

THE YOUNG LIVES STUDY CONTEXT INSTRUMENT (PERU – Revised Version June 2006)

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Community definition: Administrative areas (such as zone/neighbourhood for urban and village for rural areas) will normally be used as a starting point (operational definition, referred to in this survey as "Localities"). From there we will proceed with the questionnaire allowing for an expansion of the original boundaries, these boundaries may vary depending on the topic of interest. For instance, the relevant community space for the sections included in the *Child-Specific Module* is one that encompasses the relevant provider -as much as the user- of the specific service investigated in each section (Education, Health, etc).

Selection of informants: Each section has a protocol to be followed to identify one or several informants, as appropriate.

LOCALITY IDENTIFICATION			
0.1	Locality ID (OBSERVE)	<input type="text"/>	PLACEID
	Locality name	<input type="text"/>	PLNAME
	Neighbourhood	<input type="text"/>	BANAME
	Town	<input type="text"/>	TWNNNAME
	District	<input type="text"/>	DISTRID
	Province	<input type="text"/>	PROVID
0.2	ID of sentinel site in the Locality (OBSERVE)	<input type="text"/>	CLUSTID
0.2.1	Field Worker: did you get a copy of the map of the locality? 01=Yes, 00=No, 03= Previously obtained from INEI (National Statistics Office)	<input type="text"/>	MAPLOC
0.3	GPS Coordinates of the Locality		REFPOINT
	<input type="text"/> S		GPSSTH
	<input type="text"/> W		GPSWEST
	<input type="text"/> ALTITUDE		GPSALTD

DATA HANDLERS			
0.4	Field Worker code: _____	[____]	SURVCODE
	Field Worker signature: _____		
	Date of interview: ____ / ____ / ____ (day / month / year)		SURVDATE
0.5	Supervisor code: _____	[____]	SUPCODE
	Supervisor signature: _____		
	Date of Supervision: ____ / ____ / ____ (day / month / year)		SUPRDATE
0.6	Data clerk code: _____	[____]	DATACODE
	Data clerk signature: _____		
	Date of data entry: ____ / ____ / ____ (day / month / year)		DATADATE

Young Lives. Instituto de Investigación Nutricional, GRADE, Save the Children UK Community Questionnaire Peru June 2006	Format No: Com _____	Community Code PE - ___ C ___
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sexres		(For each Person Interviewed) Note: In case the person does not want to give information on one of these questions, enter code 79.								
0.7.1	0.7.2		0.7.3		0.7.4	0.7.5	0.7.6		0.7.7	0.7.8
Informant Code	Module and Section		Name		Age	Gender	Position		How long have you lived here?	Where can we contact you if needed?
	Module	Section	First Name	Last Name	(in years)	01 = Male 02 = Female	Write the name of the job, post or position then enter code. (Code Box #1)		(in years)	Write out contact information.
(RSID)	(MODULE)	(SECTION) VARIABLE	(INFNAME)	(INFSUR)	(AGERES)	(SEXRES)	(CAPAC)	()	LIVRES	(INFCONT)
01	—	—			---	---		---	---	
02	—	—			---	---		---	---	
03	—	—			---	---		---	---	
04	—	—			---	---		---	---	
05	—	—			---	---		---	---	
06	—	—			---	---		---	---	
07	—	—			---	---		---	---	
08	—	—			---	---		---	---	
09	—	—			---	---		---	---	

CODE BOX #1 - Job, Post or Position

01 = Elected Official	04 = Teacher/ School Principal	07 = Salesman
02 = Non Elected Official	05 = Religious Leader	08 = Others (Specify): _____ (SPECCAP)
03 = Health Worker	06 = Leader Female Organization	77 = NK

INFORMANT ROSTER			(Cont'u for each Person Interviewed) Note: In case the person does not want to give information on one of these questions, enter code 79.							
0.7.1	0.7.2		0.7.3		0.7.4	0.7.5	0.7.6		0.7.7	0.7.8
Informant Code	Module and Section		Name		Age	Gender	Position		How long have you lived here?	Where can we contact you if needed?
	Module	Section	First Name	Last Name	(in years)	01 = Male 02 = Female	Write the name of the job, post or position then enter code. (Code Box #1)		(in years)	Write out contact information.
(RSID)	(MODULE)	(SECTION)	(INFNAME)	(INFSUR)	AGERES	SEXRES	(CAPAC)		LIVRES	(INFCONT)
10	—	—			---	---		---	---	
11	—	—			---	---		---	---	
12	—	—			---	---		---	---	
13	—	—			---	---		---	---	
14	—	—			---	---		---	---	
15	—	—			---	---		---	---	
16	—	—			---	---		---	---	
17	—	—			---	---		---	---	
18	—	—			---	---		---	---	

CODE BOX #1 - Job, Post or Position

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MODULE 1 GENERAL MODULE

SECTION 1 GENERAL CHARACTERISTICS OF THE LOCALITY

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ____	11INF1
		I2 ____	11INF2
		I3 ____	11INF3
1.0	Interview begins: Date	____ / ____ / ____ (Day) (Month) (Year)	INTBEGDT
1.0.1	Interview begins: Hour	____ : ____	INTBEGH

1.1	Approximately, how many people (including children) live in <u>LOCALITY</u> ?	77=NK	_____	POPSIZE
1.1.1	Approximately, how many families live in <u>LOCALITY</u> ?	77=NK	_____	FAMLOC
1.1.2	Normally, local people speak: (You can mark more than one option)		01=Yes, 00=No	
			Spanish	____ SPKSPNS
			Quechua	____ SPKQUCH
			Aymara	____ SPKAMYR
			Other native language (specify) SPECNAT	____ SPKNATV
			Other language (specify) SPECOTHR	____ SPKOTH

1.2	In the last 4 years, has the number of people living in <u>LOCALITY</u> increased, decreased or remained about the same? 01=Increased, 02=Decreased, 03= Remained (Go to question 1.3), 77=NK	____	POPINC
1.2.1	If it has increased, what is the main reason why number of people (families) increased? 01= Due to Job, 02= Due to Studies, 03= Due to Health, 04= Due to Security/safety 07=Other (specify): OTHRINC _____ (VARIABLE), 77=NK	____	REASINC
1.2.2	If it has decreased, what is the main reason why number of people (families)		REASDEC

	decreased? 01= Due to Job, 02= Due to Studies, 03= Due to Health, 04= Due to Security/safety 07=Other (specify): _____ (OTHRDEC), 77=NK	___	
1.3	What is the most important use for the local land in LOCALITY? FIELDWORKER: Use 1.3.1 and 1.3.2 to record the ranking of UP TO the three most important uses. 01=the most important use, 02=the second most important use, 03=the third most important use, 04=this use does exist in this locality, but it is not one of the most important 05=no local land is used for this purpose		
1.3.1	Residential area		
	01. Planned housing	___	HOUSING
	02. Illegal occupation of the land (for housing)	___	ILLOCCUP
	03. Other (specify): (SPCRESOT) _____	___	OTHERS
1.3.2	Non residential area		
	01. Agriculture (arable agriculture - growing crops)	___	AGRIC
	02. Livestock farming (animal husbandry)	___	LIVEST
	03. Fishing	___	FISHING
	04. Mining / foundries / smelters	___	MINING
	05. Industry, industrial destination	___	INDUST
	06. Handicraft, small scale manufacture	___	HANDICR
	07. Retail sale	___	RETAIL
	08. Other (specify): SPECUSE _____	___	OTHUSE

1.4	FIELDWORKER: Write relevant observations/comments on LAND destination and/or use in the space below. Write the question number to which the comment refers in the left-hand column.	LANDED
LANDQUES	OBSERVATIONS/COMMENTS LANDCMNT	

1.5	Is LOCALITY part of a city or town? 01=Yes, 00=No If NO, SKIP to 1.6.	_____	CITY
1.5.1	What is the name of the city or town?	_____	NAMECITY
1.5.2	What is the population of that city or town? 77=NK	_____	POPCITY
1.6	What is the capital of the district that locality belongs to? If locality is in the capital of the district, SKIP to 1.8.	_____	CAPDIST
1.6.1	How long does it take to get to the capital of the district? (in minutes)	_____	TIMECAP
1.6.2	What is the most common means of transportation used to travel to the capital of the district? You may name up to three, but please name the most common means first. (Code Box #2) SPCTRAN1-3	_____ _____ _____	TRANS1-3
1.6.3	How long did it take to get to the capital of the district 4 years ago? (in minutes)	_____	HOWLONG4
1.6.4	How long did it take to get to the capital of the district 12 years ago? (in minutes)	_____	HOWLNG12

1.7	What is the capital of the district that local people consider closest to them? If it is the same reported in 1.6, SKIP to question 1.8.	_____	LOCLCAP
1.7.1	How long does it take to get to the capital of the district that locals consider closest to them? (in minutes)	_____	TIMELOC

CODE BOX # 2 - Means of Transportation			
01 = By foot	05 = Mototaxi	09 = Truck	13 = Other(specify in the corresponding cell)
02 = Animal (horse donkey)	06 = Car	10 = Rail	77=NK
03 =Bicycle	07 = Micro, Combi	11 = Boat	
04=Motorcycle	08 = Bus	12 = More than one mean of transportation used	

1.7.2	What is the most common means of transportation used to travel to the capital of the district that people consider closest to them? You may name up to three, but please name the most common means first. (Code Box #2) SPCLOCL1-3	_____ _____ _____	TRNSLCL1-3
1.7.3	Four years ago, how long did it take to get to the capital of the district that locals consider closest to them?		V4YRSLOCL

1.8	What is the name of the provincial capital of LOCALITY? If locality is located in the provincial capital, SKIP to 1.9	_____	PROVCAP
1.8.1	How long does it take get to the provincial capital? (in minutes) SPCPRTR1-3	__ __ __	TIMPRVCA
1.8.2	What is the most common means of transportation used to travel to the provincial capital? You may name up to three, but please name the most common means first. (Code Box #2)	__ __ __ __ __ __	PRTRANS1-3
1.8.3	Four years ago, how long did it take to get to the provincial capital? (in minutes)	__ __ __	4YRSPROV

1.9	What is currently the main route/way to access LOCALITY?			1.9.1	
	FIELDWORKER: Fill in all options with either 01=Yes, 00=No.			What was the main route/way to access LOCALITY 4 years ago?	
		NOW		4 yrs. ago	
	01. Paved road	__ __	PVEDN	__ __	PVEDN4YR
	02. Engineered earth road (unpaved)	__ __	EARTHN	__ __	EARTH4YR
	03. Motorized unpaved roads/tracks	__ __	UNPAVED	__ __	UNPAV4YR
	04. Non motorized roads/tracks (footpaths, apt for access by horse, donkeys and the like, or walking)	__ __	TRACKSN	__ __	TRACK4YR
	05. River/lake	__ __	RIVERN	__ __	RIVER4YR
	06. Air	__ __	AIRN	__ __	AIRN4YR
	07. Rail	__ __	RAILN	__ __	RAILN4YR
	08. Others (specify): SPCROUTE _____	__ __	OTTRANN	__ __	OTTRN4YR

1.10	In the past year, has the main route of access to LOCALITY been INACCESSIBLE in the following month?						
ID		00=month in which it was NOT accessible 01=month in which it was accessible 88=NA 77=NK		ID		00=month in which it was NOT accessible 01=month in which it was accessible 88=NA 77=NK	
01	January	__ __	(JANACC)	07	July	__ __	(JULACC)

02	February	___	(FEBACC)	08	August	___	(AUGACC)
03	March	___	(MARACC)	09	September	___	(SEPACC)
04	April	___	(APRACC)	10	October	___	(OCTACC)
05	May	___	(MAYACC)	11	November	___	(NOVACC)
06	June	___	(JUNACC)	12	December	___	(DECACC)

1.11		In relation to the family purchase of food, in which months of the year does the following take place:					
Month ID	Month	1.11.1	1.11.2	1.11.3	1.11.4	1.11.5	1.11.6
		Food is more difficult to obtain (scarcity of food) 01=Yes, 00=No, 77= NK	Which food items? (List up to three) 88=NA	Food is more expensive 01=Yes, 00=No, 77= NK	Which food items? (List up to three) 88=NA	Families do not have enough money to buy the most important food items (i.e., the most frequently consumed items in LOCALITY) 01=Yes, 00=No, 77= NK If No, SKIP to 1.13	What are these food items? (i.e. those that families consume most frequently but can't afford in certain months)? Write UP TO the main 5 88=NA
01	January	JANSCARC ___	M1FOOD1___	JANEXP ___	M2FOOD1___	JANNOMON ___	1. FOODLAC1
02	February	FEBSCARC ___	M1FOOD2___	FEBEXP ___	M2FOOD2___	FEBNOMON ___	2. FOODLAC2
03	March	MARSCARC ___	M1FOOD1___	MAREXP ___	M2FOOD3___	MARNOMON ___	3. FOODLAC3
04	April	APRSCARC ___		APREXP ___		APRNOMON ___	4. FOODLAC4
05	May	MAYSCARC ___		MAYEXP ___		MAYNOMON ___	5. FOODLAC5
06	June	JUNSCARC ___		JUNEXP ___		JUNNOMON ___	
07	July	JULSCARC ___		JULEXP ___		JULNOMON ___	
08	August	AUGSCARC ___		AUGEXP ___		AUGNOMON ___	
09	September	SEPSCARC ___		SEPEXP ___		SEPNOMON ___	
10	October	OCTSCARC ___		OCTEXP ___		OCTNOMON ___	
11	November	NOVSCARC ___		NOVEXP ___		NOVNOMON ___	
12	December	DECSCARC ___		DECEXP ___		DECNOMON ___	

1.12	What ecological zone best describes this locality? 01=Ceja de Selva (Cloud forest) 02=Selva (montaña) (High forests) 03=Sierra-piso de valle (Andean Valley) 04=Sierra-cerro (ladera) (Andean hillside) 05=Sierra-Puna(Jalca) (Andean Puna) 06=Cabezada de Costa (Border area between coast and highland) 07=Costa (Coast) 08=Desierto (Desert) 09=Other(Specify): ___ <u>OTHRECO</u> _____	__ __	ECOZONE
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1.13	In relation to employment, in which periods of the year does the following happen:		
	1.13.1	1.13.2	1.13.3
Month ID	Month	There is more work to do (there are more jobs available, or there is more demand for local people's labor) 01=Yes, 00=No, 77= NK	People come to LOCALITY to work (because there is so much demand for labor that local people are not enough) 01=Yes, 00=No, 77= NK
		VARIABLE	VARIABLE
		VARIABLE	VARIABLE
01	January	JANJOBS __ __	JANWORK __ __
02	February	FEBJOBS __ __	FEBWORK __ __
03	March	MARJOBS __ __	MARWORK __ __
04	April	APRJOBS __ __	APRWORK __ __
05	May	MAYJOBS __ __	MAYWORK __ __
06	June	JUNJOBS __ __	JUNWORK __ __
07	July	JULJOBS __ __	JULWORK __ __
08	August	AUGJOBS __ __	AUGWORK __ __
09	September	SEPJOBS __ __	SEPWORK __ __
10	October	OCTJOBS __ __	OCTWORK __ __
11	November	NOVJOBS __ __	NOVWORK __ __
12	December	DECJOBS __ __	DECWORK __ __

1.14	FIELDWORKER: Write relevant observations/comments in the space below. Write the corresponding question number in the left-hand column.	COMMENTS
QUESTNUM	OBSERVATIONS/COMMENTS	

--	--

1.15						
SAY: Now I would like to ask you about natural disasters that might have occurred at <u>LOCALITY</u> in the last 4 years.						
1.15.1		1.15.2	1.15.3	1.15.4	1.15.5	
ID	In the last 4 years, has any natural disaster happened in this locality? If YES, ask "what was the disaster?" Enter code from CODEBOX # 3. If no code exists, write in type of disaster and enter code "09" If NO, write "00" in the Code column and SKIP TO 1.16.	Approximately how many months ago did this happen?	Approximately how many local families were affected by its consequences?	Did local authorities or local people ask for help? 00=No 01=Yes, to the Government 02=Yes, to NGOs working in <u>LOCALITY</u> 03=Yes, to family and friends 04=Other institution <u>SPCHELP1-3</u> 77=NK FIELDWORKER: You may list UP TO 3 sources of help requested per disaster.	Did you receive any help? (either requested or not requested) 00=No 01=Yes from the Government 02=Yes from NGOs working here in <u>LOCALITY</u> 03=Yes, to family and friends 04=Other institution If NO, SKIP to next row. If no help at all, SKIP to 1.16	
DISASTID	DISASTER	OTHDISTR	LONGAGO	PPLAFTCD	ASKHELP1-3	RECVHELP
01		---	---		---	---
02		---	---		---	---
03		---	---		---	---
04		---	---		---	---
05		---	---		---	---

CODE BOX # 3 - Natural Disaster			
00 = No disaster occurred	03 = Drought	06 = Flood	09= Other (specify in the corresponding cell) VARIABLE
01 = Volcanic eruption	04 = Mud avalanche/slide	07 = Frost/Cold Front	10= Crop failure due to pests/diseases (other than drought)
02 = Cyclone/tornado/hurricane	05 = Earthquake	08 = Forest fire	77=NK

1.15 Cont'd	<p>SAY: Now I'm going to ask you some more about the kind of help you received.</p> <p>FIELDWORKER: Using the same disaster IDs as above, if help was received (see 1.15.5), ask the following. Record UP TO three kinds of aid received.</p>								
	HELP 1			HELP 2			HELP 3		
DISASTID (as above)	1.15.6	1.15.7	1.15.8	1.15.9	1.15.10	1.15.11	1.15.12	1.15.13	1.15.14
	What type of aid did you receive for this disaster? (Codebox # 4) Other, _____ OTHRTP1 _____	Did you ask for it? 01=Yes 00=No	Was it enough? 01=Yes 00=No	What is the second type of aid did you receive for this disaster? (Codebox # 4) Other, OTHRTP2 _____	Did you ask for it? 01=Yes 00=No SPCHHELP2	Was it enough? 01=Yes 00=No	What is the third type of aid did you receive for this disaster? (Codebox # 4) Other, OTHRTP3 _____	Did you ask for it? 01=Yes 00=No	Was it enough? 01=Yes 00=No
	TYPEHLP1	YOUASK1	ENOUGH1	TYPEHLP2	YOUASK2	ENOUGH2	TYPEHLP3	YOUASK3	ENOUGH3
01	___	___	___	___	___	___	___	___	___
02	___	___	___	___	___	___	___	___	___
03	___	___	___	___	___	___	___	___	___

