**
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	28.7	41.1	.00**
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	28.8	42.6	.00**
Percentage of children under age 5 with diarrhea treated with ORT (Total)	55.4	47.7	.11
Percentage of children under age 5 with diarrhea treated with ORT (Male)	51.2	51.0	.97
Percentage of children under age 5 with diarrhea treated with ORT (Female)	53.3	49.3	.27
Prevalence of exclusive breast-feeding of children under six months of age	66.1	61.1	.31
Prevalence of exclusive breast-feeding of children under six months of age (Male)	69.4	61.6	.26
Prevalence of exclusive breast-feeding of children under six months of age (Female)	61.6	60.7	.89
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	22.1	17.9	.20
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	22.0	17.4	.21
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	22.3	18.5	.33

¹ Insufficient sample size (n<30)

* p <.05

** p <.01

Table A7.5. Title II Program-specific Indicators - Both Program Areas
Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Awareness and Health Care Seeking (Mothers of children 0-59 months)							
Percentage who recognize 2 or more pregnancy danger signs	41.3	38.0	44.7	3,533	42,996	1.7	2.1
Percentage who recognize 2 or more neonatal danger signs	29.5	26.6	32.5	3,533	42,996	1.5	1.9
Percentage who recognize 2 or more childhood illness signs	35.9	32.9	39.1	3,532	42,996	1.6	2.0
Percentage seeking health care when pregnancy danger signs are present	65.6	60.8	70.1	684	8,774	2.4	1.3
Percentage seeking health care when neonatal danger signs are present	76.0	71.8	79.7	616	7,755	2.0	1.2
Percentage seeking health care when childhood illness signs are present	84.5	81.6	87.1	1,483	18,127	1.4	1.5
Decision-Making for Seeking Health Care (Mothers of children 0-59 months - married or in a union)							
Percentage making decisions about health care for themselves ¹	62.6	59.5	65.7	3,156	38,025	1.6	1.8
Percentage making decisions about health care for children 0-59 months ¹	96.7	95.5	97.7	3,157	38,025	0.5	1.7

¹Includes joint decision making.

Table A7.6. Title II Program-specific Indicators - Save the Children Program Areas
Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Awareness and Health Care Seeking (Mothers of children 0-59 months)							
Percentage who recognize 2 or more pregnancy danger signs	37.4	32.6	42.5	1,708	20,237	2.5	2.1
Percentage who recognize 2 or more neonatal danger signs	26.6	23.3	30.3	1,707	20,237	1.8	1.6
Percentage who recognize 2 or more childhood illness signs	31.7	27.7	36.0	1,707	20,237	2.1	1.9
Percentage seeking health care when pregnancy danger signs are present	64.0	57.5	70.1	310	3,920	3.2	1.2
Percentage seeking health care when neonatal danger signs are present	76.4	69.5	82.1	283	3,656	3.2	1.3
Percentage seeking health care when childhood illness signs are present	85.0	80.3	88.8	644	7,738	2.2	1.5
Decision-Making for Seeking Health Care (Mothers of children 0-59 months - married or in a union)							
Percentage making decisions about health care for themselves ¹	61.5	57.0	65.8	1,543	18,102	2.2	1.8
Percentage making decisions about health care for children 0-59 months ¹	97.0	95.7	97.9	1,543	18,102	0.6	1.3

¹Includes joint decision making.

Table A7.7. Title II Program-specific Indicators - CRS Program Areas
Indicators, 95% Confidence Intervals and Base Population [Guatemala, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Awareness and Health Care Seeking (Mothers of children 0-59 months)							
Percentage who recognize 2 or more pregnancy danger signs	44.7	40.2	49.3	1,825	22,759	2.3	2.0
Percentage who recognize 2 or more neonatal danger signs	32.0	27.6	36.8	1,826	22,759	2.3	2.2
Percentage who recognize 2 or more childhood illness signs	39.7	35.3	44.2	1,825	22,759	2.2	2.0
Percentage seeking health care when pregnancy danger signs are present	66.9	59.9	73.2	374	4,854	3.4	1.4
Percentage seeking health care when neonatal danger signs are present	75.7	70.3	80.3	333	4,099	2.5	1.1
Percentage seeking health care when childhood illness signs are present	84.2	80.2	87.5	839	10,389	1.8	1.5
Decision-Making for Seeking Health Care (Mothers of children 0-59 months - married or in a union)							
Percentage making decisions about health care for themselves ¹	63.7	59.2	67.9	1,613	19,923	2.2	1.9
Percentage making decisions about health care for children 0-59 months ¹	96.5	94.2	97.9	1,614	19,923	0.9	2.0

¹Includes joint decision making.

Table A7.8. Title II Program-specific Indicators - Program Comparisons
 Indicators and P-values for Test of Differences [Guatemala, 2013]

	Indicator Value		P-Value
	SC	CRS	
Awareness and Health Care Seeking (Mothers of children 0-59 months)			
Percentage who recognize 2 or more pregnancy danger signs	37.4	44.7	.04*
Percentage who recognize 2 or more neonatal danger signs	26.6	32.0	.07
Percentage who recognize 2 or more childhood illness signs	31.7	39.7	.01*
Percentage seeking health care when pregnancy danger signs are present	64.0	66.9	.54
Percentage seeking health care when neonatal danger signs are present	76.4	75.7	.86
Percentage seeking health care when childhood illness signs are present	85.0	84.2	.77
Decision-Making for Seeking Health Care (Mothers of children 0-59 months - married or in a union)			
Percentage making decisions about health care for themselves ¹	61.5	63.7	.49
Percentage making decisions about health care for children 0-59 months ¹	97.0	96.5	.65

* p <.05

** p <.01

Annex 8: Multivariate Model Results

Table A8.1. Multiple Logistic Regression Models of Moderate or Severe Household Hunger

<i>Dependent: Moderate or Severe Household Hunger</i>	Total (Pseudo R ² = .13)		SC (Pseudo R ² = .10)		CRS (Pseudo R ² = .20)	
	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value
Independent Variables						
Household Composition						
Number of prime-aged adults (15-49)	0.91 (0.85 - 0.99)	0.02*	0.91 (0.82 - 1.00)	0.06	0.88 (0.79 - 0.99)	0.04*
Number of elder dependents (50 or older)	0.97 (0.80 - 1.18)	0.77	1.07 (0.80 - 1.43)	0.64	0.86 (0.65 - 1.14)	0.29
Number of young dependents (0-14)	0.97 (0.88 - 1.06)	0.46	1.01 (0.92 - 1.12)	0.77	0.94 (0.81 - 1.09)	0.41
Age of head of HH	1.00 (0.99 - 1.01)	0.81	1.00 (0.98 - 1.02)	0.93	1.00 (0.98 - 1.02)	0.99
Sex of head of HH (Female)	1.30 (0.90 - 1.88)	0.16	1.82 (1.13 - 2.94)	0.02*	0.90 (0.56 - 1.45)	0.66
Education level of head of HH (Primary or higher vs. None)	0.62 (0.44 - 0.86)	0.00**	1.08 (0.75 - 1.57)	0.67	0.35 (0.22 - 0.54)	0.00**
Household Consumption						
Living below the poverty line	1.02 (0.69 - 1.50)	0.94	0.78 (0.49 - 1.25)	0.30	1.25 (0.70 - 2.22)	0.45
Daily per capita food consumption (log)	0.04 (0.01 - 0.17)	0.00**	0.06 (0.01 - 0.58)	0.02*	0.02 (0.01 - 0.09)	0.00**
Household Agricultural Status						
Used at least 2 sustainable agriculture practices (crops)	0.82 (0.59 - 1.12)	0.21	0.83 (0.55 - 1.26)	0.38	0.81 (0.50 - 1.31)	0.39
Used at least 2 sustainable livestock practices	1.48 (0.87 - 2.53)	0.15	1.77 (0.72 - 4.35)	0.21	1.40 (0.77 - 2.56)	0.27
Used at least 2 sustainable NRM practices	-	-	-	-	-	-
Practiced value chain activities	0.55 (0.34 - 0.88)	0.01*	0.31 (0.14 - 0.67)	0.00**	0.86 (0.48 - 1.55)	0.62
Using improved storage practices	0.87 (0.46 - 1.63)	0.66	1.33 (0.61 - 2.91)	0.47	0.59 (0.28 - 1.25)	0.17
Number of farmers in the household	0.74 (0.61 - 0.90)	0.00**	0.69 (0.52 - 0.92)	0.01*	0.79 (0.62 - 1.01)	0.06
Department ¹						
Tonicapan	2.86 (1.50 - 5.49)	0.00**	-	-	2.57 (1.33 - 4.96)	0.01*
Quiche	1.65 (0.78 - 3.46)	0.19	1.17 (0.54 - 2.55)	0.69	-	-
Huehuetenango	1.81 (0.80 - 4.12)	0.15	1.23 (0.50 - 2.99)	0.65	-	-
Quetzaltenango	1.54 (0.64 - 3.71)	0.34	-	-	-	-
(Constant)	2.17 (0.50 - 9.36)	0.30	1.66 (0.16 - 17.1)	0.67	-	-
Number of households in final model	5,790		2,770		3,020	

¹ The reference department is San Marcos for the Total model and the CRS model, and Quetzaltenango for the SC model.

