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FINAL EVALUATION: ¡SIGAMOS!

FINAL PROJECT EVALUATION

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ACRONYMS

CNA	Children no adults
DMM	Municipal Women's Directorate
EPS	Supervised profesional exercise
F&M	Adult female and adult male
FNM	Adult female no adult male
FNS	Food And Nutrition Security
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
MNF	Adult male no adult female
MOA	Ministry of Agriculture
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
PCI	Project Concern International
USAC	University of San Carlos of Guatemala
USAID	United States Agency For International Development
WFP	World Food Program
WHO	World Health Organization

EXECUTIVE SUMMARY

Purpose of the evaluation

This evaluation intends to assess Sigamos contribution to expected outcomes; to evaluate the program's effectiveness, efficiency and relevance.

Work carried out

This final evaluation was carried out using a mix methods approach which includes quantitative and qualitative methods. It considers the voices and experiences of project participants, project staff and community leaders. The final evaluation collected data through the following methods:

- A participant questionnaire from a representative sample of 528 participant households
- Semi-structured qualitative interviews to 27 men and women
- Nine focus groups
- Review of Sigamos documents provided by project staff

Demographics of household questionnaire

Of the 528 household questionnaires conducted during the final evaluation, 73.3% were conducted in Adult Female and Adult Male households (F&M, n=387), 13.4%, in Adult Female no Adult Male households (FNM, n=71), 12.5%, in Adult Male no Adult Female (MNF, n=66) households, and 0.8% Child No Adult in households with children under the age of 18 and no adults (CNA, n=4).

Findings

The **Reduced Coping Strategies Index (rCSI)** has a maximum value of 56 points (the lower the score of this indicator, the better), with an average of 3.75 in the final evaluation compared to 8.70 during the baseline (a reduction of 43.3%). The target for the rCSI was 5.22, a value that was exceeded by the end of Sigamos. The strategies that households rely on to manage food insecurity decreased significantly in households that received cash transfers.

The **Food Consumption Score (FCS)**, an index developed by the World Food Program (WFP), aggregates household-level data on the diversity and frequency of food groups consumed during the seven days prior to data collection. These are then weighted according to the relative nutritional value of the food groups consumed. Based on this score, a household's food consumption can be classified into one of three categories: poor, borderline, or acceptable. Raw scores are classified into one of three categories based on cut-off points for this population: poor (0 – 28), borderline (28.5 – 42) and acceptable (>42).

During the baseline, 17.3% of households were in the 'poor' category for food consumption and, for the final assessment, 6.6% of households remained in this category. During the baseline, two out of 10 households (20.5%) had an acceptable food consumption score; in the final evaluation this rose to five out of 10 households (53.0%). The percentage of households that achieved an acceptable food consumption score between the baseline and final assessments is statistically significant. Generally, in households who reached an acceptable food consumption, protein was included (through the addition of meat and eggs), and milk, and often sugar consumption was reduced. To a lesser extent, this improvement in diet was also observed in households with borderline food consumption.

The qualitative analysis revealed that cash transfers received through Sigamos allowed families to more frequently consume nutritious foods that, due to their high cost compared to income, had been bought

infrequently and/or in small quantities. In interviews, heads of households mentioned the importance of offering children a diverse diet, that includes vegetables and fruits as well as Incaparina. Many attribute their raised awareness about nutrition to the educational sessions implemented through Sigamos.

During the final evaluation, 11.4% of households reported that there was a time prior to receiving assistance when there was no food in the household due to the lack of resources to buy it. In 6.8% of households, someone went to sleep hungry due to lack of food and in 2.8% of households, someone in the household went a day and night without eating anything due to lack of food. There was a decrease in these indicators compared to the baseline, and the difference between the percentages is statistically significant. For the final evaluation, no households were found in the category of **severe hunger**; 95.6% of households had low hunger and 4.4%, moderate hunger. The target for this indicator was 15% of households in the moderate to severe categories, and this was exceeded by Sigamos.

The project promoted **COVID-19 prevention practices and knowledge of behaviors**. Based on the nine behavior practices promoted by Sigamos, during the baseline, 0.25% of the population knew at least five of the nine prevention behaviors and practices; in the final evaluation, 56.4% knew at least five of the measures (n=298). The target for this indicator was 60%.

Cash transfers allow families to address their most urgent needs. Based on information collected, participant households report valuing the flexibility to assess their own spending priorities. The transfers came at a time when families needed assistance due to COVID-19 and faced restrictions on mobility, decreased access to transportation and employment, and increased prices on available foods.

Children's attendance to growth monitoring sessions increased, based on Sigamos own monitoring records. Parents actively participated in health educational sessions and food demonstrations aimed at improving child nutrition. Following the health and nutrition sessions, twenty-six families have begun raising quails to obtain eggs to boost protein intake in children's diets and address malnutrition.

Sigamos cash transfers encouraged female participation in decision making in the household. According to project monitoring records and interviews, women had a decision-making role on how to use the cash transfer. Similarly, women were involved in productive projects, and many participated in savings and loan groups. The educational sessions motivated 813 project participants to allocate part of the transfer in a savings account, made available through the Women Empowered savings groups. 12.75% of Sigamos households now have purifying water system purchased through those savings.

At baseline, 66.9% of households reported that they migrated to other locations for employment, as an alternative form of income. This percent decreased to 52.8% in the final evaluation. Interview and focus group participants noted this drop in migration and attributed it to the desire not to lose the transfer.

The percentage of households reporting that children had respiratory diseases in the three previous months, fell from 40.2% at the baseline (n=2,561) to 29.7% at end line (n=157). The percentage of households reporting children experienced diarrheal diseases decreased from 14.5% at baseline (n=922) to 11.4% at end line (n=60). The difference between these percentages is statistically significant.

When comparing the expenses incurred in Sigamos' participating households, between baseline and end line most categories show an increase. The items that have had an important variation (in amount) were the purchase of medicines or payment of medical services, purchase of fruits and vegetables, and purchases of meats and grains.

Through the Women Empowered approach, women established self-capitalizing savings and loan groups (VSLAs) which increased their access to savings and micro-credits.

Sigamos worked in collaboration with community health services in the four municipalities for referral of pregnant women and mothers of malnourished children, who received iron and folic acid supplements and food. Before the end of the program in the four intervention municipalities, project technicians delivered the list of families with malnourished children to the Municipal Directorate for Women

(DMM) and Food and Nutritional Security (FNS).

EVALUATION PURPOSE AND QUESTIONS

A. Purpose of the Final Evaluation

This evaluation intends to assess Sigamos contribution to expected outcomes; to evaluate the program's effectiveness, efficiency and relevance; and identify lessons learned and best practices.

B. Evaluation questions

Achievements:

- Did the program interventions reach the corresponding target households and individuals within the project areas?
- To what extent did the program achieve the targets for all relevant indicators?
- How closely did the program adhere to planned implementation timelines, target population, and service delivery models?
- How effective was the target-setting approach in achieving the program's objectives?
- How much did COVID-19 effects or policies influence the results of the program?

Effectiveness and Efficiency:

- Which interventions (or combination of interventions) were most effective in achieving program objectives?
- To what degree did the program include elements of gender equity, protection, age, local context and other corresponding factors in its design and implementation?
- Were there unexpected positive or negative consequences as a result of program interventions?
- How did the project team adapt the design and implementation based on monitoring data and/or feedback from participants?
- How efficient was the cash transfer modality with respect to cost per project participant, on-time delivery of funds, and accessibility for households?
- What lessons and best practices were learned during implementation?
- How well did the program adequately plan strategies to mitigate COVID-19-related factors in the target area?

Relevance:

- To what degree were the planned program interventions appropriate and effective for the target group, depending on the nature of their vulnerabilities?
- How much did the program use potential links with other investments funded by the U.S. government and other donors, that were being implemented in the project area?
- How successful was the program in aligning and integrating with the country's sectoral strategies and policies?
- Did the program implement a successful exit strategy for key program activities with the government or other partners?
- To what degree will program activities be maintained after the conclusion of the project?

PROJECT BACKGROUND¹

After seven consecutive years of erratic rains and crop losses, households living in Guatemala's dry corridor, a region susceptible to a wide range of shocks and tensions, have substantially exhausted their ability to earn a living, and live under the constant threat of food insecurity. This situation is aggravated by the low incomes of household's dependent on wage labor, which are insufficient to meet food needs. Successive declines in crop production compromise the availability of food, income and access to nutritious foods for vulnerable households. The report published by Guatemala's Secretariat of Food and Nutrition Security in January 2020 estimated that 1.05 million people would be in crisis and would need urgent food assistance by March 2020. According to the report, this would likely increase to 1.32 million people between April and July of 2020 to include the department of Huehuetenango.

The *Sigamos* project sought to reduce short-term hunger and childhood diseases in vulnerable households in four municipalities in the dry corridor of western Guatemala.

This goal is underpinned by three mutually reinforcing purposes:

- 1) Increased access to nutritious food;
- 2) Improved preventive health, nutrition, hygiene and food practices, including an emphasis on preventing the spread of COVID-19; and,
- 3) Improved capacity of communities to identify and refer cases of serious illness in children under 5 years of age.

The program benefited 6,375 households located in 55 communities of four municipalities of the department of Huehuetenango: Santa Bárbara, San Sebastián Huehuetenango, Colotenango, and San Pedro Necta. This included 17,643 children under 18 years of age and 16,771 adults. The intervention lasted 14 months (August 2020 – September 2021) and was financed by USAID. *Sigamos* was implemented in collaboration with COCODEs of the participating communities and the support of the Tigo telephone company for cash transfers using the Tigo Money service.

¹ Obtained from the *Sigamos* Program Implementation Plan, September 2020.

EVALUATION METHODS AND LIMITATIONS

This final evaluation was carried out using a mixed methods approach which includes quantitative and qualitative methods. It considers the voices and experiences of project participants, project staff and community leaders. The final evaluation collected data through the following methods:

- A participant questionnaire from a representative sample of 528 participant households
- Semi-structured qualitative interviews to 27 men and women
- Nine focus groups
- Review of Sigamos documents provided by project staff

A. Universe and sample

The project benefited 6,375 households registered at baseline. For the final evaluation, the evaluators collected data from a sample of 528 households. Data were collected on each of gendered household types, as established by BHA:

- Female and Male Adult (F&M);
- Adult Female no Adult Male (FNM);
- Adult Male no Adult Female (MNF), and
- Children under 18 years of age, no adults (CNA).

The sampling framework is made up of all the units from which a set of elements of a sample can be selected in a population under study. The sampling framework for this evaluation are the 6,375 participating households, a list was received by project staff.

The distribution of the sampling framework is described below on Table I, by gendered household.

Table 1: Sampling framework structure by type of household

Strata	Type of household	Frequency
1	Female and male adults (Nuclear Home)	5,317
2	Adult female no adult male (Single-parent household)	972
3	Adult male no adult female (Single-parent household)	81
4	Children under 18 years of age, no adults	5
Total		6,375

Source: Baseline Household Survey, PCI, 2020.

Sample calculation

The team adopted a random stratified sampling technique. The sample size obtained was 603 households based on the following:

$$n = \frac{NpqDef f}{((N - 1)D + pq)(1 - tnr)}$$

Where:

$p = 0.5$
 $q = 1 - p$
 N = population size
 $Deff$ = design effect
 $B = 5\%$
 $tnr = 10\%$
 $D = B^2/4$

In order for the sample to be representative of the population the gendered household strata was taken into consideration.

Table 2: Sample size by strata

Strata	Type of household	All participating	Sample	Actual data collection
1	Adult female and adult male (nuclear household)	5,317	429	387
2	Adult female no adult male (Single-parent household)	972	80	71
3	Adult male no adult female (Single-parent household)	81	89	66
4	Children under 18 years of age, no adults	5	5	4
	Totals	6,375	603	528

Source: Baseline Household Questionnaire, PCI, 2020.

Sample distribution by Municipality

Of the 528 household questionnaire conducted during the final evaluation, 22.2% were conducted in the municipality of Colotenango ($n=117$), 23.9%, in the municipality of San Pedro Necta ($n=126$), 27.8%, in San Sebastián Huehuetenango ($n=147$) and 26.1%, in the municipality of Santa Barbara ($n=138$). The selection of households for the final sample also prioritized household type in order to make comparisons between the baseline and final evaluations for the indicators of interest of the project.

This final evaluation describes the results of the data collected in the households visited.

For the qualitative component, nine focus groups were carried out, four with female beneficiaries, four with male and female leaders and one with program technicians, as well as 27 interviews with people who participated in the different program activities, including health service personnel. A total of 114 people participated (90 women and 24 men).

B. Limitations

The table below presents some of the limitations encountered during the final assessment and their mitigation measures:

Table 3: Limitations and mitigation measures for data collection and information analysis

Limitation	Mitigation measures
Difficulties in locating people	Forty-seven people who were part of the sample were not located; three people had died, four people were unwell and 14 had migrated (for work or abroad). Data were collected for replacement households.
People absent from home	The team only visited the communities of interest once. Five households were replaced given that no one was present in the home at the time of the visit.
COVID-19 context	Due to COVID-19, questionnaires were conducted while maintaining physical distance and wearing and providing masks. Focus groups with community

Limitation	Mitigation measures
	leaders and project participants were held in person in outdoor locations, with physical distancing and masks. At the end of each focus groups, participants were provided with a small bag of groceries (2 lb. of cereal and 1 lb. of sugar). The focus group with technicians was conducted virtually and interviews with participants from different project interventions were conducted by telephone.

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

A. Findings

Analysis of indicators

Indicator – Reduced Coping Strategies Index (rCSI)

According to BHA (USAID Bureau for Humanitarian Assistance, 2020) rCSI is an indirect indicator of household food insecurity that is based on a list of behaviors (coping strategies) that people do to manage their food insecurity situation. The index reflects both the frequency of each behavior (i.e., how many days during the last seven days the coping strategy was used by the household) and severity (i.e., how serious the strategy is relative to other strategies).

The list of coping strategies and their respective weights are:

1. Dependence on less preferred and less expensive foods (1 point)
2. Borrowing food or relying on the help of family or friends (2 points)
3. Limiting portion sizes at meals (1 point)
4. Restricting adult consumption so young children can eat (3 points), and
5. Reducing the number of meals that are eaten in a day (1 point).

According to the Sphere glossary (Sphere, 2020), some coping mechanisms are sustainable and useful, while others can be negative, with potentially harmful long-term consequences, such as selling assets, reducing spending on health care or education, consuming less food, or excessive alcohol consumption.

The scale for this indicator has a maximum value of 56 points (the lower the score, the better), the final evaluation showed an average of 3.75 compared to 8.70 in the baseline (a reduction of 43.3%). As shown in Table 4, all means and medians fell for the populations of interest and all the decreases in the means were statistically significant. This indicator had a target of 5.22 points which was exceeded at the end of the intervention, confirming that the coping measures implemented in households decreased significantly because cash transfers allowed families to consume more food and more varieties of food.

Table 4: INDICATOR – Reduced Coping Strategy Index (rCSI)

Unit	Population	Baseline				Final evaluation				
		F&M ₂	FNM ₃	MNF ₄	CNA ₅	Sample ⁶	F&M	FNM	MNF	CNA
Mean	8.70	8.52	9.41	11.43	12.20	3.77 ⁷	3.67 *	4.18 *	3.95 *	3.25
Std. Dev.	8.42	8.33	8.72	9.49	7.12	6.45	6.49	6.75	6.14	3.00

² Adult female and adult male

³ Adult female no adult male

⁴ Adult male no adult female

⁵ Child no adults

⁶ The analyzed data does not behave like a normal distribution.

⁷ The difference between the percentages is statistically significant (p<0.05) performing a statistical test t between population and sample.

Unit	Population	F&M ₂	FNM ₃	Baseline		Final evaluation				
				MNF ₄	CNA ₅	Sample ⁶	F&M	FNM	MNF	CNA
CI 95%	-	-	-	-	-	[3.22, 4.32]	[3.02, 4.32]	[2.59, 5.78]	[2.45, 5.46]	[0.00, 7.43]
Median	6	6	7	10	16	1.0	1.0	1.0	1.0	3.0
# cases	6,375	5,317	972	81	5	528	387	71	66	4

Source: Baseline Household Questionnaire and Final Assessment, PCI, 2020-2021

Table 5 presents the questions that make up this index and the average numbers that were found in the baseline and final evaluations; the average that decreased most was to borrow or depend on the help of friends or family (82.8% reduction). Several interviewees mentioned that before the transfers they had used their savings or capital from a small business to feed their families. Reducing the number of meals in a day was the coping measure that decreased least.