04									
05									

CODE BOX # 4 - Disaster Aid		
00 = No aid received	03=Medicine	06=Equipment or Inputs to increase production
01=Money	04=Clothing	07 = Other, (specify) _____
02=Food	05=tents (shelter), construction materials	77=NK

1.16	Field Worker: Write relevant observations/comments on disasters in the following box. Indicate what disaster you refer to (ID). Some issues you may want to explore include: if the aid arrived at the appropriate moment or if it took too long to get to the locality, was it what people needed the most, and if local authorities did not ask for Government's help, why not?	DISTCMNT
DISASTID	OBSERVATIONS/COMMENTS	

1.17 Could you tell me if the following problems exist in LOCALITY?				
ID	Pollution Problems	1.17.1 Is this a problem in LOCALITY? 01=Yes 00=No (go to next line)	1.17.2 If so, to what extent does it affect LOCALITY? 01=Severely 02=Slightly 03=Not at all	1.17.3 Think about the problem 4 years ago. Compared with now, was it: 01=more serious 02=about the same 03=less serious 04=did not exist
Polluted water sources, due to:				
01	Industrial waste deposited or dumped at (or in) water sources	INDWPROB ____	INDWAFCT ____	INDWPRB4 ____
02	Mining waste deposited or dumped at (or near) water sources	MINWPROB ____	MINWAFCT ____	MINWPRB4 ____
03	Local families garbage dumped at (or in) these water sources	GARWPROB ____	GARWAFCT ____	GARWPRB4 ____
04	Animal feces at (or in) water sources	ANMWPROB ____	ANMWAFACT ____	ANMWPRB4 ____
Polluted lands nearby residential zones, due to the presence of:				
05	Wasteland (non-regulated space) where firms dump garbage	FRMDUMP ____	FIRMAFACT ____	FRMDUMP4 ____
06	Wasteland where local families dump garbage	FMLYDUMP ____	FMLYAFCT ____	FMLYDMP4 ____
07	Wasteland where families from other localities dump garbage	LOCLDUMP ____	LOCLAFCT ____	LOCLDMP4 ____
08	Animals' excrements on the streets (of the locality)	EXCRDUMP ____	EXCRAFACT ____	EXCRDMP4 ____
Air pollution due to:				
09	Garbage burning	GRBBRNG ____	BRNGAFCT ____	GRBBRNG4 ____
10	Industrial activity	INDSACTV ____	INDSAFACT ____	INDSACT4 ____
11	Trucks, cars, and the like passing by LOCALITY	CARSPSSG ____	CARSAFACT ____	CARSPSG4 ____

12	Use of pesticides, fertilisers in local agricultural lands	PESTICID ==	PESTAFCT ==	PESTICD4 ==
Other types of pollution:				
13	Noise pollution (motor vehicles, airports, factories)	NOISEPLL ==	NOISAFCT ==	NOISPLL4 ==
14	Standing water, open drains (with the consequent proliferation of mosquitoes, rats, .. and other animals that threaten local population's health)	STNDWATR --	WATRAFCT --	STNDWTR4 --
15	Others (specify): _____	SPCOTHR1 ==	OTHER1 ==	OTHAFCT1 ==
16	Others (specify): _____	SPCOTHR2 ==	OTHER2 ==	OTHAFCT2 ==

1.18	<p>Field Worker: Write relevant observations/comments about the ecology and the environmental pollution of the locality in the following box.</p> <p>Some examples:</p> <ul style="list-style-type: none"> • Who are most afflicted by these problems (if children play in fields nearby unsafe/hazardous <i>unregulated garbage dropping fields</i>, they could suffer from stomach-infections, and even respiratory illness (due to garbage burning))? If any, take note of the actions taken by local people to solve the problem. ▪ What are the most visible effects of fumigation on local people's health? (unexplained chronic headaches, faint, etc.). ▪ Even when local people know the water source is polluted, they still use it everyday. Why? Is it because there is no alternative water source nearby? In this case, are local authorities doing something to solve the problem or find an alternative? 	ECOQUEST
PROBED	OBSERVATIONS/COMMENTS ECOCMNTS	

1.0.2	Interview concludes: Date	____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
1.0.3	Interview concludes: Hour	____ : ____	INTENDH VARIABLE

SECTION 2 SOCIAL ENVIRONMENT

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ____	12INF1
		I2 ____	12INF2
		I3 ____	12INF3VARIABLE
2.0	Interview begins: Date	____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
2.0.1	Interview begins: Hour	____ : ____	INTENDH

2.1 SAY: Now I would like to ask you about the organized groups (organization / institution / network) that exist at <u>LOCALITY</u> and existed 4 years ago.					
		2.1.1	2.1.2	2.1.3	2.1.4
ID	Organized Groups	Was there any organisation/institution/network of this type existing in LOCALITY 4 years ago? 01=Yes, 00=No, 77=NK	Does any organization / institution / network of this type exist at <u>LOCALITY</u> ? 01=Yes 00=No (go to next line) 77=NK	Can you name the most important groups of this type currently operating at <u>LOCALITY</u> ? You may name up to 2 groups. 77=NK	What is the role/ purpose/ function of this organization/ institution? (Code Box #5) 77=NK
01	Labor unions	LBRUN4 ____	LBRUNION ____	LBRNAME _____ _____	
02	Community Kitchens	COMKTC4 ____	COMMKITC ____	KITCNAME _____ _____	

03	Mother's Clubs	MTHRCLB4 ---	MTHRCLUB ---	MTHRNAME _____ _____	
04	APAFA (Association of school's parents) (PTAs)	APAFA4 ---	APAFA ---	APFANAME _____ _____	
05	Political groups, representatives of Political Parties	POLTGRP4 ---	POLTGRP ---	POLTNAME _____ _____	
06	Religious groups, Church, etc	RELGGRP4 ---	RELGGRP ---	RELGNAME _____ _____	
07	Savings cooperatives	SVGCOOP4 ---	SVGSCOOP ---	SVGSNAME _____ _____	
08	Housing Cooperatives (to build houses)	HOUSCOP4 ---	HOUSCOOP ---	HOUSNAME _____ _____	
09	Lending Cooperatives	LENDCOP4 ---	LENDCOOP ---	LENDNAME _____ _____	
10	Sports Associations, Sports Clubs	SPRTASC4 ---	SPRTASSC ---	SPRTNAME _____ _____	
11	Associations against Crime, etc.	CRMASC4 ---	CRMASSC ---	CRMNAME _____ _____	
12	Peasants Associations	PSNTASC4 ---	PSNTASSC ---	PSNTNAME _____ _____	
13	Native Peoples Associations	NTVASC4 ---	NTVASSC ---	NTVNAME _____ _____	

		---	---	_____	
14	Association for Agricultural Use of Water	AGRIASC4 ---	AGRIASSC ---	_____ AGRINAME _____	
15	Producers, Organizations	PRDCRS4 ---	PRDCRS ---	_____ PRDRNAME _____	
16	Other, Specify SPCOTHR1_____	OTHR4YR1 ---	OTHERS1 ---	OTHNAME1_____	RLOTHR1 SPCRLO1__
17	Other, Specify SPCOTHR2_____	OTHR4YR2 ---	OTHERS2 ---	OTHNAME2_____	RLOTHR2 SPCRLO2__
18	Other, Specify ___ SPCOTHR3_____	OTHR4YR3 ---	OTHERS3 ---	OTHNAME3_____	RLOTHR3 SPCRLO3__
19	Other, Specify SPCOTHR4_____	OTHR4YR4 ---	OTHERS4 ---	OTHNAME4_____	RLOTHR4 SPCRLO4__
20	Other, Specify SPCOTHR5_____	OTHR4YR5 ---	OTHERS5 ---	OTHNAME5_____	RLOTHR5 SPCRLO5__
21	Other, Specify SPCOTHR6_____	OTHR4YR6 ---	OTHERS6 ---	OTHNAME6_____	RLOTHR6 SPCRLO6__
22	Other, Specify SPCOTHR7_____	OTHR4YR7 ---	OTHERS7 ---	OTHNAME7_____	RLOTHR7 SPCRLO7__

CODE BOX # 5 - Function of Organization		
01 = Sport Organizations	06 = Other Child related Organizations (specify in the corresponding cell)	11 = Marketing Organizations
02 = Religious Organizations	07 = Civil Organizations to protect /Secure the Community	12 = Credit and Saving Organizations
03 = Labor Unions	08 = Organizations related to Child day care services (like Wawa-wasi)	13 = Natural Resource Management Organizations (like Water Associations)
04 = Art Organizations	09 = Organizations that coordinate the supply of services (like taxi associations)	14 = Other (Specify in the corresponding cell) VARIABLE
05 = Food Security Organizations	10 = Input Purchase Organizations	

2.2	Field Worker: Write relevant observations/comments on organized groups. Write the group ID to which the comment refers.	GROUPID
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Young Lives. Instituto de Investigación Nutricional, GRADE, Save the Children UK Community Questionnaire Peru June 2006	Format No: Com _____	Community Code PE - ___ C ___
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QUESTCOM	OBSERVATIONS/COMMENTS ORGCMNTS

2.3 SAY: Now I would like to ask you about local social problems that may be affecting the local residents of <u>LOCALITY</u>. FIELDWORKER: In case the problem does not take place within the local area (but still affects local residents, include it in "Others," specifying where it takes place.)					
		2.3.1	2.3.2	2.3.3	2.3.4
ID	Social Problems	Is this a problem in <u>LOCALITY</u>? 01=Yes 00=No	Are you, the local residents, organized in any way against this problem? 01=Yes 00=No (go to 2.3.4) 77=NK	If you are organized, has the problem diminished because of the action/existence of this organization? 01=Yes, totally 02= Yes, partially 03= No 77=NK 88=NA	Over the last 4 years (or since it first appeared, if it's been present for less than 4 years), has this problem diminished? 01=Yes, due to the organization of the locality 02=Yes, due to the police 03=Yes, due to other reason (specify in 2.4) 04=No, it remains 05=No, the problem is bigger now 77=NK
01	Theft / robbery	ROBBERY — —	AGSTRBRY — —	RBRYACTN — —	O4YRRBBR SPCRBBRY — —
02	Cattle/livestock theft	CTTLTHFT — —	AGSTCTTL — —	CTTLACTN — —	O4YRCTTL SPCCTTL — —
03	Prostitution in the local area	PRSTITN — —	AGSTCTTL — —	PRSTACTN — —	O4YRPRST SPCPRST — —
04	Juvenile gangs	GANGS — —	AGSTGNGS — —	GNGSACTN — —	O4YRGNGS SPCGNGS — —
05	Local adult bands/groups rivalry (political, ethnic, economic-wise)	ADLTBNDS — —	AGSTADLT — —	ADLTACTN — —	O4YRADLT SPCADLT — —
06	Illegal drugs selling in the local area	DRUGSLLG	AGSTSLLG	SLLGACTN	O4YRSLLG

		___	___	___	SPCSLLG ___
07	Drugs-addicts in the local area (either residents or outsiders consuming illegal drugs in the local area)	DRUGADCT ___	AGSTADCT ___	ADCTACTN ___	O4YRADCT SPCADCT ___
08	Alcoholism	ALCHLSM ___	AGSTALCH ___	ALCHACTN ___	O4YRALCH SPCALCH ___
09	Violent crimes	VLNTRME ___	AGSTVLNT ___	VLNTACTN ___	O4YRVLNT SPCVLNT ___
10	Others (Specify): _____ (SPCPRB1)	OTHRPRB1 ___	AGSTOTH1 ___	OTHACTN1 ___	O4YROTH1 SPC4YR1 ___
11	Others (Specify): _____ (SPCPRB2)	OTHRPRB2 ___	AGSTOTH2 ___	OTHACT2 ___	O4YROTH2 SPC4YR2 ___

2.4	Field Worker: Write relevant observations/comments in the following box about family violence and about risk factors for children and adolescents in the area. Write the corresponding question number on the left.	FMLYVLID
QUESTNUM	OBSERVATIONS/COMMENTS FMLYCMNTS	

Young Lives. Instituto de Investigación Nutricional, GRADE, Save the Children UK Community Questionnaire Peru June 2006	Format No: Com _____	Community Code PE - ___ C ___
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2.0.2	Interview concludes: Date	___ ___ / ___ ___ / ___ ___ (Day) (Month) (Year)	INTENDDT
2.0.3	Interview concludes: Hour	___ ___ : ___ ___	INTENDDH

SECTION 3 ACCESS TO SERVICES

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ____	13INF1
		I2 ____	13INF2
		I3 ____	13INF3
3.0	Interview begins: Date	____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
3.0.1	Interview begins: Hour	____ : ____	INTENDDH

3.1 SAY: Now I am going to ask you about the services that are available to the people in LOCALITY.							
ID	Services	3.1.1	3.1.2	3.1.3	3.1.5	3.1.6	3.1.7
		Is the following service currently available at LOCALITY? 01=Yes → Continue → 00=No If NO, SKIP to 3.1.6	When was this service first available? (year) 77=NK	FIELDWORKER: If cannot recall, ASK: Was this service available four years ago? 01=Yes 00=No 77=NK	In the last 4 years (or since it was first available if it is less than 4 years), has this service improved, worsened, or remained the same? 01=Improved 02=Worsened 03=Same 77=NK	Approximately how long does it take to go from the center of town to the nearest service, using the most common means of transportation? Write down No. of minutes -77=NK	What means of transportation is commonly used? (Codebox # 2)
01	URB - Recreational areas: Children's Playgrounds RUR - Space exclusively <u>assigned</u> for little children to play (it might be an open field as long as it is clean and	L TTLCHLD	A VLCHLD	4 YRCHLD	CHILD4YR		

	<u>safe/secure</u>)						
02	URB - Recreational areas: football (soccer) field, volleyball field, etc. RUR - Space exclusively <u>assigned</u> for children and adolescents to exercise/practice a sport (it might be an open field as long as it is clean and <u>safe/secure</u>)	ADLSCNT — —	AVLADSCN —	4YRADSCN — —	ADLSC4YR		
03	URB - Recreational Areas: camping zones of family recreational areas	FMLYCPMG — —	AVLCMPNG —	4YRCMPNG — —	CMPG4YR		
04	Movie Theatre / Public place for playing films	THEATRE — —	AVLTHETR —	4YRTHETR — —	THETR4YR		
05	Video Games	VIDEOGMS — —	AVLVIDEO —	4YRVIDEO — —	VIDEO4YR		
06	Cock fighting arenas / Bull fighting arenas	BULLFIGHT — —	AVLBLLFT —	4YRBLLFT — —	BULL4YR		
07	Space for Fairgrounds / Circus (temporary recreational activities)	FAIRGRND — —	AVLFAIR —	4YRFAIR — —	FAIR4YR		
08	Slot Machines / Casino	SLOTMCH — —	AVLSL TMC —	4YRSL TMC — —	SLTMC4YR		
09	Religious institutions, Churches	RELGINST — —	AVLRELG —	4YRRELG — —	RELG4YR	TIMERELG —	TRNSRELG SPCTRRLG — —

CODE BOX # 2 - Means of Transportation

01 = By foot	05 = Mototaxi	09 = Truck	13 = Other(specify in the corresponding cell)
02 = Animal (horse donkey	06 = Car	10 = Rail	77=NK
03 = Bicycle	07 = Micro, Combi	11 = Boat	
04 = Motorcycle	08 = Bus	12 = More than one mean of transportation used	

3.1	Cont'd	3.1.1	3.1.2	3.1.3	3.1.5	3.1.6	3.1.7
ID	Services	Is the following service currently available at LOCALITY? 01=Yes → Continue → 00=No If NO, SKIP to 3.1.6	When was this service first available? (year) 77=NK	FIELDWORKER: If cannot recall, ASK: Was this service available four years ago? 01=Yes 00=No 77=NK	In the last 4 years (or since it was first available if it is less than 4 years), has this service improved, worsened, or remained the same? 01=Improved 02=Worsened 03=Same 77=NK	Approximately how long does it take to go from the center of town to the nearest service, using the most common means of transportation? Write down No. of minutes -77=NK	What means of transportation is commonly used? (Codebox # 2)
10	Public Telephones, community phone, rural phone.	PBLTELE __ __	AVLPBTPH __ __	4YRPBTPH	PBTEL4YR __ __	TIMETELE __	TRNSTELE SPCTRTEL __ __
11	Private telephone (at least one connection)	PRVTELE __ __	AVLPRTPH __ __	4YRPRTPH	PVTEL4YR __ __		
12	Public Internet Cabin	PBLINRNT __ __	AVLPBINT __ __	4YRPBINT	INTRN4YR __ __	TIMEINTR __	TRNSINT SPCTRINT __ __
13	Electricity (at least one connection)	ELCTRCTY __ __	AVLELCT __ __	4YRELCT	ELECT4YR __ __		
14	Drinking Water (at least one connection)	DRNKWATR __ __	AVLWATR __ __	4YRWATR	WATR4YR __ __		
15	Sewerage (at least one connection)	SEWAGE __ __	AVLSEWG __ __	4YRSEWG	SEWR4YR __ __		
16	Police Station	PLCSTTN __ __	AVLPOLIC __ __	4YRPOLIC	POLC4YR __ __	TIMEPOLC __	TRNSPOLC SPCTRPOL __ __

17	Non Professional judge	NONJUDG ___	AVLNONJG ___	4YRNONJG	NONPR4YR ___	TIMENON ___	TRNNONJG SPCTRNON
18	Professional judge	PROFJUDG ___	AVLPROJG ___	4YRPROJG	PRFJG4YR ___	TIMEPROF ___	TRNPROJG SPCTRPRO
19	Nationalised Banks	NTLBANK ___	AVLNTBNK ___	4YRNTBNK	NTBNK4YR ___	TIMENATL ___	TRNNTABK SPCTR NAT
20	Other private banks: _____	OTHRBANK ___	AVLPVBNK ___	4YROTBNK	OTBNK4YR ___	TIMEPRIV ___	TRNOTHBK SPCTRPRI
21	Local government credit/savings schemes	LCLGOVRN ___	AVLLCLGV ___	4YRLCLGV	GOV4YR ___	TIMEGOV ___	TRNSGOV SPCTRGOV
23	Other: SPCSERV1 _____	OTHSERV1 ___	AVLOTHR1 ___	4YROTHR1	OTH14YR ___	TIMEOTH1 ___	TRNSOTH1 SPCTROT1
24	Other: SPCSERV2 _____	OTHSERV2 ___	AVLOTHR2 ___	4YROTHR2	OTH24YR ___	TIMEOTH2 ___	TRNSOTH2 SPCTROT2
25	Other: SPCSERV3_____	OTHSERV3 ___	AVLOTHR3 ___	4YROTHR3	OTH34YR ___	TIMEOTH3 ___	TRNSOTH3 SPCTROT3

3.2	FIELDWORKER: Write down comments in the following box and the corresponding question number to the left. For example if churches provide other services additional to the religious ones. For example, provision of health or educational services, orientation for family violence issues, and so on. In case the church plays an important role in the locality, explain the characteristics of this role.	VARIABLE
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Question #	OBSERVATIONS/COMMENTS

3.3		3.3.1	
SAY: Which are the most common places where people relieve themselves / do their business / defecate?		Approx. how many houses use this system?	
ID	PLACES	01=Yes 00=No (go to next line) 77=NK	77=NK
01	Flush toilet/ septic tank within the household	TOILETIN __ __	NUMINTLT _____
02	Flush toilet/ septic tank outside the house (communal)	TOILTOUT __ __	NUMOUTTL _____
03	Pit latrine inside the dwelling, used exclusively by the household	PITIN __ __	NUMINPIT _____
04	Pit latrine outside the dwelling, used exclusively by the household	PITOUT __ __	NUOUTPT _____
05	Pit latrine used by any member of the locality	SHRPIT __ __	NUMSHRPT _____
06	Hill, open field, bushes	HILLOPEN __ __	NUMHILL _____
07	River, stream, canal	RVRTOILT __ __	NUMRIVER _____
08	Other: _____ (SPECTOLT)	OTHRTOILT __ __	NUMOTHR _____
09	Approximately, how many dwellings does <u>LOCALITY</u> have?		_____ NUMDWELL

3.4	3.4.1	3.4.2	3.4.3	3.4.4	3.4.5
	What are the main places where residents of <u>LOCALITY</u> get their drinking water from? 01=Yes 00=No (Ask 3.4.2 then SKIP to next line)	Four years ago, what were the main places where residents of <u>LOCALITY</u> got their drinking water from? 01=Yes 00=No	On average, how many hours per day is there access to water? 77=NK	How many days per week? 77=NK	Approx. how many dwellings have it?