* p < .05

** p < .01

Table A8.2. Multiple Regression Models of Height for Age Z-score of Children under 5 Years of Age

<i>Dependent: Height for Age Z-score</i>	Total (R ² = .21)		SC (R ² = .19)		CRS (R ² = .25)	
	β	p-value	β	p-value	β	p-value
<i>Independent Variables</i>						
Child Characteristics						
Sex (Female)	0.30	0.00**	0.39	0.00**	0.21	0.02*
Age in months	-0.08	0.00**	-0.07	0.00**	-0.08	0.00**
Age in months squared	0.00	0.00**	0.00	0.00**	0.00	0.00**
Sex*age interaction	-0.01	0.00**	-0.01	0.01*	-0.00	0.04*
Child had diarrhea in the last 2 weeks	-0.10	0.01*	-0.06	0.21	-0.12	0.02*
Household Composition						
Number of prime-aged adults (15-49)	0.08	0.00**	0.08	0.00**	0.07	0.00**
Number of elder dependents (50 or older)	0.06	0.04*	0.02	0.58	0.10	0.03*
Number of young dependents (5-14)	-0.04	0.00**	-0.06	0.00**	-0.04	0.00**
Number of children (0-4)	-0.15	0.00**	-0.14	0.00**	-0.16	0.00**
Age of head of HH	0.00	0.25	0.00	0.27	0.00	0.53
Sex of head of HH (Female)	0.06	0.39	-0.04	0.62	0.12	0.15
Education level of primary caretaker (Primary or higher vs. None)	0.12	0.00**	0.11	0.04*	0.15	0.01*
Household Socioeconomic Status						
Moderate or Severe Hunger	0.01	0.86	-0.10	0.21	0.13	0.22
Living below the poverty line	-0.15	0.00**	-0.02	0.76	-0.25	0.00**
Daily per capita food consumption (log)	0.42	0.00**	0.46	0.03*	0.37	0.02*
Household Dietary Diversity Score	0.01	0.18	0.01	0.41	0.02	0.33
Household Water and Sanitation						
Improved source of drinking water	-0.02	0.76	0.03	0.71	-0.04	0.63
Water treatment prior to drinking	0.25	0.00**	0.22	0.01*	0.33	0.01*
Improved, not shared sanitation facility	0.07	0.11	-0.02	0.72	0.13	0.03*
Cleansing agent and water available at handwashing station	0.16	0.00**	0.06	0.34	0.24	0.00**
Household Agricultural Status						
Used two sustainable crop practices (past 12 months)	-0.11	0.02*	0.03	0.59	-0.24	0.00**
Used two sustainable livestock practices (past 12 months)	-0.11	0.10	-0.05	0.62	-0.16	0.07
Used two sustainable NRM practices (past 12 months)	0.19	0.16	0.85	0.00**	0.12	0.39
Practiced the value chain activities	0.02	0.73	0.08	0.34	-0.03	0.77
Used improved storage practices (past 12 months)	0.16	0.05	0.14	0.30	0.17	0.09
Number of farmers in the household	0.01	0.78	-0.03	0.30	0.04	0.07
Department ¹						
Totonicapan	-0.07	0.40	-	-	-0.10	0.22
Quiche	0.08	0.43	-0.10	0.26	-	-
Huehuetenango	0.21	0.05*	-	-	-	-
Quetzaltenango	0.13	0.15	-0.03	0.72	-	-
(Constant)	-2.63	0.00**	-2.51	0.00**	-2.56	0.00**
Number of children (0-59 months) in final model	5,331		2,428		2,903	

¹The reference department is San Marcos for the Total and CRS models, and Huehuetenango for the SC model.

* p < .05

** p < .01

Annex 9: Bivariate Analysis Results

Table A9.1. Household dietary diversity

Percentage of households that consumed HDDS food groups by PVO [Guatemala, 2013]

	Total	SC	CRS
Cereals	99.5	99.5	99.5
Root and tubers	37.0	33.9	40.7
Vegetables	63.1	61.2	65.2
Fruits	37.8	39.9	35.3
Meat, poultry, organ meat	27.4	29.2	25.3
Eggs	45.1	45.9	44.3
Fish and seafood	5.1	4.8	5.4
Pulses/legumes/nuts	58.9	54.7	63.7
Milk and milk products	10.9	12.9	8.7
Oil/fats	58.4	61.8	54.5
Sugar/honey	93.9	93.3	94.7
Miscellaneous (tea, coffee, condiments, etc.)	77.9	80.1	75.3
Number of households	5,871	2,797	3,074

Note: Only includes households that reported that yesterday was not an unusual or special day.

Table A9.2. Household sanitation and drinking water

Sanitation facility, source of drinking water and treatment for drinking water by PVO [Guatemala, 2013]

	Total	SC	CRS
Improved, not shared sanitation facility			
Flush to piped sewer system	7.2	10.7	4.1
Flush to septic tank	3.4	3.6	3.2
Pit latrine with slab	41.0	37.5	44.1
Improved, shared sanitation facility			
Flush to piped sewer system	0.7	1.1	0.4
Flush to septic tank	0.4	0.4	0.4
Pit latrine with slab	4.7	4.9	4.5
Non-improved sanitation facility			
Open pit	34.1	35.5	32.8
No facility	8.2	5.7	10.4
Other	0.3	0.7	0.1
Improved source of drinking water			
Piped water into dwelling	14.4	16.2	12.8
Piped water into yard	18.5	22.2	15.3
Public tap	2.2	3.8	0.8
Private well	6.7	8.1	5.5
Public well	5.7	3.0	8.1
Rainwater	0.4	0.7	0.1
Non-improved source of drinking water			
Surface water (river/dam/ lake/ponds /stream/canal/irrigation channel)	51.3	45.5	56.5
Tanker truck	0.0	0.0	0.0
Other	0.8	0.6	1.0
Water availability			
Water is generally available from this source (% 'Yes')	65.8	68.1	63.3
Water not available for a day or more during the last two weeks (% 'Yes')	53.7	54.0	53.3
Water treatment prior to drinking			
Boil	92.6	96.2	88.5
Filter	2.1	1.2	3.1
Bleach/chlorine added	4.3	4.9	3.7
Purchase purified water	0.2	0.1	0.2
Other	0.4	0.2	0.6
No treatment	5.4	2.5	8.7
Number of households	5,871	2,797	3,074

Table A9.3. Characteristics of Agricultural Households
Percentage of farming households by PVO [Guatemala, 2013]

	Total	SC	CRS
Cultivated corn	94.6	93.9	95.1
Stored corn	89.7	90.1	89.3
Cultivated beans	68.3	69.4	67.5
Stored beans	57.2	61.7	53.4
Cultivated herbs or vegetables for household consumption	37.7	45.4	31.2
Have fruit trees on land	57.9	60.6	55.6
Raised livestock	86.8	83.7	89.5
Consumed products from livestock or land	92.1	90.3	93.7
Sold products from livestock or land	44.2	42.2	46.0
Number of farmers	5,548	2,576	2,972

Table A9.4. Value Chain Activities and Financial Services

Percentage of farmers by value chain activities by PVO [Guatemala, 2013]

	Total	SC	CRS
Value Chain Activities			
Market-oriented production	44.2	42.2	46.0
Calculation of cost of production for the market	8.2	10.1	6.7
Keeping production records	1.8	1.6	1.9
Developing production and sales plans	8.7	10.3	7.3
No value chain activities	55.8	57.8	54.0
Financial Services			
Saved money	10.4	14.2	7.3
Obtained an agricultural credit	5.9	6.5	5.3
Had agricultural insurance	1.8	2.8	1.0
No financial services	83.9	79.8	87.4
Number of farmers	5,548	2,576	2,972

Table A9.5. Sustainable agricultural practices

Percentage of farmers by sustainable agricultural practice by PVO [Guatemala, 2013]

	Total	SC	CRS
Crops			
Use of improved seed for beans	2.6	2.4	2.7
Use of soil conservation practices	49.6	40.8	57.1
Use of organic fertilization	61.2	50.9	69.9
Household garden production	37.7	45.4	31.2
Management of fruit trees	31.6	35.3	28.5
Production of native herbs	25.4	31.6	20.1
No sustainable crop practices	14.7	19.0	10.9
Livestock			
Improved (roof, wall, water and food) livestock facilities for rabbits, goats, pigs, poultry	30.9	28.4	32.9
Vaccination of poultry	26.7	26.1	27.1
Management of goats (3 of 4 categories: deworming, vaccination, hoof removal, vitamin supplementation)	0.1	0.3	0.0
No sustainable livestock practices	52.5	55.2	50.3
Natural Resource Management			
Reforestation of watersheds	2.3	1.5	0.6
Agro-forestry	5.0	4.3	3.5
Reforestation - New plantations	16.1	13.2	9.9
Management of forest plantation	0.9	1.8	2.8
Management of natural reforestation	3.4	2.5	1.6
Production of plants for reforestation	0.3	0.2	0.2
No NRM-related practices	73.3	77.6	82.5
Number of farming households	5,548	2,576	2,972

Notes: Multiple responses allowed so totals may be greater than 100 percent.