Table 5: Average number of days of coping measures

Coping strategy	BL (n=6,375)	FE (n=528)	Reduction
	# of days	# of days	
Borrowing food or relying on the help of family or friends	1.86	0.32 *	82.8 %
Restricting adult consumption so young children can eat	1.41	0.42 *	70.2 %
Limiting portion sizes at meals	1.70	0.54 *	68.2 %
Dependence on less preferred and less expensive foods	3.12	1.02 *	67.3 %
Reducing the number of meals eaten in a day	0.58	0.32 *	44.8 %

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

In the month of November 2020, three months after the project began, in addition to the consequences of the COVID-19 pandemic, families in some communities suffered the loss of their crops due to hurricanes Eta and Iota (Ministerio de Agricultura, Ganadería y Alimentación, 2020). Restrictions on mobility and gatherings of people imposed by the government to prevent COVID-19 infections made it difficult for families to migrate to coffee farms in search of work, limiting their income. The scarcity and rise in the price of transport and the rise in the price of food contributed to families suffering food shortages. The baseline results reflect this situation. Buying food with funds from transfers helped families cope with the crisis.

"Yes, [before Sigamos] there was a shortage because vegetables weren't coming in and here in Santa Barbara there were no tomatoes or onions. (...). [Children] lost weight because they were missing everything that was vegetables, other things, beans, everything we eat." (Focus Group of Leaders, Santa Barbara)

"Before Sigamos there were families without work and families with hunger and many sick children (...) there were many men who did not go to the fincas and had no work; that was critical because they did not have the resources to feed the children and that is why they got sick (...) the women did not have money, they were really suffering, the community was critically impoverished and there were also underweight children because they did not have food because the parents did not have money to send their children to school." (Focus group of beneficiaries, San Sebastián Huehuetenango)

Indicator – Percentage of households with poor, borderline, or acceptable Food Consumption Scores

The Household Hunger Scale (HHS) is an index that represents food insecurity. To collect the data for this indicator, respondents are asked about how often any household member has experienced three events in the past four weeks.

- I. Lack of food in the house

2. Went to bed hungry
3. Spent all day and night without eating

If the event is reported not to have occurred in the last four weeks, the response is encoded as "never" (value = 0). If the event is reported to have occurred in the past four weeks, a frequency question is asked to determine how often it occurred. For each frequency of occurrence question, the following answers are possible: "a few times" (value = 1), "sometimes" (value = 2) and "many times" (value = 3). The values of the three questions are added together for each household, producing an HHS score ranging from 0 to 6. The gross scores are then tabulated into the following categories:

- HHS score 0-1 = Little or no hunger
- HHS Score 2-3 = Moderate Hunger
- HHS Score 4-6 = Severe Hunger

According to USAID, the Food Consumption Score (FCS) is a composite score based on diet diversity, food frequency, and the relative nutritional importance of different food groups. It is an indirect indicator of food intake. A questionnaire is used to ask respondents about the frequency of consumption of nine food groups in their homes during the previous seven days.

The FCS aggregates household-level data on the diversity and frequency of food groups consumed during the seven days prior to the home visit, which are then weighted against the relative nutritional value of the food groups consumed. For example, food groups that contain nutritionally dense foods, such as animal products, receive more weight than those that contain less nutritious foods, such as tubers. Based on this score, a household's food consumption can also be classified into one of three categories: poor, borderline, or acceptable. Raw scores are classified into one of three categories based on cut-off points for this population: poor (0 – 28), borderline (28.5 – 42) and acceptable (>42).

The food consumption score went up for all household types and, as shown in Table 6, except for the score for the CNA household type, all the differences between the scores are statistically significant. It was not possible to reach the established target, in which it was expected that there would be no households in the 'poor' category of food consumption. The final evaluation found that 6.6% of households remained in this category. During the baseline, two out of 10 households (20.5%) had an acceptable food consumption score; in the final evaluation this rose to five out of 10 households (53.0%). The increase in the percentage of households that have acceptable food consumption scores between baseline and final assessment is statistically significant.

Table 6: INDICATOR – Food Consumption Score

Unit	N	Baseline				Final evaluation				
		F&M	FNM	MNF	CNA	Sample	F&M	FNM	MNF	CNA
Mean	36.63	36.94	35.13	34.22	33.00	44.6 *	45.00 *	44.04 *	42.39 *	53.00
Std. Dev.	10.44	10.67	9.12	7.54	14.37	12.78	12.52	12.63	13.71	22.08
CI 95%	--	--	--	--	--	[43.5, 45.7]	[43.8, 46.3]	[41.1, 47.0]	[39.0, 45.8]	[17.9, 88.1]
Median	35.0	35.0	34.5	34.5	27.5	42.5	42.5	42.5	40.0	44.25
Cases	6,375	5,317	972	81	5	528	387	71	66	4
Unit	17.3 %	16.4 %	21.9 %	17.3 %	60.0 %	6.6 %	5.7 %	7.0 %	12.1 %	--
Media	62.2 %	62.1 %	62.0 %	75.3 %	20.0 %	40.4 %	39.8 %	40.8 %	42.4 %	50.0 %
Std. Dev.	20.5 %	21.6 %	16.0 %	7.4 %	20.0 %	53.0 % *	54.5 % *	52.2 % *	45.5 % *	50.0 %

* Diferencia entre los porcentajes o medias es estadísticamente significativa (p<0.05).

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

In the final evaluation, households that were identified with a poor food consumption score had an average score of 25.3 points, households with borderline food consumption had an average score of 35.9 points, and households with acceptable food consumption had an average score of 53.7 points. As shown in Table 7, the scores improved with respect to the baseline; the increase in scores for households with borderline and acceptable food consumption is statistically significant.

Table 7: Comparison of food consumption scores by questionnaire, according to consumption classification

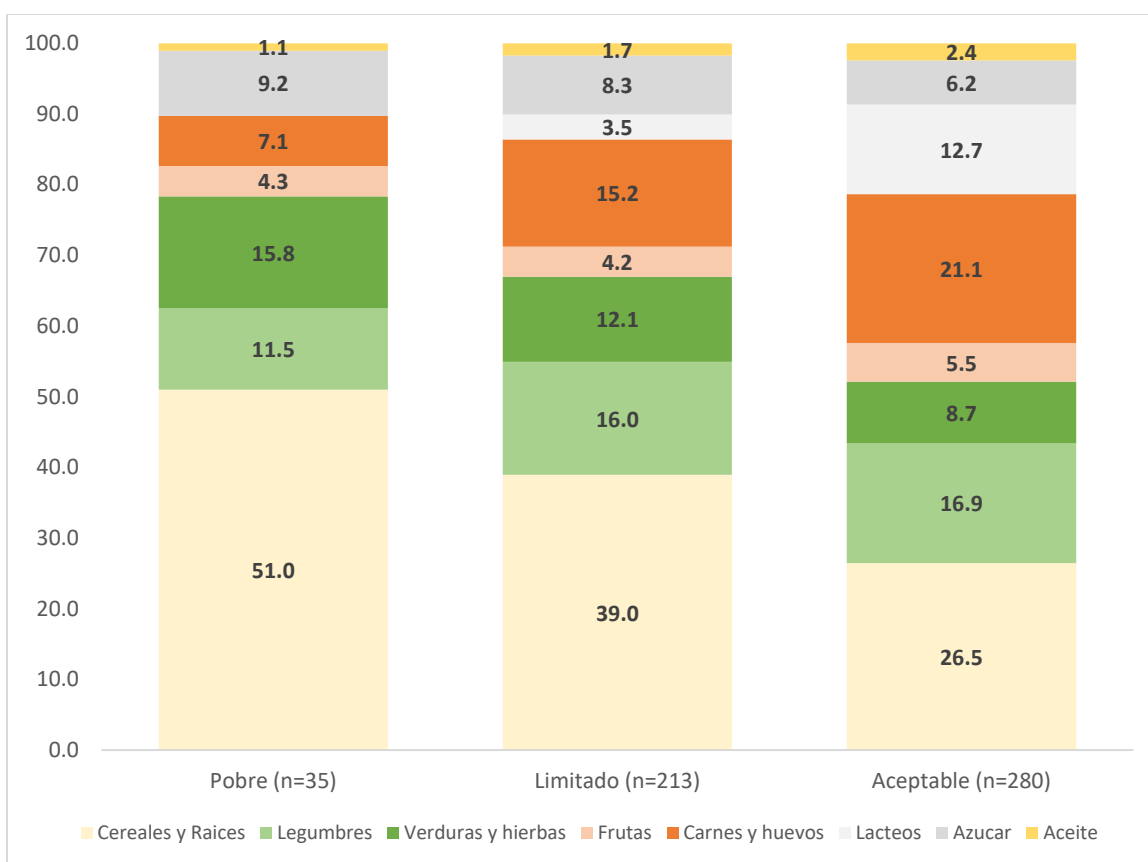
Consumption classification	BL (N=6,375)	FE (n=528)	Improvement
Poor	24.8	25.3	2.0%
Borderline	34.8	35.9 *	3.2%
Acceptable	52.0	53.7 *	3.3%

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

When analyzing household diets according to the food they consume, the evaluation found that, for households with poor food consumption (n = 35), half of their diet consists of cereals and tubers (51.0 %), followed by vegetables and greens (15.8 %) and legumes (11.5 %). The rest of the food groups are not likely to be in these households. Cereals and tubers, if consumed in large quantities, provide energy, but do not contain much protein. Legumes (such as beans) are a source of protein and due to their high fiber content satiate people and provide a moderate number of calories. The combination of these two food types in the same meal is suggested by the Ministry of Health (Ministry of Health, 2012) although, given the proportion of both, it does not seem that they are being combined. In these households, 9.2% of the diet is made up of sugars which do not normally provide high nutrition. These households do not consume an adequate amount of protein (see graph 1) and they do not consume dairy products.

In households with a borderline food consumption score (n=213), less cereal is consumed (39.0%) and, in turn, since they incorporate protein into their diet (meat and eggs, 15.2%) and incorporate dairy (3.5%), their food consumption score is higher. Households with an acceptable diet (n=280) consume less cereals (26.5%), more meat and eggs (21.1%) and dairy (12.7%) than the other two groups and consume fewer sugars (6.2%) and oils (2.4%).

Graph 1: Distribution of food consumption by household classification



Source: Household questionnaire from final evaluation, PCI, 2021

Some products are not part of the previous analysis, although they might provide sugars or fats; the consumption of these was consulted in households, and include products such as salt, carbonated soft drinks, instant soups, sweets and liquors. On average, these products are consumed on a greater number of days a week in households with acceptable food consumption compared to the other categories. It is important to note that the average number of days carbonated soft drinks are consumed, for households with a poor food consumption score, fell compared to the baseline, but rose for the other two categories. The consumption of sweets and liquors fell for all types of households.

Table 8: Average weekly consumption days of other non-food products by consumption classification

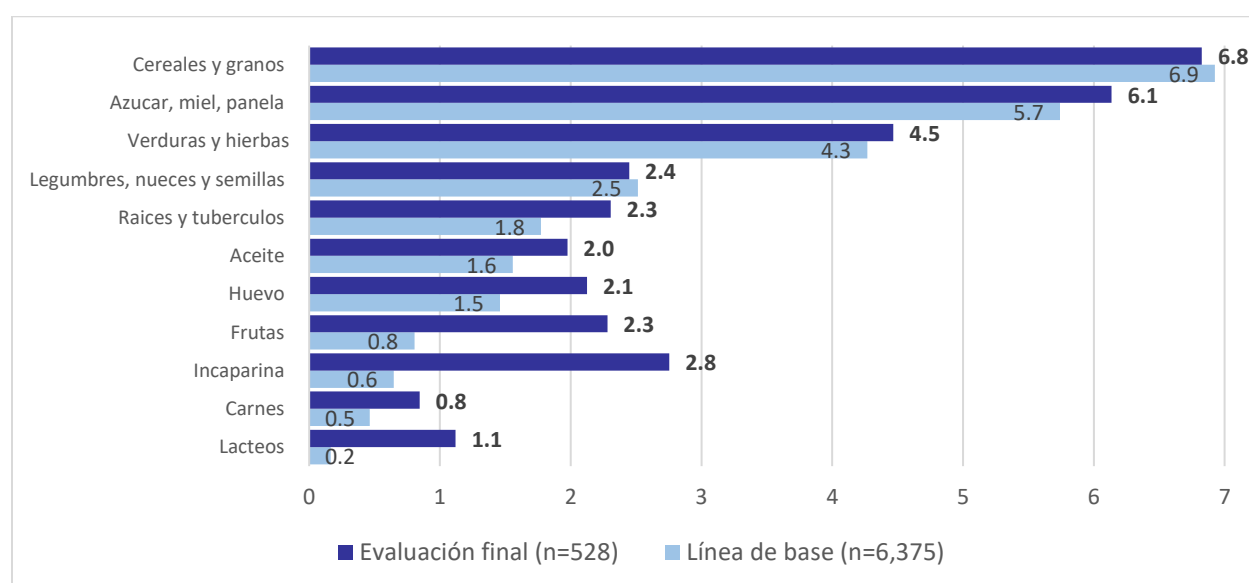
Product	Baseline			Final evaluation		
	Poor (n=1,101)	Borderline (n=3,965)	Acceptable (n=1,309)	Poor (n=35)	Borderline (n=213)	Acceptable (n=280)
Salt	6.76	6.79	6.47	6.51	6.84	6.77
Soups	0.35	0.77	1.27	0.43	0.75	1.21
Sodas	0.15	0.33	0.65	0.09	0.39	0.86
Sweets	0.23	0.37	0.63	0.11	0.31	0.41
Liquor	0.03	0.03	0.13	0.00	0.01	0.02

Source: Household questionnaire from final evaluation, PCI, 2021

Sigamos Program technicians' own perception is that the consumption of junk foods has decreased considerably among participating households. Participants reported that they were unaware that these foods were not nutritious.

The analysis of average days of consumption of each of the food groups found that the population most frequently consumed cereals and grains (6.8 days a week), followed by sugar, honey or *panela* (6.1 days a week) and vegetables and greens (4.4 days a week). The products that had a greater average increase were the consumption of Incaparina (2.7 days), fruits (2.2 days), dairy (1.1 days) and eggs (2.1 days). Graph 2 shows details for these and other products.

Graph 2: Average days a week of consumption, according to food group



Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

The cash transfers allowed families to more frequently consume nutritious foods⁸ that, due to the high cost compared to their income, they could only buy infrequently in small quantities. Families demonstrated interest in offering their children a varied diet, especially including vegetables and fruits as well as Incaparina, thanks to the knowledge acquired in the educational sessions. According to participants and project staff, the consumption of junk food had been high.

"... before we had eaten a little meat, but when the transfers came we saw a difference in our household foods, along with eggs, beans, and oil we had meat and we have eaten a more varied diet. Before the institution came we always ate just greens ..." (Water harvester beneficiary, San Sebastian)

"Now we buy chicken and meat with the money that came to us because it brings vitamins and also atoles like oatmeal because before we only gave corn dough porridge [to the children]. Now we also give Incaparina so that they gain weight because they told us that with that the children grow. That's what the education helped us for, so that we are well in our homes without diseases." (Focus Group of Beneficiaries, Colotenango)

Indicator – Prevalence of households with moderate or severe hunger (Household Hunger Scale)

According to (Ballard, Coates, Swindale, & Deitchler, 2011), HHS is a household food deprivation scale, derived from research to adapt the US questionnaire module on household food security to be used in a developing country context and from research to assess the validity of the household food insecurity access scale (HFIAS) for cross-cultural use. The approach used by HHS is based on the idea that the experience of household food deprivation provokes predictable reactions that can be captured through a questionnaire and summarized on a scale.

During the final evaluation, 11.4% of households reported that there was a time when there was no food in the home due to lack of resources to buy it. In 6.8%, someone went to sleep hungry due to lack of food and in 2.8%, someone in the household went a day and night without eating anything due to lack of food. All percentages decreased compared to the baseline, and the difference between the percentages is statistically significant.

Table 9: Food deprivation in the home by evaluation

In the last 30 days...	Baseline (n=6,375)	Final evaluation (n=528)
There was a time when there was no food at all your house due to lack of resources to buy food.	45.9 %	11.4 % *
You or someone in your household has gone to bed hungry because there wasn't enough food	24.8 %	6.8 % *
You or someone in your household has gone a whole day and night without eating anything because there wasn't enough food	6.1 %	2.8 % *

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

The responses to the three questions detailed above were tabulated from zero to six points (2 points maximum for each question); each of the households was classified based on their responses according to the scale shown in Table 10.

⁸ The variety of foods increased as shown in Graphs 1 and 2, with an increase in the most expensive foods, such as dairy, meats and Incaparina as well as other foods that given the cost-benefit analysis they certainly did not consume, such as fruits; that is, they are foods that are not so expensive but their price is equivalent to foods that are more abundant, for example, the cost of an apple can be equivalent to that of a pound of beans. Regarding frequency, women pointed out that they purchased these products every time they received transfers.

* The difference between the percentages indicated for the baseline and final evaluations is statistically significant.