01	Piped into dwelling/yard/plot (public)	PIPEDWLL __ __	PIPDWLL4 __ __	ACCESS	DAYS	NUMINDWL
02	Piped water (private, connected to any other water source excluding the public network)	PIPEWATR __ __	PIPEWTR4 __ __			NUMPIPWT
03	Private tubewell	PRVTTUBE __ __	PRVTUBE4 __ __			NUMTUBE
04	Public fountain	PUBFNTN __ __	PUBFNTN4 __ __			NUMFNTN
05	Public Well	PUBWELL __ __	PUBWELL4 __ __			NUMWELL
06	Water truck	WTRTRUCK __ __	WTRTRCK4 __ __			
07	Spring/pond/river/stream	SPRING __ __	SPRING4 __ __			
08	Other: (VARIABLE)	OTHER __ __	OTHER4 __ __			

3.5		3.5.1	3.5.2	3.5.3
ID	PLACES	What are the main places residents of <u>LOCALITY</u> dispose of their garbage? 01=Yes 00=No (go to next line)	On average, how many days per month is garbage collected? 77=NK	Indicate the most common garbage collection methods in order of importance: 01= most common 02= second most common 03= third most common 00=not one of the most common ones
01	Collected through garbage trucks	GRBGTRCK __ __	GRBCLCT __	CMNTRUCK __ __
02	Thrown into street	STREET __ __		CMNSTRET __ __
03	Dumped on wasteland (unregulated spots)	WASTELAND		CMNWSTLN

		_____ REGULATE		_____ CMNREGLT
04	Sent to regulated spaces assigned for garbage dumping	_____ RIVERGRB		_____ CMNRIVER
05	Thrown into river/canal, lake	_____ BURIED		_____ CMNBURD
06	Buried	_____ PIGFEED		_____ CMNPIG
07	Given to clandestine pig feeding businesses	_____ CROPFLDS		_____ CMNCROP
08	Used on crop fields	_____ OTHRGRB		_____ CMNOTHR
09	Others: _____ (SPECGRB)	_____ OTHRGRB		_____ CMNOTHR

3.0.2	Interview concludes: Date	____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
3.0.3	Interview concludes: Hour	____ : ____	INTENDDH

Programs

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster (Make sure that among persons answering this section we include the representative of the health facility and school)	I1 ____	1PINF1
		I2 ____	1PINF2
		I3 ____	1PINF3
3.0.4	Interview begins: Date	____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
3.0.5	Interview begins: Hour	____ : ____	INTENDDH

3.6	Field Worker: I would like to ask you about the Programs that are currently operating at LOCALITY? <i>(Field Worker: Pay special attention to child and mother's related programs that may fall in the category "others")</i>			
		3.6.1	3.6.2	3.6.3
ID	Type of Program	Does this program currently operate at LOCALITY? 01=Yes, 00=No, 77=NK	Was this program operational four years ago? 00=No, 01=Yes, 77=NK	If stopped, when did it stop? (ENTER YEAR)
	Food asistance Programs			
01	Glass of Milk Program	GLSSMILK ____	GLSMILK4 ____	STPMILK
02	Community Kitchen	COMKITCH ____	COMKITC4 ____	STPKTCH
03	Food for Work	FOODWORK ____	FOODWRK4 ____	STPWORK
04	Food Basket (PANFAR)	FOODBSKT ____	FOODBKT4 ____	STPBSKT
05	Complementary Feeding Program (PACFO)	COMPFEED ____	COMFEED4 ____	STPFEED

06	Other (Specify): _____ SPCFOOD1	OTHFOOD1 ___	OTHFD1Y4 ___	STPOTHR1
07	Other (Specify): _____ SPCFOOD2	OTHFOOD2 ___	OTHFD2Y4 ___	STPOTHR2
08	Other (Specify): _____ SPCFOOD3	OTHFOOD3 ___	OTHFD3Y4 ___	STPOTHR3

	Education Programs	Does it currently operate at LOCALITY? 01=Yes, 00=No, 77=NK	Did it operate 4 years ago? 01=Yes, 00=No, 77=NK
09	Wawa Wasi (or any other subsidized Day Care Centre for children between ages 0-3)	WAWAWASI ___	WAWA4YR ___
10	PRONOEI (subsidized non-formal preschool) or CEI (public formal preschool) for children between ages 3-5	PRONOEI ___	PRON4YR ___
11	School Breakfast	SCHBKFST ___	BKFST4YR ___
12	School Cloths, shoes, track suit	SCHCLTH ___	CLTH4YR ___
13	School Texts / supplies	SCHLTEXT ___	TEXT4YR ___
14	Literacy Campaign	LITRCY ___	LTRCY4YR ___
15	Other (Specify): _____ SPCEDUC1	EDUCTN1 ___	EDC14YR ___
16	Other (Specify): _____ SPCEDUC2	EDUCTN2 ___	EDC24YR ___
17	Other (Specify): _____ SPCEDUC3		

		EDUCTN3 ____	EDC34YR ____
	Health Programs	Does it currently operate at LOCALITY? 01=Yes, 00=No, 77=NK	Did it operate 4 years ago? 01=Yes, 00=No, 77=NK
18	Health Insurance (e.g. SIS)	HLTHINSR ____	INSR4YR ____
19	Growth monitoring and Development Program CRED	GRWTH ____	GRWTH4YR ____
20	Family Planing (MINSA & others)	FMLYPLNG ____	FMLY4YR ____
21	Tuberculosis Control	TUBCNTRL ____	TUB4YR ____
22	General Vaccination Program	VACCNPRG ____	VACCN4YR ____
23	Hemófilus influenza Vaccination	HEMOINFL ____	HEMO4YR ____
24	Hepatitis B Vaccination Program?	HEPB ____	HEPB4YR ____
25	Yellow Fever Vaccination Program?	YELLOWFV ____	YELLW4YR ____
26	Malaria Prevention Program, Dengue Prevention Program	MALARIA ____	MALAR4YR ____
27	HIV /SIDA Program	HIVSIDA ____	HIV4YR ____
28	Mental Health Program	MENTLHTH ____	MENTL4YR ____

29	Programs oriented to adolescents to control STDs	CNTRLSTD __ __	STD4YR __ __
30	Other (Specify): _____ SPCHLTH1	HLTHOTH1 __ __	HLTH14YR __ __
31	Other (Specify): _____ SPCHLTH2	HLTHOTH2 __ __	HLTH24YR __ __
32	Other (Specify): _____ SPCHLTH3	HLTHOTH3 __ __	HLTH34YR __ __
	Infrastructure Programs	Does it currently operate at LOCALITY? 01=Yes, 00=No, 77=NK	Did it operate 4 years ago? 01=Yes, 00=No, 77=NK
33	Construction /repair of School Infrastructure / equipping	RPRSCHL __ __	SCHL4YR __ __
34	Construction /repair of health facilities Infrastructure / equipping	RPRHLTH __ __	HLTH4YR __ __
35	Construction /repair water systems	RPRWTR __ __	WTR4YR __ __
36	Construction /repair sewerage	RPRSWR __ __	SWR4YR __ __
37	Construction of Pit latrines	RPRPIT __ __	PIT4YR __ __
38	Construction of bridges and roads	RPRBRDG __ __	BRDG4YR __ __
39	Construction /repair of andenes, camellones	RPRAND __ __	AND4YR __ __
40	Reforestation Programs		

		REFOREST --	RFRST4YR --
41	Irrigation Programs	IRRGTN --	IRRGN4YR --
42	Other (Specify): _____ SPCINFR1	INFROTH1 --	INFR14YR --
43	Other (Specify): _____ SPCINFR2	INFROTH2 --	INFR24YR --
44	Other (Specify): _____ SPCINFR3	INFROTH3 --	INFR34YR --
	Other Programs	Does it currently operate at LOCALITY? 01=Yes, 00=No, 77=NK	Did it operate 4 years ago? 01=Yes, 00=No, 77=NK
45	Agricultura Technical Asistance	AGRITECH --	AGRTCH4Y --
46	Animal Health Services	ANIMAL --	ANIMAL4Y --
47	Agriculture Input delivery	AGRINPUT --	AGRINP4Y --
48	Titling Program	TITLING --	TITLNG4Y --
49	Technical Asistance in : _____ SPECTECH	TECHNICAL --	TCHNCL4Y --
50	Microcredit Programs	MICROCRD --	MCRCRD4Y --
51	Program to support labor enrollment: A trabajar Urbana / A Trabajar Rural	LABORENR --	LBREN4Y --

52	Other (Specify): _____ SPOTHR1	_____ OTHOTHR1	_____ 4YOTHR1
53	Other (Specify): _____ SPOTHR2	_____ OTHOTHR2	_____ 4YOTHR2
54	Other (Specify): _____ SPOTHR3	_____ OTHOTHR3	_____ 4YOTHR3

3.7	Field Worker: Write relevant observations/comments in the following box. Write first the number of the question you refer to. ENTRYID		VARIABLE
PRGQUEST	OBSERVATIONS/COMMENTS PRGCMNTS		
3.0.6	Interview concludes: Date	____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
3.0.7	Interview concludes: Hour	____ : ____	INTENDDH

SECTION 4 ECONOMY

	PERSONS ANSWERING THIS SECTION (RSID):	Code established in Informant Roster	I1 ____	14INF1
			I2 ____	14INF2
			I3 ____	14INF3
4.0	Interview begins: Date		____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
4.0.1	Interview begins: Hour		____ : ____	INTENDDH

4.1 SAY: I would like to ask you about the daily wage paid at LOCALITY for several types of work.							
FIELDWORKER: In the case where farming activities are not performed in the locality, go to question 4.2							
		4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.1.6
ID		What is the average daily wage a MALE ADULT earns for this type of work? -1111= they do not work in that type of job -2222= they are not paid for that -7777=NK	Additional to the monetary wage, does he receive any other benefit? (you can mark more than one option) 01= Breakfast 02= Lunch 03= A drink(s) 04= A cigarette(s) 05=Coca leaves 06=Other (specify in the corresponding cell)	What is the average daily wage a FEMALE ADULT earns for this type of work? -1111= they do not work in that type of job -2222= they are not paid for that -7777=NK	Additional to the monetary wage, does she receive any other benefit? (you can mark more than one option) 01= Breakfast 02= Lunch 03= A drink(s) 04= A cigarette(s) 05=Coca leaves 06=Other (specify in the corresponding cell)	What is the average daily wage or tip a CHILD receives for helping with this type of activity? -1111= they do not work in that type of job -2222= they are not paid for that -7777=NK	Additional to the monetary transfer, does she (he) receive any other benefit? (you can mark more than one option) 01= Breakfast 02= Lunch 03= A candy/candies 04= Coca leaves 05= Other (specify in the corresponding cell)
01	To prepare the land for agricultural use	LNDMALE ____ . ____	MMONLAND SPCMLAND ____	LNDFMLE ____ . ____	FMONLAND SPCFLAND ____	LNDCHLD ____ . ____	CMONLAND SPCCLAND ____

02	To plant/sow	PLNTMALE ____.____	MMONPLNT SPCMPLNT ____	PLNTFMLE ____.____	FMONPLNT SPCFPLNT ____	PLNTCHLD ____.____	CMONPLNT SPCCPLNT ____
03	To weed out agricultural land	WEEDMALE ____.____	MMONWEED SPCMWEED ____	WEEDFMLE ____.____	FMONWEED SPCFWEED ____	WEEDCHLD ____.____	CMONWEED SPCCWEED ____
04	To harvest	HRVSMALE ____.____	MMONHRVS SPCMHRVS ____	HRVSFMLE ____.____	FMONHRVS SPCFHRVS ____	HRVSCHLD ____.____	CMONHRVS SPCCHRVS ____
05	To perform post harvest activities	POSTMALE ____.____	MMONPOST SPCMPOST ____	POSTFMLE ____.____	FMONPOST SPCFPOST ____	POSTCHLD ____.____	CMONPOST SPCCPOST ____
06	To pasture/to put cattle/sheep or other animals to graze, shepherding	PSTRMALE ____.____	MMONPSTR SPCMPSTR ____	PSTRFMLE ____.____	FMONPSTR SPCFPSTR ____	PSTRCHLD ____.____	CMONPSTR SPCCPSTR ____
07	Other (specify): _____ (SPECTYPE)	OTHRMALE ____.____	MMONOTHR SPCMOTHR ____	OTHRFMLE ____.____	FMONOTHR SPCFOTHR ____	OTHRCHLD ____.____	CMONOTHR SPCCOTHR ____

4.2	Field Worker: Take note of the local average value of each type of foods, candy, drinks, etc that the worker receives additional to their daily wage (so it is possible to estimate the total value of a whole day of work in the locality).	AVGPRCE
FOODID	Type of product/ meal TYPEFOOD	Average Local Price

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4.3	Field Worker: Write relevant observations/comments on the type of work that children do. Pay special attention to the gender roles in the locality. For example, if girls do not go out from home to work in other farms, but stay at home to help with domestic work only.	VALUEID
QUESTVAL #	OBSERVATIONS/COMMENTS VALUCMNT	

4.4	SAY: I would like to ask you about the wages paid at LOCALITY for several types of work.			
		4.4.1	4.4.2	4.4.3
ID		What is the typical daily wage an ADULT MALE earns for this type of work? -1111= they do not work in that type of job -2222= they are not paid for that -7777=NK	What is the typical daily wage an ADULT FEMALE earns for this type of work? -1111= they do not work in that type of job -2222= they are not paid for that -7777=NK	What is the typical daily wage or tip a CHILD receives for helping with this type of activity? -1111= they do not work in that type of job -2222= they are not paid for that -7777=NK
01	Laundry (manual clothes washing)	LNDRMALE ____.____	LNDRFMLE ____.____	LNDRCHLD ____.____
02	Helping at workshops (diverse tasks like painting glass or wood, organizing materials in the workshop, etc)	HELPMALE ____.____	HELPFMLE ____.____	HELPCHLD ____.____
03	Construction worker	CNSTMALE ____.____	CNSTFMLE ____.____	CNSTCHLD ____.____
04	Factory worker	FACTMALE ____.____	FACTFMLE ____.____	FACTCHLD ____.____
05	Other (specify): _____ (SPCWORK1)	OTHMALE1 ____.____	OTHFMLE1 ____.____	OTHCHLD1 ____.____

06	Other (specify): _____ (SPCWORK2)	OTHMALE2 ____.____	OTHFMLE2 ____.____	OTHCHLD2 ____.____
07	Other (specify): _____ (SPCWORK3)			OTHCHLD3 ____.____
08	Other (specify): _____ (SPCWORK4)			OTHCHLD4 ____.____

4.5	FIELDWORKER: Write relevant observations/comments on the type of work that children do. Pay special attention to gender differences. For example, if girls do not go out from home to work in market jobs, but stay at home to help with domestic work only, why does this happen? What other types of work do children perform, even when they do not receive any pay for them (helping their parents to break down stones, bricks, etc). Do the children receive any other type of payment (food, etc) instead or additional to the daily wage? If so, specify what type of job (ID) you refer to, and how much that non-monetary payment would cost in the locality.	WORKID
QUSTWORK	OBSERVATIONS/COMMENTS WORKCMNT	