Table A9.6. Storage practices

Percentage of farmers by storage practice by PVO [Guatemala, 2013]

	Total	SC	CRS
Corn			
Improved			
Silos	5.6	5.4	5.8
Improved crib	1.3	2.3	0.5
Improved drying crib	0.3	0.1	0.4
Hermetic storage	1.1	0.2	1.9
Non-Improved			
Traditional crib	21.0	40.2	4.8
Attic (Tapanco)	32.1	17.8	44.1
Bags	27.7	28.6	27.0
Hanging (Mancuerna)	11.4	6.3	15.7
Traditional drying crib	0.4	0.2	0.7
Esquivado	1.3	0.9	1.6
On the floor	1.9	1.5	2.2
Box (cajón)	0.9	0.4	1.3
Tubs (baños/cubetas)	0.3	0.3	0.3
Cans	0.1	0.1	0.1
Barrels	0.0	0.0	0.0
Did not store corn	5.2	4.1	6.1
Number of farmers that cultivated corn	5,030	2,321	2,709
Beans			
Improved			
Hermetic storage	2.9	1.5	4.0
Non-Improved			
Bags	70.0	77.2	64.1
Baskets (canastos)	3.7	3.6	3.7
Tubs (baños/cubetas)	4.6	3.4	5.6
Box (cajón)	0.0	0.0	0.0
Pots (ollas)	2.0	2.2	1.9
Did not store beans	17.7	12.8	21.6
Number of farming households that cultivated beans	3,623	1,617	2,006

Notes:

Table A9.7. Women's dietary diversity

Percentage of women 15-49 who consumed food groups by PVO [Guatemala, 2013]

	Total	SC	CRS
Grains, roots and tubers	99.1	99.6	98.6
Legumes and nuts	52.3	49.9	54.9
Dairy products (milk, yogurt, cheese)	12.6	15.3	9.7
Organ meat	5.1	4.9	5.4
Eggs	44.1	45.1	43.1
Flesh foods and other misc. small animal protein	32.5	33.5	31.3
Vitamin A dark green leafy vegetables	52.3	49.5	55.3
Other Vitamin A rich vegetables and fruits	38.8	41.1	36.3
Other fruits and vegetables	53.8	58.6	48.6
Number of women	5,341	2,568	2,773

Table A9.8. Women's nutritional status

Women below 145 cm, mean BMI and BMI levels by PVO [Guatemala, 2013]

	Total	SC	CRS
Percent less than 145 cm	51.6	51.2	52.0
Mean Body Mass Index (BMI) ¹	24.3	24.6	24.1
Normal ¹			
18.5-24.9 (total normal)	61.6	58.6	64.4
Underweight ¹			
<18.5 (total underweight)	2.1	2.2	2.1
17.0-18.4 (mildly underweight)	1.7	1.6	1.8
<17 (moderately and severely underweight)	0.4	0.5	0.3
Overweight/obese ¹			
≥25 (total overweight or obese)	36.3	39.2	33.5
25.0-29.9 (overweight)	28.4	29.7	27.2
≥30.0 (obese)	7.9	9.5	6.4
Number of women	5,341	2,568	2,773

Note: Does not include pregnant or postpartum (birth within the past 2 months) women

Table A9.9. Stunting by age

Prevalence of stunted and underweight children by age by PVO [Guatemala, 2013]

	Total	SC	CRS
Prevalence of stunted children			
<6	44.5	45.0	43.9
6-11	64.6	64.6	64.7
12-23	82.3	84.8	79.6
24-35	87.2	88.9	84.9
36-47	84.0	85.2	82.4
48-59	80.2	84.2	75.2
Prevalence of underweight children			
<6	9.8	12.7	6.6
6-11	23.7	29.4	17.9
12-23	39.4	46.5	31.5
24-35	36.7	36.5	37.1
36-47	33.1	37.0	28.1
48-59	28.6	31.4	25.0
Prevalence of wasted children			
<6	0.4	0.3	0.5
6-11	1.9	2.1	1.7
12-23	3.5	5.0	1.9
24-35	2.0	2.5	1.4
36-47	0.6	0.8	0.3
48-59	0.1	0.2	0.1
Number of children	5,556	2,578	2,978

Table A9.10. Components of minimum acceptable diet
Components of MAD indicator for children 6-23 months by PVO [Guatemala, 2013]

	Total	SC	CRS
Breastfed children 6-8 months			
Percent with minimum meal frequency (2 or more)	72.8	74.2	71.6
Percent with minimum dietary diversity (4 or more)	17.8	18.0	17.7
Grains, roots, and tubers	78.1	79.6	76.8
Legumes and nuts	25.0	28.0	22.2
Dairy products (milk, yogurt, cheese)	12.3	8.7	15.6
Flesh foods (meat, fish, poultry, and liver/organ meats)	7.6	4.4	10.6
Eggs	22.9	23.8	22.0
Vitamin A-rich fruits and vegetables	36.3	39.4	33.4
Other fruits and vegetables	20.5	18.6	22.2
Number of children	295	142	153
Breastfed children 9-23 months			
Percent with minimum meal frequency (3 or more)	66.6	68.5	64.8
Percent with minimum dietary diversity (4 or more)	31.4	33.6	29.4
Grains, roots, and tubers	93.9	92.2	95.4
Legumes and nuts	35.5	38.6	32.7
Dairy products (milk, yogurt, cheese)	15.9	13.7	18.0
Flesh foods (meat, fish, poultry, and liver/organ meats)	15.8	17.8	13.9
Eggs	37.9	36.0	39.7
Vitamin A-rich fruits and vegetables	48.9	50.0	47.9
Other fruits and vegetables	34.3	33.6	34.9
Number of children	1,209	588	621
Non-breastfed children 6-23 months			
Percent with minimum meal frequency (4 or more + 2 milk)	11.8	12.0	11.5
Percent with minimum dietary diversity (4 or more)	27.7	26.7	28.5
Grains, roots, and tubers	95.7	95.5	95.9
Legumes and nuts	40.1	37.8	42.0
Dairy products (milk, yogurt, cheese)	33.5	32.4	34.4
Flesh foods (meat, fish, poultry, and liver/organ meats)	20.7	19.1	22.1
Eggs	40.2	43.2	37.8
Vitamin A-rich fruits and vegetables	53.5	52.2	54.6
Other fruits and vegetables	34.1	33.9	34.3
Number of children	263	135	128

Table A9.11 Breastfeeding status

Breastfeeding status for children 0-23 months by age by PVO [Guatemala, 2013]