Table 10: Hunger incidence scale

Household hunger score	Categories of household hunger
0 – 1	Household without hunger or with little hunger
2 – 3	Household with moderate hunger
4 – 6	Household with severe hunger

For the final evaluation, no households were found in the category of severe hunger; the number of households with low hunger rose for all types of households. The difference between the percentages shown is statistically significant (*).

Table 11: Indicator – Prevalence of hunger by stakeholders

Prevalence of hunger	Population	Baseline (%)				Final evaluation (%)				
		F&M	FNM	MNF	CNA	Sample	F&M	FNM	MNF	CNA
Severe	1.8	1.7	2.2	2.5	20.0	-- *	--	--	--	--
Moderate	20.5	19.6	24.8	32.1	20.0	4.4 *	3.6 *	8.5 *	4.5 *	--
Little	77.7	78.7	73.0	65.4	60.0	95.6 *	96.4 *	91.5 *	95.5 *	100.0
Cases	6,375	5,317	972	81	5	528	387	71	66	4

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

By crossing the information between the previous indicator (food consumption score) with this indicator, the evaluators found that the better the food consumption, the lower the prevalence of hunger, as shown in Table 12.

Table 12: Food consumption and prevalence of hunger

Food consumption	Prevalence of hunger	
	None or little	Moderate
Poor (n=35)	82.9 %	17.1 %
Borderline (n=213)	95.3 %	4.7 %
Acceptable (n=280)	97.5 %	2.5 %

Source: Household questionnaire from final evaluation, PCI, 2021

The transfers helped very vulnerable families, especially those made up of older adults and single mothers.

"In my case, my father is elderly and he is unable to work any longer. Sometimes we ate beans and sometimes we didn't, sometimes we got some greens and sometimes not, we just ate like that with salt. What happens is that there is not much land to grow beans. Maybe people could do it, but you have to pay for the land and over time there is no money to get it, maybe we can find the seeds, but when planting you always need fertilizer, and sometimes it needs a lot of fertilizer, then you don't make progress in maintaining it." (Water harvester beneficiary, San Pedro Necta)

Indicator – Percentage of respondents who can cite five of the nine COVID-19 prevention behaviors and practices promoted

The project promoted the use of practices and knowledge of behaviors for the prevention of COVID-19. The project included nine measures for this. In the baseline, 0.25% of the population knew at least

five of the nine prevention behaviors and practices; in the final evaluation, 56.4% knew at least five of the measures (n=298). When analyzing by sex, the level of knowledge increased in a higher percentage in women (58.6%) than in men (41.8%).

Table 13: Indicator – Percentage of households that can cite at least five of the nine COVID-19 prevention behaviors and practices

Population	Baseline	Final evaluation
Sample	n=16, 0.25 %	n=298, 56.4 % *
Men	n=1, 0.016 %	n=28, 41.8 % *
Women	n=15, 0.024 %	n=270, 58.6 % *

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

Due to the low level of knowledge about COVID-19 preventive measures during the baseline, the evaluation will not make a comparison of the moments known at that time. The measure best known by the interviewees is the use of masks (95.8%); followed by hand washing with soap or gel (87.7%) and physical or social distancing (69.6%); the rest of the measures are less known to half of the respondents as shown in Table 14.

Table 14: Known COVID-19 protection measures, by sample and sex

Measure	Sample (n=528)	Women (n=461)	Men (n=67)
Use of masks	94.9 %	95.2 %	92.5 %
Handwashing with soap/gel	86.7 %	87.2 %	83.6 %
Social or physical distancing	68.9 %	69.4 %	65.7 %
Avoid gatherings with more than 10 people	45.8 %	47.5 %	34.3 %
Avoid public spaces	45.1 %	46.9 %	32.8 %
Avoid contact with people over 60	39.8 %	42.7 %	19.4 %
Hygiene of high contact surfaces	35.6 %	37.5 %	22.4 %
Adequate use of disinfectants	26.1 %	26.0 %	26.9 %
Avoid contact with friends or relatives	25.4 %	25.8 %	22.4 %

Source: Household questionnaire from final evaluation, PCI, 2021

Although knowledge about prevention measures increased, and according to the participants and technicians interviewed, the measures are applied, there is still more communication and education work needed for the general population. In three of the four health services, the staff interviewed indicated that the general population in the municipality (not only the intervention communities) do not apply prevention measures and, for example, use the mask in health services because they are required, but they have observed that they put it on before entering and take it off when leaving.

"... distancing is only when they have activities, when they need, for example, to collect some remittance that they are sent. Only for that do they use the mask and to go to the health center they also use the mask and distancing, but outside of that they lead a normal life without distancing, or hygiene measures, nothing. Men and women, everyone, even teachers are included there. (...) On market days in San Pedro nobody wears a mask, the agglomeration of people is difficult and everything happens because the municipal authorities do not want to fight with the people ..." (Health center staff, San Pedro Necta)

B. Response to questionnaire

Achievements

Project actions reached the target households and people within the project areas and served 34,414 people, 3.2% above the established target. The targets set for the reduced coping strategies index, the percentage of households with low prevalence of hunger, the number of women participating in Women Empowered groups, the number of water harvesters installed, the number of people who received nutrition-related vocational training, the percentage of households reporting buying food and health items with the transfers, and the number of unique households receiving cash transfers were exceeded. It was not possible to reach the target established for the other indicators, but for the majority of those evaluated through the final evaluation, the increase or decrease obtained was statistically significant. The following table presents this information.

Table 15: Summary of project indicators, according to population of interest

Indicator		Target	Final evaluation
Number of people participating in U.S. government food security activities		33,351	34,414
Reduced Coping Strategy Index (rCSI)	Media	5.22 n=6,375	3.77 * n=528
	Median	6.00 n=6,375	1.0 n=528
	Adult female and adult male HH (F&M)	8.52 n=5,317	3.67 * n=5,317
	Adult female no adult male HH (FNM)	9.41 n=972	4.18 * n=972
	Adult male no adult female HH (MNF)	11.43 n=81	3.95 * n=81
	Children no adults HH (CNA)	12.20 n=5	3.25 * n=5
	Percentage of households with poor, borderline and acceptable Food Consumption Scores (FCS)		
	Poor	0 %	6.6 % *
Prevalence of households with a moderate or severe Home Hunger Scale (HHS) score	Borderline	35 %	40.4 % *
	Acceptable	65 %	53.0 % *
	Percentage of moderate to severe HHS scores	17 %	4.4 % *
Percentage of respondents who can cite five of the nine behaviors and practices promoted for COVID-19 prevention	Number of participants	6,400	6,699 ⁹
	Women	60 %	58.6 % n=270
	Men	60 %	41.8 % n=28
Number of children under 5 years (0-59 months) served with nutrition-specific interventions, as a result of USG-supported activities	Total	60 %	56.4 % n= 298
		4,410	4,337 ¹⁰

⁹ According to database provided by project staff.

¹⁰ According to data provided by the project with information as of 30 June 2021. This data represents the highest referral value for any month. The increase in referral cases begins in May (2 %) which coincides with the beginning of the rainy season in Guatemala, the season when children tend to have more cases of diarrhea. From January to April 2020 the percentage of referrals was sustained at 1 %.

Number of pregnant women reached with targeted nutritional interventions through USG-supported activities	150	147 ¹¹
Number of women participating in Women Empowered groups	180	309 ¹²
Number of tanks built to harvest rainwater	50	80 ¹³
Number of people receiving nutrition-related training through USG-supported activities	400	419 ¹⁴
Percentage of children referred to a health facility for a serious illness	1 %	4 % ¹³
Proportion of households reporting buying food and health items with transfers	80 %	100 % ¹⁴
Number of individual households supported with cash transfers	6,400	6,640 ¹³

Effectiveness and Efficiency

Cash transfers allow the beneficiaries to assess their families' priorities and decide on expenditures, as well as the type, place and frequency of purchases. As the participants say, "only we know what is needed in the household". The delivery of cash transfers to households primarily through women (97%) helps empower them. The fact that women are the targeted recipients gave them greater control over household resources as well as a voice in decision making regarding the use of available funds. The transfers gave women the opportunity to have their own money and make decisions regarding its use, for which the educational sessions regarding family budgeting were very important.

The transfers came at a time when families needed them most due to the negative impact of COVID-19: restrictions on mobility, decreased transportation, reduced sources of employment, increased food prices, especially for grains, although also according to the participants, vegetables and fruits were scarce too. The use of transfers for food purchases is reflected in the 56.9% reduction in the reduced coping strategies index (rCSI), the increase in the food consumption score for all types of households and the inclusion of more vegetables, fruits, dairy, meat and eggs. All this contributed not only to reduce the prevalence of hunger but also to improve the family diet with more varied and nutritious foods.

Due to the restrictions from COVID-19 regarding the maximum number of participants in meetings, the program organized the attendees into two leadership groups: *Health Brigades* and *Men and Women Who Keep on Going*. The Health Brigades, partially composed of members of the Community Development Committees (COCODES) were trained to support with the verification and entry of telephone numbers for the reception of Tigo Money transfers and to mobilize groups of recipients to receive their cash transfers. Receiving the transfers was a learning process in itself as most people had never collected a transfer or used an ATM (the program functions with Tigo Money's services and banking services to respond to the demand for cash). The program also conducted cascading trainings for 1,439 men and women members of the Health Brigades and Men and women who Keep on Going to replicate these trainings in their communities with groups of 10 people.

The increase in the percentage of the population with knowledge about COVID-19 prevention measures is important given that at the beginning of the intervention knowledge of prevention measures was practically inexistent. Women have learned these measures in a greater percentage (58.6%), than men (41.8%). According to the the project staff getting the men to attend the Covid-19 prevention sensitization sessions was a challenge. Anecdotal evidence suggests that the men were sensitized in the homes by the women who attended the sessions and thus improved their knowledge of Covid-19 prevention.

In households with an acceptable diet, protein had been added into the diet (by including meat and eggs),

¹¹ According to data provided by the project with information as of 30 June 2021.

¹² According to data provided by the project with information as of 30 June 2021.

¹³ According to data provided by the project with information as of 31 August 2021.

milk was also included, and the consumption of sugars was reduced. To a lesser extent this improvement in diet was also observed in households with borderline food consumption scores. Participants in focus groups and interviews said the educational sessions helped them understand the importance of good nutrition and to select suitable products to offer a more varied diet to their family, especially fruits and vegetables. Through the educational sessions, mothers learned to feed their young children's nutritious foods and in adequate amounts, as they previously did not pay attention to the amount they offered them nor could they estimate the amount of food consumed.

Families' interest in improving children's health was evident. Attendance at growth monitoring sessions in health services increased as mothers actively participated in educational sessions and food demonstrations and took actions to help their children reach their ideal weight including the initiative of raising quails to obtain eggs as a food resource to fight malnutrition. Mothers' interest in improving their children's nutrition was manifested in their participation in virtual food demonstrations for which they needed to provide the resources to buy internet access. Additionally, focus group participants and those interviewed, emphasized the purchase of vegetables and fruits for their children. Participants in focus groups and interviews reported observing that fathers also demonstrate greater concern for the health of their children by accompanying their partners or filling in for them when necessary, during children's growth monitoring consultations, which were carried out in their homes or in health services.

The program worked with women, which allowed them to decide alone or with their partner the use of the transfer, get involved in productive projects and participate in savings and loan groups. Some women interviewed commented on how their husbands had encouraged them to "have something left" at the end of the project so that they could invest in productive assets. This gives sustainability to the program, as it will allow families to accumulate assets or income that allow them to access healthy and nutritious foods. In addition to the productive projects accompanied by the technicians of the program, several interviewees indicated having invested in the purchase of domestic animals (chickens, turkeys, pigs, sheep, bulls) as well as starting small businesses such as shops, sales of vegetables, sale of fabrics, sale of snacks or the purchase of carts for the preparation and sale of French fries, as well as preparation and sale of fertilizer for coffee and potato crops. This demonstrates how families have taken the initiative in these areas. It should be emphasized that the program did not have economic resources to support families in their productive activities and their achievements are due both to the initiative and mobilization of resources by the technicians and to the beneficiaries' decision to dedicate part of their transfer, their time and their labor to the productive activity of their choice.

As with the productive activities, the savings and loan groups promoted by the Women Empowered initiative showed both technicians and the beneficiaries themselves the willingness and potential that women have to be entrepreneurs and produce to meet their goals. For a woman with no income of her own, saving money seems like an impossible goal; however, they realized that with small amounts of weekly savings (Q5 to Q10) at the end of the cycle they were able to raise an amount of money that allowed them, for example, to buy corrugated roofing sheets or a *pila* for their house or to have capital to start or restart a small business, for example: selling fruits and vegetables or selling food such as *chuchitos* and *tostadas*. The educational sessions were also very useful for those women who had already started a venture, as they pointed out that previously what they earned was used for family expenses and they never knew what their profits were while now they know how to separate an amount of money for reinvestment and grow their business.

The educational sessions also motivated the participants to allocate part of the transfer or their savings from the Women Empowered savings groups, for the purchase of an Ecofilter. Ecofilters are used to ensure safe water for drinking, washing fruits and vegetables and washing children's hands. Mothers say this has helped reduce diarrhea and other childhood diseases; a decrease, which, although small, has also been perceived by health service staff.

It should be emphasized and highlighted that all these productive and savings activities have been achieved

through the effective use of transfers and this was done, apparently, without neglecting food consumption, as shown by the questionnaire regarding the improvement of the family diet.

The cash transfers can be associated with the decrease in migration of families to coffee farms, although as noted, this is also due to COVID-19 restriction. Due to the transfers, some families gave up migrating, and in others only the father migrated, thus ensuring maintenance of children's health at home. In most of the national coffee farms, living conditions are precarious and there are no spaces for children to play. Due to economic need, all family members, including minors, participate in the collection and transportation of crops. The issue of migration is complex and needs further exploration than contemplated under the scope of this assessment.

Relevance

Sigamos implemented short- and medium-term interventions. Among the first are transfers and recovery of underweight or malnourished children. The transfers helped families decrease hunger and improve their diet with the support of educational sessions. The educational sessions also motivated families to invest part of their transfers in productive projects, which will help provide food or income when they stop receiving the transfers.

During the baseline, health and nutrition aspects were investigated with regard to relevance; therefore, as part of the relevance analysis, comparisons are made between baseline and final evaluation of health and nutrition findings, household expenditures and savings, and gender equity.

1. Health and nutrition

Respiratory and diarrheal diseases

The percentage of households with respiratory diseases in the three months prior to the questionnaire fell from 40.2% during the baseline (n=2,561) to 29.7% in the final evaluation (n=157). The percentage of households with diarrheal diseases in the same period decreased from 14.5% during the baseline (n=922) to 11.4% in the final evaluation (n=60). The difference between these percentages is statistically significant.

The greatest change occurred in health care seeking behaviors in case of illness of children under 5 years or pregnant women, rising from 50.6% of households in the baseline (n = 3,224) to 81.4 % in the final evaluation (n = 430). The percentage of households that do nothing (0.6%, n=3) or that ask God for healing (0.2%, n=1) decreased between the two data collection points. There is no data from health services to ascertain that there has been an increase in the health service care seeking behavior.

Table 16: Health care services sought, by evaluation phase

Care or action carried out	Baseline (n=6,375)	Final evaluation (n=528)
Health service	50.6 %	81.4 % *
Community promoters	6.0 %	7.6 %
Other	4.4 %	8.1 % *
Haven't been sick	4.0 %	7.0 % *
Midwife/traditional healer	4.5 %	3.6 %
Nothing	2.6 %	0.6 % *
Ask God for healing	0.4 %	0.2 %

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

The educational sessions promoted seeking care at health services, a situation that was pointed out by

* The difference between the percentages is statistically significant (p<.05).

the health services personnel interviewed, who also noted a decrease in cases of diarrhea. Mothers also reported that their children get sick less, which they attribute to the use of safe water, specifically the use of Ecofilter water, better hand washing and abandonment of junk food consumption.

"... diarrhea has already been controlled because there is prevention of diarrhea from malnutrition and other diseases. Diseases are prevented because the women have Ecofilters, then the water is already filtered; now the children drink pure water." (Focus Group of Leaders, Santa Barbara)

"I have a 5-year-old girl who used to get sick with diarrhea and only that, but now she doesn't get sick anymore because she washes her hands all the time. I give her something and she quickly goes to wash and since she has the jumbo [tippy-tap] nearby now she doesn't get diarrhea anymore." (Focus Group of Beneficiaries, Colotenango)

Hygiene behaviors

During the baseline, hand washing was analyzed. According to UNICEF, 'Handwashing with soap is one of the most effective and economical ways to prevent, among others, diarrheal diseases and pneumonia, which together cause the death of some 3.5 million children annually' (Unicef, 2017), however, today, hand washing is also very important to prevent COVID-19. It is one of the most important recommendations issued by the World Health Organization (World Health Organization, 2020).