4.6	What is the average monthly wage earned by a Teacher of a Public Primary School at <u>LOCALITY</u>, hired under temporary contract? 77=NK, 88=There is no Primary School here	__ __	TCHTEMP
4.6.1	What is the average monthly wage earned by a Teacher of a Public Primary School at <u>LOCALITY</u>, hired as public official (stable job)? 77=NK, 88=There is no Primary School here	__ __	TCHPUB
4.7	What is the average monthly wage earned by a Nurse working at a Public Health Centre at <u>LOCALITY</u>, hired under temporary contract? 77=NK, 88= There is no Public Health Center here	__ __	NURSTEMP
4.7.1	What is the average monthly wage earned by a Nurse working at a Public Health Centre at <u>LOCALITY</u>, hired as public official? 77=NK, 88= There is no Public Health Center here	__ __	NURSPUB
4.8	What is the average monthly wage earned by a Municipal / Community Secretary at <u>LOCALITY</u>? 77=NK	__ __	SECRTY

4.9	Field Worker: Write relevant observations/comments below:	ENTRYID
V49QUEST	OBSERVATIONS/COMMENTS V49CMNT	
T		

4.0.2	Interview concludes: Date	__ __ / __ __ / __ __ (Day) (Month) (Year)	INTENDDT
4.0.3	Interview concludes: Hour	__ __ : __ __	INTENDDH

SECTION 5 LOCAL PRICES

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ____	15INF1
		I2 ____	15INF2
		I3 ____	15INF3
		I4 ____	15INF4
		I5 ____	15INF5
		I6 ____	15INF6
		I7 ____	15INF7
		I8 ____	15INF8
		I9 ____	15INF9
		I10 ____	15INF10
5.0	Interview begins: Date	__ __ / __ __ / __ __ (Day) (Month) (Year)	INTENDDT
5.0.1	Interview begins: Hour	__ : __	INTENDDH

5.1	List the Prices of the products item below. <i>Local currency : Nuevos Soles</i> <i>For Vendor Codes, use Code Box #6.</i>								
ID	ITEM	DESCRIPTION	LOCAL UNIT	VENDOR 1			VENDOR 2		
				Price	Code VENDOR	Code Informant RSID	Price	Code VENDOR	Code Informant RSID
				VARIABLE	VARIABLE	VARIABLE	VARIABLE	VARIABLE	VARIABLE
EDUCATION									
01	Notebook	100 pages		NOTEPRC1	NOTEVND1 SPCNOTE1	NOTEINF1 __ __	NOTEPRC2	NOTEVND2 SPCNOTE2	NOTEINF2 __ __
02	Shoes	School shoes, for a 12 year-old boy		SHOEPRC1	SHOEVND1 SPCSHOE1	SHOEINF1 __ __	SHOEPRC2	SHOEVND2 SPCSHOE2	SHOEINF2 __ __
03	Boy`s shirt	White, short sleeve, for a 12 year-old boy, medium quality		BYSHPRC1	BYSHVND1 SPCBYSH1	BYSHINF1 __ __	BYSHPRC2	BYSHVND2 SPCBYSH2	BYSHINF2 __ __

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04	Girl's blouse	White, short sleeve, for a 12 year-old girl, Medium quality		GRSHPRC1	GRSHVND1 SPCGRSH1	GRSHINF1 __ __	GRSHPRC2	GRSHVND2 SPCGRSH2	GRSHINF2 __ __
05	Boy's pants/trousers	Black pants, for a 12 year-old boy, medium quality		BYTPRC1	BYPTVND1 SPCBYPT1	BYPTINF1 __ __	BYTPRC2	BYPTVND2 SPCBYPT2	BYPTINF2 __ __
06	Girl's skirt	Black, for a 12 year-old girl, Medium quality		GRSKPRC1	GRSKVND1 SPCGRSK1	GRSKINF1 __ __	GRSKPRC2	GRSKVND2 SPCGRSK2	GRSKINF2 __ __

CODE BOX # 6 - VENDOR CODES

01 = Locality shop (private)	06 = Meat market	11 = State store	16 = Not available
02 = Locality co-op	07 = Supermarket	12 = Agriculture extension centre	17 = Other (Specify in the corresponding cell) (VARIABLE)
03 = Street vendor	08 = Department store	13 = Agent of fertiliser company	
04 = Mobile trader	09 = Private pharmacy	14 = Supplies markets (tubers, vegetables, meat, etc)	
05 = Vegetable market	10 = State pharmacy (MINSA)	15 = Bookstore	

HEALTH									
07	Oral rehydration salts	27.5 g sachet WHO, <i>Salvadora</i>		ORALPRC1	ORALVND1 SPCORAL1	ORALINF1 __ __	ORALPRC2	ORALVND2 SPCORAL2	ORALINF2 __ __
08	Paracetamol	125 g dispersible tablets (internationally manufactured)		PARAPRC1	PARAVND1 SPCPARA1	PARAINF1 __ __	PARAPRC2	PARAVND2 SPCPARA2	PARAINF2 __ __
09	Amoxicillin	250 mg tablet (internationally manufactured)		AMOXPRC1	AMOXVND1 SPCAMOX1	AMOXINF1__ __	AMOXPRC2	AMOXVND2 SPCAMOX2	AMOXINF2 __ __
10	Mebendazol	500mg deworming tablets (internationally manufactured)		MEBEPRC1	MEBEVND1 SPCMEBE1	MEBEINF1 __ __	MEBEPRC2	MEBEVND2 SPCMEBE2	MEBEINF2 __ __
FOOD									
11	Potato		1 Kg	POTAPRC1	POTAVND1 SPCPOTA1	POTAINF1 __ __	POTAPRC2	POTAVND2 SPCPOTA2	POTAINF2 __ __
12	Rice		1 Kg	RICEPRC1	RICEVND1 SPCRICE1	RICEINF1 __ __	RICEPRC2	RICEVND2 SPCRICE2	RICEINF2 __ __
13	Spaghetti	Loose (granel)	1 Kg	SPAGPRC1	SPAGVND1 SPCSPAG1	SPAGINF1 __ __	SPAGPRC2	SPAGVND2 SPCSPAG2	SPAGINF2 __ __

14	Coffee	Ground beans	1 Kg	COFFPRC1	COFFVND1 SPCCOFF1	COFFINF1 __ __	COFFPRC2	COFFVND2 SPCCOFF2	COFFINF2 __ __
15	Nescafe / Kirma	Can (standard size)	1 Can	NESCPRC1	NESCVND1 SPCNESC1	NESCINF1 __ __	NESCPRC2	NESCVND2 SPCNESC2	NESCINF2 __ __
16	Evaporated milk	Can (standard size)	1 Can	MILKPRC1	MILKVND1 SPCMILK1	MILKINF1 __ __	MILKPRC2	MILKVND2 SPCMILK2	MILKINF2 __ __
17	Sugar (white)	Refined	1 Kg	SUGRPRC1	SUGRVND1 SPCSUGR1	SUGRINF1 __ __	SUGRPRC2	SUGRVND2 SPCSUGR2	SUGRINF2 __ __
18	Cooking oil	Bottled from factory	1 Litre	OILPRC1	OILVND1 SPCOIL1	OILINF1 __ __	OILPRC2	OILVND2 SPCOIL2	OILINF2 __ __
19	Salt	Packed, iodized	1 Kg	SALTPRC1	SALTVND1 SPCSALT1	SALTINF1 __ __	SALTPRC2	SALTVND2 SPCSALT2	SALTINF2 __ __
OTHERS									
20	Cigarettes (with filter)			CIGRPRC1	CIGRVND1 SPCCIGR1	CIGRINF1__ __	CIGRPRC2	CIGRVND2 SPCCIGR2	CIGRINF2__ __
21	Detergent (OMO)	In bag		DETGPRC1	DETVND1 SPCDETG1	DETGINF1__ __	DETGPRC2	DETVND2 SPCDETG2	DETGINF2__ __
22	Kerosene	Domestic use		KRSNPRC1	KRSNVND1 SPCKRSN1	KRSNINF1 __ __	KRSNPRC2	KRSNVND2 SPCKRSN2	KRSNINF2 __ __

5.2	What are the main food items of animal kind (the main animal protein sources) for a typical local family? (For example, milk, cheese, eggs, chicken, beef meat, pork, lamb/mutton, fish, etc.)		
ID	Item	Price	Unit of account 01=kg, 02=unit, 03=litre, 04=Other(Specify in the corresponding cell)
ANMLFDID	ITEM	PRICE	ACCOUNT SPECACCT
01			__ __
02			__ __
03			__ __

5.3	What is the price of each of the following types of land in LOCALITY?		
ID	Item	Average Price (Soles)	In case average is unknown indicate price range is possible

		77=NK VARIABLE	Minimum VARIABLE	Maximum VARIABLE
5.3.1	RURAL			
01	1 hectare of irrigated land	PRCIRRGT	MINIRRGT	MAXIRRGT
02	1 hectare of dry land	PRCDRY	MINDRY	MAXDRY
03	1 hectare of pasture land	PRCPSTR	MINPSTR	MAXPSTR
5.3.2	URBAN			
04	1 square meter of land available to build a house	PRCBUILD	MINBUILD	MAXBUILD

5.4 If you need to buy one of the following animals how much would you pay?				
ID	Animal	Average Price (Soles) 77=NK VARIABLE	In case average is unknown indicate price range is possible	
			Minimum VARIABLE	Maximum VARIABLE
01	Cow (Modern Variety)	MDRNCOW	MINMDRN	MAXMDRN
02	Cow (Tradicional Variety)	TRADCOW	MINTRAD	MAXTRAD
03	Ox	OX	MINOX	MAXOX
04	Donkey	DONKEY	MINDNKY	MAXDNKY
05	Mule	MULE	MINMULE	MAXMULE
06	Sheep	SHEEP	MINSHEEP	MAXSHEEP
07	Goat	GOAT	MINGOAT	MAXGOAT
08	Pig	PIG	MINPIG	MAXPIG
09	Chicken	CHCKN	MINCHCKN	MAXCHCKN
10	Rabbit	RABBIT	MINRBBT	MAXRBBT

11	Guinea Pig	GNEAPIG	MINGNEA	MAXGNEA
12	Llama	LLAMA	MINLLAMA	MAXLLAMA

5.5	What is your best estimate of the transportation cost of bringing a 50 Kg. bag of the most important crop of this area to the most important Provincial market? (indicate crop)			
	CROP	Average Price (Soles)	In case average is unknown indicate price range is possible	
	IMPCROP	77=NK PRICCROP	Minimum MINCROP	Maximum MAXCROP
		-----	-----	-----

5.6	Field Worker: Write relevant observations/comments in the box below.			QUESTNUM
Question #	OBSERVATIONS/COMMENTS			
ENTRYID	COMMENTS			
5.0.2	Interview concludes: Date	___ / ___ / ___ (Day) (Month) (Year)		INTENDDT
5.0.3	Interview concludes: Hour	___ : ___		INTENDDH

MODULE 2 CHILD-SPECIFIC MODULE
SECTION 1 EDUCATIONALSERVICES (GENERAL)

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ___	21INF1
		I2 ___	21INF2
		I3 ___	21INF3
1.0	Interview begins: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
1.0.1	Interview begins: Hour	___ : ___	INTENDDH

1.1 Field Worker: Now we will like to ask you about the education available to the people in LOCALITY:						
ID		1.1.1 Was there a _____ available in <u>LOCALITY 4</u> years ago?	1.1.2 Is there a _____ currently available in <u>LOCALITY</u> ?	1.1.3 What is the locality (Town) where the closest educational facility is located? (Name of the locality)	1.1.4 Approximately how long does it take to go from the center of <u>LOCALITY</u> to the nearest facility of this type, using the most common means of transportation? Write down No. of minutes 77=NK	1.1.5 What means of transportation is commonly used? (Code Box #2)
		01=Yes 00=No, but there is one in a nearby locality 03 = No, and there is no such facility in a nearby locality 77=NK	01=Yes (SKIP to next line) 00=No, but there is one in a nearby locality (go to 1.1.3) 03 = No, and there is no such facility in a nearby locality (SKIP to next line) 77=NK			
01	Nursery (either Public, Communal, or supported by a NGO), Wawa Wasi	NURSERY	NRSRY4YR	NRSRYNAM	NRSRYTIM	NRSRYTRN SPCNRSR ___
02	Private Nursery	PRVTNRSY ___	PRVNR4YR	PRVNRNAM	PRVNRTIM	PRVNRTRN SPCPRVN ___
03	PRONOEI (Non-formal preschool)	PRONEI	PRNOE4YR	PRNOENAM	PRNOETIM	PRNOETRN ___

		— —				SPCPRNO — —
04	Non private Preschool (either Public, Communal, or supported by a NGO)	NONPRPRE — —	NNPR4YR	NONPRNAM	NONPRTIM	NONPRTRN SPCNONPR — —
05	Fe y Alegría - Preschool (Parish – Church Public School)	FAPRESCH — —	FAPRE4YR	FAPRENAM	FAPRETIM	FAPRETRN SPCFAPRE — —
06	Private Preschool	PRVTPRE — —	PRVPR4YR	PRVPRNAM	PRVPRTIM	PRVPRTRN SPCPRV — —
07	Public Primary School	PUBPRMY — —	PBPRY4YR	PBPRYNAM	PBPRYTIM	PBPRYTRN SPCPBPR — —
08	Fe y Alegría - Primary (Parish – Church Public Primary School)	FAPRMRY — —	FAPRM4YR	FAPRMNM	FAPRMTM	FAPRMTR SPCFAPRM — —
09	Other Parish-Church public Primary School	CHPUBPRI — —	CHPBPR4Y	CHPBPRNM	CHPBPRTM	CHPBPRTR SPCCHPB — —
10	Private Primary School	PRVTPRMY — —	PRVPRM4Y	PRVPRMNM	PRVPRMTM	PRVPRMTR SPCPRVPR — —
11	Public Secondary School	PUBSEC — —	PBSEC4YR	PBSECNAM	PBSECTIM	PBSECTR SPCPBSEC — —
12	Fe y Alegría - Secondary (Parish – Church Public Second School)	FASECND — —	FASEC4YR	FASECNAM	FASECTIM	FASECTR SPCFASE — —
13	Other Parish-Church public Secondary School	CHPUBSEC — —	CHPBSC4Y	CHPBSCNM	CHPBSCTM	CHPBSTR SPCCHPBS — —
14	Private Secondary School	PRVTSCND — —	PRVTSC4Y	PRVTSCNM	PRVTSCTM	PRVTSCTR SPCPRVT — —

15	Post-secondary technological institute	POSTTECH --	PSTTCH4Y	PSTTCHNM	PSTTCHTM	PSTTCHTR SPCPSTT --
16	University	UNVRSTY --	UNVTY4YR	UNVTYNAM	UNVTYTIM	UNVTYTRN SPCUNVI --
	CEO	CEOS	CEOS4YR	CEOSNAM	CEOSTIM	CEOSTRN SPCCEOS --
	Post Secondary Pedagogical Institute	POSTPEDA	PEDAG4YR	PEDAGNAM	PEDAGTIM	PEDAGTRN SPCPEDAG --
17	Other (Specify): SPECINST _____	OTHINST --	OTHER4YR	OTHERNAM	OTHERTIM	OTHERTRN SPCOTHR__

CODE BOX # 2 - Means of Transportation			
01 = By foot	05 = Mototaxi	09 = Truck	13 = Other(specify in the corresponding cell)
02 = Animal (horse donkey)	06 = Car	10 = Rail	77=NK
03 =Bicycle	07 = Micro, Combi	11 = Boat	
04=Motorcycle	08 = Bus	12 = More than one mean of transportation used	

1.2	In the past 2 years, has any Literacy Campaign/Program for Adults been implemented at LOCALITY? 01= Yes, 00=No, 77=NK	__ __	LTRCYCMP
1.3	Field Worker: Write relevant observations/comments in the box below.		PROGID
PRGQUEST	OBSERVATIONS/COMMENTS PRGCMNT		
1.0.2	Interview concludes: Date	__ __ / __ __ / __ __ (Day) (Month) (Year)	INTENDDT
1.0.3	Interview concludes: Hour	__ __ : __ __	INTENDDH

SECTION 2 CHILD DAY CARE SERVICES (NURSERIES, WAWA WASI, ...)

Field Worker: If there is more than one Wawa Wasi in the locality, choose the one that receives the highest number of children.