	Total	SC	CRS
Not breastfeeding			
<2	1.8	0.9	2.4
2-3	2.1	2.4	1.8
4-5	3.2	3.6	2.8
6-8	4.6	3.4	5.7
9-11	2.3	3.0	1.6
12-17	9.8	10.2	9.5
18-23	32.3	30.4	34.0
Exclusively breastfed			
<2	70.1	77.8	64.8
2-3	69.4	73.0	66.1
4-5	60.3	60.5	60.1
6-8	16.7	18.0	15.6
9-11	5.7	8.0	3.4
12-17	0.8	1.2	0.5
18-23	1.4	1.3	1.5
Breastfed and plain water only			
<2	14.7	10.4	17.5
2-3	11.7	10.1	13.2
4-5	7.4	6.8	8.0
6-8	4.5	4.8	4.2
9-11	1.2	2.0	0.3
12-17	0.1	0.0	0.1
18-23	0.2	0.3	0.0
Breastfed and non-milk liquids			
<2	7.7	5.3	9.4
2-3	5.8	4.6	6.9
4-5	15.6	15.2	16.1
6-8	9.7	5.3	13.5
9-11	3.2	3.2	3.3
12-17	3.7	4.7	2.9
18-23	1.6	2.5	0.7
Breastfed and other milk			
<2	5.8	5.6	5.9
2-3	7.8	5.4	10.0
4-5	4.2	3.7	4.7
6-8	1.8	0.8	2.6
9-11	0.5	0.9	0.0
12-17	0.2	0.2	0.2
18-23	0.5	0.3	0.8
Breastfed and complementary foods			
<2	0.0	0.0	0.0
2-3	3.3	4.6	2.0
4-5	9.2	10.2	8.3
6-8	62.7	67.7	58.4
9-11	87.2	82.9	91.5
12-17	85.5	83.8	86.9
18-23	64.0	65.2	62.9
Number of children	2,416	1,169	1,247

**Annex 10: Scope of
Work for Baseline
Study: Title II
Development Food
Assistance
Programs in
Guatemala, Niger,
and Uganda**

Scope of Work for Baseline Study:

Title II Development Food Aid Programs in Guatemala, Niger, and Uganda

I. Introduction

A. Overview

In FY 2012, USAID's Office of Food for Peace (USAID/FFP) will enter into new awards for Title II development food aid programs in Guatemala, Niger, and Uganda. Subject to the availability of funds and commodities, USAID/FFP anticipates the following funding levels:

- Guatemala – up to two awards for a total of approximately \$15 million annually for up to six years;
- Niger – up to three awards for a total of approximately \$20 million annually for up to five years; and
- Uganda – up to two awards for a total of approximately \$15-20 million annually for up to five years.

USAID/FFP is currently reviewing applications from private voluntary organizations and cooperatives submitted in response to a Request for Applications (RFA) for Title II Development Food Aid Programs.¹ The RFA provided information on funding opportunities for multi-year, development food aid programs that are integrated with USAID strategies to address the underlying causes of chronic food insecurity. USAID/FFP's goal for multi-year development programming is to reduce risks and vulnerabilities to food insecurity and increase food availability, access, and utilization/consumption. USAID/FFP anticipates issuing awards for programs in Guatemala by July 1, 2012, and in Niger and Uganda by August 1, 2012.

Through this solicitation, USAID/FFP seeks a survey firm (referred to in this document as "the Contractor") to conduct a baseline study to determine conditions in the three countries prior to the start of new Title II programs. USAID/FFP requires a quantitative population-based household study focused on the collection of required impact and outcome indicators for Title II programs' intervention areas. The study should also include a qualitative component that will add depth, richness, and context and serve to triangulate information from quantitative findings.

Given that each country has a different agricultural calendar, the baseline study for the three countries will be conducted at different times of the year. The Contractor should strive to conduct baseline surveys during the first year of the program cycle, prior to the start of program implementation, and, when possible, during each country's hunger season. Table 1 provides general dates for the most important hunger season in each of the three countries and the anticipated dates for baseline data

¹ The FY 2012 RFA for Title II Development Food Aid Programs can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/progpolicy.html.

collection. The Contractor should confirm with USAID/FFP and the respective USAID Mission when data collection will take place.

Table 1. Guatemala, Niger, and Uganda Hunger Seasons and Anticipated Baseline Data Collection²

COUNTRY	PEAK HUNGER SEASON	ANTICIPATED BASELINE DATA COLLECTION
Guatemala	March through August	September 2012
Niger	July through October	November – December 2012
Uganda	April through August	December 2012 – January 2013

B. Objective of Baseline Study

The purpose of the baseline study is to assess the current status of key indicators, have a better understanding of prevailing conditions and perceptions of the programs’ populations in the implementation areas, and serve as a point of comparison for future final evaluations. Results will also be used to further refine program targeting and, where possible, to understand the relationship between variables to inform program design. The baseline study is designed as the first step in a two-part evaluation, with the final evaluation as the second step. In order to be comparable, both will be conducted at the same time of the year in each country. The baseline studies will be conducted in 2012 and early 2013, while USAID/FFP expects to conduct final evaluations as close as possible to the end of the program four or five years later, depending on the country.

The specific objectives of the baseline are the following:

- Determine the baseline values of key impact and outcome level indicators, including cross-cutting themes, disaggregated by implementing partner, age, and gender as appropriate;
- Collect data, including demographics in target areas and appropriate independent variables, comparable to what will be collected during the final evaluation to determine the level of change on impact and outcome indicators between baseline and final evaluation;
- Conduct bivariate analysis of impact and outcome indicators with independent variables identified for inclusion in survey as appropriate, with results provided by implementing partner;
- Help establish end-of-project targets for impact and outcome indicators;
- Identify appropriate conditions for criteria-based targeting to inform and refine program design;
- Perform multivariate analysis to deepen implementing partners’ understanding of the causes of food insecurity and malnutrition and inform program design; and
- Collect and analyze qualitative data through the use of focus groups, key informant interviews, and observation to triangulate with quantitative data and shed light on potential causes of food insecurity and malnutrition to inform program design.

² The FEWSNET Seasonal Calendar for Food Security and Assistance Planning for peak hunger season provides estimates in each country of study:

<http://www.fews.net/docs/Publications/Food%20Sec%20%20Assist%20Calendar%2011-17-08.pdf>.

While the baseline study will be externally designed, led, and reported on by the Contractor, staff from USAID/FFP and the USAID Missions of Guatemala, Niger, and Uganda will provide input and be involved during all the stages of the study. Title II awardees will also be involved throughout the process to maximize learning opportunities for staff and better acquaint them with the target areas and potential issues or challenges that may arise during the program. The Contractor will consult with Title II awardees to understand their program description and theory of change, obtain context information to properly develop a sampling frame for the household survey, and prepare the quantitative survey instrument to collect data on the set of USAID/FFP Standard Indicators (see Section III) and a limited number of USAID Mission and Title II awardee-specific indicators.

II. Program Background

A. USAID/FFP Strategy and Results Framework

In 2005, USAID/FFP adopted a new strategy to address the problem of food insecurity in accordance with the Title II program's authorizing legislation. The USAID/FFP Strategic Plan for 2006-2010 establishes a single Strategic Objective (SO)—*Food insecurity in vulnerable populations reduced*—for USAID/FFP³. With this strategy, USAID/FFP focuses Title II resources on reducing risk and vulnerability. USAID/FFP framed the new strategic objective in terms of reducing food insecurity, rather than increasing food security, because this formulation puts the focus on those populations already food insecure or vulnerable to food insecurity. The target groups under the strategy are populations who are at risk of food insecurity because of their physiological status, socioeconomic status, or physical security, and/or people whose ability to cope has been temporarily overcome by a shock. The strategy represents a significant change from USAID/FFP's previous strategic framework, which focused primarily on the implementation of programs in the field and had separate objectives for the emergency and non-emergency or development programs.

To achieve the SO, the strategy establishes two Intermediate Results (IRs), which complement and reinforce each other. The first IR is *USAID/FFP's global leadership in reducing food insecurity enhanced*, which adds a major new dimension to the Office's strategic framework and responds to the recognition that USAID/FFP will need the strategic support of a more active and expanded set of partners to reduce food insecurity. The second IR—*Title II program impact in the field increased*—reflects the decision to focus the Title II program on enhancing the ability of individuals, households, and communities to cope with shocks in order to reduce their vulnerability.

As part of the new strategy, USAID/FFP improved the allocation of Title II resources to ensure that the most vulnerable countries and populations are targeted. USAID/FFP developed and implemented a new set of criteria to capture the relative vulnerability of countries, as well as their performance with respect to food utilization, access, and availability. USAID/FFP also endeavored to improve the geographic targeting and timing of food resources within countries. Through this prioritization process, USAID/FFP focused on a smaller set of strategic countries to implement country-specific strategies for enhancing

³ The USAID/FFP Strategic Plan for 2006-2010 can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf.

the impact of programs on reducing food insecurity, in close cooperation and consultation with regional bureaus, USAID missions, cooperating sponsors, and international organizations.

In FY 2012, USAID/FFP selected the following countries to have new Title II development food aid programs: Guatemala, Niger, and Uganda.

B. Country-Specific Program Information

While specific information on each of the countries' programs is not yet available, the Country-Specific Information document for each country provides information on the food security situation and USAID/FFP's programming priorities. Please refer to the FY 2012 Country-Specific Information documents.⁴ Program-specific information will be available to the Contractor when the cooperative agreements for Title II development food aid programs are awarded.