The project considered seven important moments for handwashing and ideally people were expected to know them. Expected moments are before eating, before feeding a child, before cooking, after taking a child to the latrine, after using the latrine/ changing diapers, on entering the home and after touching surfaces in public spaces.

The percentage of people who recognize the handwashing moments increased for all expected moments. The most recognized moments were before eating (89.6%, n=473) and before cooking (69.7%, n=368). The difference between the percentages and the number of known moments between the two evaluations is statistically significant. The following table presents the known moments.

Table 17: Percentage by sex, according to hand washing moments

Moment	Baseline (n=6,375)	Final evaluation (n=528)
Before eating	84.2 %	89.6 % *
Before cooking	48.8 %	69.7 % *
After using the latrine/changing diapers	14.8 %	43.8 % *
After taking a child to the latrine	14.6 %	29.4 % *
After touching surfaces in public places	2.8 %	18.2 % *
On returning home	2.7 %	14.9 % *
Before feeding a child	8.2 %	14.2 % *
Other	2.9 %	1.3 % *
Number of moments known	1.8	2.9 *

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

The final evaluation found that the majority of people wash their hands with soap and water (98.3%, n=519); 1.7% indicated that they only wash with water (n=9).

Interviewees and focus group participants stated that they had never before participated in any project and that the program had provided them with important knowledge, especially about food and hygiene at

* The difference between the percentages is statistically significant (p<.05).

home. The educational sessions allowed them to adopt healthier and hygienic practices which they had not previously carried out due to lack of knowledge. Hygienic practices included cleaning the house, washing hands and washing fruits and vegetables, which they perceive to have helped reduce children's illnesses, especially diarrhea. Some people even stated that they use filtered water for washing children's hands.

The use of tippy taps has also helped boost handwashing with low water consumption.

"A handwashing station that we call a tippy-tap was implemented made of a plastic container from some product, of some soda, juices. This also helped us reduce diarrheal diseases and increase handwashing practices at home. This was very curious for the children also to see a jumbo (plastic container) hanging there with water." (Focus Group of Sigamos Program Technicians)

"... we hung it in the bathroom with a bottle of soap and when the children go to the bathroom, then there they grab the soap and open the bottle to wash their hands and there we have it still hanging. That's what we were taught at PCI." (Focus group of beneficiaries, San Pedro Necta)

Participation in health and nutrition activities

During the final evaluation, 87.3% of the respondents said they had participated in a meeting, fair or activity in which they received information on health and nutrition (n=461) while in the baseline, 23.0% indicated having participated (n=1,480). The difference between these percentages is statistically significant. Of the 461 respondents who stated they had participated in a meeting, fair or activity on health and nutrition, 97.0% indicated that the activity had been facilitated by PCI (n=447), 20.4% that it had been facilitated by the health post (n=94), 3.7%, by an NGO (n=17), 3.5%, that it was carried out by the community school (n=16), 1.3% that it was conducted by the church (n=6), and 0.9% that it was by a public institution (n=4).

"... before, without these programs we didn't know what nutritious foods were good for our children. We just ate, we didn't know what foods had vitamins and minerals and everything they taught us because it was a great experience for all of us who were participating in the program and for all the families." (Women Empowered, Santa Barbara)

"The process of sensitization in the learning sessions with the theme of investment also focused a lot on the family budget, with which it was also possible to raise awareness among families about being able to buy nutritious and healthy foods. I think that all this educational process came to strengthen our knowledge to be able to make good use of the cash, of the transfers that the families would receive". (Focus group with Sigamos Program technicians)

2. Household savings and expenses

When analyzing the expenses incurred by households between the baseline and the final evaluation (in the month prior to the interview) the evaluators observed that almost all the items showed an increase. The items that have had an important variation (in amount) are the purchase of medicines or payment of medical services, the purchase of fruits and vegetables, the purchase of meats and basic grains. On average, households invested 70% more money in the items analyzed compared to the baseline.

Table 18: Household expenses by evaluation, by categories

Category	Baseline Q. (n=6,375)	Final evaluation Q. (n=6,375)	Variation
Basic grains (corn)	239	318	33 %
Medicines / payment for medical services	126	317	151 %
Groceries (Incaparina, milk, sugar, salt, oatmeal, porridge, pasta, etc.)	109	180	65 %
Farm supplies	116	177	53 %
Vegetables/fruits	52	107	106 %

Category	Baseline Q. (n=6,375)	Final evaluation Q. (n=6,375)	Variation
Meat (beef, pork, chicken, fish, etc.)	34	87	158 %
Work supplies	31	67	116 %
Payment of debts/loans	55	63	15 %
Cleaning or personal hygiene articles	41	54	32 %
Clothes / shoes	19	53	181 %
Legumes (beans, peas)	41	47	16 %
Transport	20	41	102 %
Cereals (rice, sorghum, wheat, bread)	22	37	65 %
Tubers (potatoes, sweet potatoes, yucca)	21	35	70 %
Other expenses	23	34	47 %
School expenses (registration, quota, books, transportation, etc.)	2	16	932 %
Telephone services	17	16	-7 %
Land or house rent	8	12	47 %
Gifts, recreation, outings	3	2	-50 %
Average of monthly expenses	979	1,663	70 %
Average Savings (last 30 days)	7	90	1,255 %

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

The data in the previous table, shows that during the baseline, two thirds of household expenditures (66%) were for the purchase of basic grains, medicines, groceries, farming supplies and payment of debts; household investment in these same items decreased to 39% during the final evaluation.

According to some interviewees, due to the lack of income prior to the arrival of the program, they had to resort to loans to survive. Some even had to rely on the transfers to pay their debts or in other cases, to recover lost capital to restart a small business.

Participants in focus groups and interviews reported using the transfers primarily for food and medicine and in some cases also for children's clothes or shoes. Almost all of them indicated that they had set apart an amount of money as savings. The word 'savings' has different applications. Some people set aside an amount of money and saved it for future use in case of emergency. Others "saved" in goods, for example, by buying animals. Families see these small investments as savings because they raise the animal which they can sell at a time of need or otherwise, sell when the animal reaches an ideal weight and with it obtain a small profit to reinvest and thus maintain their "savings". This would only be only one or two animals, not a productive project in itself.

Economic empowerment

The project obtained the following results with regard to economic empowerment. The target was to have 180 participants, and by the end of the project, the total was 302 (68% more than the target).

Table 19 presents the detailed results.

Table 19: Economic empowerment results

Objective	Results
Final number of participants	302
Final number of groups	21 groups
Social fund	Q. 3,126.75
Cumulative savings, current cycle	Q. 152,480.50
Value of loans awarded	Q. 38,400.00

Objective	Results	
Purpose of loans:	Purpose	Number
	Health	11
	Housing	1
	Productivity	19
	Food Security	12

The Women Empowered strategy guided women on empowerment issues to create and strengthen auto-savings and loan groups so that they had the opportunity to manage their own money which would also serve as a source of investment that could continue at the end of the program. In the case of San Pedro Necta, technicians supported the process of forming groups organized by the Educamos project. Each group formed a board of directors and established their own rules for the frequency of meetings and contributions, as well as fines and the manner of repayment of loans to members. The participants are excited because they have managed to save and create a small capital to boost their productive projects. Every six months they close the cycle, disburse the savings and distribute the profits generated from the penalties and loan interest payments.

"I liked that we saved because before we did not do that, but we spent everything or we put it away and at any moment we took it out again, but now we are saving it not in the bank, no. We have a group formed for savings and then we distribute it." (Focus Group of Beneficiaries, Colotenango)

"These are new experiences that they brought to us and motivated us and helped us a lot in doing new things and getting ahead in saving because before we did not know what savings was. For example, I sold, but I never looked at my profits. I bought my little things from what I had, which was my profit, and there it went; I couldn't save anything, the next week the same thing. I just spent it, but not now. From the profit I get from my business, I put aside what I want and put it in my savings." (Women Empowered, Santa Barbara)

Linkages and Exit Strategies

Most of the communities where the program worked had not previously had the opportunity to participate in a project. In some communities of San Pedro Necta, the technicians managed to establish alliances with the Educamos project also carried out by PCI and in this way the educational sessions related to COVID-19 prevention measures, as well as the savings groups were strengthened. Through USAID, a partnership was reached with Israel's MASHAV Cooperation and Development Agency and the Philos Project for the donation of family and community water harvesters in Santa Barbara. Additionally, Olam & Mocca, an organization dedicated to the production and export of coffee from Huehuetenango, provided technical support for the creation of organic fertilizer for coffee crops in San Pedro Necta and San Sebastian Huehuetenango. Finally, Ecofilters and improved stoves were delivered to 80 Santa Barbara families with funding provided by travel expert Rick Steves.

The Project obtained support from the MOA to provide seeds for family gardens and vegetable seedlings from former participants of a previous PCI project called Ánimo, who as a result of the project are dedicated to the production of seedlings to supply families that have gardens. An agronomy student from the University of San Carlos of Guatemala (USAC) also provided technical support while carrying out the supervised professional practice (EPS) in the area.

The Project also facilitated coordination with the health services of the four municipalities for the referral of pregnant women and mothers of malnourished children. The former received iron and folic

acid and the latter, complementary food. Before the end of the program in the four intervention municipalities, the technicians delivered the list of families with malnourished children to the person in charge of the Municipal Directorate of Women (DMM) and the person in charge of Food and Nutritional Security (SAN) for follow up on their recovery.

Additionally, both the educational sessions and the technical support ensured that the population would continue to benefit in some ways even after the program has ended. The mothers interviewed highlighted the importance of having learned topics about food, childcare and hygiene, as they were unaware of many of the topics addressed. In this regard, the leaders pointed out that the replication of the educational sessions in the Mam language were better accepted because they were friendlier and easier to understand. The leaders feel empowered enough to continue the surveillance of malnourished children because they have the necessary knowledge and tools, such as the Shakir tape. The water harvester beneficiaries received instruction on the installation and maintenance of this water system. Participants in the productive projects received technical support for production and reinvestment in their enterprises. The participants of the productive projects and those who acquired Ecofiltros received instructions from the technicians and contacts for the purchase of inputs and replacement of filter units after 24 months of use. Additionally, the leaders know that they can count on support from the project technicians and continue to communicate with them, even after the project has been completed.

C. Conclusions

The project achieved important changes in relation to the targets that were established.

Project actions reached the target households and people within the project areas, serving 34,414 people, 3.2% above the established target. The target was exceeded for the Reduced Coping Strategies Index (rCSI), the percentage of households with low prevalence of hunger (HHS), the number of women participating in Women Empowered groups, the number of water harvesters installed, the number of people who received nutrition-related training, the percentage of households reporting having purchased food and health items with the transfers, the number of unique households that received nutrition-related training, the percentage of households reporting having purchased food and health items with the transfers, and the number of unique households that received support via cash transfers. It was not possible to reach the target established for the other indicators (percentage of households with an acceptable food consumption score and the percentage of respondents who could cite five of the nine behaviors and practices promoted for the prevention of COVID-19) evaluated through the final evaluation questionnaire, but the increase or decrease of these was statistically significant, compared to the baseline evaluation.

There has been a reduction in the coping strategies adopted by households in response to food insecurity.

The strategy that decreased the least, reducing the number of meals in a day, decreased by 45%; the strategy that continues to be implemented on a greater number of days on average, eating foods that you do not like or usually do not eat or cheaper foods, is still used once a week, but decreased 67%.

The questionnaire revealed that the coping strategy of taking on higher amounts of debted decreased considerably while qualitative research revealed that some families survived the pandemic using their savings or capital from small businesses. Therefore, transfers have helped the economic recovery of households.

Households improved their dietary diversity.

The percentage of households with a poor food consumption score decreased by 10.7 percentage points (from 17.3% to 6.6%). By incorporating protein and dairy into their diet, many of the households improved their score and dietary diversity by 22% compared to the baseline. Similarly, there was a statistically significant increase in households for the average number of days of consumption of oil, sugars, carbonated waters and instant soups.

Soups, in general, are considered a healthy food, especially for sick people, however, the educational sessions need to emphasize that instant soups do not have the same nutritional value as home-prepared soups from fresh ingredients.

Households with little or moderate hunger increased, as expected.

The Project was not able to eliminate households with a moderate level of hunger since 4.4% still reported it during the final evaluation, however, 95.6% of households reported low prevalence of hunger, a statistically significant increase from 77.7% found during the baseline.

In the baseline, in the 30 days before the questionnaire, 45.9% of households had some time when there was no food at home due to lack of resources to buy it; this percentage fell to 11.4% in the final evaluation, one of the three aspects evaluated for this indicator that fell in

greater percentage in relation to the baseline.

Cases of diarrhea and respiratory diseases decreased.

The percentage of households with respiratory diseases in the three months prior to the questionnaire fell from 40.2% during the baseline (n=2,561) to 29.7% in the final evaluation (n=157). The percentage of households with diarrheal disease in the same period decreased from 14.5% during the baseline (n=922) to 11.4% in the final evaluation (n=60). The difference between these percentages is statistically significant. This is a significant reduction if one takes into account that final evaluation data was collected mainly when the rainy season had ended, while, for the final evaluation, the rainy season was in its final phase.

The greatest change occurred in health service seeking behavior in case of illness in children under 5 or pregnant women in the household, rising from 50.6% households in the baseline (n = 3,224) to 81.4 % in the final evaluation (n = 430).

Interest in improving health and sharing the responsibility of children was evident.

Attendance to growth monitoring and promotion sessions in the health services increased as mothers actively participated in educational sessions and food preparation demonstrations to carry out actions that would help their children reach their ideal weight, including the initiative of raising quails to obtain eggs as a food resource against malnutrition.

Participants in the qualitative component reported that fathers show greater concern for the health of their children by accompanying their partners or substituting for them, when necessary, during the children's growth monitoring sessions, which were carried out in their homes or in health services.

Households have a greater knowledge of practices for the prevention of COVID-19, but there is still a need to raise population awareness.

Compared to the baseline, the percentage of the population that knows at least five of the COVID-19 prevention measures increased. However, 43.6% of the population still does not reach that level of knowledge, with more men being unaware of these measures (58.2%). Mask use (94.9%) and hand washing (86.7%) are the best-known measures.

Although knowledge about prevention measures increased, the health personnel interviewed indicated that the general population of the municipality (not just the intervention communities) apply prevention measures only when required, and not as a normal protection procedure.

Handwashing moments are still poorly remembered in households.

The important moments for handwashing has traditionally been an indicator used by BHA in various projects and evaluations and continues to be an indicator with a low result. As a result of the Project, 57.3% of people know three or more moments. The most well known were: before eating (89.6%), before cooking (69.7%) and after using a latrine or changing diapers (43.8%).

D. Recommendations

Set more realistic targets.

The targets established by the project during the baseline were almost achieved, however, it is important to consider that it is nearly impossible to establish targets for which the indicator of interest totally disappears or the entire population is reached, especially when project participants are expected to have them at top of their mind when asked.

Improve the implementation of protective measures to prevent COVID-19.

The measures used during the baseline reflect those established at the beginning of the pandemic, a period in which the population had many more restrictions and fear. At the end of the implementation, many of these measures no longer made sense to the population, as they had been modified by the central government based on COVID traffic lights. Mask wearing, hand washing and physical distancing are the three most important measures and are known to 62.1% of the population. However, as the qualitative component found, knowing does not mean implementing, and these, it seems, are selectively put into practice by the population participating in the project so the evaluators recommend that future projects promote knowledge along with awareness about use or implementation of these. In the case of COVID-19, protection increases when a greater number of people implement prevention measures. Thus the team recommends that health service efforts to inform the entire population in the intervention communities rather than only the project participants be strengthened in order to prevent the latter from giving in to social pressure. One of the strategies that could be used is to motivate already trained community leaders to hold informational meetings with families not involved in the project.

Promote the use of transfers to invest in micro-enterprises.

Even though the money was used mainly for the purposes for which it was designed, there were people who used it for a small enterprise, or invested in productive assets with beneficial results. Investment in productive assets or micro enterprises could provide other means of livelihood to the participating population ensuring more project sustainability. It is, however, important to know how to guide people in what could be a good enterprise and the best way to manage it.

Experiment with transfers based on family size.

Currently, transfers consist of an equal amount for all families. To improve accomplishment of the targets, the Project would have to know the socioeconomic situation of each family in order to better serve them. A scale of transfer amounts could be drawn up for a pilot project in one community to establish whether there are improvements in the targets (depending on the number of family members or the members who are children under 5 years old or older adults, for example.) This could clarify whether differentiated assistance improves the indicators for the most vulnerable families.

Promote dairy and protein consumption using transfer money.