If there is no Wawa Wasi in the locality, the Field Worker will interview the person in charge of one of the following institutions that may provide child care services (maintain the priority):

1. Local / community / or NGO nursery
2. PRONOEI (only if the PRONOEI receives children below 3 years of age)
3. Private Nursery

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster		I1 ___	22INF1
			I2 ___	22INF2
			I3 ___	22INF3
2.0	Interview begins: Date	___ / ___ / ___ (Day) (Month) (Year)		INTENDDT
2.0.1	Interview begins: Hour	___ : ___		INTENDDH
2.1	Write the Name of the Day Care Center:			NAMEDYCR
2.1.1	When was it created?			DYCRCRTD
2.2	This Child Day Care center is: 01=Public/Municipal 02=supported by the community 03=from an NGO of social assistance 04=Private 05=from a local company/business, 06=Other (specify): _____ (SPECCARE)	___		DAYCARE
2.3	Does this Child Day Care center receive regular support from another institution (educative/health center/NGO/community kitchens/others)? (Eg., each 3 months health center's personnel comes to weigh and to measure to child): 01=Yes 00=No			
	2.3.1	Health center/ NGO weigh and measure child to define malnutrition	___	MALNTRTN
	2.3.2	Health center/ NGO send a pediatrician to evaluate and cure children	___	PEDITRCT
	2.3.3	Health center/ NGO send specialized personnel in nutrition	___	SPECIALZ
	2.3.4	Health center/ NGO send psychologist to support the evaluation and treatment of children with emotional/ psychological problems, or in other center responsibilities	___	EMOTNAL
	2.3.5	Health center/ NGO/ other give training to the daycare center's personnel in first aid topics	___	FIRSTAID
	2.3.6	Health center/ NGO/ other give training to the daycare center's personnel in early stimulation or other pedagogic topics	___	ERLYSTIM
	2.3.7	Health center/ NGO/ other give training to the daycare center's personnel in nutrition topics	___	PRSNLTRN
	2.3.8	Community kitchen/ NGO/ other give food or milk to the children	___	NUTRNTN
	2.3.9	Other (specify): _ SPECSUP1_____	___	OTHSUP1VARIABLE

	2.3.10	Other (specify): _ SPECSUP2_____	___	OTHSUP2VARIABLE
2.4	How much do parents pay per month (per child)?		___	PAYPRMTH

2.5		FIELDWORKER: Now I would like to ask you about the center's schedule of care.		
2.5.1		2.5.2		
SCHEDID Days of the week		Hours of care per day		
Field Worker: Use one line for each range of days. For example, "Monday through Thursday", and "Saturday"		Field Worker: Match this report to the corresponding day registered in 2.5.1 For example: from 9am to 5pm on "Mondays through Fridays"; and from 9am - 1pm and from 2pm to 6pm on "Saturdays"		
DAYWEEK		HOURSDAY		
01	_____	_____		
02	_____	_____		
03	_____	_____		

2.5.3	How many months a year is it open?	_____	MONTHS
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2.6	Could you tell me what are the three areas that Child Day Care Center staff prioritize (see as the most important ones) (from the most important one and so on):			
	01=Health 02=Language 03=Socialization 04=Motor coordination 05=Nutrition			
	06=Posture 07=Discipline 08=Emotional state			
	09= Other (Specify) _____ VARIABLE			
2.6.1	Most important one SPECMOST	_____	MOSTIMP	
2.6.2	Second most important SPECSECN	_____	SECNDIMP	
2.6.3	Third most important SPECTHRI	_____	THRIDIMP	
2.7	Indicate the number of people who work permanently in this Child Day Care Center:			
2.7.1	Caregiver mother/Tutor/Teacher	_____	CAREGVR	
2.7.2	Auxiliar	_____	AUXILR	
2.7.3	Psychologist	_____	PSYLGIST	
2.7.4	Nurse	_____	NURSE	
2.7.5	Other (specify): _____	SPECPRM1	_____	OTHRPRM1
2.7.6	Other (specify): _____	SPECPRM2	_____	OTHRPRM2

2.8	In what language does the Care-taker mother/tutor/teacher talk with children and parents? (you can indicate more than one option) 01=Yes 00=No				
	2.8.1	Spanish	__ __	TLKSPAN	
	2.8.2	Quechua	__ __	TLKQCHUA	
	2.8.3	Aymara	__ __	TLKAYMRA	
	2.8.4	Other native language (specify): _____	SPECTLK	__ __	TLKOTHR
2.9	Which is the Care-taker mother/tutor/teacher level of education? (you can mark more than one option) 01=Yes 00=No				
	Caregiver mother/ Tutor/ Teacher 1	2.9.1	Complete primary	__ __	LVPRMRY1
		2.9.2	Complete secondary	__ __	LVSCNDR1
		2.9.3	Technical Education	__ __	LVTCHED1
		2.9.4	Universitary degree and above	__ __	LVUNIV1
		2.9.5	Public training in child care (USE, ..) (to be caregiver mother)	__ __	LV PUBTR1
		2.9.6	NGO training in child care	__ __	LVNGOTR1
		2.9.7	Other (specify) _____	SPECLVL1	__ __
	Caregiver mother/ Tutor/ Teacher 2	2.9.8	Complete primary	__ __	LVPRMRY2
		2.9.9	Complete secondary	__ __	LVSCNDR2
		2.9.10	Technical Education	__ __	LVTCHED2
		2.9.11	Universitary degree and above	__ __	VARI LVUNIV2A BLE
		2.9.12	Public training in child care (to be caregiver mother)	__ __	LV PUBTR2
		2.9.13	NGO training in child care	__ __	LVNGOTR2
2.9.14		Other (specify) _____	SPECLVL2	__ __	LVOTHER2

2.10.1	In the past 12 months, have those working in Child Day Care Centre (teachers and auxiliary staff) received any training in childhood topics (e.g. early stimulation, child development etc)? (ENTER 01=Yes 00=No 77=NK) If no, skip to 2.11	__ __	STAFFTRN
2.10.2	If yes, in which of the following topics?	01=Yes 00=No 77=NK	
	01 = Intellectual/Cognitive developmental	__ __	INTLLCTL
	02 = Emotional/Social development	__ __	EMTIONL

	03 = Nutrition		__ __	NUTRN
	04 = Health		__ __	HEALTH
	05 = Group managment		__ __	GRPMGMT
	06 = Relationship with parents		__ __	RLTNSHIP
	Other (Specify) _____	SPECTRN	__ __	OTHRTRN

2.11	How many girls and boys have attended this center in the last month?			
	2.11.1	Number of boys	_____	NMLMBOYS
	2.11.2	Number of girls	_____	NMLMGRLS
2.12	What is the range of ages of the children currently attending?		years old	
	2.12.1	The youngest boy/girl is :	_____	YOUNGEST
	2.12.2	The oldest boy/girl is:	_____	OLDEST
2.13	Does this center accept disabled children? 01=Yes 00=No (go to 2.18) 77=NK		___	DISABLED
2.14	How many disabled girls and boys attend this center?			
	2.14.1	Number of boys	_____	NUMDISBY
	2.14.2	Number of girls	_____	VARI NUMDISGR ABLE
2.15	What type of disability do these children have? 01=Yes 00=No 77=NK			
	2.15.1	Blind	___	BLIND
	2.15.2	Deaf	___	DEAF
	2.15.3	Down Syndrome	___	DOWNSYND
	2.15.4	Disabled in one extremity	___	ONEEXTRM
	2.15.5	Other (specify) SPECDIS1 _____ _	___	OTHDIS1
	2.15.6	Other (specify) SPECDIS2 _____ _	___	OTHDIS2
	2.15.7	Other (specify) SPECDIS3 _____ _	___	OTHDIS3
2.16	2.16.1 Does the center have special materials for disabled children? 01=Yes 00=No (go to 2.17a) 77=NK		___	SPCLMTRL
	2.16b What kind of special materials? _____ _____ _____			KNDMTRL

2.17	2.17.1 Has any of the center's staff been trained to assist disabled children? 01=Yes 00=No (They receive the same care that non-disabled children do) (go to 2.18)		___	ASSITDIS
	2.17.2 What special approaches can be applied in this center to disabled children? _____ _____ _____			DYNAMAPPD
2.18	How many of the boys and girls in this center have been here for more than 3 months in the last 12 months? -77=NK			
	2.18.1	Number of boys	___	NM3MBOYS
	2.18.2	Number of girls	___	NM3MGRLS
2.19	How many of the boys and girls in the center have been here for more than 6 months? -77=NK		___	
	2.19.1	Number of boys	___	MORE6BOY
	2.19.2	Number of girls	___	MORE6GRL
2.20	What materials and supplies does the center have? 01=Yes, 00=No, 77=NK			
	2.20.1	Toys	___	TOYS
	2.20.2	Diapers	___	DIAPERS
	2.20.3	Didactic material	___	DIDACTIC
	2.20.4	First Aid Kit	___	FRST Aid
	2.20.5	Milk/food for the children	___	MILKFOOD
	2.20.6	Other (Specify) SPECTOY1 _____	___	OTHTOY1
	2.20.7	Other (Specify) SPECTOY2 _____ _____	___	OTHTOY2
2.21	What materials or supplies do children typically bring? 01=Yes, 00=No, 77=NK			
	2.21.1	Toys	___	BRNGTOY
	2.21.2	Diapers	___	BRNGDIPR
	2.21.3	Clothes	___	BRNGCLTH

	2.21.4	Milk/food		__ __	BRNGMILK
	2.21.6	Other (Specify) SPCBRNG1 _____		__ __	OTHBRNG1
	2.21.7	Other (Specify) SPCBRNG2 _____		__ __	OTHBRNG2
2.22	Do parents normally send their children clean to the center? 00 = Never 01 = Occasionally 02 = Sometimes 03 = Usually 04 = Always			__	CHLCLEAN
2.23	Has the person in charge of day care organized meetings with parents or have you sought family participation? 01=Yes 00=No (go to 2.25) 77=NK			__ __	MEETINGS
2.24	In which topics did the person in charge of day care seek parent's participation?				
	2.24.1	Health		__	PRTHLTH
	2.24.2	Nutrition		__	PRTNUTR
	2.24.3	Language		__	PRTLANG
	2.24.4	Motor Coordination		__	PRTCOORD
	2.24.5	Socialization		__	PRTSOCLZ
	2.24.6	Discipline		__	PRTDISC
	2.24.7	Posture		__	PRTPOST
	2.24.8	Emotional state		__	PRTEMTN
	2.24.9	Other (Specify) _____	SPECPRT	__	PRTOTHRIN
2.25	Is the day care center visited by a supervisor? 01=Yes 00=No (go to 2.27) 77=NK			__ __	SUPVISIT
2.26	If so, how often? 1=once a week 2=twice a month 3=once a month 4=very rarely			__	HOWOFTEN
2.27	Is there any other Wawa Wasi at LOCALITY? 01=Yes 00=No (go to 2.29) 77=NK (go to 2.29)			__ __	OTHRWAWA
2.28	How many? 77=NK			__ __	NUMWAWA
2.29	Is there any other nursery at LOCALITY? 01=Yes 00=No (go to question 2.32) 77=NK (go to question 2.32)			__ __	OTHRNURS
2.30	How many? 77=NK			__ __	NUMNURS

2.31	2.31.1	2.31.2	2.31.3
NURSI D	Could you tell me the name of other nurseries around this area (name the 3 receiving the most children)	Where is it located?	What type of nursery is it? 01=Public/Municipal 02=communal 03=of the NGO of social assistance 04=Private 05=Other (specify in the corresponding cell) SPECTYPE 77=НК
	NAMENURS	WHEREENURS	TYPENURS
01	_____	_____	_____
02	_____	_____	_____
03	_____	_____	_____

2.32	Field Worker: Write relevant observations/comments in the box below.	QUESTNUM
Question # ENTRYID	OBSERVATIONS/COMMENTS COMMENTS	

2.0.2	Interview concludes: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
2.0.3	Interview concludes: Hour	___ : ___	INTENDDH

FIELD WORKER: Observation Guide (about the Child Day Care center interviewed)

2.33	What is the main wall material of the center building? 1 = Adobe 2 = Quincha 3 = Wood 4 = Brick/concrete 5 = Other (Specify) _____ SPECWALL _____	_____	WALL
2.34	Indicate the preservation status of the building 1 = Good 2 = Regular 3 = Damaged	_____	STATUS
2.35	In what condition is the building where the center functions?		

	01=Yes	00=No	77=NK		
2.35.1	Appropriate			___	APPROPR
2.35.2	Insufficient Space			___	INSUFFC
2.35.3	Inappropriate Lighting			___	ILLUMNTN
2.35.4	Inappropriate ventilation			___	VENTILTN
2.35.5	Poor distribution of space			___	POORDIST
2.35.6	Other (Specify) _____		SPECCOND	___	OTHRFNCT

2.36 Regarding the public utilities available to this Child Day Care facility:					
		2.36.1	2.36.2	2.36.3	2.36.4
ID	Source of water	The center's source of water is: 01=Yes 00=No 77=NK	On average, How many hours per day is there access to water?	How many days per week?	What is its functioning status? (in terms of whether it works, how clean it is, and so on) 1=Good 2=Regular 3=Bad
			ACCDWLL	WKDWLL	
01	Piped into dwelling/yard/plot (public)	DWLLING ___	___	___	STSDWLL ___
02	Piped water (private, connected to any other water source excluding the public network)	PIPEWTR ___	___	___	STSPWTR ___
03	Private tubewell	TUBEWELL ___	___	___	STSTUBE ___
04	Public fountain	FOUNTAIN ___	___	___	STSFNT ___
05	Public Well	PBLWELL ___	___	___	STSWELL ___
06	Water truck	WTRTRCK ___	___	___	STSTRCK ___
07	Spring/pond/river/stream	SPRINGW ___	___	___	STSPOND ___
08	Other: ___ SPECSRC	OTHRSRC	___	___	STSOTHR ___

	_____	__ __			_____
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2.37		2.37.1	2.37.2
ID	Sewage service	Where do people in the center relieve themselves/do their business/defecate? 01=Yes 00=No	What is the functioning status of this service? (in terms of whether it works, how clean it is, and so on) 1=Good 2=Regular 3=Bad
01	Flush toilet/ septic tank within the household	TOILTIN __ __	STSTLTIN __
02	Flush toilet/ septic tank outside the house (communal)	TOILTOT__ __	STSTLTOT __
03	Pit latrine inside the dwelling, used exclusively by the household	LATRININ __ __	STSLTRIN __
04	Pit latrine outside the dwelling, used exclusively by the household	LATRNOU __ __	STSLTROU __
05	Pit latrine used by any member of the locality	LATRNNY __ __	STSLTRNNY __
06	Hill, open field, bushes	HILL __ __	STSHILL __
07	River, stream, canal	RIVER __ __	STSRIVER __
08	Other: _____ SPECSEW _____	OTHRSEW __ __	STSOTHSW __

2.38	What is the center source of electricity? 01 = Public connection 02 = Electricity Generator Set 03 = Do not have 04= Other (Specify) __ SPECELCT _____	2.38 __	ELECTRCY
2.39	GPS Coordinates of the Child Day Care Center		REFPOIN T
	<input type="text"/> <input type="text"/> <input type="text"/> S		GPSSTH

	<input type="text"/> <input type="text"/> <input type="text"/> W	<i>GPSWES</i>
		T
	<input type="text"/> ALTITUDE	<i>GPSALTD</i>

SECTION 3 EDUCATIONAL SERVICES (PRESCHOOL, PRIMARY, SECONDARY)

Educational Center

Field Worker: The priority for this interview is as follows:

- (1) Educational Center with Preschool and Primary Level
- (2) Educational Center with Preschool (but not Primary level)
- (3) Educational Center with Primary Level (but not Preschool)

If there is more than one center within the chosen category, select the Educational Center that receives more local children and adolescents.

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ___	23INF1
3.0	Interview begins: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
3.0.1	Interview begins: Hour	___ : ___	INTENDDH

3.1	Write the Name of the Educational Center:		EDUCCNTR
3.1.1	Official name		OFFCLNM
3.1.2	Educational Center's Number (if it is a Public School)		NUMEDUC
3.1.3	Other name (if it is known by a name, different from the official one)		OTHRNAME
3.1.4	Name of the locality where this center is located (in case it is not located at <u>LOCALITY</u>)		LOCALITY

3.2 Field Worker: I would like to ask you about the average yearly expenditure per student: (FIELD WORKER: ask about last school year - 2005)					
ID	Instruction Level	3.2.1 Registration and monthly payment 0000=No payment is required 8888=NA 7777=NK	3.2.2 APAFA (Association of Students' Parents) 0000=No payment is required 8888=NA 7777=NK	3.2.3 Purchase of Books, Uniform, and other supplies 0000=No payment is required 8888=NA 7777=NK	3.2.4 Extra-ordinary Payments 0000=No payment is required 8888=NA 7777=NK
01	Preschool	PRESCHL	APAFAPRE	PURPRESC	EXTRPRE
02	Special	SPECIAL	APAFASPE	PURSPCL	EXTRSPE
03	Primary	PRIMARY	APAFAPRI	PURPRI	EXTRPRI
04	Secondary	SECNDRY	APAFASEC	PURSEC	EXTRSEC
05	Other: (Specify) SPCLEVEL	OTLEVEL	APAFAOTH	PUROTHR	EXTROTH

3.3 SAY: I would like to ask you about children's attendance schedule.				
ID	Instruction Level	3.3.1 On average, how many hours a day do children come to class? 88=NA 77=NK	3.3.2 On average, how many days a month do children come to class? 88=NA 77=NK	3.3.3 On average, how many months a year do children come to class? 88=NA 77=NK
01	Preschool	HRSPRESC	DYSPRESC	MTHPRESC
02	Special	HRSSPEC	DYSSPEC	MTHSPEC
03	Primary	HRSPRIM	DYSPRIM	MTHPRIM
04	Secondary	HRSECN	DYSECN	MTHSECN
05	Other: (Specify) SPCLVL33	HRSOTHR	DYSOTHR	MTHOTHR

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This Educational Center is:

01=Yes 00=No 77=NK

3.4.1	Public	___	PUBLIC
3.4.2	Private	___	PRIVATE
3.4.3	Public-parish-church	___	PUBCHRCH
3.4.4	Community	___	COMMTY
3.4.5	Other (Specify): _____	SPECEDU	OTHEREDU

Does this Educational Center have the following instruction levels?

01=Yes 00=No 77=NK

3.5.1	Preschool	___	INSPRESCH
3.5.2	Special	___	INSSPECL
3.5.3	Primary	___	INSPRMRY
3.5.4	Secondary	___	INSSECND
3.5.5	Other (Specify): _____	SPCINS __ __	INSOTHER

How many shifts does this center have, for each instruction level?