III. Indicators for Collection and Baseline Evaluation Questions

A. Indicators for Collection

The Contractor will be responsible for collecting data on all applicable indicators listed below for each of the countries detailed in this scope of work, plus a limited number of additional indicators for each Title II development food aid program, including women's status and empowerment indicators. The final list of indicators to be collected will be discussed and agreed upon in consultation with USAID/FFP and each of the FY 2012 Title II awardees.

The USAID/FFP Standard Indicators for Baseline and Final Evaluation Surveys are:

1. Average Household Dietary Diversity Score (HDDS)
2. Household Hunger Scale (HHS): Percentage of households with moderate or severe hunger
3. Percentage of underweight (WAZ < -2) children aged 0-59 months
4. Percentage of stunted (HAZ < -2) children aged 0-59 months
5. Percentage of children 0–5 months of age who are exclusively breastfed
6. Percentage of children 6-23 months of age receiving a minimum acceptable diet
7. Percentage of underweight (BMI < 18.5 kg/m²) women of reproductive age (15–49 years)
8. Women's Dietary Diversity Score (WDDS): Mean number of food groups consumed by women of reproductive age (15–49 years)
9. Percentage of households using an improved drinking water source
10. Percentage of households with access to an improved sanitation facility

⁴ The FY 2012 Country-Specific Information documents can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/countryspec.html.

11. Percentage of households with children aged 0–23 months that have water and soap or locally available cleansing agent at a hand washing place

12. Percentage of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months

13. Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months

14. Percentage of farmers who used at least [a project-defined minimum number of] sustainable agriculture (crop/livestock and/or NRM) practices and/or technologies in the past 12 months

15. Percentage of farmers who used at least [a project-defined minimum number of] improved storage techniques in the past 12 months

16. Women’s status and empowerment indicator(s), depending on country and/or implementing partner gender objectives as identified in the results frameworks⁵ (Note: USAID/FFP is interested in considering the cost of including the Feed the Future’s (FTF) Women’s Empowerment in Agriculture Index (WEAI) in the population-based household survey for each country. As such, offerors should provide the level of effort and cost required to include the WEAI as a separate line item in the budget.)

The Contractor will closely follow the guidance on the USAID/FFP Standard Indicator Handbook for indicator definition, collection, and analysis for the indicators listed above.⁶ In several instances, the Contractor will have to refer to the source documents used to develop the USAID/FFP Standard Indicator Handbook for instructions on adapting questionnaires to the local context, as well as other important details on data collection and tabulation. The Contractor will also have to work closely with USAID/FFP, the USAID Mission in the country, and Title II awardees to develop questionnaires and tabulation instructions for the agriculture indicators (#12-15), program-specific gender indicator(s), and any additional indicator(s) not specified in the Handbook.

The Contractor will also collect data for the following indicators:

1. Poverty prevalence (assessed through food and non-food expenditure)
2. Mean depth of poverty (among poor households)

For the poverty prevalence indicator, the Contractor will closely follow FTF guidance for indicator definition, collection, and analysis.⁷ For the mean depth of poverty indicator, the Contractor will use the same household level per capita expenditure data used to derive the poverty prevalence indicator. The

⁵ Demographic and Health Survey (DHS) indicators on women’s status and empowerment can be used as reference: <http://www.measuredhs.com/topics/Womens-Status-and-Empowerment.cfm>.

⁶ The USAID/FFP Standard Indicator Handbook can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffpstindicatorhb.pdf.

⁷ For information and guidance on FTF indicators, visit <http://feedthefuture.gov/progress>.

Contractor will have to work closely with USAID/FFP and the Mission in country to develop tabulation and analysis instructions for this indicator.

The Contractor will ensure that rigorous practices are used to collect, tabulate, and analyze the indicator data. Refer to Section IV of this SOW for further information on the required quantitative methodology.

B. Evaluation Questions

The Contractor is expected to help formulate and incorporate evaluation questions into the survey in concert with the implementing partner for each program. The intent is to include additional variables or strata that will add to the formative analysis and help strengthen program design and targeting.

IV. Baseline Evaluation Design and Methodology

A. Quantitative Methodology

The Contractor is expected to take responsibility for all aspects of the baseline quantitative survey, including sampling design, questionnaire instrument development, field work, and data collection, entry, cleaning, treatment, and analysis.

1. **Sampling Design:** Before embarking on designing the sample survey, the Contractor should become familiar with the FANTA Sampling Guide (1997) and addendum (2012)⁸, which provide an overview of the recommended design features for Title II baseline and final evaluation surveys. The 2012 addendum provides important corrections to the guide, which should be followed closely. The quantitative part of the baseline should be a population-based household survey, where the “population” is limited to those living in geographic areas where program implementation is intended to take place.

The Contractor should plan to conduct one survey per country, with each implementing partner area representing one stratum in the survey design. A multi-stage cluster sampling design should be used. Given that USAID/FFP requires that the baseline survey be a performance evaluation (rather than an impact evaluation), the design may be limited to a simple pre-post design without control groups. If the Contractor intends to use a more elaborate design, this should be specified in the proposal.

The Contractor should specify the details of the sampling design in a Sampling Plan document in advance of field implementation. This document should include all of the following elements:

- The principal indicator and associated target group that will drive the sample size calculation for the entire survey. For example, if stunting is the principal indicator, the target group will be children 0-59 months.
- The base sample size for this target group. The Contractor should show the equation used for this calculation and the parameters used in the equation, including the design effect assumed for the principal indicator driving the sample size calculation. The calculation should take into

⁸ The FANTA Sampling Guide can be found at <http://www.fantaproject.org/publications/sampling.shtml>.

account statistical power. The Contractor should carry out sample size calculations separately for each implementing partner and then sum them to obtain the total sample size for the country survey.

- The number of households to be sampled in order to achieve the desired sample size for the target group (assuming that households may contain more than one or no eligible members from the target group). The Contractor should give an indication of how the base sample size will be adjusted to account for the number of households that need to be visited.
- The number of households to be sampled to account for anticipated household non-response. The Contractor should indicate by how much the number of households to be sampled will be pre-inflated to account for household non-response.
- Geographic or other criteria for stratification. The Contractor should specify all stratification criteria and the total number of strata for all criteria. At a minimum, the sample will be stratified by partner in countries where multiple partners are implementing programs. Additional strata are not required.
- The number of stages of sampling to be used.
- Explanation of how the number of clusters and of households per cluster in the sample will be determined.
- Definition of the clusters. Where multiple partners are implementing programs, stratification should be part of the design. In such cases, the implementation zone of each partner should constitute the highest level of stratification. Lower level strata within implementation zones may also be needed. If so, an indication should be provided on how the overall number of selected clusters will be allocated to the various strata within implementing partner zones. The Contractor should use tables to show the number of clusters that will be selected for each stratum.
- Explanation on the source of the information for the sampling frame, e.g. census lists or other national or internationally-sponsored surveys, such as the Demographic Health Surveys (DHS). The Contractor should indicate how reliable and recent the frame information is.
- A Probability Proportionate to Size (PPS) sampling mechanism should be used to randomly select the clusters. The Contractor should use the number of households per cluster as the size measure and include a table of size measure and another showing the final list of selected clusters along with their probabilities of selection.
- Indication that the Contractor will use systematic sampling to select dwellings within clusters. This implies that for the sampled clusters, a list of all households, with household identification and location indicated, within these clusters must be obtained through either a preliminary pass on the cluster prior to interviewing or other existing sources.
- Explanation of how households are defined by the Census office in the country in question. The Contractor should adopt a “take-all-households” approach to treat dwellings with multiple households. The Contractor should specify how polygamous households will be sampled, if applicable.
- The Contractor should adopt a “take-all-individuals” approach to select individuals within households from whom to collect data for each target group.