The dietary diversity of the vast majority of households increased thanks to the incorporation of protein in their diets (meat and eggs), as well as dairy. It is difficult for households to maintain meat consumption, on the one hand because of its high price, and on the other, because it requires refrigeration, something that is generally not common in project households; however, the incorporation of eggs, and following the example of some households, quail eggs, could substantially improve animal protein consumption in households. The incorporation of milk that does not require refrigeration, or milk powder (which has a slightly higher price), could improve dietary diversity in future projects. It is also important to ensure that it is possible to buy these products in the communities or as close as possible, in order to avoid having to go to the municipal seat or larger communities where transport could consume a significant part of the transfer.

Cascading replication is a good way to foster or discover new leadership in the community.

Sigamos conducted cascading trainings with the Health Brigades and Men and Women who Continue groups for replication in their communities with groups of 10 people. This strategy not only prevented infections but also promoted the emergence of new female leaders and

should be used in future projects. The cascade training methodology implemented by Sigamos started at the level of project specialists who trained field technicians, who trained community volunteers, who trained participating families. All training events followed COVID-19 prevention practices including not having more than 10 people per session and resulted in zero cases of COVID-19 infection among all involved. Working with community volunteers and participating families in such small groups and using participatory learning methodologies allowed facilitators to encourage greater engagement of trainees (which is harder and more time consuming in larger groups) who were able to gain solid knowledge and the confidence to replicate their learnings with other families in the community. This gain was more evident among women given that they comprised more than 80% of the participants. Sigamos did not have a formal monitoring of the cascade training but field technicians did spot checks to ensure appropriate replication of the sessions.

ANNEXES

Annex I: Evaluation methods and limitations

This section complements the data presented in the body of the report.

Sample

Of the 528 household questionnaire collected during the final evaluation, 22.2% were conducted in the municipality of Colotenango (n=117), 23.9%, in the municipality of San Pedro Necta (n=126), 27.8%, in San Sebastián Huehuetenango (n=147) and 26.1%, in the municipality of Santa Bárbara (n=138). It is important to mention, however, that the selection of households for the final sample was based on type of household in order to make comparisons between the baseline and final evaluations for the project's indicators of interest. The following table details the sample by municipality and type of household for both questionnaire.

Table 6: Distribution of sample interviews by questionnaire, municipality and type of household

Municipality / type of household		Baseline		Final evaluation	
		N	%	n	%
Huehuetenango	Colotenango	1,588	24.9	117	22.2
	San Pedro Necta	1,579	24.8	126	23.9
	San Sebastián Huehuetenango	1,671	26.2	147	27.8
	Santa Bárbara	1,537	24.1	138	26.1
Type of household	Adult female and adult male (F&M)	5,317	83.4	387	73.3
	Adult female, no adult male (FNM)	972	15.2	71	13.4
	Adult male, no adult female (MNF)	81	1.3	66	12.5
	Children under 18, no adults (CNA)	5	0.1	4	0.8

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

This document describes the results of the data collected in the households visited in both questionnaire.

In the qualitative component, nine focus groups were carried out, four with women beneficiaries, four with male and female leaders and one with program technicians, as well as 27 interviews with people who participated in the different program interventions as shown in the following table.

Table 7: Participants in qualitative activities

Municipality	Colotenango		San Pedro Necta		San Sebastián Huehuetenango		Santa Bárbara	
	M	F	M	F	M	F	M	F
Focus group with male and female leaders	--	9	-1	12	1	7	-1	7
Focus group with beneficiaries	--	11	--	11	--	7	--	8
Interviews	2	3	-5	1	-4	2	-4	6
Total	2	23	6	24	5	16	5	21

The participants of the focus groups were convened by PCI staff, who also provided lists of people participating in the different interventions from which random interviews were conducted.

Instruments

The PCI staff who collected the information applied the baseline questionnaire instrument by eliminating some questions that no longer applied to the final evaluation, because at baseline registration happen at

the same time a baseline. The household instrument consisted of 120 questions with an average duration of 22 minutes and was carried out in person during home visits. Questionnaire scheduling was done by PCI staff through the CommCare platform.

For the qualitative component, 10 data collection guides, seven interview guides and three focus group guides were developed; these documents can be found in Annex III of this document.

Training

The training for quantitative data collection was conducted virtually with all staff attending remotely on August 27; the training lasted 2 hours. For the qualitative instrument, a training session was held on September 10 for the Mayan language interviewers who conducted in-person focus groups with beneficiaries and leaders in Huehuetenango. The consultant conducted the focus group virtually with technicians and all interviews with beneficiaries via telephone.

Data collection

The team collected questionnaire data from August 31 to September 3, 2021, with the support of 23 pollsters. They conducted qualitative interviews and focus groups from September 10 to 22, 2021; all qualitative activities were recorded with prior authorization from the interviewees.

Data analysis

The results of the interviews produced a database that was subsequently exported and labeled to present data in a user-friendly manner. Both questionnaire instruments were analyzed in the SPSS statistical package, using mainly descriptive statistics and statistical tests to compare mean and percentage differences. In the case of qualitative interviews and focus groups, transcripts were made and then coded and analyzed using the Atlas.ti software.

Annex II: Data Collection Instruments

Questionnaire Household

EVALUACION FINAL DE PARTICIPANTES PROGRAMA SIGAMOS / PCI-GC / USAID

CONSENTIMIENTO INFORMADO:

Buenos días/buenas tardes. Mi nombre es _____ trabajo para el programa SIGAMOS de PCI/GC. Estamos recopilando información para aprender más de los hogares de esta comunidad. Las preguntas toman alrededor de 30 minutos en completarse. Todas sus respuestas serán confidenciales y no serán compartidas con otras personas. Esperamos que usted participe en esta entrevista pues sus opiniones son importantes. Usted puede terminar la entrevista en cualquier momento. Voy a utilizar mi teléfono para registrar la información. ¿Está de acuerdo? (Si dice que **SÍ**, indicar que se va a iniciar. Si dice que **NO**, agradecer el tiempo brindado y trasladarse a otro hogar).

SECCIÓN 1. INFORMACIÓN GENERAL

No.	Pregunta	Opción de Respuesta
S1	Seleccione en CommCare a la participante seleccionada para la evaluación.	Búsqueda de participante
S2	<i>Si persona no da consentimiento:</i> Razón porque no se completó la entrevista	1- Completada 2- Persona no quiso responder la encuesta 3- Persona indisputa (enferma/familiar enfermo) 4- Persona que se fue a vivir a otra comunidad 5- Persona que falleció 6- Otro, indique

MODULO. B. REGISTRO DE MIEMBROS DEL HOGAR

B1	¿Cuántas personas viven en este hogar? (Considerar el concepto de hogar cuando todos comen de la misma olla)	#
B2	Indique el tipo de hogar	1 - Adultos femenino y masculino (Hogar nuclear) 2 - Adulto femenino, no masculino (Hogar monoparental) 3 - Adulto masculino, no femenino (Hogar monoparental) 4 - Niños/as menores de 18 años, no adultos
B3	En su hogar hay niños menores de 5 años	1- SI 2- NO
B4	En su hogar hay embarazadas	1- SI 2- NO

MODULO D. ESCALA DE HAMBRE A NIVEL DEL HOGAR

No.	Pregunta	Opción de respuesta	Puntaje
D1	En los últimos 30 días, ¿hubo algún momento en que no había nada de comida en su casa debido a falta de recursos para comprar comida?	0 – No (Pasar a la pregunta D2) 1 - Si	0
D1a	¿Cuántas veces ocurrió esto en los últimos 30 días?	1 - Pocas veces (1–2 veces) 2 - Algunas veces (3–10 veces) 3 - Muchas veces (más de 10 veces)	1 1 2
D2	En los últimos 30 días, ¿usted o algún miembro de su hogar se ha acostado a dormir en la noche con hambre porque no había suficiente comida?	0 - No (pase a la D3) 1 - Sí	0
D2a	¿Cuántas veces ocurrió esto en los últimos 30 días?	1 - Pocas veces (1–2 veces) 2 - Algunas veces (3–10 veces) 3 - Muchas veces (más de 10 veces)	1 1 2
D3	En los últimos 30 días, ¿usted o algún miembro de su hogar ha pasado todo un día y una noche sin comer nada porque no había suficiente comida?	No (Pasar a Módulo E) Sí	0
D3a	¿Cuántas veces ocurrió esto en los últimos 30 días?	1 - Pocas veces (1–2 veces) 2 - Algunas veces (3–10 veces) 3 - Muchas veces (más de 10 veces)	1 1 2
Cálculo automático de puntaje		D1a:D3a	
Pantalla de resultado automático para referencia del entrevistador que muestra la categoría de hambre a nivel del hogar con base a punteo.		Nada o Poca Hambre = 0 a 1 Hambre Moderada = 2 a 3 Hambre Severa = 4 a 6	

MODULO E. ESTRATEGÍAS DE AFRONTAMIENTO

No.	Pregunta	Opción de respuesta
En los últimos 7 días, ha habido momentos en los que en su hogar no ha habido suficiente alimento o dinero para comprar alimentos, con qué frecuencia (es decir, cuántos días) su familia ha tenido que emplear las siguientes estrategias:		
E1	¿Comer alimentos que no le gustan o usualmente no se comen o alimentos más baratos?	# (Validación <= 7)
E1a	Ponderación E1	E1*1
E2	¿Pedir Prestados alimentos o depender de la ayuda de amigos o familiares?	# (Validación <= 7)
E2a	Ponderación E2	E2*2
E3	¿Comer menos en cada comida?	# (Validación <= 7)
E3a	Ponderación E3	E3*1
E4	¿Reducir la porción de los adultos para que los niños/as pequeños/as puedan comer?	# (Validación <= 7)

E4a	Ponderación E4	E4*3
E5.	¿Reducir el número de comidas en un día?	# (Validación <= 7)
E5a	Ponderación E5	E5*1
rCSI Puntajes		E1a+E2a+E3a+E4a+E5a
E6	En el último año (2020), ¿ha experimentado el hogar la pérdida de cultivos?	0 – No (pasar a Módulo F) 1 – Si (pasar a E7) 777- No Sabe/No Responde (Pasar a Módulo F)
E7	Si ha experimentado la pérdida de cultivos ¿qué ha hecho usted, su pareja o su familia para obtener alimentos en este tiempo de crisis? (Respuesta múltiple)	1 - Pedir prestado a familiares / vecinos 2 - Migrar a fincas vecinas para jornallear 3 - Migrar a fincas mexicanas para jornallear 4 – Migración de uno o varios integrantes del hogar a Estados Unidos. 5 - Solicitar préstamos en bancos/cooperativas 6 - Vender pertenencias/bienes del hogar 7- Vender activos productivos 8 – Vender animales 9 – Vender terrenos 10 – Gastarse los ahorros 11 – Otro, especifique (Pasar a E7.1)
E7.1	Otro, especifique	Texto

MODULO F. CONSUMO DE ALIMENTOS A NIVEL DEL HOGAR

No.	Pregunta	Opción de Respuesta
“Me gustaría preguntarle sobre los diferentes alimentos que los miembros de su hogar han comido en los últimos 7 días. En los ULTIMOS 7 DIAS, ¿consumieron en el hogar los siguientes tipos/grupos de alimentos?”		
F1	Cereales y granos (Maíz, pan, trigo, harinas, mosh, maseca, arroz y otros cereales)	0 – No (pasar a F2) 1 – Si (pasar a F1.1)
F1.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
F2	Raíces y tubérculos (Papas, yuca, camote, malanga, ichintal)	0 – No (pasar a F3) 1 – Si (pasar a F2.1)
F2.1	¿Cuántos días consumió este alimento?	#
Si F1.1 es mayor que F2.1= F1.1 Si F2.1 es mayor que F1.1= F2.1		Puntaje de consumo de alimentos Grupo 1 (Cereales y Tubérculos) = F1.1 o F2.1 X 2
F3	Legumbres, nueces y semillas secas (Frijol, lentejas, garbanzos)	0 – No (pasar a F4) 1 – Si (pasar a F3.1)
F3.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
		Puntaje de consumo de alimentos Grupo 2 (Legumbres, nueces y semillas) = F3.1 X 3
F4	Verduras y hierbas	0 – No (pasar a F5) 1 – Si (pasar a F4.1)
F4.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)

Puntaje de consumo de alimentos Grupo 3 (Verduras y hierbas) = F4.1 X1		
F5	Frutas	0 – No (pasar a F6) 1 – Si (pasar a F5.1)
F5.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
Puntaje de consumo de alimentos Grupo 4 (Frutas) = F5.1 X1		
F6	Carnes (Res, pollo, chompipe, cerdo, pescado, otros tipos de carnes)	0 – No (pasar a F7) 1 – Si (pasar a F6.1)
F6.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
F7	Huevo	0 – No (pasar a F8) 1 – Si (pasar a F7.1)
F7.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
Si F6.1 es mayor que F7.1= F6.1 Si F7.1 es mayor que F6.1= F7.1		Puntaje de consumo de alimentos Grupo 5 (Carnes y huevos) = F6.1 o F7.1 X 4
F8	Lácteos (Leche, queso, crema, yogurt)	0 – No (pasar a F9) 1 – Si (pasar a F8.1)
F8.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
Puntaje de consumo de alimentos Grupo 6 (Lácteos) = F8.1 X4		
F9	Incaparina	0 – No (pasar a F10) 1 – Si (pasar a F9.1)
F9.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
F10	Azúcar, miel, panela	0 – No (pasar a F11) 1 – Si (pasar a F10.1 días)
F10.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
Puntaje de consumo de alimentos Grupo 7 (Azúcar, miel, panela) = F10.1 X 0.5		
F11	Aceite, manteca, mantequilla, margarina	0 – No (pasar a F12) 1 – Si (pasar a F11.1)
F11.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
Puntaje de consumo de alimentos Grupo 8 (Aceite, manteca, mantequilla, margarina) = F11.1 X 0.5		
F12	Sal, consomé, sazónadores, sal de ajo, sal de cebolla etc.	0 – No (pasar a F13) 1 – Si (pasar a F12.1)
F12.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
F13	Gaseosas, jugos, néctares, bebidas energizantes, etc.	0 – No (pasar a F14) 1 – Si (pasar a F13.1)
F13.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)

F14	Sopas de sobre como Maggi, Malher o instantáneas	0 – No (pasar a F15) 1 – Si (pasar a F14.1)
F14.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
F15	Licores (cerveza, ron, etc.)	0 – No (pasar a F16) 1 – Si (pasar a F15.1)
F15.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
F16	Golosinas (tortrix, ricito, galletas, dulces, etc.)	0 – No (pasar a Módulo G) 1 – Si (pasar a F16.1)
F16.1	¿Cuántos días consumió este alimento?	# (Validación <= 7 días)
Cálculo automático de puntaje		PCA Grupo 1 + PCA Grupo 2 + PCA Grupo 3 + PCA Grupo 4 + PCA Grupo 5 + PCA Grupo 6 + PCA Grupo 7 + PCA Grupo 8
Pantalla de resultado automático para referencia del entrevistador, sobre el puntaje de consumo de alimentos de la familia con base a punteo.		Consumo pobre < 28 Consumo limitado = 28.5 a 42 Consumo Aceptable > 42

MODULO G. GASTOS Y AHORROS EN EL HOGAR

No.	Pregunta	Cantidad (Q)
Del dinero proveniente de los diferentes ingresos de la familia podría indicar, ¿cuánto gastaron el mes anterior (Julio 2021) en (leer rubros)?		
G1	Granos básicos (maíz)	#
G2	Leguminosas (frijol, arveja)	#
G3	Cereales (arroz, sorgo, trigo pan)	#
G4	Verduras/frutas	#
G5	Tubérculos (papas, camote, yuca)	#
G6	Abarrotes (incaparina, leche, azúcar, sal, mosh, atol, fideos, etc.)	#
G7	Carne (res, cerdo, pollo, pescado, etc.)	#
G8	Transporte	#
G9	Pago de deudas / préstamos	#
G10	Regalos / diversión / paseos	#
G11	Alquiler terreno / casa	#

G12	Ropa / zapatos	#
G13	Medicina / pago servicios médicos	#
G14	Insumos para la parcela (incluye fertilizantes, pesticidas, semillas, herramientas, pago de jornales, etc.)	#
G15	Insumos de trabajo (incluye textiles, artesanías, producción pecuaria, etc.)	#
G16	Escuela (incluye inscripción, materiales, libros, cuadernos, ropa, zapatos, transporte, etc.)	#
G17	Recargas telefónicas/pago servicios telefónicos	#
G18	Jabón, alcohol en gel, artículos de limpieza e higiene personal	#
G19	Otros gastos	#
Pantalla de resultado que muestra la sumatoria de dinero de las distintas opciones seleccionadas		Suma G1:G19 Basado en estos gastos, la familia utilizó XXX Quetzales durante el mes pasado.
G20	¿Cuánto dinero ahorró la familia durante el mes anterior (últimos 30 días)? Dinero que guardan como reserva para necesidades futuras tales como gastos importantes o emergencias	#
	Si existen observaciones generales sobre los gastos y ahorros a nivel del hogar, favor de anotarlas	Texto
G21	¿Del dinero brindado en la transferencia, lo ocupó para?	1- Alimentos 2- Compra de insumos textiles 3- Compra de insumos agrícolas (semillas, abonos, herramientas) 4- Compra de insumos agropecuarios 5- Compra de eco filtro 6- Compra de aves de traspatio 7- Ahorro grupos ME