(For example: If there is a day shift and an afternoon shift in Primary Level, mark "2" in 3.6c)

3.6.1	Pre-primary	___	SHFTINTL
3.6.2	Special	___	SHFTSPCL
3.6.3	Primary	___	SHFTPRMY
3.6.4	Secondary	___	SHFTSECD

3.6.5	Other (Specify): _____	SPECSHFT		SHFTOTHR
Does this educational center accept disabled students in the following instruction level? 01=Yes 00=No 77=NK (If the answer is NO for every level, go to question 3.12)				
3.7.1	Pre-primary		__	DISINTL
3.7.2	Special		__	DISSPCL
3.7.3	Primary		__	DISPRMY
3.7.4	Secondary		__	DISSECND
3.7.5	Other (Specify): _____	SPCDSLVL ___		DISOTHR
Currently, how many disabled students attend this school?				
3.8.1	Number of boys		__	NMDISBOY
3.8.2	Number of girls		__	NMDISGRL
What type of disability do these children/adolescents have? 01=Yes 00=No 77=NK				
3.9.1	Blind		__	BLINDS
3.9.2	Deaf		__	DEAFS
3.9.3	Down Syndrome		__	DWNSYNDR
3.9.4	Disabled in one extremity		__	DISEXTRM
3.9.5	Other (Specify): _____	SPCDIS1__	__	DISOTHR1
3.9.6	Other (Specify): _____	SPCDIS2	__	DI3OTHR2
3.9.7	Other (Specify): _____	SPCDIS3	__	DISOTHR3

3.10	3.10.1 Does the center have special materials for disabled students? 01=Yes 00=No (go to question. 3.11) 77=NK (go to question. 3.11)			SPECMTRL
	3.10.2 What kind of special materials? _____ _____ _____			KINDMTRL
3.11	Has any of the center's staff been trained to take care of disabled students? 01=Yes 00=No (receive the same treatment as the non-disabled students do)			TRAINED
3.12	What kind of educational center is this center? 01=Yes 00=No 77=NK			
	3.12.1	One teacher for all grades (multigrade, one teacher)		ONE4ALL
	3.12.2	Two or more teachers, each with several grades in the same classroom (multigrade, several teachers)		2ORMORE
	3.12.3	One teacher per grade		ONEPERGR
	3.12.4	Other (Specify): _____	SPECKIND	OTHRKND
3.13	In what language do the teachers teach? (you can choose more than one option) 01=Yes 00=No 77=NK			
	3.13.1	Spanish		TCHSPAN
	3.13.2	Quechua		TCHQUE
	3.13.3	Aymara		TCHAYMA
	3.13.4	Other native language (Specify): _____	OTHRTCH	TCHSOTHR
3.14	In what language do students speak with each other at school (during breaks, when playing, ..)? 01=Yes 00=No 77=NK			
	3.14.1	Spanish		SPKSPAN
	3.14.2	Quechua		SPKQUE
	3.14.3	Aymara		SPKAYMA
	3.14.4	Other native language (Specify): _____	SPECKIND	SPKSOTHR
3.15	When did this center start operating (year)?		_____	STARTOP

3.16 SAY: Now, I would like to ask you about students' performance last year (2005)

		3.16.1	3.16.2
ID	Instruction Level	Last year, what was the % of students dropping out school? 88=NA, 77=NK	Last year, what was the repetition rate? 88=NA, 77=NK
01	Primary	PRIDROP	PRIMREP
02	Secondary	SECDROP	SECREP

3.17	Areas of Influence of this educational center	SAY: Could you tell me the localities where most of the students come from (live in)?)rank the localities from the most important to the least important)			
	3.17.1	3.17.2	3.17.3	3.17.4	3.17.5
LOCENTID	Write the name of the locality the students come from	Code of the locality (Code Box # 07)	Code of the route of access (Code Box # 08)	What is the means of transportation most used by students to get to school? (Code Box # 09) 77=NK	Approximately, how long does it take for the students to arrive to school everyday? (in minutes) -77=NK
	NAMELOC	CODELOC SPECCODE	ROUTEACC SPECROUT	TRANSPORT SPCTRNS	TIMESCHL
01					
02					
03					
04					
05					

CODE BOX # 07 - Locality

01=Town	04=Peasants' Community
02=Village	05=UA-CAP
03=Annex	06=Other _____

CODE BOX # 08 - Route of Access

01= Paved road or unpaved-engineered earth road	04= River/lake
02= Motorized unpaved roads/tracks	05= Other _____

03= Non motorizad unpaved roads/track	
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CODE BOX # 02 - Means of Transportation			
01=By foot	05=Mototaxi	09=Truck	13=Other(specify in the corresponding cell)
02=Animal (horse donkey	06=Car	10=Rail	77=NK
03=Bicycle	07=Micro, Combi	11=Boat	
04=Motorcycle	08=Bus	12=More than one mean of transportation used	

3.18	Has the principal or a school teacher organized workshops with parents to give advice/suggestions about the following topics:		(ENTER 01=Yes 00=No 77=NK)	
	3.18.1 How to encourage children to do their homework?		__ __	WKSHHOME
	3.18.2 How to encourage children to help out with households' tasks?		__ __	WKSHTASK
	3.18.3 How to encourage children to obey their orders?		__ __	WKSHORDR
	3.18.4 Other, specify _____		SPECWKSH	__ __
3.19	Has the principal or a school teacher held individual sessions with the students' parents to give them advice/suggestions about the following topics:		01=Yes 00=No 77=NK	
	3.19.1 How to encourage children to do their homework?		__ __	ADVCHOME
	3.19.2 How to encourage children to help out with households' tasks?		__ __	ADVCTASK
	3.19.3 How to encourage children to obey their orders?		__ __	ADVCORDR
	3.19.4 Other, specify _____		SPECADVC	__ __
3.20	Field Worker: Write relevant observations/comments in the box below.		ENTRYID	
QUESTNUM	OBSERVATIONS/COMMENTS COMMENTS			

3.0.2	Interview concludes: Date	__ __ / __ __ / __ __ (Day) (Month) (Year)	INTENDDT
3.0.3	Interview concludes: Hour	__ __ : __ __	INTENDDH

Field Worker: If this educational center does not have Preschool level, conclude with this interview and proceed with the Observation Guide. Otherwise, proceed with the following interview (you will need to choose the most informed person on Preschool Level topics).

Additional Questions for Preschool Level

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I2 ___ __	2PINF1
3.0.4	Interview begins: Date	___ __ / ___ __ / ___ __ (Day) (Month) (Year)	INTENDDT
3.0.5	Interview begins: Hour	___ __ : ___ __	INTENDDH

3.21	What is the range of ages of the children attending Preschool at this center?		(years old)	
	3.21.1 The youngest boy/girl is :		___	YNGBOY
	3.21.2 The oldest boy/girl is:		___	OLDBOYL
3.22	Currently, how many boys and girls attend Preschool?			
	3.22.1 Number of boys		___	NUMBOY
	3.22.2 Number of girls		___	NUMGIRL
3.23	Does this level accept disabled students? 01=Yes 00=No (go to 3..27) 77=NK		___	ACCPDIS
3.24	Currently, how many disabled boys and girls attend Preschool?			
	3.24.1 Number of boys		___	DSNBOY
	3.24.2 Number of girls		___	DSNGRL
3.25	What type of disability do these children have? 01=Yes 00=No 77=NK			
	3.25.1 Blind		___	BLINDPS
	3.25.2 Deaf		___	DEAFPS
	3.25.3 Down Syndrome		___	DWNSYPS
	3.25.4 Disabled in one extremity		___	EXTRMPS
	3.25.5 Other (Specify): _____	SPCDS1PS	___	OTHDS1PS
	3.25.6 Other (Specify): _____	SPCDS2PS	___	OTHDS2PS
	3.25.7 Other (Specify): _____	SPCDS3PS	___	OTHDS3PS
3.26	3.26.1 Do you have special materials for disabled children? 01=Yes 00=No (go to 3.27) 77=NK		___	SPCMTRPS
	3.26.2 What kind of special materials? _____ _____			KNDMTRPS

3.27	3.27.1 Has any of the center's staff been trained to take care of disabled children? 01=Yes 00=No (They receive the same care that non-disabled children do) (go to 3.28)		_____
	3.27.2 What special approaches can be applied in this center to disabled children? _____ _____ _____		SPCLAPPR
3.28	What materials and supplies does the center have? 01=Yes 00=No 77=NK		
	3.28.1	Toys	____
	3.28.2	Diapers	____
	3.28.3	Didactic material	____
	3.28.4	First Aid Kit	____
	3.28.5	Milk/food for the children	____
	3.28.6	Other (Specify) _____	SPCHAVE1 ____
	3.28.7	Other (Specify) _____	SPCHAVE2 ____
3.29	What materials or supplies do children typically bring? (you can choose more than one option) 01=Yes 00=No 77=NK		
	3.29.1	Toys	____
	3.29.2	Notebook/pencils	____
	3.29.3	Diapers	____
	3.29.4	Clothes to change	____
	3.29.5	Food	____
	3.29.7	Other (Specify) _____	SPCOTH1 ____
	3.29.8	Other (Specify) _____	SPCOTH2 ____

3.30	Could you tell me what are the three areas that Preschool staff prioritize (see as the most important ones)? (rank them from the most important one and on) 01=Health 02=Language 03=Socialization 04=Motor coordination 05=Nutrition 06=Intellectual development 07=Posture 08=Discipline 09=Emotional state 10= Other (Specify)_____			
	3.30.1	Most important one SPCMST	__ __	MSTIMP
	3.30.2	Second most important SPECSEC	__ __	SECIMP
	3.30.3	Third most important SPECTHRD	__ __	THRDIMP
3.31	Indicate the number of people who work as permanent staff at Preschool:			
	3.31.1	Tutor/Teacher	__ __	NUMTUTR
	3.31.2	Teaching Assistant	__ __	NUMASST
	3.31.3	Psychologist	__ __	NUMPSYCH
	3.31.4	Nurse	__ __	NUMNRSE
	3.31.5	Other (Specify): _____	SPCSTF1 __ __	NUMSTF1
3.31.6	Other (Specify): _____	SPCSTF2 __ __	NUMSTF2	
3.32	How many Tutor(s)/Teacher(s) have (at most) the following education level?			
	3.32.1	Less than Complete primary	__ __	LESSTHAN
	3.32.2	Complete primary	__ __	CMPLPRIM
	3.32.3	Complete secondary	__ __	CMPLSEC
	3.32.4	Pedagogical (non-university) degree	__ __	CMPLPEDA
	3.32.5	University degree and above	__ __	CMPLUNIV
	3.32.6	Other (Specify): _____	SPCLVL __ __	CMPLOTH
3.33.1	In the past 12 months, have those working in Preschool (teachers and auxiliary staff) received any training in childhood topics (e.g. early stimulation, child development etc)? (ENTER 01=Yes 00=No 77=NK) If no, skip to 3.34		__ __	CHLDTOPC
3.33.2	If yes, in which of the following topics?		01=Yes 00=No 77=NK	
	01 = Intellectual/Cognitive developmental		__ __	COGDEVL
	02 = Emotional/Social development		__ __	EMOTNL
	03 = Nutrition		__ __	NTRITION
	04 = Health		__ __	HLTH

	05 = Group management		GRPMANGE
	06 = Relationship with parents		RLTNWPRN
	Other (Specify) _____	SPCTOPIC	OTHRTOPC
3.34	Have the Tutor(s)/Teacher(s) held meetings with parents or sought family participation? 01=Yes 00=No (go to 3.36) 77=NK		PARTICIP
3.35	In which topics have the Tutor(s)/Teacher(s) sought parent's participation? 01=Yes 00=No		
3.35.1	Health		HLTHPRTC
3.35.2	Nutrition		NUTRPRTC
3.35.3	Language		LANGPRTC
3.35.4	Motor coordination		MOTRPRTC
3.35.5	Socialization		SOCLPRTC
3.35.6	Discipline		DSCPRTC
3.35.7	Intellectual development		INTLPRTC
3.35.8	Emotional state		EMTNPRTC
3.35.9	Other _____ SPCPRTC		OTHRPRTC

3.36	Field Worker: Write relevant observations/comments in the box below. Write in the question number that corresponds to the comment in the left-hand column.	
QUESTNUM	OBSERVATIONS/COMMENTS COMMENTS	

3.0.6	Interview concludes: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
3.0.7	Interview concludes: Hour	___ : ___	INTENDDH

Field Worker: Observation Guide (about the Educational Center)

3.37	What is the wall's material of the center building? 01 = Adobe 02 = Quincha 03 = Wood 04 = Brick/concrete 05 = Other (Specify)_ SPCWLLED _____	___	WLLMTRED
3.38	Indicate the preservation status of the building 01 = Good 02 = Regular 03 = Damaged	___	STSBLDG
3.39	In which condition is the building where the center functions? 01=Yes 00=No 77=NK		
3.39.1	Appropriate	___	APPRPR
3.39.2	Insufficient space	___	INSUFF
3.39.3	Inappropriate lighting	___	INAPLGHT
3.39.4	Inappropriate ventilation	___	INAPVENT
3.39.5	Poor distribution of space	___	PRDSTED
3.39.6	Other (Specify): _____	SPECCNDT	OTHRCDT

3.40	Field Worker: Regarding the public utilities available to this Education Center				
		3.40.1	3.40.2	3.40.3	3.40.4
ID	Source of water	The center source of water is: 01=Yes, 00=No 77=NK	On average, How many hours per day there is access to water?	How many days per week?	What is its functioning status? (in terms of whether it works, how clean it is, etc.) 01=Good 02=So-so 03=Bad
			HRSINTO	DYSINTO	
01	Piped into dwelling/yard/plot (public)	PIPEINTO			STSINTO
02	Piped water (private, connected to any other water source excluding the public network)	PRVTPIPE			STSWATER
03	Private tubewell	TBEWLLED			STSTBE
04	Public fountain	FNTAINED			STSFNTN
05	Public Well	PBWLLED			STSWLL
06	Water truck	WTTRCKED			
07	Spring/pond/river/stream	SPRINGED			
08	Other: _ SPCSRCED	OTHSRCED			

3.41			
ID	Sewage service	3.41.1 Where do people in the center relieve themselves/do their business/defecate? 01=Yes 00=No	3.41.2 What is the functioning status of this service? (in terms of whether it works, how clean it is, and so on) 01=Good 02=Regular 03=Bad
01	Flush toilet/ septic tank within the household	TLTWTHIN ____	STLTINED ____
02	Flush toilet/ septic tank outside the house (communal)	TLTOUT ____	STLOUTED ____
03	Pit latrine inside the dwelling, used exclusively by the household	PITLTRIN ____	SPITINED ____
04	Pit latrine outside the dwelling, used exclusively by the household	PITLTOUT ____	SPTOUTED ____
05	Pit latrine used by any member of the locality	ANYPIT ____	SPTANYED ____
06	Hill, open field, bushes	HILLED ____	SHILLED ____
07	River, stream, canal	RIVERED ____	SRIVERED ____
08	Other: _____ SPECSEWG	OTHSWED ____	OTHFNCD ____

3.42	What is the center source of electricity? 01= Public connection 02 = Electricity Generator Set 03 = Do not have 04= Other (Specify) _____ SPCELCED	3.42 _____	ELECTED
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3.43	GPS Coordinates of the Educational Center RFPNTED	
	<input type="text"/> <input type="text"/> <input type="text"/> S	GPSSTHED
	<input type="text"/> <input type="text"/> <input type="text"/> W	GPSWSTED

	<input type="text"/>	ALTITUDE	GPSALTED
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Field Worker: If you interviewed staff from a center with Preschool and Primary School, proceed with Section 4. If you interviewed staff from a center with Preschool Level only, select an Educational Center that has Primary School and proceeds with the following interview.

Educational Center with Primary Level

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I3 _ _	3EINF1
3.0.8	Interview begins: Date	__ __ / __ __ / __ __ (Day) (Month) (Year)	INTENDDT
3.0.9	Interview begins: Hour	__ __ : __ __	INTENDDH

3.44.1	Write the Name of the Educational Center:		CENTRNUM
3.44.2	Official name		OFFCLNME
3.44.3	Educational Center's Number (if it is a Public School)		EDUNMBR
3.44.4	Other name (if it is known by a name, different from the official one)		OTHRNME
3.44.5	Name of the locality where this center is located (in case it is not located at <u>LOCALITY</u>)		NAMELOCL

3.45	Regarding children's attendance schedule: How many days a month is it open, how many hours a day, and how many months a year?			
		3.45.1	3.45.2	3.45.3
ID	Type of Education	How many days a month do children come to class? 88=NA 77=NK	How many hours a day do children come to class? 88=NA 77=NK	How many months a year do children come to class 88=NA 77=NK
		DYSCLASS	HRSCCLASS	MTHCLASS
01	Primary Level			

3.46	This Educational Center is: 01=Yes 00=No 77=NK				
	3.46.1	Public	___	PUBLICPY	
	3.46.2	Private	___	PRVTPY	
	3.46.3	Public-parish-church	___	CHURCHPY	
	3.46.4	Community	___	COMMTYP Y	
	3.46.5	Other (Specify): _____	SPCTYPPY	___	OTHTYPPY
3.47	How many shifts does this center have for Primary Level? (For example: If there is a day shift and an afternoon shift in Primary Level, mark "2")		___	SHIFTSPY	
3.48	Does this educational center accept disabled students in Primary Level? 01=Yes 00=No (go to 3.53)		___	ACCPDSPY	
3.49	Currently, how many disabled students attend this school?				
	3.49.1	Number of boys	___	BYSATNP Y	
	3.49.2	Number of girls	___	GRLATNP Y	
3.50	What type of disability do these children have? 01=Yes 00=No 77=NK 88=NA				
	3.50.1	Blind	___	BLINDPY	
	3.50.2	Deaf	___	DEAFPY	
	3.50.3	Down Syndrome	___	DWSYNPY	
	3.50.4	Disabled in one extremity	___	EXTRMPY	
	3.50.5	Other (Specify): _____	SPCDS1PY	___	DSOTH1P Y
	3.50.6	Other (Specify): _____	SPCDS2PY	___	DSOTH2P Y
	3.50.7	Other (Specify): _____	SPCDS3PY	___	DSOTH3P Y
3.51	3.51.1 Does the center have special didactic material for disabled students? 01=Yes 00=No (go to 3.52) 77=NK (go to 3.52) 88=NA		___	MATRLPY	
	3.51.2 What kind of special didactic material? _____ _____			KNDMTRP Y	

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3.52	Has any of the center's staff been trained to take care of disabled students? 01=Yes 00=No (receive the same treatment as the non-disabled students do)	_ _ _	STFFTRND
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3.53	What kind of educational center is? 01=Yes 00=No 77=NK		
3.53.1	One teacher for all grades (multigrade, one teacher) (Unidocente)	_ _ _	ONETCHR
3.53.2	Two or more teachers, each with several grades in the same classroom (multigrade, several teachers) (Polidocente multigrado)	_ _ _	TWOTCHR
3.53.3	One teacher per grade	_ _ _	ONEPRGR
3.53.4	Other (Specify): _____ SPCTCHR	_ _ _	OTHERNUM
3.54	In which language do the teachers teach? (you can choose more than one option) 01=Yes 00=No 77=NK		
3.54.1	Spanish	_ _ _	TCHSPNSH
3.54.2	Quechua	_ _ _	TCHQUEC
3.54.3	Aymara	_ _ _	TCHAMYR
3.54.4	Other native language (specify): _____ SPCTCH	_ _ _	TCHOTHR
3.55	In which language do students speak with each other at school (during breaks, when playing, ..)? 01=Yes 00=No 77=NK		
3.55.1	Spanish	_ _ _	SPKSPNSH
3.55.2	Quechua	_ _ _	SPKQUEC
3.55.3	Aymara	_ _ _	SPKAYMR
3.55.4	Other native language (specify): _____ SPCSPK	_ _ _	SPKOTHR
3.56	When did this center start operating (year)?	_ _ _ _ _	CNTRSTRT
3.57	Last year, what was the % of Primary level students dropping out school? 88=NA 77=NK	_ _ _	DROPOUT
3.58	Last year, what was the repetition rate among Primary students? 88=NA 77=NK	_ _ _	REPITION