2. **Questionnaire Instrument:** USAID/FFP expects the Contractor to develop a questionnaire instrument incorporating modules specified in the USAID/FFP Indicator Handbook (disseminated in December 2011) to respond to the data collection needs of the Title II development food aid programs and USAID. Given the limited time and resources for development, it is recommended that the Contractor limit the instrument to a paper and pencil version. The questionnaire should include an informed consent statement for each respondent and commence with a set of questions to establish a household roster. The questions within the questionnaire should be organized by respondent type⁹ and questions should follow international standard format, i.e. DHS, wherever possible. In general, the Contractor should ensure that questions are written following established questionnaire design principles and that rigorous practices are used to collect, tabulate, and analyze indicator data. These practices should include adding identifiers, such as cluster number, household number, and respondent identification number (line number from household roster) to each page of the questionnaire(s) to ensure that pages can be correctly correlated to a given household and respondent if separated and to enable the derivation of household-level sampling weights and a household non-response adjustment to be incorporated into the sampling weights for use in all data analyses.
3. **Field Procedure Manual:** USAID/FFP expects that the Contractor will develop a field manual to be used as part of the training materials for survey enumerators and supervisors and serve as reference material for staff in the field conducting the survey. The field manual should include instructions on how to sample dwellings within clusters, households within dwellings, and select individuals within households. The manual should also give recommended best practices for conducting interviews and dealing with specific challenging situations, e.g. households that refuse to participate, and provide a household and individual respondent non-response follow-up strategy. The manual should also describe the roles and responsibilities of the field staff and contain a detailed explanation of how to properly administer each question in the questionnaire.
4. **Data Treatment and Analysis Plan:** USAID/FFP expects that the Contractor will prepare a data treatment and analysis plan to address the following elements:
 - Indication of how and when data will be entered into the database, as well as the software to be used for data entry. Double-data entry is required;
 - Data quality checks and edits (data cleaning) planned to ensure logical consistency and coherence, as well as an indication of the software to be used;
 - Sampling weights to be included on the data file. The formulae used to calculate the sampling weights should be included as part of a data dictionary document. Different sampling weights will need to be calculated for separate analysis of each implementing partner area and of the

⁹ Note that a respondent is an individual or set of individual(s) identified as most appropriate to respond to a set of questions on behalf of a specific target group. Such respondents can be the actual sampled members of the target group themselves (e.g., adults providing direct responses on behalf of themselves) or can be individuals not part of the target group providing proxy responses on behalf of sampled individuals in the target group (e.g., caregivers on behalf of young children).

aggregate Title II program data for the country. Note that a household non-response adjustment should be made to the sampling weights as part of the final weighting system;

- Indicator tabulation plan. Estimates should be produced for each implementing partner stratum and for the overall level;
- Indication of which sub-groups, if any, for which the Contractor will produce estimators;
- Any other planned data analyses. The Contractor should specify all intended bivariate and multivariate analysis here;
- Indication that confidence intervals associated with the indicators will be produced alongside the indicator estimates and that these will take into account the design effect associated with the complex sampling design. Additional statistical outputs are required for multivariate analysis, but should be provided in an appendix; and
- Software to be used for data analysis and for conversion of anthropometric data into Z-scores.

Note: All variables must be labeled in a clear and consistent manner for all baseline surveys to enable meta-analysis of data from different countries.

B. Preparation for Meta-Analysis

The Contractor will ensure that labeling and architecture of all datasets is consistent to help facilitate meta-analyses of datasets across Title II development programs and countries at a later date. During the period of performance for the baseline study, USAID/FFP will discuss with the Contractor specific details with respect to the requested architecture of the datasets. The meta-analysis of data is not part of this SOW.

C. Qualitative Methodology

The Contractor will undertake a qualitative study as part of the baseline study. The main objective of the qualitative study is to inform USAID/FFP and implementing partners about the overall food security situation in the programs' implementation areas. Qualitative information adds depth, richness, and context and will serve to triangulate information from quantitative findings. Quantitative and qualitative results should be combined to provide a more complete picture to the evaluation results. The qualitative study described in this SOW is not expected to replace any in-depth qualitative assessments or formative research that implementing partners may conduct at the beginning of a program to inform specific aspects of their program design. The qualitative research described in this SOW is expected to shed light on the quantitative survey findings.

A description of the qualitative study should include the following elements:

- Questions the qualitative component will answer;
- Sampling approach for selecting sites, key informants, focus group discussion participants, and direct observation sites for the qualitative component;
- Methods to be used for the qualitative study, e.g., rapid appraisal/participatory rural appraisal, focus groups, key informant interviews, structured/semi-structured interviews, anecdotal evidence, organizational capacity assessments, observations, or seasonal calendars;

- Brief description of the instruments that will be developed and the type of questions to be asked, e.g., key informant interview guides, focus group guides, or organizational capacity assessment questionnaires;
- Budget and timeline constraints for the qualitative component;
- When qualitative data collection will take place, i.e. prior, in parallel, or subsequent to the quantitative survey;
- Expected outputs of the qualitative data analysis;
- How the results of the qualitative study will be combined with the quantitative study; and
- Methods and specific software to be used to analyze qualitative data collected.

V. Baseline Study Products

A. Deliverables

The Contractor is responsible for:

- 1) Pertinent permissions, insurance, and other required permits
 - a. Obtaining all the necessary permissions for implementing the baseline data collection.
 - b. Adhering to country and local formalities and obtaining any required permits related to data collection from human subjects and logistics of survey implementation, including any necessary Internal Review Board (IRB) approvals, as well as health and accident insurance, salary, and taxes for all enumerators and supervisors.

Deliverable: Evidence of insurances and permits for implementing survey and other data collection activities in each country in electronic form

- 2) Attendance at the USAID/FFP M&E Workshop in each country
 - a. Contractor staff leading the baseline study per country and other key Contractor staff should attend and participate in the workshop that is organized by USAID/FFP's technical advisor, FANTA-III, for new Title II awardees in each country. The workshops will be held in French in Niger, in Spanish in Guatemala, and in English in Uganda. Dates for the workshops are to be determined, but will take place between July and September 2012.
 - b. Understanding of the results frameworks and Indicator Performance Tracking Table (IPTT) for new Title II programs.

Deliverable: Attendance and participation of key Contractor staff in the USAID/FFP M&E Workshop for new Title II awardees in each country

- 3) Inception report and detailed survey implementation plan (DSIP)
 - a. Specifying details for methodology, critical tasks, anticipated outputs, date-bound timelines, resource needs, and responsible person(s). Composition of a standard field survey team, including expected tasks and responsibilities of each team member, should also be described.

Deliverable: Inception report and DSIP reviewed and approved by USAID/FFP

- 4) Quantitative survey instrument
 - a. Detailing a questionnaire instrument that responds to the elements specified in Section IV A, sub-section 2, above, and any supplemental questionnaire components, such as those that may be required to address the inclusion of gender and partner-specific indicators.

- b. Adapting the questionnaire to the local context.
- c. Translating the approved questionnaire instrument from English into the appropriate local language(s) in which the survey will be administered. Back translating the questionnaire from the local language(s) to English with a second translator to ensure it is accurately translated in the local language(s). Making any necessary changes to the local language questionnaire based on the back translation. Some questionnaire modules might already be provided in local language, thus the Contractor may not have to translate everything.

Deliverable: Final local language and corresponding English questionnaires reviewed and approved by USAID/FFP

5) Qualitative study description and guidance

- a. Detailing the methods to be used, general domain of questions to be asked, and instructions and guidance that will be provided to those collecting the qualitative data. The qualitative data collection plan should respond to the elements specified in Section IV C.

Deliverable: Qualitative study description and guidance reviewed and approved by USAID/FFP

6) Supervisor and enumerator training curriculum

- a. Developing training materials to address the quantitative and qualitative components of the baseline survey.
- b. Translating training curricula into local language(s), as necessary.
- c. Developing supporting materials and carrying out anthropometric standardization with enumerators.
- d. Pilot testing the quantitative survey instrument during enumerator training with a small number of households that are not included in the sampling frame. It is recommended that each enumerator team have the opportunity to carry out at survey with at least two households during the pilot testing phase.

Deliverable: Final local language and corresponding English training materials reviewed and approved by USAID/FFP

7) Sampling plan document

- a. Detailing a sampling plan for the quantitative population-based household survey that responds to the elements specified in Section IV A, sub-section 1.

Deliverable: Sampling plan reviewed and approved by USAID/FFP

8) Field procedure manual

- a. Detailing a field procedure plan for the quantitative population-based household survey that responds to the elements specified in Section IV A, sub-section 3.

Deliverable: Field procedure manual reviewed and approved by USAID/FFP

9) Data treatment and analysis plan

- a. Detailing a data treatment and analysis plan that responds to the elements specified in section IV A, sub-section 4.

Deliverable: Data treatment and analysis plan reviewed and approved by USAID/FFP

- 10) Data set, data dictionary/codebook, edit rules, and syntax for data analysis, including syntax for variable transformations

Deliverables:

- a. Raw data set;
 - b. Edit rules for cleaning data;
 - c. Data dictionary/codebook;
 - d. Syntax for all data analysis and variable transformations;
 - e. Final data set for each implementing partner that includes cleaned data, sampling weights at each stage, final sampling weights, and all derived indicators; and
 - f. Sampling weights used to tabulate the aggregate-level estimates for the USAID/FFP Standard Indicators
- 11) Briefings for the USAID Mission in the country
- a. Presenting findings, conclusions, lessons learned, and recommendations of the baseline study. Mid-term briefings of the baseline study are not required to include a PowerPoint presentation and will be done for the USAID Mission in the country. A formal, final briefing should include a PowerPoint presentation and cover the contents of the study's report, such as findings, conclusions, lessons learned, and recommendations at the overall country level and by implementing partner. The final briefing will be done for both the USAID Mission and USAID/FFP.