MODULO H. SALUD Y NUTRICIÓN A NIVEL DEL HOGAR

No.	Pregunta	Opción de respuesta
H1	¿En qué momentos se lava usted las manos? (No leer opciones. Marcar todas las opciones que mencione la persona entrevistada)	1 - Antes de comer 2 - Antes de amamantar/alimentar a su hijo/a 3 - Antes de cocinar/preparar comida 4 - Después de llevar al niño a la letrina 5 - Después de usar la letrina/cambiar pañales 6 – Al entrar a su hogar 7 – Después de tocar superficies de uso común en espacios públicos 8 – Otro, especifique (pasar H1.1) 777 – No sabe / No responde
H1.1	Otro, especifique	Texto

H2	¿Con que se lava las manos? (Respuesta múltiple)	1 – Solamente con agua 2 - Con agua y jabón 3 - Con ceniza 4 – Con nada / No lavo mis manos 5 – Otro, especifique (pasar H2.1) 777 - No sabe / No responde
H2.1	Otro, especifique	Texto
H3	¿Qué medidas de protección conoce para prevenir el contagio por el COVID-19? (Respuesta múltiple)	1 - Distanciamiento social o físico 2 - Lavado de manos con jabón/gel 3 - Uso adecuado de desinfectantes 4 - Uso de mascarillas 5 - Evitar ir a espacios públicos (mercados, eventos de la iglesia, deportes, reuniones comunitarias) 6 - Evitar reuniones de más de 10 personas 7 - Evitar el contacto con amigos o familiares 8 - Evitar el contacto con personas mayores de 60 años 9 - Higiene de superficies de alto contacto 10 - Otra medida de protección (pasar a H3.1) 777 - No sabe / no responde
H3.1	Otra medida de protección, especifiqué	Texto
H4	¿En los últimos tres meses su niño/niña menor de 5 años a padecido de?: (Respuesta múltiple)	1 - Infecciones respiratorias 2 – Diarrea 0 – Ninguna de las anteriores (Condicionada pregunta si B3>=1)
H5	Cuando hay situaciones de enfermedad de niños/as menores de 5 años y mujeres embarazadas o en período de lactancia del hogar ¿Qué es lo que hacen? (Respuesta múltiple)	1 - Nada 2 - Buscar puesto/centro de salud 3 - Buscar comadrona/curandero 4 - Buscar promotores comunitarios 5 - Pedir a Dios por la curación 6 – Buscar farmacia/venta de medicinas 7 - No hemos tenido enfermedades 8 – Otro, especifique (pasar a H5.1) 777 - No sabe/No Responde (Condicionada Si B3>=1; Si B9>=1; Si B10>=1)
H5.1	Especifique (otro)	Texto
H6	¿Podría indicarnos algunas señales/signos de peligro que usted sabe/conoce para identificar a niños/niñas con desnutrición aguda? (No leer las respuestas. Marcar todas las que se indiquen)	1 - Diarrea 2 - Vómitos 3 - Edema o hinchazón 4 - Niño/niña muy delgado/delgada 5 - Niño/niña no come 777 - No sabe/no responde 7 – Otro, especifique (pasar a H6.1)
H6.1	Especifique (otro)	Texto
H7	Si un niño/a en su hogar menor de 5 años, ha sido diagnosticado con desnutrición aguda, ¿Qué es lo que ha hecho al respecto? (Respuesta única)	1 - Nada 2 - Seguir el tratamiento del puesto de salud 3 - Pedir consejo a suegra/comadrona 4 - Pedir a Dios por su recuperación 5 - No ha tenido niño/niña con desnutrición 6 – Otro, especifique (pasar H7.1) (Condicionada Si B3 >= 1)

7.1	Especifique (otro)	Texto
H8	¿Ha participado en alguna reunión / feria / actividad para recibir información sobre salud y nutrición (exposición a mensajes claves)?	0 – No (pasar a H9) 1 – Si (pasar a H8.1)
H8.1	Si la respuesta es afirmativa, ¿quién ha facilitado o realizado esta actividad? (Respuesta múltiple)	1 – Escuela de la Comunidad 2 - Puesto / Centro de Salud 3 - Iglesia 4 – Organización No Gubernamental (ONG) 5 – Institución Pública (OG) 6 – Municipalidad 7 - PCI 8 – Otro, especifique (pasar H8.2)
H8.2	Otro, especifique	Texto
H9	¿Alguna persona integrante del hogar ha participado en grupos para promover buenas prácticas de salud y nutrición en la comunidad?	0 – No (pasar a Módulo I) 1 – Si (pasar a H9.1) 777 - No Sabe/No Responde (pasar a Módulo I)
H9.1	Si la respuesta es afirmativa, ¿en qué grupo participo?	Texto
H10	¿De dónde obtiene el agua para consumo del hogar? (Selección múltiple)	1 – Chorro domiciliar 2 - Chorro público 3 - Pozo perforado - público 4 - Pozo perforado - privado 5 - Río - lago – manantial 6 - Agua de lluvia 7 - Otro especifique (Pasar a H10.1)
H10.1	Otro, especifique	Texto
H11	¿Dónde almacena el agua para el hogar? (Respuesta múltiple)	1 - Ollas 2 - Envases plásticos 3 - Tinajas 4 – Toneles plásticos 5 – Rotoplast 6 - Cisterna 7 - Pila de concreto/plástica 8 - Aljibe artesanal/cajón de madera y nylon 9 - Otro especifique (Pasar a H11.1)
H11.1	Otro, especifique	Texto
H12	¿Qué tratamiento le da al agua para desinfectarla? (Respuesta múltiple)	1 - Hierve el agua 2 - Usa cloro/lejía 3 - Filtro/ecofiltro 4 - Desinfección con el sol (SODIS) 5 - Compra agua purificada 6 - Ningún tratamiento/No la desinfecta

MODULO I. GÉNERO Y EMPODERAMIENTO ECONÓMICO

No.	Pregunta	Opción de respuesta
I1	¿Quiénes migran en alguna temporada del año para buscar trabajo? (Respuesta múltiple)	1 - Solo el jefe/jefa del hogar (Pasar a G2) 2 - Esposo + esposa 3 - Esposo + Esposa + Hijos mayores 4 - Esposo + Hijos mayores 5 - Esposo + Esposa + Hijos menores 6 - Toda la familia 7 - No hay migración 8 - Otro, especifique (pasar a I1.1)
I1.1	Especifique (otro)	Texto
I2	Si hay migración del jefe/jefa del hogar, ¿Quién se queda a cargo de las decisiones del hogar (decisiones sobre gastos y compras)? (Respuesta única)	1 - Esposa 2 - Esposo 3 - Abuelos 4 - Hijos/Hijas mayores 5 - Suegra/Suegro 6 - Cuñado/Cuñada 7 - Tío/Tía 8 - Hermano/Hermana 9 - Otro, especifique (pasar a I2.1)
I2.1	Especifique (otro)	Texto
I3	En temporada normal (sin migración), ¿quién toma las decisiones a nivel del hogar sobre gastos y compras? (Respuesta única)	1 - Solo el hombre / jefe del hogar 2 - Solo la mujer /jefa del hogar 3 - En Pareja (hombre y mujer) 4 -Otro, especifique (pasar a I3.1)
I3.1	Especifique (otro)	Texto
I4	A nivel del hogar ¿Quién se encarga del cuidado de los niños y niñas menores de edad? (Respuesta única)	1 - El hombre / Padre de Familia 2 - La mujer / Madre de familia 3 - En Pareja (hombre y mujer) 1. Hijos / hijas mayores 2. Abuelos/abuelas 3. Tíos / Tías 4 -Otro, especifique (pasar a I4.1)
I4.1	Especifique (otro)	Texto
I5	¿Alguna mujer del hogar, ha participado o se encuentra participando actualmente en grupos de ahorro a nivel comunitario?	0 - No (pasar a I5.2) 1 - Si, pasar a I5.1 777 - No sabe/No Responde (pasar a I5.2)
I5.1	Podría indicar ¿quién ha promovido los grupos de ahorro a nivel comunitario?	Texto
I5.2	Si la respuesta es negativa, ¿estaría interesado/interesada en que alguna mujer del hogar se integre o forme parte de grupos de ahorro a nivel comunitario?	0 - No 1 - Si 777 - No sabe/No Responde

SECCIÓN 2. FIN DE LA ENCUESTA

2.3	Si existen observaciones generales, favor de anotarlas:	<i>Texto</i>
2.4	UBICACIÓN DE LA VIVIENDA	<i>Seleccione "Obtener localización" en el dispositivo móvil y marque coordenadas GPS.</i>
<i>¡Agradezca al/la entrevistado/entrevistada por su tiempo, indicando nuevamente que los datos proporcionados son muy importantes para el programa SIGAMOS y que recibirá más información en el futuro!</i>		

Interview with head of household

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

Toda la información que usted nos proporcione ayudará a entender mejor las acciones que el Proyecto SIGAMOS realizó en las comunidades de Colotenango, San Sebastián, San Pedro Necta y Santa Bárbara. Toda la información que nos proporcionen será confidencial y anónima, eso quiere decir que no compartiremos su nombre o cualquier dato que lo identifique. El informe presentará datos generales sobre la situación y no mencionará a ninguna persona en particular.

Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La entrevista durará aproximadamente media hora. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. ¿De qué manera el COVID-19 y las tormentas Eta y Iota han afectado la salud de sus niños?
2. ¿Hubo algún problema con las transferencias? ¿Qué tipo de problemas y cómo los solucionaron?
3. ¿Recibió apoyo del proyecto para cobrar su transferencia? ¿Qué tipo de apoyo?
4. ¿Qué uso le dio a las transferencias? Sondear comida, medicinas, ahorro, emprendimiento ¿Por qué decidió usar el dinero de esa manera?
5. ¿Alguien le ayudó con la compra de alimentos? ¿Quién?
6. ¿Asistió usted a las sesiones educativas? ¿Cómo le ayudaron las sesiones educativas para usar de mejor manera las transferencias?
7. ¿De qué manera apoyaron las transferencias para que su familia tuviera una dieta más variada? ¿Qué alimentos consumió más la familia gracias a la transferencia?
8. ¿Qué efecto tuvo la dieta variada en la salud de los niños?
9. ¿Cuáles son las principales dificultades para tener una dieta más variada? Sondear disponibilidad de dinero, acceso a alimentos...
10. ¿Logró ahorrar alguna parte de la transferencia? ¿En qué utilizó esos ahorros?
11. ¿Enfermó alguno de sus niños? ¿Qué enfermedad sufrió?
12. ¿Qué hizo para que su hijo/a recuperara su salud?
13. ¿Qué necesitan las familias para evitar que sus hijos se enfermen? Diarrea, IRA, desnutrición
14. ¿Qué conocimientos nuevos sobre el COVID-19 y su prevención aprendió con el proyecto? ¿Cree que es suficiente o desea aprender más? ¿Por qué?
15. ¿Quiénes cree usted que son los que menos utilizan las medidas de prevención?
16. ¿De qué manera ha enseñado usted a su familia a prevenir el COVID-19?
17. ¿Han cambiado algunas prácticas de higiene en su casa debido al COVID-19? ¿Cuáles?

18. ¿Han observado si existe mayor consumo de agua debido a mayor frecuencia de lavado de manos?
19. ¿La disponibilidad de agua ha sido un problema para practicar el lavado de manos? ¿Cómo se ha resuelto?
20. ¿Ha notado cambios en la salud de los niños a partir de la práctica de lavado de manos? Sondear casos de diarrea e IRA
21. ¿Qué es lo que usted considera que es lo más importante de lo que aprendió con el proyecto SIGAMOS?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda? Agradezco mucho su apoyo.

Interview to Women Empowered

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

Toda la información que usted nos proporcione ayudará a entender mejor las acciones que el Proyecto SIGAMOS realizó en las comunidades de Colotenango, San Sebastián, San Pedro Necta y Santa Bárbara. Toda la información que nos proporcionen será confidencial y anónima, eso quiere decir que no compartiremos su nombre o cualquier dato que lo identifique. El informe presentará datos generales sobre la situación y no mencionará a ninguna persona en particular.

Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La entrevista durará aproximadamente media hora. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. Tengo entendido que usted recibió transferencias de parte del proyecto SIGAMOS ¿Qué uso le dio su familia a las transferencias? Sondar comida, medicinas, ahorro, emprendimiento
2. ¿Cómo decidió qué comprar con las transferencias? ¿Decidió usted sola, con su pareja o con su familia?
3. ¿Cree usted que las charlas educativas les ayudaron a usar de mejor manera las transferencias?
4. ¿De qué manera apoyaron las transferencias para que sus familias tuvieran una dieta más variada? ¿Qué alimentos consumió más su familia gracias a la transferencia?
5. ¿Qué efecto tuvo la dieta variada en la salud de los niños?
6. ¿Logró ahorrar una parte de la transferencia? ¿En qué usó esos ahorros?
7. Usted forma parte del grupo de Mujeres Empoderadas ¿Qué la motivó a ser parte del grupo?
8. ¿Cree que las transferencias ayudaron a las mujeres a participar en los grupos de ahorro? ¿Por qué? ¿De qué manera?
9. ¿Había participado usted anteriormente en un grupo de ahorro?
10. ¿Cuáles han sido las ventajas de formar parte del grupo de ahorro?
11. ¿Qué apoyo han recibido de parte del proyecto?
12. ¿Ha pedido usted un préstamo al grupo de ahorro? ¿En qué utilizó el préstamo?
13. ¿Les costó la organización y desarrollo del grupo de ahorro? ¿Qué hicieron? ¿Recibieron ayuda?
14. Además del tema de ahorro ¿qué otros conocimientos adquirió?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda?

Agradezco mucho su apoyo.

Interview Health Center

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

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Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La entrevista durará aproximadamente media hora. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. ¿De qué manera el COVID-19 y las tormentas Eta y Iota han afectado la salud de los niños?
2. ¿Se han dado más casos de desnutrición durante el tiempo de la pandemia?
3. ¿Cómo se identifican los casos de desnutrición?
4. ¿De qué manera el proyecto SIGAMOS de PCI apoyó la identificación de niños desnutridos? ¿Y su recuperación?
5. ¿Qué tipo de apoyo da el centro de salud a las madres de niños desnutridos?
6. ¿Qué hacen las familias para que sus hijos recuperen su salud?
7. ¿Qué necesitan las familias para evitar que sus niños caigan en desnutrición? Sondear educación, alimentos, detección de signos de desnutrición...
8. ¿Cuáles son las medidas que más practican las personas para evitar el COVID-19?
9. Hemos encontrado en una encuesta que los hombres son quienes menos utilizan las medidas de prevención de COVID-19, ¿Por qué cree usted que sucede esto?
10. ¿Qué se necesita para que más personas utilicen las medidas de prevención del COVID-19?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda?

Agradezco mucho su apoyo.

Interview Water Harvesting

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

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Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La entrevista durará aproximadamente media hora. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. Tengo entendido que usted recibió transferencias de parte del proyecto SIGAMOS ¿Qué uso le dio su familia a las transferencias? Sondear comida, medicinas, ahorro, emprendimiento
2. ¿Cómo decidió qué comprar con las transferencias? ¿Decidió usted sola, con su pareja o con su familia?
3. ¿De qué manera apoyaron las transferencias para que sus familias tuvieran una dieta más variada? ¿Qué alimentos consumió más su familia gracias a la transferencia?
4. ¿Cuáles son las dificultades que tienen las familias para tener una dieta más variada? Sondear disponibilidad de dinero, acceso a alimentos...
5. ¿Qué conocimientos nuevos sobre el COVID-19 y su prevención aprendió con el proyecto? ¿Considera que es suficiente? ¿Por qué?
6. ¿Han cambiado algunas prácticas de higiene en casa debido al COVID-19? ¿Cuáles?
7. ¿Ha observado si existe mayor consumo de agua debido a mayor frecuencia de lavado de manos?
8. ¿La disponibilidad de agua ha sido un problema para practicar el lavado de manos? ¿Cómo se ha resuelto?
9. ¿Ha notado cambios en la salud de los niños a partir de la práctica de lavado de manos? Sondear casos de diarrea e IRA
10. ¿Qué lo motivó a participar en el proyecto de cosechadores de agua?
11. ¿Qué tipo de apoyo recibió del proyecto para la compra/obtención e instalación de cosechadores de agua? ¿De qué manera se dio este apoyo?
12. ¿De qué manera el cosechador de agua ha ayudado a la salud e higiene de su familia?
13. ¿Qué otros beneficios ha tenido para su familia tener un cosechador de agua?
14. ¿Cree usted que ha valido la pena el gasto en el cosechador de agua?
15. ¿Qué dificultades han tenido para el proyecto de cosechadores de agua? ¿Cómo los solucionaron?
16. ¿Qué es lo que usted considera que es más importante de lo que aprendió con el proyecto SIGAMOS?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda?