3.59	Field Worker: Write relevant observations/comments in the box below.	
QUESTNUM #	OBSERVATIONS/COMMENTS COMMENTS	

3.0.10	Interview concludes: Date	___ ___ / ___ ___ / ___ ___ (Day) (Month) (Year)	INTENDDT
3.0.11	Interview concludes: Hour	___ ___ : ___ ___	INTENDDH

3.60	GPS Coordinates of the Educational Center where this Primary School is located	
	RFPOINT	
	<input type="text"/> <input type="text"/> <input type="text"/> S	GPSSTHS
	<input type="text"/> <input type="text"/> <input type="text"/> W	GPSWST
	<input type="text"/> ALTITUDE	S
		GPSALTD
		S

SECTION 4 HEALTH SERVICES

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ___	24INF1
4.0	Interview begins: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
4.0.1	Interview begins: Hour	___ : ___	INTENDDH

4.1	Field Worker: Let me ask you some questions regarding the different health facilities available to LOCALITY:					
ID		4.1.1	4.1.2	4.1.3	4.1.4	
		Was there a _____ available 4 years ago? 01=Yes 00=No 77=NK	Is there a _____ currently available in LOCALITY 01=Yes → SKIP TO next line 00=No, but there is one in a nearby locality (go to 4.1.2) 03= No, and there is no such facility in a nearby locality. → SKIP TO next line 77=NK	What is the locality (Town/Village) where the closest health facility is located? (Name of the locality)	Approximately how long does it take to go from the center of LOCALITY to the nearest facility of this type, using the most common means of transportation? (in minutes)	What means of transportation is commonly used? (Code Box # 2)
01	Public Hospital	PUBHOSP4	PBHSPCUR	PBHSPWHR	PBHSPTIM	PBHSPTRN SPCPBHSP
02	ESSALUD Hospital	ESSHOSP4	ESSHSPCR	ESSHSPWR	ESSHSPTM	ESSHSPTR SPCESSHP
03	Private Hospital /Clínica	PRVHOSP4	PVHSPCUR	PVHSPWHR	PVHSPTIM	PVHSPTRN SPCPVH
04	State run Health Center	STACNTR4	STHLTCUR	STHLTWHR	STHLTTIM	STHLTTRN SPCSTHL
05	Health Center ESSALUD	ESSCNTR4	ESLCNTR	ESHLTWHR	ESSCNRTM	ESSHLTTR SPCESSHL
06	Private Health Center	HLTHCNT4	HTLCRCUR	HTLCRWHR	HTLCRTIM	HTLCRTRN SPCHTLC
07	Public dispensary	PUBDISP4	PBDSPCUR	PBDSPWHR	PBDSPTIM	PBDSPTRN SPCPBBD
08	Private Doctor's Office	PRVDOC4	PVDOCCUR	DOCTRWHR	DOCTRIM	DCTRSTRN SPCDCTR

09	Delivery Clinic (Private)	DELIVRY4	DLVRYCUR	DLVRYWHR	DLVRYTIM	DLVRYTRN SPCDLVR
10	Pharmacy	PHARMA4	PHARMCUR	PHARMWHR	PHARMTIM	PHARMTRN SPCPHAR
11	Birth Control / Fertility Clinic	FERTLTY4	FRTLYCUR	FRTLYWHR	FRTLYTIM	FRTLYTRN SPCFRTL
12	Other____ SPECFAC _____	OTHFAC4	OTFACCUR	OTFACWHR	OTFACTIM	OTFACTRN SPCOTFAC

CODE BOX # 2 - Means of Transportation			
01=By foot	05=Mototaxi	09= Truck	13=Other(specify in the corresponding cell)
02=Animal (horse donkey)	06=Car	10=Rail	77=NK
03=Bicycle	07=Micro, Combi	11=Boat	
04=Motorcycle	08=Bus	12=More than one mean of transportation used	

4.2	Which of the following health personnel exist and deliver their services in <u>LOCALITY</u>:		01=Yes	00=No	88=NA	77=NK
	4.2.1	Trained midwife	__ __			MIDWIFE
	4.2.2	Traditional birth attendant	__ __			BIRTHATT
	4.2.3	Traditional healer	__ __			TRADHLR
	4.2.4	<i>Curioso</i>	__ __			CURIOSO
	4.2.5	Village health worker	__ __			VILHTHWK
	4.2.6	Auxiliars/Technician nurses/Medical care assistant	__ __			AUXILIARY
	4.2.7	Nurse	__ __			NURSES
	4.2.8	Social Worker	__ __			SOCWRKR
	4.2.9	Mental health worker	__ __			MTLHLTH
	4.2.10	General Physician	__ __			GENPHYS
	4.2.11	Specialist Physician (pediatrician, gynecologist, psychiatrist, etc)	__ __			SPECPHYS
	4.2.12	Anestesisit	__ __			ANESTST
	4.2.13	Dentist	__ __			DENTIST
	4.2.14	Blood Bank	__ __			BLOODBNK
4.2.15	Other (Specify): _____	SPECBERS	__ __			OTHRPERS
4.3	Has there been any nutritional training to members of <u>LOCALITY</u> during the last 6 months?		01=Yes	00=No	77=NK	
			__ __			NTRLTRNG

4.4	Field Worker: Write relevant observations/comments in the box below.	
QUESTNUM	OBSERVATIONS/COMMENTS COMMENTS	

4.0.2	Interview concludes: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
4.0.3	Interview concludes: Hour	___ : ___	INTENDDH

Key Health Facility Available in LOCALITY

	PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ___	24INF1
4.0.4	Interview begins: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
4.0.5	Interview begins: Hour	___ : ___	INTENDDH
4.5.1	Write the Name of this Health Establishment:		HLTHEST
4.5.2	Name of the locality where this center is located (in the case it is not located at LOCALITY)		LOCLTY

Characteristics of this Health Establishment

4.6	What type of Health Establishment is this health facility? 01 = Public 02 = Private 03 = Others (specify) _____ SPECESTB _____	___	TYPESTB
4.7	What type of Health Services does this facility deliver (can mark more than one)?	___	TYPEDLV1

01 = Prevention 04 = Others (Specify): __ SPECDLV1, SPECDLV2, SPECDLV3 _____	02 = Primary health 03 = Hospital Services	___ ___	TYPEDLV2 TYPEDLV3
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4.8 ID	Equipment	4.8.1 Do you have this type of equipment? 01=Yes 00=No 77=NK	4.8.2 Does it work properly? 01 = Functions adequately 02 = With some limitations 03 = With great limitations 04 = Does not work at all 77=NK 88=NA
01	Electrocardiograph	ELCTROCR	ELECTWRK
02	X-rays equipment	XRAYEQUP	XRAYWRK
03	Ecograph	ECOGRPH	ECOGRWRK
04	Sterilizer	STRLZER	STRLZWRK
05	Mammogram equipment	MAMMOGRAM	MAMMOWRK
06	Angiograph	ANGIOGR	ANGIOWRK
07	Tomograph	TOMOGRPH	TOMOWRK
08	Refrigerator cabinet	REFRIGER	REFRGWRK
09	Culture incubator	CULTRINC	CLTRWRK
10	Microscope	MICROSCP	MICROWRK
11	Incubator for Newborns	INCUBATR	INCNEWBR
12	Monitor of vital functions	MONTRVTL	VTLFCWRK
13	Desfibrilator	DESFIBTR	DESFBWRK
14	Clothes and basic implements for Surgical Procedures	BSCIMPLM	BSCIMWRK
15	Anesthesia machine	ANESTHIA	ANESTWRK
16	Oxygen supplies (oxygen cylinders, ..)	OXYGENSP	OXYGNWRK
17	Espirometer	ESPIRMTR	ESPIRWRK
18	Dental armchair	DENTAL	DNTLWRK

19	Other (Specify): _____ SPECEQP1	OTHREQP1	OTHRWRK1
20	Other (Specify): _____ SPECEQP2	OTHREQP2	OTHRWRK2

4.9	Does this health facility have a transportation unit in working condition? 01=Yes 00=No (go to 4.11) 77=NK	__ __	TRNSPRTN
4.10	How many transportation units does this center have?		
4.10.1	Ambulance	__ __	AMBLNCE
4.10.2	Truck	__ __	TRUCK
4.10.3	Car	__ __	CAR
4.10.4	Mototaxi	__ __	MOTOTAXI
4.10.5	Bicycle	__ __	BICYCLE
4.10.6	Boat	__ __	BOAT
4.10.7	Other (Specify): _ SPECTRNS _____	__ __	OTHRTRNS
4.11	Does this Health facility have beds and/or trollies? 01=Yes 00=No (go to 4.13) 77=NK	__ __	BEDS
4.12	How many? 7777=NK	__ __	NUMBEDS
4.13	Do health workers provide extramural services? 01=Yes 00=No (go to 4.15) 77=NK	__ __	XTRMLSRV
4.14			TYPESERV
SERVID	What type of Services?		
01			
02			
03			
04			
05			
06			
07			
08			

4.15	Regarding health related supplies (drugs, vaccines, rehydrating salts, etc.) needed to assist the most important (frequent) health problems in this locality, could you tell me:				
	4.15.1	4.15.2	4.15.3	4.15.4	4.15.5

ID		How frequently does this center receive supplies to provide the following health services? 77=NK		Who are the designated beneficiaries of these supplies? 01=Everybody 02=Only patients that are affiliated/members of the SIS (integral health insurance) 03=Other (specify corresponding cell)	How many days does this supply last the designated beneficiaries? 888=NA 777=NK	(If the answer for 4.15.3 is either 02 or 03) Are there patients that do not belong to the designated beneficiaries group that cannot be assisted by the health personnel because of the lack of supplies? 01=Yes 00=No
		N° of times	Frequency: 1=weekly 2=monthly 3=each six months 4=per year			
01	Diarrhea	DRRHANUM	DRRHAFRQ	DRRHABNF SPCDRRH	DRRHALST	DRRHANOT
02	Respiratory problems	RESPRNUM	RESPRFRQ	RESPRBNF SPCRESPR	RESPRLST	RESPRNOT
	Triage	TRIAGNUM	TRIAGFRQ	TRIAGBNF SPCTRIAG	TRIAGLST	TRIAGNOT
03	Dentist's emergency supplies	DNTSTNUM	DNTSTFRQ	DNTSTBNF SPCDNTS	DNTSTLST	DNTSTNOT
04	Vaccines for newborns and children	VACCNUM	VACCFRQ	VACCNBNF SPECVACC	VACCNLST	VACCNOT
05	TBC	TBCNUM	TBCFRQ	TBCBNF SPCTBC	TBCLST	TBCNOT
06	Other (specify): _____ SPECOTH1	OTHRNUM1	OTHRFRQ1	OTHRBNF1 SPCBNF1	OTHLST1	OTHRNOT1
07	Other (specify): _____ SPECOTH2	OTHRNUM2	OTHRFRQ2	OTHRBNF2 SPCBNF2	OTHLST2	OTHRNOT2
08	Other (specify): _____ SPECOTH3	OTHRNUM3	OTHRFRQ3	OTHRBNF3 SPCBNF3	OTHLST3	OTHRNOT3

4.16	In general, do you believe that the supplies that this health facility receives are:		
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	(for the demand in general, not only from the official designated beneficiary group) 01 = Sufficient 02 = Insufficient 77=NK		__ __	SUPLARE
4.17	What do you do when the supplies provision runs out (there is no more of it)?			
4.17.1	We ask the corresponding governmental agency and soon after that we receive the necessary supplies to assist the patients		__ __	ASKGOVN
4.17.2	The patient is asked to bring in (buy) the supplies that are missing in order to assist her(him)		__ __	ASKPATN
4.17.3	Nothing, the patients are derived to other health center that can provide the supplies that this center lacks of		__ __	NOTHING
4.17.4	We do something else (specify): _____	SPECSMT1	__ __	SMTHNG1
4.17.5	We do something else (specify): _____	SPECSMT2	__ __	SMTHNG2

4.18		4.18.1	4.18.2
ID	In relation to the operation hours /schedule of the Health Center:	Days of the week when it is open	Hours per day (for example, from 9am to 1pm & pm to 6pm)
01	Health Center (main office)	HLTHDYS _____ _____	HLTHHRS _____ _____
02	Emergency	EMRGYDYS _____ _____	EMRGYHRS _____ _____
03	External consultants (if it is a Hospital)	EXTRNDYS _____ _____	EXTRNHRS _____ _____
04	Other (specify): _____ SPCDYS	OTHRDYS _____ _____	OTHRHRS _____ _____

4.19 Characteristics of the health center					
Staff (Professional / Non Professional)	Permanent Staff		Personnel that visits the health sporadically		4.19.5
	4.19.1	4.19.2	4.19.3	4.19.4	What language(s) do the staff uses to communicate with the patients? (you can choose more than one option) 01=Spanish 02=Quechua 03=Aymara 04=Other native language (specify in corresponding cell)
	Indicate the number of people who work full time in the health center	Indicate the number of people who work part time in the health center	Indicate the number of people who sometimes work in the health center (if none, go to 4.19e)	Indicate how many times per month these people assist patients	
1. General doctor	GNRDCFLL	GNRDCPRT	GNRDCSOM	GNRDCNUM	GNRDLNG1, GNRDLNG2 SPCGNR1, SPCGNR2
2a. Specialized doctor. Indicate the speciality: _____	DOCSPEC1	SPCFLL1	SPCSOM1	SPCNUM1	SPCLNG11, SPCLNG12 SPCSPC11, SPCSPC12
2b. Specialized doctor Indicate the speciality: _____	DOCSPEC1	SPCFLL2	SPCSOM2	SPCNUM2	SPCLNG21, SPCLNG22 SPCSPC21, SPCSPC22
3. Dental surgeon/Dentist	DNTLFLL	DNTLPRT	DNTLSOM	DNTLNUM	DNTLLNG1 DNTLLNG2 SPCDNTL1, SPCDNTL2
4. Midwife	MIDWFLL	MIDWFPRT	MIDWFSOM	MIDWFNUM	MIDWLN1, MIDWLN2 SPCMIDW1, SPCMIDW2
5. Ophthalmologist	OPHTHFL	OPHTHPRT	OPHTHSOM	OPHTHNUM	OPHTLN1, OPHTLN2 SPCOPHT1, SPCOPHT2
6. Nurses	NURSEFLL	NURSEPRT	NURSESOM	NURSENUM	NRSELNG1, NRSELNG2 SPCNRSE1, SPCNRSE2
7. Auxiliars/Technician nurses/Medical care assistant	AUXLRFLL	AUXLRPRT	AUXLRSOM	AUXLRNUM	AXLRLNG1, AXLRLNG2 SPCAXLR1, SPCAXLR2
8. Pharmacist	PHARMFLL	PHARMPRT	PHARMSOM	AUXLRNUM	PHRMLNG1, PHRMLNG2

					SPCPHRM1, SPCPHRM2
9. Nutritionist	NUTRCFLL	NUTRCPRT	NUTRCSOM	NUTRCNUM	NTRCLNG1, NTRCLNG2 SPCNTRC1, SPCNTRC2
10. Psychologist	PSYCHFLL	PSYCHPRT	PSYCHSOM	PSYCHNUM	PSYCLNG1, PSYCLNG2 SPCPSYC1, SPCPSYC2
11. Social Worker	SOCLFLL	SOCLPRT	SOCLSOM	SOCLNUM	SOCLLNG1, SOCLLNG2 SPCSOCL1, SPCSOCL2
12. Biologist/Chemist	BIOLGFL	BIOLGPRT	BIOLGSOM	BIOLGNUM	BIOLLNG1, BIOLLNG2 SPCBIOL1, SPCBIOL2
13. Radiologist	RADIOFLL	RADIOPRT	RADIOSOM	RADIONUM	RADILNG1, RADILNG2 SPCRADI1, SPCRADI2
14. Obstetrician	OBSTRFLL	OBSTRPRT	OBSTRSOM	OBSTRNUM	OBSTLNG1, OBSTLNG2 SPCOBST1, SPCOBST2
15. Other (Specify) SPECFULL _____	OTHERFLL	OTHERPRT	OTHERSOM	OTHRNUM	OTHRLNG1, OTHRLNG2 SPCLNG1, SPCLNG2

4.20				
Number of consultation for type of disease/illness in the last 3 months	4.20.1	4.20.2	4.20.3	4.20.4
	Men	Women	Boys	Girls
01. Respiratory problems	RESPRMEN	RESPRWMN	RESPRBOY	RESPRGRL
02. Stomach and intestine related infections (gastrointestinales) (Diarrheas y Others)	STMCHMEN	STMCHWMN	STMCHBOY	STMCHGRL
03. Uta	UTAMEN	UTAWMN	UTABOY	UTAGRL
04. Skin infections	SKINMEN	SKINWMN	SKINBOY	SKINGRL
05. Eye Infections	EYEMEN	EYEWMN	EYEBUY	EYEGRL
06. Trauma wound (eg. Broken bones)	TRMAMEN	TRMAWMN	TRMABOY	TRMAGRL
07. Snake/Reptile bite	SNAKEMEN	SNAKEWMN	SNAKEBOY	SNAKEGRL
08. Genital problems	GNTLMEN		GNTLBOY	
09. Vaginal Infections and prolapso		VGNLWMN		VGNLGRL
10. Paludismo / Malaria	MLRIAMEN	MLRIAWMN	MLRIABOY	MLRIAGRL
11. Dengue	DNGEMEN	DNGEWMN	DNGEBOY	DNGEGRL
12. Yellow fever	YELWMEN	YELWWMN	YELWBOY	YELWGRL

13. Rabies	RABISMEN	RABISWMN	RABISBOY	RABISGRL
14. Plague (Fiebre bubónica)	PLGEMEN	PLGEWMN	PLGEBOY	PLGEGRL
15. Dentist's emergency supplies	DNTLMEN	DNTLWMN	DNTLBOY	DNTLGRL
16. Mental problems	MNTLMEN	MNTLWMN	MNTLBOY	MNTLGRL
17. STDs	STDSMEN	STDSWMN	STDSBOY	STDSGRL
18. Abortions/miscarriages		ABRTNWMN		ABRTNGRL
19. Other (Specify) _____	DISMEN1	DISWMN1	DISBOY1	DISGRL1
20. Other (Specify) _____	DISMEN2	DISWMN2	DISBOY2	DISGRL1
21. Other (Specify) _____	DISMEN3	DISWMN3	DISBOY3	DISGRL3