Deliverables:

- a. Monthly, mid-term, and final briefings to the USAID Mission and USAID/FFP in country
- 12) Draft baseline study report
- a. Not exceeding 50 pages, excluding appendices and attachments. The draft report must be presented in English.
 - b. Presenting the estimates and confidence interval for all indicators (impact and outcome) at the overall program level and by implementing partner.
 - c. Presenting bivariate and multi-variate analyses by implementing partner.

Deliverable: Draft baseline survey report reviewed and approved by USAID/FFP

- 13) Final baseline study report

This report will be a revised version of the draft baseline study report that incorporates the comments of USAID/FFP and the USAID Mission in the corresponding country. The final report must be presented in English for all countries, as well as in French for Niger and Spanish for Guatemala. Any translation costs must be considered in the Contractor's cost proposal. USAID must consider the translation quality to be acceptable before final payment is made.

Final submission of the report must be in the format required by USAID/FFP Information Bulletin 11-02 (August 11, 2011). USAID/FFP expects that the final report will adhere to the USAID Evaluation Policy's criteria to ensure the quality of the evaluation report (refer to USAID Evaluation Policy, page 11, Appendix 1).

Completed and approved study reports must be submitted to USAID's Development Experience Clearinghouse (DEC) and a cover sheet attached indicating the type of study conducted and design. Each completed study must include a three- to five-page summary of the purpose,

background of the project, main study questions, methods, findings, conclusions, recommendations, as applicable, of the study.

Deliverable: Final baseline study report reviewed and approved by USAID/FFP and submitted to the DEC

B. Reporting Format

The format for the baseline study report is as follows:

1. **Cover page, Table of Contents, List of Acronyms;**
2. **Executive Summary** should be a clear and concise stand-alone document that states the most salient findings, conclusions, and recommendations of the study and gives readers the essential contents of the baseline report in two or three pages. The Executive Summary helps readers to build a mental framework for organizing and understanding the detailed information within the report;
3. **Introduction** should include purpose, audience, and synopsis of task;
4. **Methodology** should describe sampling design, study methods, data collection techniques, constraints and limitations of the study process and rigor, and issues in carrying out the study;
5. **Overview of the Current Food Security Situation** should provide a brief overview of the current food security situation in the country related to food availability, access, and utilization; current and anticipated programming and stakeholders;
6. **Tabular summary of results** should present baseline findings in table form for all the indicators by implementing partner area and for the aggregate Title II program area in each country;
7. **Findings** should present findings in response to the study questions. Baseline values must be presented in quantitative format and complemented by descriptive analysis for each implementing partner and at the aggregate country level;
8. **Conclusions and Recommendations** should provide additional analysis of the data and results, drawing out programmatic and organizational recommendations for planning or modifying program design. Recommendations must be relevant to program and context and include concrete and realistic steps for implementing or applying the recommendation.
9. **Issues** should provide a list of key technical and/or administrative, if any, for the Title II programs for which the baseline study was conducted; and
10. **Annexes** should document the study methods, scope of work, schedules, interview lists and tables and be succinct, pertinent, and readable.
 - a. References, including bibliographical documentation, meetings, interviews, and focus group discussions;
 - b. List of stakeholder group with number, type, and date of interactions;
 - c. Data collection instruments in English and the local language, including qualitative protocols developed and used;
 - d. Data sets in electronic format;
 - e. Data dictionary and program files used to process the data in electronic format;
 - f. Baseline study SOW; and
 - g. Other special documentation identified as necessary or useful.

VI. Qualifications of Firm or Consortium

The selected firm/consortium shall possess the following qualifications:

- a. Legal status recognized to work in the country, enabling the organization to perform the above-mentioned tasks;
- b. Demonstrated experience of organizing large-scale population-based household surveys in developing countries within the past five years;
- c. Demonstrated experience of conducting qualitative research and data collection and analyzing results in developing countries within the past five years;
- d. Demonstrated strong capacity and experience in planning and organizing large-scale population-based household survey logistics;
- e. Good network of experienced enumerators, supervisors, and data entry clerks in the country where the field work will be conducted or demonstrated ability to effectively recruit skilled enumerators, supervisors, and data entry clerks in developing countries;
- f. Demonstrated experience to engage and use statistical or evaluation firms and institutions in the country where the field work will be conducted or in developing countries;
- g. Demonstrated strong capacity in sampling, data management, analysis, and statistics;
- h. Strong knowledge in any of the following software programs: CS-Pro, SPSS, Stata, SAS, SUDAAN, or any other analytical software with the capacity to take into account complex survey designs; and
- i. Demonstrated ability to deliver quality written and oral products (evaluation report and PowerPoint briefing).

VII. Team Composition and Qualifications

For planning purposes, the team for this study will consist of key personnel with defined technical expertise, a mix of consultants that will provide varying technical and subject matter expertise, and support staff. The team should include local consultants with expertise, knowledge, and experience in each country. Offerors may propose an alternative personnel configuration to implement the study based on the approach provided in their proposals.

The required areas of technical and subject matter expertise represented on the team should reflect the multi-sectoral nature of Title II food assistance and the expertise required to conduct qualitative research and quantitative population-based household surveys:

- Expertise in food security programming;
- Expertise in agriculture;
- Expertise in maternal and child health and nutrition;
- Expertise in qualitative data collection methods and analysis; and
- Expertise in the design, execution, and analysis of quantitative population-based household surveys. A high-level statistical background is required.

Key Personnel:

1. Baseline Study Team Leader – This individual will serve as team leader in a full-time position for the duration of the study and in all the countries. S/he will be the primary point of contact between USAID and the baseline study team and have responsibility for the overall compilation of the final baseline study reports. The incumbent must:
 - Have 10 years of food security programming in senior management positions;
 - Have managed or participated in at least two food security evaluations;

- Have a Master's or PhD degree in development studies, development evaluation and management, or other relevant field of study;
 - Have excellent writing/organization skills and a demonstrated ability to deliver a quality written product (Evaluation Report and PowerPoint);
 - Have excellent oral communication, presentation, and inter-personal skills;
 - Have the technical and management skills to manage budget resources (dollars and staff) for the study, as well as assist and support the team with field logistics (e.g., coordinating with USAID and/or a government ministry to set up initial appointments for interviews);
 - Have a broad range of subject matter expertise and demonstrated experience in the areas of food security, agriculture development, nutrition, and health, as well as in the USAID/FFP focus countries; and
 - Experience on past Title II evaluations or baseline surveys would be a plus.
2. Senior Evaluation Specialist – This individual will be responsible for designing, managing, and coordinating the evaluation approach. The incumbent must:
- Have eight years of evaluation experience;
 - Have demonstrated experience managing, leading, and coordinating quantitative and qualitative baseline studies or evaluations;
 - Have a Master's degree or PhD in statistics, development studies, development evaluation and management, or other relevant field of study;
 - Have extensive knowledge of sampling and demonstrated experience with designing complex surveys;
 - Have extensive experience with data management and database organization, including developing data entry programs and supervising data entry, cleaning, and quality control;
 - Have experience in various complex data analysis methods and working knowledge of at least one statistical software, such as CS-Pro, SPSS, Stata, SAS, and SUDAAN;
 - Have excellent writing and organization skills and a demonstrated ability to deliver a high-quality written product (evaluation report);
 - Have familiarity with a broad range of subject matter knowledge expertise in the areas of food security, agriculture development, nutrition, and health; and
 - Experience on past Title II evaluations or baseline surveys would be a plus.
3. Qualitative Research Specialist – This individual will be responsible for designing, managing, and supervising qualitative data collection. The incumbent must:
- Have eight years of experience designing and implementing qualitative research studies to illuminate quantitative survey findings;
 - Have experience with a diverse range of qualitative instruments, such as rapid appraisal/participatory rural appraisal, focus groups, key informant interviews, structured/semi-structured interviews, anecdotal evidence, organizational capacity assessments, observations, or seasonal calendars;
 - Have experience with qualitative research in developing countries; and
 - Experience on past Title II evaluations or baseline surveys would be a plus.
4. Field Operation Manager – This individual will be responsible for planning, managing, and supervising survey data collection in-country. The incumbent must:
- Have an undergraduate degree in agriculture, statistics, or economics;

- Have five years of experience supervising large-scale survey field work in developing countries, preferably involving anthropometric data collection;
- Have demonstrated experience hiring, training, and overseeing field supervisors and enumerators; coordinating field logistics, schedules, and equipment; and managing data quality control in the field; and
- Fluency in relevant local languages.