Agradezco mucho su apoyo.

Interview EcoFiltro

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

Toda la información que usted nos proporcione ayudará a entender mejor las acciones que el Proyecto SIGAMOS realizó en las comunidades de Colotenango, San Sebastián, San Pedro Necta y Santa Bárbara. Toda la información que nos proporcionen será confidencial y anónima, eso quiere decir que no compartiremos su nombre o cualquier dato que lo identifique. El informe presentará datos generales sobre la situación y no mencionará a ninguna persona en particular.

Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La entrevista durará aproximadamente media hora. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. Tengo entendido que usted recibió transferencias de parte del proyecto SIGAMOS ¿Qué uso le dio su familia a las transferencias? Sondear comida, medicinas, ahorro, emprendimiento
2. ¿Cómo decidió qué comprar con las transferencias? ¿Decidió usted sola, con su pareja o con su familia?
3. ¿De qué manera le ayudaron las transferencias para que su familia tuvieran una dieta más variada? ¿Qué alimentos consumió más su familia gracias a la transferencia?
4. ¿Cuáles son las dificultades que tienen las familias para tener una dieta más variada? Sondear disponibilidad de dinero, acceso a alimentos...
5. ¿Qué conocimientos nuevos sobre el COVID-19 y su prevención aprendió con el proyecto? ¿Considera que es suficiente? ¿Por qué?
6. ¿Cómo trasladó los conocimientos sobre el COVID-19 a su familia?
7. ¿Han cambiado algunas prácticas de higiene en casa debido al COVID-19? ¿Cuáles?
8. ¿La disponibilidad de agua ha sido un problema para practicar el lavado de manos? ¿Cómo se ha resuelto?
9. Tengo entendido que usted participó en el proyecto de ecofiltros. ¿Qué motivó a su familia a comprar un ecofiltro? ¿Utilizó dinero de la transferencia para comprar el ecofiltro o usó sus propios ingresos o ahorros?
10. ¿Qué tipo de apoyo recibió del proyecto para la compra e instalación del ecofiltro? ¿De qué manera se dio este apoyo?
11. ¿De qué manera el ecofiltro ha ayudado a la salud e higiene de su familia?
12. ¿Qué otros beneficios ha tenido para su familia tener un ecofiltro?
13. ¿Cree usted que ha valido la pena el gasto en el ecofiltro?
14. ¿Qué dificultades hubo para la implementación del proyecto de ecofiltros? ¿Cómo los solucionaron?
15. ¿Qué es lo que usted considera que es más importante de lo que aprendió con el proyecto SIGAMOS?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda?

Agradezco mucho su apoyo.

Interview Livelihoods

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

Toda la información que usted nos proporcione ayudará a entender mejor las acciones que el Proyecto SIGAMOS realizó en las comunidades de Colotenango, San Sebastián, San Pedro Necta y Santa Bárbara. Toda la información que nos proporcionen será confidencial y anónima, eso quiere decir que no compartiremos su nombre o cualquier dato que lo identifique. El informe presentará datos generales sobre la situación y no mencionará a ninguna persona en particular.

Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La entrevista durará aproximadamente media hora. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. Tengo entendido que usted recibió transferencias de parte del proyecto SIGAMOS ¿Qué uso le dio su familia a las transferencias? Sondear comida, medicinas, ahorro, emprendimiento
2. ¿Cómo decidió qué hacer con las transferencias? ¿Decidió usted sola, con su pareja o con su familia?
3. ¿De qué manera apoyaron las transferencias para que su familia tuvieran una dieta más variada? ¿Qué alimentos consumió más su familia gracias a la transferencia?
4. ¿Qué efecto tuvo la dieta variada en la salud de los niños?
5. ¿Cuáles son las dificultades que tienen las familias para tener una dieta más variada? Sondear disponibilidad de dinero, acceso a alimentos...
6. Tengo entendido que usted participó en un proyecto de huertos familiares/gallinas ponedoras/chompipollos ¿Qué motivó a su familia a participar en los huertos familiares/gallinas ponedoras/chompipollos?
7. ¿Utilizaron dinero de la transferencia para los huertos familiares/gallinas ponedoras/chompipollos?
8. ¿Qué tipo de apoyo recibió del proyecto SIGAMOS para su emprendimiento (huertos familiares/gallinas ponedoras/chompipollos)
9. ¿Tenía usted conocimiento previo de sobre huertos familiares/gallinas ponedoras/chompipollos? ¿Había participado antes en algún proyecto relacionado con esto?
10. ¿Qué tanto produjo con sus huertos familiares/gallinas ponedoras/chompipollos? ¿Le ayudó a alimentar a su familia? ¿Y a mejorar la dieta de su familia?
11. ¿Vendió algo de su producción? ¿En qué uso el dinero de la venta?
12. ¿Ha tenido alguna dificultad montando su proyecto de huertos familiares/gallinas ponedoras/chompipollos? ¿Cómo los ha solucionado?
13. ¿Qué es lo que usted considera que es más importante de lo que aprendió con el proyecto SIGAMOS?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda?
Agradezco mucho su apoyo.

Focus group, women

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

Toda la información que usted nos proporcione ayudará a entender mejor las acciones que el Proyecto SIGAMOS realizó en las comunidades de Colotenango, San Sebastián, San Pedro Necta y Santa Bárbara. Toda la información que nos proporcionen será confidencial y anónima, eso quiere decir que no compartiremos su nombre o cualquier dato que lo identifique. El informe presentará datos generales sobre la situación y no mencionará a ninguna persona en particular.

Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La reunión durará alrededor de una. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. ¿Cuál era la situación de las familias antes de iniciar el proyecto? Retos adicionales debido al COVID-19
2. ¿Cómo afectaron el COVID-19 y las tormentas Eta y Iota a las familias?
3. Tenemos entendido que recibieron transferencias de Tigo Money ¿cómo se organizaron para cobrar sus transferencias? ¿Alguien tuvo algún problema para cobrar la transferencia? Si es así ¿cómo lo solucionó?
4. ¿Qué uso le dieron a las transferencias? Sondar comida, medicinas, ahorro, emprendimiento
5. ¿Cómo decidieron qué comprar con las transferencias? ¿Decidió usted sola, con su pareja o con su familia?
6. ¿Creen ustedes que las charlas educativas les ayudaron a usar de mejor manera las transferencias?
7. ¿De qué manera las apoyaron las transferencias para que sus familias tuvieran una dieta más variada? ¿Qué alimentos consumió más su familia gracias a la transferencia?
8. ¿Qué efecto tuvo la dieta variada en la salud de los niños? ¿Y en las mujeres embarazadas?
9. ¿Cuáles son las dificultades que tienen las familias para tener una dieta más variada? Sondar disponibilidad de dinero, acceso a alimentos...
10. ¿Lograron ahorrar una parte de la transferencia? ¿Para qué usaron esos ahorros?
11. ¿Se han enfermado los niños desde que comenzó el COVID-19? ¿De qué se han enfermado? Sondar bajo peso (desnutrición), diarrea, enfermedades respiratorias
12. ¿Qué tipo de apoyo han tenido las familias con niños enfermos? (Del centro de salud, del proyecto, de las brigadas de salud)
13. ¿Qué necesitan las familias para evitar que sus niños se enfermen? Sondar educación, alimentos, detección de signos de desnutrición...
14. ¿Apoyan los padres (los hombres) cuando los niños se enferman? ¿De qué manera?

15. ¿Qué conocimientos nuevos sobre el COVID-19 y su prevención aprendieron con el proyecto? ¿Considera que es suficiente? ¿Por qué?
16. ¿De qué manera trasladó usted los conocimientos sobre prevención de COVID-19 a su familia?
17. ¿Han cambiado algunas prácticas de higiene en casa debido al COVID-19? ¿Cuáles?
18. ¿La disponibilidad de agua ha sido un problema para practicar el lavado de manos? ¿Cómo se ha resuelto?
19. ¿Ha notado cambios en la salud de los niños a partir de la práctica de lavado de manos? Sondear casos de diarrea e IRA
20. ¿Qué es lo que ustedes consideran que es más importante de aprendieron con el proyecto SIGAMOS?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda? Agradezco mucho su apoyo.

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

Toda la información que usted nos proporcione ayudará a entender mejor las acciones que el Proyecto SIGAMOS realizó en las comunidades de Colotenango, San Sebastián, San Pedro Necta y Santa Bárbara. Toda la información que nos proporcionen será confidencial y anónima, eso quiere decir que no compartiremos su nombre o cualquier dato que lo identifique. El informe presentará datos generales sobre la situación y no mencionará a ninguna persona en particular.

Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La reunión durará alrededor de una. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. ¿Cuál era la situación de las familias antes de iniciar el proyecto? Retos adicionales debido al COVID-19
2. ¿Cómo afectaron el COVID-19 y las tormentas Eta y Iota a las familias?
3. ¿De qué manera el COVID-19 y las tormentas Eta y Iota afectaron la salud de los niños?
4. Tenemos entendido que ustedes apoyaron las transferencias de Tigo Money ¿qué tipo de apoyo dieron?
¿Hubo algún problema con las transferencias?
5. ¿Creen ustedes que las charlas educativas le ayudaron a las familias a usar de mejor manera las transferencias?
6. ¿De qué manera apoyaron las transferencias para que las familias tuvieran una dieta más variada?
7. ¿Qué efecto tuvo la dieta variada en la salud de los niños? ¿Y en las mujeres embarazadas?
8. ¿Cuáles son las dificultades que tienen las familias para tener una dieta más variada? Sondar disponibilidad de dinero, acceso a alimentos...
9. ¿Se dieron cuenta ustedes si durante la pandemia aumentaron los casos de niños desnutridos?
10. ¿Cómo se identificaron los casos de desnutrición?
11. ¿Qué tipo de apoyo recibieron las madres de niños desnutridos? (Del centro de salud, del proyecto, de la comunidad)
12. ¿Qué hicieron las familias para que sus hijos recuperaran su salud?
13. ¿Qué conocimientos nuevos sobre el COVID-19 y su prevención aprendieron con el proyecto? ¿Considera que es suficiente? ¿Por qué?
14. ¿Cuáles son las medidas que más practican las personas para evitar el COVID-19?
15. ¿Quiénes son los que menos practican las medidas de prevención del COVID-19?
16. ¿Qué se necesita para que más personas utilicen las medidas de prevención del COVID-19?
17. ¿Han cambiado algunas prácticas de higiene en casa debido al COVID-19? ¿Cuáles?

18. ¿La disponibilidad de agua ha sido un problema para practicar el lavado de manos? ¿Cómo se ha resuelto?
19. ¿Ha notado cambios en la salud de los niños a partir de la práctica de lavado de manos? Sondear casos de diarrea e infecciones respiratorias agudas
20. ¿Qué es lo que ustedes consideran que es más importante de que han aprendido con el proyecto SIGAMOS?

Hemos terminado. ¿Tiene alguna pregunta o duda que quiere que le responda?
Agradezco mucho su apoyo.

Focus group technical staff

EVALUACIÓN FINAL PROYECTO SIGAMOS

Consentimiento informado

Buenos días/ tardes. Mi nombre es _____, trabajo en Khanti, una empresa que está apoyando a PCI en el Proyecto SIGAMOS. Para ello, estamos recolectando información en hogares y haciendo reuniones y entrevistas con personas que participaron en el proyecto.

Toda la información que usted nos proporcione ayudará a entender mejor las acciones que el Proyecto SIGAMOS realizó en las comunidades de Colotenango, San Sebastián, San Pedro Necta y Santa Bárbara. Toda la información que nos proporcionen será confidencial y anónima, eso quiere decir que no compartiremos su nombre o cualquier dato que lo identifique. El informe presentará datos generales sobre la situación y no mencionará a ninguna persona en particular.

Su participación es libre y voluntaria. Si usted no desea contestar alguna pregunta o no desea participar, no hay ningún problema pues esto no afectará su relación con PCI u otro proyecto futuro.

La reunión durará alrededor de una. ¿Desean participar?

¿Tengo su permiso para grabar esta reunión? Eso me permitirá escuchar nuevamente y tomar notas para el informe.

Muchas gracias. Vamos a empezar.

1. ¿Cuál era la situación de las familias antes de iniciar el proyecto? Retos adicionales debido al COVID-19
2. ¿Cómo afectaron el COVID-19 y las tormentas Eta y Iota al desarrollo del proyecto?
3. ¿Qué medidas se tomaron para disminuir el impacto del COVID-19 en la implementación del proyecto?
4. Tengo entendido que las transferencias se hicieron a través de Tigo Money. ¿Hubo algún problema con las transferencias? ¿Qué tipo de problemas y cómo los solucionaron?
5. ¿Cuál fue el apoyo que las brigadas de salud y nutrición y hombres y mujeres que SIGUEN dieron a las familias para cobrar sus transferencias?
6. ¿Qué uso se le dio a las transferencias? Sondear comida, medicinas, ahorro, emprendimiento
7. ¿De qué manera apoyaron las transferencias para que las familias tuvieran una dieta más variada? ¿Qué alimentos consumió más la familia gracias a la transferencia?
8. ¿Cuáles son las dificultades que creen ustedes que tienen las familias para tener una dieta más variada? Sondear disponibilidad de dinero, acceso a alimentos...
9. Entiendo que coordinaron acciones con los centros de salud, ¿me podrían comentar sobre las acciones realizadas con niños desnutridos? ¿Qué papel jugaron los centros de salud en las acciones realizadas con las comadronas?
10. ¿Qué aspectos facilitaron la implementación del proyecto?
11. ¿Tuvieron alguna dificultad o problema en la implementación del proyecto? ¿Cómo las solucionaron?
12. ¿Tuvieron que hacer algún cambio con respecto a cómo se había planeado el proyecto? ¿Cuáles fueron esos cambios?
13. ¿Cómo se aseguraron que el proyecto se adaptara al contexto local?
14. ¿De qué manera el proyecto promovió la equidad de género?

15. ¿Qué tipo de relación tuvo el proyecto con otras instituciones, como el Ministerio de Agricultura y las municipalidades?
16. ¿Cómo coordinaron acciones con otros proyectos en el área de intervención?
17. ¿Cómo relacionaron este proyecto con acciones realizadas anteriormente por PCI en el área de intervención?
18. ¿Cuáles consideran ustedes que son las mejores prácticas de este proyecto que podrían ser aplicadas a un futuro proyecto?
19. ¿Cuáles fueron las lecciones aprendidas de este proyecto?
 - a. Transferencias
 - b. Implementación de Mujeres Empoderadas
 - c. Incidencia de las transferencias en las actividades productivas

Muchas gracias por su participación. Si alguien quiere agregar algo más, le dejo la palabra. Si no hay más que discutir, les deseo feliz tarde/noche.

Annex III: Information Sources

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- USAID Bureau for humanitarian assistance. (2020). *Indicator handbook for emergency activities*. USAID.

Annex IV: Disclosure of any Conflicts of Interest

Name	PABLO F. PASTOR
Title	GENERAL MANAGER
Organization	KHANTI, S. A.
Evaluation Position?	☒ Team Leader ☐ Team member
Evaluation Award Number <i>(contract or other instrument)</i>	PCI-1110-122500-001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	SIGAMOS, EVALUACIÓN FINAL PROJECT CONCERN INTERNATIONAL
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	September 23 rd 2021

Name	MARGARITA RAMÍREZ
Title	QUALITATIVE CONSULTANT
Organization	KHANTI, S. A.
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number <i>(contract or other instrument)</i>	PCI-1110-122500-001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	SIGAMOS, EVALUACIÓN FINAL PROJECT CONCERN INTERNATIONAL
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 7. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 8. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 9. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 10. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 11. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 12. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	September 23 rd 2021

Annex V: Complementary findings

A. Introduction

This annex presents information collected through the household and platform questionnaire that are of interest to the project.

About the households visited

The evaluation observed an increase in the number of households in which there was no migration, with the percentage of households that do not migrate having risen from 33.1% during the baseline (n=2,216) to 47.2% in the final evaluation (249); the difference between these percentages is statistically significant. The following table presents the migration situation by households.

Table 8: Migration in households by questionnaire phase

Migration	Baseline		Final evaluation	
	N	%	n	%
No migration	2,216	33.1	249	47.2 *
Whole family	2,064	30.8	139	26.3 *
Only head of household	1,602	23.9	82	15.5 *
Husband and older children	400	6.0	21	4.0 *
Husband + wife + older children	82	1.2	12	2.3
Other	171	2.6	14	2.7
Husband + wife	98	1.5	7	1.3
Husband + wife + younger children	66	1.0	4	0.8

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

According to participants in the focus groups and interviews, migration to national and Mexican coffee farms decreased considerably with the COVID-19 pandemic due to mobility restrictions and limitations on group sizes. This is consistent with the information shown in Table 22 with a decrease in migration percentages for most groups compared.