4.21				
Has this health facility provided medical assistance under the following program? 01=Yes 00=No 88=NA 77=NK	4.21.1	4.21.2	4.21.3	4.21.4
	Men	Women	Boys	Girls
01. Immunizations (vaccines)	IMMUNMEN	IMMUNWMN	IMMUNBOY	IMMUNGRL
02. CRED (Programa de vigilancia en crecimiento, desarrollo y nutrición en niños) Healthy development program			CREDBOY	CREDGRL
03. Detection of cervical cancer (Papanicolao)		CRVCLWMN		CRVCLGRL
04. Family planning	FAMLYMEN	FAMLYWMN		
05. Sexual and reproductive health	SEXULMEN	SEXULWMN	SEXULBOY	SEXULGRL
06. TBC	TBCMEN	TBCWMN	TBCBOY	TBCGRL
07. HIV/AIDS	HIVMEN	HIVWMN	HIVBOY	HIVGRL
08. Other (indicate the kind of attention) _____ OTHRPRGM	PRGMMEN	PRGMWMN	PRGMBOY	PRGMGRL

4.22	4.22.1 Does this health center refer cases of child or adolescent abuse to any organization? 01=Yes 00=No 77=NK	__ __	ABUSE
	4.22.2 What organization is that? _____ _____ _____		ABUSEORG
4.23	4.23.1 Does this health center refer cases of family violence to any organization? 01=Yes 00=No 77=NK	__ __	FMLYVLNC
	4.23.2 What organization is that? _____ _____ _____		VLNCORG
4.24	Since what year has the health centre existed?	_____	EXIST

4.25	Has this health center changed status (for example, from health center to hospital), in that case, indicate the status change and the year when it occurred) <hr/> <hr/> <hr/>	CNTRCHNG
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4.26 Areas of Influence of this health facility: Could you tell me what are the localities most of the patients come from (live in)? (rank the localities from the most important to the least important)

	4.26.1	4.26.2	4.26.3	4.26.4	4.26.5
ID	Write the name of the locality the patients come from.	Code of the locality (Code Box # 11) SPECCODE	Code of the route of access (Code Box # 12) SPECRTE	What is the means of transportation most used by patients to get to this health facility? (Code Box # 13) SPECTRNS 77=NK	Approximately, how long does it take for the patients to arrive to this health facility? -77=NK (in minutes)
LOCLTYID	NAMELCLT	CODE	ROUTE	TRNSPTNT	TIMEARRV
01					
02					
03					
04					
05					

CODE BOX # 07 - Locality

01=Town	04=Peasants' Community
02=Village	05=UA-CAP
03=Annex	06=Other _____

CODE BOX # 08 - Route of Access

01= Paved road or unpaved-engineered earth road	04= River/lake
02= Motorized unpaved roads/tracks	05= Other _____
03= Non motorizad unpaved roads/track	

CODE BOX # 02 - Means of Transportation			
01=By foot	05=Mototaxi	09=Truck	13=Other(specify in the corresponding cell)
02=Animal (horse donkey)	06=Car	10=Rail	77=NK
03=Bicycle	07=Micro, Combi	11=Boat	
04=Motorcycle	08=Bus	12=More than one mean of transportation used	

4.27	Field Worker: Write relevant observations/comments on the shortage of supplies to assist medical problems affecting children and adolescents. For instance, abortions and illegal drugs related problems	MEDID
MEDQUEST	OBSERVATIONS/COMMENTS MEDCMNT	

4.0.6	Interview concludes: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
4.0.7	Interview concludes: Hour	___ : ___	INTENDDH

Field Worker: Observation Guide (Health Center)

4.28	Of what is the wall of this health facility made? 01 = Adobe 02 = Quincha 03 = Wood 04 = Brick/concrete 05 = Other (Specify) _____	SPCWALLH	__ __	WALLHT
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4.29	Field Worker: Indicate the preservation status of the building 01 = Good 02 = Regular 03 = Damaged		__ __	STSBLDHT
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4.30	Field Worker: In which condition is the building where the center functions? (you can mark more than one)			
4.30.1	Appropriate		__ __	CNDAPP
4.30.2	Insufficient space		__ __	CNDINSFF
4.30.3	Inappropriate lighting		__ __	CNDLGHT
4.30.4	Inappropriate ventilation		__ __	CNDVNTL
4.30.5	Poor distribution of space		__ __	CNDSPACE
4.30.6	Other (Specify) _____	SPCOCOND	__ __	OTHRCOND

4.31	Field Worker: Regarding the public utilities available to this Health facility				
		4.31.1	4.31.2	4.31.3	4.31.4
ID	Source of water	The center's source of water is: 01=Yes 00=No 77=NK	On average, How many hours per day is there access to water?	How many days per week?	What is its functioning status? (in terms of whether it works, how clean it is, and so on) 01=Good 02=Regular 03=Bad
			DWELLDYS	DWELLDYS	
01	Piped into dwelling/yard/plot (public)	DWELLSRC			DWELLSTS
02	Piped water (private, connected to any other water source excluding the public network)	PIPEDSRC			PIPEDSTS
03	Private tubewell	TUBESRC			TUBESTS
04	Public fountain	FNTNSRC			FNTNSTS
05	Public Well	WELLSRC			WELLSTS
06	Water truck	TRUCKSRC			
07	Spring/pond/river/stream	SPRNGSRC			
09	Other: ____	OTHSRC			

SPCSRC _____			
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4.32		4.32.1	4.32.2
ID	Sewage service	Where do people in the center relieve themselves/do their business/defecate? 01=Yes 00=No	What is the functioning status of this service? (in terms of whether it works, how clean it is, and so on) 01=Good 02=Regular 03=Bad
01	Flush toilet/ septic tank within the household	TOILINOB ___	TLTINSTS ___
02	Flush toilet/ septic tank outside the house (communal)	TLTOUTOB ___	TLOUTSTS ___
03	Pit latrine inside the dwelling, used exclusively by the household	PITLATIN ___	PITINSTS ___
04	Pit latrine outside the dwelling, used exclusively by the household	ANYPITHT ___	PTOUTSTS ___
05	Pit latrine used by any member of the locality	ANYPITHT ___	ANYPTSTS ___
06	Hill, open field, bushes	HILLHT ___	HILLSTS ___
07	River, stream, canal	RIVERHT ___	RIVERSTS ___
08	Other: _____ SPECSRVC _____	OTHRSRVC ___	SRVCSTS ___

4.33	What is the center source of electricity? 01= Public connection 02 = Electricity Generator Set 03 =Do not have 04= Other (Specify) _____ SPCELCHT	4.33 ___	ELCTRHT
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4.34	GPS Coordinates of the Health Center	REFPNTHT
	<input type="text"/> <input type="text"/> <input type="text"/> S	GPSSTHHT
	<input type="text"/> <input type="text"/> <input type="text"/> W	GPSWSTHT
	<input type="text"/> ALTITUDE	GPSALTHT

SECTION 5 CHILD PROTECTION SERVICES

PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I1 ____	25INF1
	I2 ____	25INF2
	I3 ____	25INF3
5.0 Interview begins: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
5.0.1 Interview begins: Hour	___ : ___	INTENDDH

5.1	¿Is there any organization that receives accusations/reports of cases of child's rights violation at <u>LOCALITY</u> ? 01=Yes 00=No 77=NK		___	CHORGACC
5.2	¿Normally, what institution/organization/person at <u>LOCALITY</u> receives and takes care of these accusations/reports? 01=Yes 00=No 77=NK			
5.2.1	Police Station (regular)		___	CHPOLICE
5.2.2	Police Station Specialized in Women Cases		___	CHPLCWMN
5.2.3	Health Center		___	CHHEALTH
5.2.4	District or Province DEMUNA (Municipal Ombudsman Office for the Child and Adolescent)		___	CHDEMUNA
5.2.5	Parrish-Church DNA (Ombudsman Office for the Child and Adolescent)		___	CHCHRDNA
5.2.6	Community DNA		___	CHCMTDNA
5.2.7	NGO DNA		___	CHNGODNA
5.2.8	Town DNA		___	CHTWNDNA
5.2.9	School DNA		___	CHSCHDNA
5.2.10	Other type of DNA		___	CHOTHDNA
5.2.11	School		___	CHSCHOOL
5.2.12	Parrish – Church		___	CHPARCHR
5.2.13	No stranger takes part of this, It is just dealt with within the family or with close friends		___	CHINFMLY
5.2.14	NGO (Specify): _____	SPCHNGO	___	CHNGOOTH
5.2.15	Other (Specify): _____	CHSPCOR1	___	CHOTHOR1
5.2.16	Other (Specify): _____	CHSPCOR2	___	CHOTHOR2
5.2.17	Other (Specify): _____	CHSPCOR3	___	CHOTHOR3

5.3	Is there any organization that receives accusations/reports of cases of Female Adults' rights violation at LOCALITY? 01=Yes 00=No 77=NK		___	WMORGACC
5.4	¿ Normally, what institution/organization/person at LOCALITY receives and takes care of these accusations/reports? 01=Yes 00=No 77=NK			
5.4.1	Police Station (regular)		___	WMPOLICE
5.4.2	Police Station Specialized in Women Cases		___	WMPLCWMN
5.4.3	Health Center		___	WMHEALTH
5.4.4	CEM (Center for Women Emergencies)		___	WMCEM
5.4.5	School		___	WMSCHOOL
5.4.6	Parrish - Church		___	WMPARCHR
5.4.7	No stranger takes part of this, It is just dealt with within the family or with close friends		___	WMINFMLY
5.4.8	NGO (Specify): _____	SPWMNGO	___	WMNGOOTH
5.4.9	Other (Specify): _____	WMSPCOR1	___	WMOTHOR1
5.4.10	Other (Specify): _____	WMSPCOR2	___	WMOTHOR2
5.4.11	Other (Specify): _____	WMSPCOR3	___	WMOTHOR3

5.5	5.5.1	5.5.2	5.5.3	5.5.4
ID	¿Is there a _____ at LOCALITY ? 01=Yes (go to 5.5c) 00=No 77=NK	¿Where is the closest _____? (Name of the locality)	¿Are local people at LOCALITY familiar with the role/functions of the _____? 01=Yes 00=No 77=NK	¿Do local people use the services provided by _____? 01=Yes 00=No 77=NK
1. District / Province DEMUNA	DISTRICT ___	DISTWHR	DISTFNC ___	DISTUSE ___
2. Parrish-Church DNA	PARCHRCH	CHRCHWHR	CHRCHFNC	CHRCHUSE

3. Community DNA	CMMTYDNA	CMMTYWHR	CMMTYFNC	CMMTYUSE
4. NGO DNA	NGODNA	NGOWHR	NGOFNC	NGOUSE
5. Town DNA	TOWNDNA	TOWNWHR	TOWNFNC	TOWNUSE
6. School DNA	SCHLDNA	SCHLWHR	SCHLFNC	SCHLUSE
7. Other type of DNA	OTHRDNA	OTHRWHR	OTHRFNC	OTHRUSE

5.6	Field Worker: Write relevant observations/comments in the following box. Write first the number of the question you refer to.	
QUESTNUM	OBSERVATIONS/COMMENTS COMMENTS	

5.0.2	Interview concludes: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
5.0.3	Interview concludes: Hour	___ : ___	INTENDDH

Ombudsman Office for the Child and Adolescent

Field Worker:

Apply the following questionnaire to a District or Provincial DEMUNA. In case there is no DEMUNA in the locality, choose the most important DNA office in the locality (i.e. the DNA office that local people most frequently recur to):

- (1) Parrish DNA
- (2) Community DNA
- (3) NGO DNA
- (4) Town DNA
- (5) School DNA
- (6) Other type of DNA

PERSONS ANSWERING THIS SECTION (RSID): Code established in Informant Roster	I2 ____	VARIABLE
5.0.4 Interview begins: Date	____ / ____ / ____ (Day) (Month) (Year)	INTENDDT
5.0.5 Interview begins: Hour	____ : ____	INTENDDH

5.7	Write the Name of the DEMUNA/DNA:		DEMUNA
5.7.1	Name of the locality where this office is located (in case it is not located at LOCALITY)		LOCATED
5.8	How many persons have approached the DEMUNA/DNA in the last 6 months?	_____	NUMAPRCH
5.9	How Many cases of child's rights (and women's rights) violation have been registered in the last 6 months? 77=NS		
5.9.1	Boys	__ __	BOYS
5.9.2	Girls	__ __	GIRLS
5.9.3	Female Adolescents	__ __	FMLADLSC
5.9.4	Male Adolescents	__ __	MALEADLS
5.9.5	Female Adults	__ __	FMLADULT
5.10	Who presented the claim? 01=Yes 00=No 77=NK		
5.10.1	The person who was afflicted	__ __	PRSNAFLC

	5.10.2	Her(his) father	___	FATHER	
	5.10.3	Her(his) mother	___	MOTHER	
	5.10.4	Her(his) siblings	___	SIBLINGS	
	5.10.5	Her(his) Adult relative	___	ADLTRELT	
	5.10.6	Her(his) Young relative	___	YNGRELT	
	5.10.7	Her(his) Adult friend	___	ADLTFRND	
	5.10.8	Her(his) Young friend	___	YNGFRND	
	5.10.9	A school teacher	___	SCHLTCHR	
	5.10.10	Health center staff	___	HLTHSTFF	
	5.10.11	Other (Specify): _____	SPECPRSN	___	OTHRPRSN
5.11	How many persons presented claims? 77=NK				
	5.11.1	Adult Males	___	NUMAMALE	
	5.11.2	Adult Females	___	NUMAFMLE	
	5.11.3	Total Adults	___	NUMADLT	
	5.11.4	Boys/ Male Adolescents	___	NUMBOYS	
	5.11.5	Girls/ Female Adolescents	___	NUMGIRLS	
	5.11.6	Total number of Children and Adolescents	___	NUMCHILD	
5.12	For Adults, What types of cases were presented? 01=Yes 00=No 77=NK				
	5.12.1	Food Claims (support for children in case of abandonment or parents separation/divorce)	___	FOODCLMS	
	5.12.2	Parenthood (recognition of child's birth)	___	PRNTHOOD	
	5.12.3	Other (specify): _____	ASPCCE1	___	OTHCASE1
	5.12.4	Other (specify): _____	ASPCCE1	___	OTHCASE2
5.13	For Children and Adolescents, what types of cases were presented? 01=Yes 00=No 77=NK				
	5.13.1	Harrassment	___	HARASS	
	5.13.2	Rape	___	RAPE	
	5.13.3	Physical Punishment	___	PHYSPNSH	
	5.13.4	Other (specify): _____	SPCCASE1	___	CSPCCSE1
	5.13.5	Other (specify): _____	SPCCASE2	___	CSPCCSE2

5.14 For cases presented in the last 6 months, what is their current status?				
ID	Types of Cases	5.14.1 Finished 01=Yes 00=No 88=NA	5.14.2 In Process 01=Yes 00=No 88=NA	5.14.3 Abandoned 01=Yes 00=No 88=NA
01	Food Claims	FOODFIN	FOODINP	FOODABN
02	Parenthood	PRNTFIN	PRNTINP	PRNTABN
03	Harrassment	HARSSFIN	HARSSINP	HARSSABN
04	Rape	RAPEFIN	RAPEINP	RAPEABN
05	Physical Punishment	PNSHFIN	PNSHINP	PNSHABN
06	Other (specify): _____ SPECFIN1	OTHRFIN1 ---	OTHRINP1 ---	OTHRABN1 ---
07	Other (specify): _____ SPECFIN2	OTHRFIN2 ---	OTHRINP2 ---	OTHRABN2 ---
08	Other (specify): _____ SPECFIN3	OTHRFIN3 ---	OTHRINP3 ---	OTHRABN3 ---

5.15	What kind of support network have you used in the past to provide these services? 01=Yes 00=No 77=NK		
5.15.1	Ombudsman (Provincial)	___	OMBSMAN
5.15.2	Hospitals	___	HOSPITAL
5.15.3	Police Station (regular)	___	PLCSTN
5.15.4	NGOs	___	NGOS
5.15.5	Judicial System	___	JUDICIAL
5.15.6	Formal Authorities	___	FRMLATHR
5.15.7	Informal Network	___	INFRMLNW

	5.15.8	Other (Specify): _____	SPECNET1	__ __	OTHRNET1
	5.15.9	Other (Specify): _____	SPECNET2	__ __	OTHRNET2
5.16	Besides your salary, do you receive any budget for transportation and paperwork? 01=Yes 00=No 77=NK			__ __	BDGTTRAN
5.17	How many times in the last 2 months did you meet with the Major or the Local Authority in relation to the DEMUNA/DNA activities? 00=No			__ __	TIMEMEET
5.18	If Never: why? 88=NA				
	5.18.1	Authority is too busy		__ __	TOOBUSY
	5.18.2	I can manage it myself		__ __	MYSELF
	5.18.3	Major has no interest		__ __	NOINTRST
	5.18.4	Other (Specify): _____	SPCNEVR	__ __	OTHRNEVR
5.19	Do you know what the budget allocated to the DEMUNA/DNA is? 01=Yes 00=No 77=NK			__ __	BUDGET

5.20	Field Worker: Write relevant observations/comments in the following box. Write first the number of the question you refer to.	VARIABLE
Question	OBSERVATIONS/COMMENTS	

5.0.6 Interview concludes: Date	___ / ___ / ___ (Day) (Month) (Year)	INTENDDT
5.0.7 Interview concludes: Hour	__ : __	INTENDDH

5.21	GPS Coordinates of the Obudsman Office for the Child and Adolescent	REFPNH
		TL
	<input type="text"/> <input type="text"/> <input type="text"/> S	GPSSTH
		TL
	<input type="text"/> <input type="text"/> <input type="text"/> W	GPSWS
		HTL

	<input type="checkbox"/> ALTITUDE	<i>GPSALH</i> TL
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