As per the criteria presented above and given the multi-sectoral approach of Title II programs, the Contractor will be expected to involve sectoral experts in the areas of agriculture, livelihoods, livestock, health, and nutrition, as needed. These experts can either be external consultants engaged on a full- or part-time basis or members of the selected firm with the necessary skills. The required skills of the agriculture and health and nutrition experts are outlined below; however, additional sectoral experts may be needed based on the country context and Title II program activities:

Agriculture Expert – This expert will provide technical guidance related to agriculture and agribusiness during the evaluation. The incumbent must:

- Have five years of food security implementation experience;
- Have demonstrated experience with agriculture extension, conservation agriculture, input management, post-harvest handling, livestock management, and agricultural marketing;
- Have demonstrated experience and knowledge of quantitative and qualitative evaluations methodologies, processes, and management;
- Have a strong knowledge of Title II programming, with experience on past evaluations of Title II evaluations or surveys is a plus;
- Have a Master's or PhD degree in agriculture, development studies, development evaluation or other relevant field of study;
- Have excellent writing/organization skills;
- Have excellent oral communication, presentation, and inter-personal skills; and
- Have excellent analytical and technical skills.

Health and Nutrition Expert – This expert will provide technical guidance related to maternal and child health and nutrition during the study. The incumbent must:

- Have five years of maternal and child health and nutrition expertise;
- Have three years of emergency or development food security implementation experience;
- Have a strong knowledge of health and nutrition indicators, supplementary and vulnerable group feeding practices, positive deviance, care group, and community healthcare methodologies;
- Have demonstrated experience and knowledge of quantitative and qualitative evaluations methodologies, processes, and management;
- Have a strong knowledge of emergency Title II programming, with experience on past evaluations of Title II evaluations or surveys a plus;
- Have a Master's or PhD degree in international public health, international nutrition, or other relevant field of study;
- Have excellent writing/organization skills;
- Have excellent oral communication, presentation, and inter-personal skills; and
- Have excellent analytical and technical skills.

Other team members:

The offeror will need to consider and budget accordingly to what extent the team will require junior or mid-level support (e.g., to assist in collecting, analyzing, and cleaning data, and preparing tabular or graphic materials).

As per the USAID Evaluation Policy, all baseline study team members will provide a signed statement attesting to a lack of conflict of interest or describing an existing conflict of interest relative to the program being evaluated.

VIII. Responsibilities/Tasks

After the award, the firm contracted to carry out the baseline study will submit to USAID/FFP an inception report and detailed survey implementation plan (DSIP) as a first deliverable. It is anticipated that the baseline study team will need to carry out the following tasks:

- Initial orientation meetings with USAID/FFP in Washington, including the M&E Advisor and the Country Backstop Officers for each country; the USAID Missions in Guatemala, Niger, and Uganda; and new Title II awardees in each country;
- Attendance at the USAID/FFP M&E Workshop to be held in each country;
- Review of project documentation provided by USAID/FFP and the Missions. Documents will be provided after the signing of the contract;
- Identification of any other relevant performance information sources, such as results frameworks, IPTTs, and/or performance monitoring systems;
- More in-depth interviewing of USAID/FFP and Mission staff, new Title II awardees, and stakeholders to confirm indicators to be surveyed and understand each program's results frameworks, planned program implementation, and the country context;
- Preparation of relevant summary tables, graphs, and annexes;
- Monthly and mid-term briefings of the baseline study (without PowerPoint presentation);
- Drafting of Evaluation narrative, including Executive Summary and other content (tables, graphs, and annexes);
- Preparation of a PowerPoint presentation on the study's findings, conclusions, lessons learned, and recommendations for final briefing of the baseline study;
- Final briefing to the USAID Missions;
- Revision of the Evaluation Report drafts to address comments provided by USAID/FFP and the Missions; and

- Submission of the final Baseline Study report in English and local language, data, and supporting information in accordance with the requirements described in USAID/FFP Information Bulletin 11-02 and in line with the USAID Evaluation Policy.

IX. Evaluation Management

A. Logistics

USAID/FFP will provide overall direction to the Contractor, identify key documents, and assist in facilitating a work plan. USAID/FFP staff in Washington and the USAID Missions in the respective countries will assist in arranging meetings with key stakeholders as identified by USAID prior to the initiation of field work. The Contractor is responsible for arranging other meetings as identified during the course of this evaluation and advising USAID/FFP prior to each of those meetings. The Contractor is also responsible for arranging vehicle rental and drivers as needed for site visits and field work. USAID/FFP in Washington and the Missions can assist with hotel arrangement if necessary, but the Contractor will be responsible for procuring its own work/office space, computers, internet access, printing, and photocopying. The Contractor will be required to make its own payments. USAID/FFP and Mission personnel will be made available to the team for consultations regarding sampling, geographical targeting, sources, and technical issues before and during the evaluation process.

B. Schedule/ Timeline

It is anticipated that a timeline will be submitted as part of the Offeror's proposal. The following is provided for illustrative purposes. Please note that USAID requires monthly meetings on the progress of the baseline study.

Pre Field-Work: Obtain key documents, make key contacts, and plan for interviews and discussions in the country with USAID, Title II awardees, government officials, food security-related organizations, and others as needed. Most of this work will be done through email or phone. The team may work through USAID to arrange meetings and interviews prior to arrival or start of formal data collection.

Field Work – Weeks 1 - 2: The focus will be on meeting with USAID and Title II awardees to negotiate the inclusion of USAID Mission and Title II awardee-specific indicators, gathering and reviewing data not already available, solidifying the Work and Methodology Plan, start recruitment of enumerators, developing or refining sampling frame and data collection methodology and tools (quantitative and qualitative), and arranging plans for site visits as needed.

Field Work – Weeks 3 - 4: The focus will be on completing the sampling frame and data collection methodology and tools. Translation of surveys instruments and testing and development of field manual will also be done in this timeframe. The team may also conduct interviews and discussions with Title II awardees, host government officials, USAID staff, food security organizations, and beneficiaries as time permits. The team will also conduct a monthly debriefing to USAID.

Field Work – Weeks 5 - 6: The focus will be on finalizing interviews and discussions with Title II awardees, government officials, food security organizations, and beneficiaries and training enumerators for quantitative and qualitative data collection. The team leader will also conduct the mid-term debriefing to USAID.

Field Work – Weeks 7 - 10: The focus will be on quantitative and qualitative data collection through surveys, questionnaires for interviews and discussions with Title II awardees, government officials, food security organizations, and beneficiaries. Data entry and cleaning will begin. The team will also conduct a monthly debriefing to USAID.

Field Work – Weeks 11 - 13: The focus will be on data entry, cleaning, and analysis. The team will also begin preparing sections of the draft analysis.

Post Field-Work: Preliminary debriefings with USAID, final debriefing meetings with USAID and stakeholders, and submission of draft reports. The final report will be submitted no later than two weeks following receipt of final comments from USAID.

C. Budget

A firm bidding on this activity must, in addition to a technical proposal, submit a Budget in Excel showing the projected Level of Effort (LOE) for each proposed full-time and/or short-time member of the Team, including subject matter expertise and administrative (logistical) support. Other costs that should be included are international travel and per diem, in-country costs for data collection and interviewing, communications, report preparation and reproduction, and other costs as appropriate. A six-day work week is authorized when working in country.

D. Evaluation Criteria for Proposals

Offeror proposals will be evaluated on the merit of the proposed approach including the following criteria:

- 1) Technical Approach as illustrated in the description of proposed methodology.
- 2) Timeline reflecting proposed activities, which emphasizes the ability to meet the proposed deadlines.
- 3) Key personnel and composition of the technical team, including CVs and commitment of availability. USAID/FFP would like the Team Leader and key personnel identified as practical. USAID/FFP will also consider the offeror's ability to engage and use local firms.
- 4) Past performance including a sample document (preferably on food security) provided as a writing sample to evaluate this criteria. The offeror should also include in the submission a list of references, preferably in USAID, related to the completion of a baseline study or final evaluation for a Title II or food security project.

X. Intellectual property

USAID shall, solely and exclusively, own all rights in and to any work created in connection with this agreement, including all data, documents, information, copyrights, patents, trademarks, trade secrets or other proprietary rights in and to the work. The Contractor is not allowed to withhold any information related to this agreement, as this will become public information.