According to participants in the focus groups and interviews, migration also declined during *Sigamos* project implementation because some families preferred to stay in their homes to receive the transfers.

B. Crops

A total of 47.7% of households reported that they lost crops during 2020 (n=252). This is a lower percentage compared to the 2019 harvests (61.4%, n=3,912) and the difference between the percentages is statistically significant. Crop failure in 2020 was mainly due to hurricanes Eta and Iota that affected some of the intervention communities. (FEWS NET, 2021). Crop loss caused corn prices to rise.

To mitigate crop losses, the final evaluation found that families spent their savings (23.8%, n=60), and sold their animals (20.6%, n=52) and their productive assets (11.9%, n=30) in a higher percentage than during the baseline. On the other hand, migration to neighboring farms for day labor (49.2%, n=124) or to Mexican farms (9.5%, n=24) decreased, in relation to the baseline; it cannot be established whether the decrease in migration has been due to the COVID-19 pandemic.

* Difference between the percentages is statistically significant (p<0.05).

Table 9: Mitigation measures for crop loss

Mitigation	Baseline (n=3,912)	Final evaluation (n=252)
Migrate to nearby <i>fincas</i> as laborers	66.0%	49.2 % *
Spend savings	2.7%	23.8 % *
Sell animals	14.3%	20.6 % *
Ask for loans from family/neighbors	33.9%	19.4 % *
Sell productive assets	8.7%	11.9 %
Migrate to Mexican <i>fincas</i> as laborers	11.3%	9.5 %
Other	3.7%	4.4 %
Request loans from Banks/cooperatives	0.4%	3.2 %
Sell household belongings/assets	1.7%	1.2 %
Sell land	0.2%	1.2 %
Migration to the US (one or more people)	1.5%	-

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

Although the COVID-19 pandemic prevented migration to coffee farms due to restrictions to mobility and group sizes, the interviewees said that during the program many families stopped migrating because the transfers supplied the income they had obtained on the farms and also because if they migrated they stopped obtaining this benefit. Some families decided that only the head of the family would migrate while the mother would remain in the community to take care of the children. This helped the children stay healthy and prevented malnutrition. However, it is difficult to eradicate migration. It is the best option that the community has at their disposal to obtain income to cover different family and farm needs throughout the year since in their communities or surroundings there are few employment sources and pay is very low (Q30 daily, a third of the minimum wage, which is insufficient to cover the basic food basket according to data presented by the National Institute of Statistics -INE).

"Before the program came, people went to work on the farms with their children. They took the children to suffer on the farm because the mothers went to work in the coffee, but I think most of the women who received help, I think they stayed at home with their children and the children no longer suffered..." (Focus Group of Leaders, Santa Barbara)

"There are people who keep going to the farms because they weren't able to manage their money, and there still are; but the people who did start a business don't go anymore." (Focus Group of Beneficiaries, Santa Barbara)

"... we aren't going to settle only with the Q500.00, how far will that go? People need to go to the farms. But yes, the Q500.00 is a great help for us..." (Focus Group of Leaders, Colotenango)

"Yes, when the people received help they did not go to the farms, they stayed at home; now when the aid ends, how are we going [to] manage? Yes, we are going to go to the fincas again." (Leader, San Sebastián Huehuetenango)

C. Water for household consumption

A total of 70.2%¹⁴ of the households visited during the final evaluation obtain water for household consumption from a home tap (n=177), 11.1% obtain it from a public well (n=28), 9.9% collect rainwater

* The difference between the percentages is statistically significant (p<.05).

¹⁴ Households could give more than one answer.

(n=25), 9.5% get it from a private well (n=24), 3.6%, from a river, lake or spring (n=9), 2.8%, from a public tap (n=7) and 2.0% mentioned other sources (n=5).

To store water, most households use plastic containers that are generally not suitable for this purpose¹⁵ due to the lack of proper washing of the container; 41.3% use plastic containers¹⁶ (n=104), 40.1% use a plastic concrete *pila* (n=101)¹⁷, 32.9% store it in jugs (n=83), 28.2%, in plastic barrels (n=71), 20.2%, in pots (n=51), 4.8%, in a Rotoplast tank (n=12) and 0.4%, in an artisanal cistern (wooden and plastic box, n=1).

Not all households had easy access to water, so the provision of water harvesters helped these families greatly. The program donated family and community water harvesters. Families had to invest around Q800 or less to install their tanks, depending on the amount of materials they had on hand or could easily obtain, as well as the labor available. Some took this money from transfers and others from their income. All the participants consider that it has been worth investing that money to capture rainwater that will be very useful in summer to wash their hands and water their crops. Some families had traditional cisterns consisting of a hole dug in the ground covered by plastic sheeting. Although these manage to capture rainwater, they do not have the necessary hygiene measures for proper hand washing since sometimes the cistern is open and there is no filter.

"Ah, I feel very grateful and very happy for the tank (...) Well right now there is rain I can use, there is enough water from the rain, but later in the summer, then this tank will help me a lot with enough for washing hands and help me a lot because I can already say that it is a tap that I will have here in the house, (...) I had my garden (...) it was very nice (...) then I told (the technician) that sometimes I had to haul water from the stream." (Beneficiary of water harvester, San Pedro Necta)

"Yes it was worth it, it was a bit of an expense... We had the money separately, it's not from the transfer. (...) it is our savings that we had. The benefit is (that) now we have enough water, it is not the same as before, because before we had a few jugs of water, which was is not enough for use." (Beneficiary of water harvester, San Sebastian)

In order to treat water for human consumption 87.5% of households boil water (n=462), 18.6% use an Ecofilter (n=98); other less used options include: the use of chlorine or bleach (3.0%, n=16), 2.3% purchase purified water (n=12) and one person uses SODIS (0.2%). In 0.2% of households (n=1), water is not treated.

The educational sessions dealt with the issue of safe water and the use of filtered water. According to program technicians, participants calculated the monetary expenditure represented in boiling water on a wood stove and the amount of money that would be saved if they used Ecofilters. Then the beneficiaries organized themselves to purchase them. Program technicians supported this by obtaining better prices including shipping. The filter units will need to be replaced after two years of use, so technicians handed over data to leaders so they can make this purchase when needed. Families are happy because they are not only saving money but have also seen that their children get sick less.

"I like the Ecofilter because now I don't have to boil the water anymore and that's a benefit because I'm saving firewood and I can drink water any time and it's good like pure water. Before it was difficult because it was hot and I had to cool it for the kids. Now it's easier and it's going to last for two years; that's why there is a lot of happiness in my heart." (Focus Group of Beneficiaries, Colotenango)

¹⁵ The danger with plastic use 'comes from two substances: bisphenol A (BPA), that is used so tha the plastic is hard and transparent, and phthalates, which are used so that the plastic is soft and flexible. Both elemenys are endocrine disruptors, compounds that can have health risks' (Eroski Consumer, 2021).

¹⁶ The type and origen of the container are unknown

¹⁷ This is typically in the open which is also not advisable.

"Yes there is a change, they (the children) don't often get sick anymore. They are already better, they don't get stomach aches, or diarrhea now... Before, imagine, they drank water from the tap, but now they know that there is the Ecofilter". (Mother of malnourished child, Santa Barbara)

D. Malnutrition

During the baseline, 68.4% of respondents (n=4,361) did not know a single danger symptom or sign to identify a child with acute malnutrition; this percentage dropped to 18.9% in the final evaluation (n=100). The difference between these percentages is statistically significant. In the final evaluation 28.0% of respondents knew at least three of the symptoms or signs (n=148).

The most recognized symptoms in the final evaluation were: a very thin child (62.3%, n=329) and lack of appetite (60.4%, n=319)

Table 10: Signs and symptoms to identify acute malnutrition, according to evaluation stage

Symptom	Baseline (n=6,375)	Sample (n=528)	Women (n=461)	Men (n=67)
Child is very thin	22.7 %	62.3 % *	63.1	56.7
Child doesn't eat	17.2 %	60.4 % *	62.7	44.8
Diarrhea	9.7 %	29.5 % *	31.7	14.9
Vomiting	6.4 %	16.5 % *	18.0	6.0
Doesn't know/no response	68.4 %	18.9 % *	17.4	29.9
Swelling	5.4 %	10.4 % *	11.3	4.5
Other	0.8 %	6.4 % *	6.3	7.5
Number of signs or symptoms known	0.7	1.8	1.87	1.27

Source: Baseline and Final Evaluation Household Questionnaire, PCI, 2020-2021

When respondents were asked what they would do if a child under five in their household were diagnosed with acute malnutrition, 23.3% answered that they would take them to a health service (n=69); 75.3% indicated that they have not had a child with malnutrition (n=223), 0.7% would ask their mother-in-law or midwife for advice (n=2), 0.3% would do nothing (n=1), and one person gave another answer (n=0.3%).

Leaders groups were trained to conduct home visits and identify and follow up on cases of underweight or malnourished children using the method of measuring arm circumference with the Shakir tape. The Shakir tape and the card with traffic light colors helped families to better understand their children's nutritional status and recovery. Families also learned how to recognize malnutrition signs and healthy diets for their children's recovery. Additionally they were referred to health services for growth monitoring and to obtain the cereal distributed by the Ministry of Health. In the educational sessions emphasis was placed on the purchase of Incaparina, which as seen in the questionnaire had increased. Families were aware of the existence of Incaparina before the arrival of the program, but could not buy it often enough due to lack of income.

Hearing that quail eggs are a nutritious food that helps children regain weight, several Santa Barbara families decided to undertake a quail breeding project. Quails are cheaper than chickens and the program technicians managed to negotiate an affordable price including a kit of medicines. The families managed to obtain the eggs and improve the nutritional status of their children. The project attracted so much attention that a second group of mothers also asked to purchase quail. One woman grew her initiative so much that she even managed to sell quail eggs.

* The difference between the percentages is statistically significant (p<.05).

"[Families] bought more food and in my case, in my group one child was underweight, but not so malnourished. He eats now, is better nourished and managed to get over malnutrition. That's a sign of change because they did change his diet and he recovered from malnutrition, he gained weight and I, as a leader sometimes take the MUAC and keep track of whether they lose or gain weight..." (Focus Group of Women Leaders, Santa Barbara)

"... with the pandemic, there was no way to go out with the curfew and then we no longer were able to shop and there were no fruits for the children, no vegetables and the children began to get malnourished. Thanks to USAID who gave the help and gave the talks, the women understood how to take care of their children, how to feed them with fruits and vegetables so that they gained weight and thanks to the help we managed to get ahead." (Focus Group of Women Leaders, Santa Barbara)

"Not everyone has the resources to buy, but when we started receiving our transfers what we used to not buy we now had the possibility of purchasing for our children." (Women Empowered, Santa Barbara).

E. Participation in productive activities

The educational sessions also included aspects related to family budget and production processes in order for them to invest a part of the transfer to obtain healthy and nutritious foods. In this regard, several families were involved in productive processes with family gardens, breeding of *chompipollos* and laying hens, breeding quails, cultivating mushrooms and planting fruit trees for which they received technical assistance and accompaniment. This did not prevent some families from independently buying domestic animals for breeding and sale on their own, such as chickens, turkeys, pigs, sheep and even bulls. Some families used part of their transfer to buy fertilizer for coffee plantations or for planting potatoes, and among the 27 people interviewed, two purchased carts for the preparation and sale of French fries. Other women set up small shops, fruit and vegetable sales and snack sales as well as weaving and crochet. All this was done in order to "save" or have something after the project. The purpose was the same, to grow a small investment that could generate income after the program ended sustaining its objectives: to improve the nutrition of families and reduce malnutrition in children.

These activities did not have an allocated budget within the program, so the technicians in charge sought support and made alliances with different institutions to help families. In this way they obtained seeds for family gardens from the MOA, technical support from a USAC agronomy student, technical support for the elaboration of organic fertilizer for coffee plantations from the Olam & Mocca company, as well as vegetable seedlings donated by former participants of a previous PCI project called *Animo*. The families used part of their transfer to purchase inputs for their productive projects; such as for example, the purchase of mesh for fencing family gardens, the purchase of *chompipollos*, laying hens and quail, as well as animal feed and medicines. In this way, families took charge of their projects, learned to invest, produce and with this to feed themselves better, and sometimes to have surplus which provided income from sales.

"I always spoke [to the beneficiaries]: 'You are going to be my right hand; you are my right hand – so that they also feel like I'm not only going to train-, but that they feel and realize that they have the capacity [to produce and have a business]. That's one of the biggest lessons I have to share.'" (Focus group of Sigamos Program technicians)

"Before, I went around selling, I sold fruit, I went out to sell fruit and another day I went out to sell chuchitos on Sundays. Later they set up a market here in the village, then I started selling there. Then I began to receive the first transfer, I used that to invest in my capital. I began to selling snacks, like atol with milk and fava bean atol, tostadas and chuchitos..." (Women Empowered, Santa Barbara)

"Before, sometimes one by one I finished my weavings, and when the Sigamos project came I saved a little, I bought my thread from that and then I was able to produce more weavings; we can say that it has already grown a little (...) I had [sales], but what I didn't have was capital to buy a lot of yarn. Already now I've

bought a little more for the clothes. That's what PCI left me in the Sigamos program." (Group of leaders, San Sebastián Huehue)

"Right now I have this child who is learning and from there it will be easy... for him to keep working that cart [for sale of fries]. You have to learn to make potatoes or make chicken or make pork rind and with that cart you can make more money. So, with that I bought it, thank God. I'm quite happy they took us into account... because here it is, I didn't waste the money." (Head of Household MNF, Santa Barbara)

The productive activities, although carried out in a demonstrative way and on a small scale in relation to the number of participating families, showed that with accompaniment and technical support from the program and with willingness and work on the part of the participants, people obtain benefits for their families in the form of healthy and nutritious food. Well managed these activities can also produce surplus for sale. Participating families learned to invest and reinvest either in kind or in cash so that their productive activities would be self-sustaining. Most families are aware of the importance of having a means of production or income generation because they know that assistance projects are short-term, thus with orientation through educational sessions, families decided to designate a part of the transfer for productive activities even without being part of demonstration activities. Quail breeding and mushroom production demonstrate families' interest not only to participate in productive projects but also to venture out into innovative activities.

Annex VI: Sample of communities in the final evaluation

SAMPLE OF COMMUNITIES FOR HOUSEHOLD QUESTIONNAIRE			
Municipality	Community	Quantity	Frequency
Colotenango	Barranca Grande	10	8.5
	Belice	7	6.0
	Bella Vista	16	13.7
	Chanjón	4	3.4
	Che Cruz	14	12.0
	Chemance	7	6.0
	Chemiche	11	9.4
	Ixconlaj Centro	9	7.7
	La Unión	10	8.5
	Saczajal	15	12.8
	Siete Caminos	2	1.7
	Tojlate	12	10.3
	Total	117	100.0
San Pedro Necta	Agua de las Palomas	7	5.6
	Chejoj	13	10.3
	Chichimes	9	7.1
	Chimiche	10	7.9
	El Injerto	11	8.7
	Esperancita Nimá	6	4.8
	Guachipilin	7	5.6
	Jocotillo	2	1.6
	Laguna de los Pajaritos	10	7.9
	Los Coles	16	12.7
	Nimá	12	9.5
	Ojo de Agua	2	1.6
	Santa Clara	11	8.7
	Siete Cerros	4	3.2
	Tuiscuz	6	4.8
	Total	126	100.0
San Sebastián Huehuetenango	Cacalep	12	8.2
	Chelam	19	12.9
	Chequequix	10	6.8
	Chexap Centro	9	6.1
	Chichicana	10	6.8
	Chichina	6	4.1
	Sacchim	7	4.8
	T-Xejoj	38	25.9
	Tuizquizal 1	16	10.9
	Tuizquizal 2	8	5.4
	Tziminás	12	8.2

Municipality	Community	Quantity	Frequency
Santa Bárbara	Total	147	100.0
	Cerro Gabilan	4	2.9
	Cruz Quemada	12	8.7
	Hierba Buena	2	1.4
	Ixanchilupe	14	10.1
	Ixcubiche	2	1.4
	La Estancia	1	0.7
	Los Pinos	1	0.7
	Pacate	8	5.8
	Socolaj	16	11.6
	Tierra Blanca Sacpic	7	5.1
	Tojcail	27	19.6
	Tojcham	14	10.1
	Tojchiguel	16	11.6
	Tojchum	6	4.3
	Tojnim	4	2.9
	Tojzunal	4	2.9
	Total	138	100.0

Source: Baseline and Final Evaluation Household Questionnaire, PCI - 2021

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