

# Research Methodologies and Instruments used to Evaluate Programs of the MDS

Bolsa Família  
Social Assistance  
Food and Nutrition Security

Organizers:  
Rômulo Paes-Sousa and Jeni Vaitsman

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**Bolsa Família  
Social Assistance  
Food and Nutrition Security**

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**The Ministry of Social Development and the Fight against Hunger**

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**Zero Hunger**  
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## ■ Preface

During its three years of existence the Ministry of Social Development and the Fight against Hunger (MDS) has committed itself to quality and transparency in implementing and executing the social policies and programs it is responsible for by means of several actions, one of which is the setting up of a specific unit for monitoring and evaluating activities: the Secretariat for Evaluation and Information Management (SAGI).

The main object of this initiative has been to promote improvements in the management of social development policies and to stimulate social control over them by publicizing the results of research surveys. The work has consisted of contracting and accompanying research and survey activities, and constructing a database containing information on program investments and their beneficiaries, in addition to disseminating technical information and publications.

Evaluation activities have been carried out by SAGI in an integrated manner with other specific, related secretariats – the National Secretariat for Social Assistance (SNAS), the National Secretariat for Citizenship Income (SENARC) and the National Secretariat for Food and Nutrition Security (SESAN) –, which together with the Secretariat for Institutional Network and Partnerships (SAIP) complete the structure of the ministry.

It is against this background that the MDS is publishing the present guide “Research Methodologies and Instruments used to Evaluate Programs of the MDS”, made up of the methodologies and instruments that were adopted in the process of designing and implementing the surveys and research.

It is yet another resource for perfecting the interventions being made in the population being addressed by MDS programs and can be used as a reference for consultation by program managers, enabling them to exercise a more qualified management; and by researchers in the sense of optimizing investments in the field of research into social programs.

We believe that disseminating evaluation studies and practices and a broad understanding and appropriation of their results are fundamental elements for achieving the proposed objectives of governmental actions.

**Patrus Ananias**  
Minister of Social Development and the Fight against Hunger

- 05 Preface
- 09 Foreword

### **Section A – Introduction**

- 15 MDS Policies and Programs
- 21 Executive Institutions
- 27 International Bodies
- 29 Acronyms

### **Section B – Methodologies**

#### **33 Part I – Citizenship Income**

- 35 Evaluation of the Impact of the Bolsa Família Program – Phase 1
- 38 Questionnaire – Evaluation of the Impact of the Bolsa Família Program – Phase 1

- 89 The PBF and the Confrontation of Gender Bias: the challenge of promoting a new order in the domestic environment and access of women to the public space

- 92 Questionnaire I
- 98 Questionnaire II

- 103 Survey of Food and Nutrition Security Conditions of Bolsa Família Program Beneficiaries
- 106 Questionnaire

- 111 Household Survey of Bolsa Família Program Beneficiaries
- 114 Questionnaire I
- 116 Questionnaire II

#### **121 Part II – Social Assistance**

- 123 Study for the Elaboration of the Sentinela Program Index of Municipal Eligibility

- 127 Qualitative Study of the Sentinela Program
- 130 Basic Sequence – interview with managers
- 133 Interview with technical staff and center/service employee/attendant
- 137 Sequence for interviewing mothers/families

- 139 Evaluation of the Implementation of the Continuous Cash Benefit – BPC and the Results for Beneficiaries

- 142 Questionnaire for beneficiaries
- 161 Questionnaire for users (people who have had the benefit denied)
- 178 Questionnaire for the individual responsible for the INSS agency
- 189 Questionnaire for executive managers of the INSS
- 200 Questionnaire for administrative staff members of the INSS agency
- 211 Questionnaire for INSS medical inspection board doctors
- 222 Questionnaire for municipal councils
- 234 Questionnaire for municipal secretariats

- 247 Study of Continuous Cash Benefit: demand, coverage and relations with Brazilian Social Security System

249	Special Social Assistance Supplement to the Survey of Basic Municipal Information
251	Questionnaire
259	Survey of Private Non-Profit Social Assistance Entities
261	Questionnaire
269	<b>Parte III – Food and Nutrition Security</b>
271	Comparative Study of the Effectiveness of Different Modalities of the Food Acquisition Program in the Northeast Region
273	Questionnaire – interview with beneficiary
287	Questionnaire – interview with non beneficiary
295	Questionnaire – interview with beneficiary entity
301	Semi-structured questionnaire – interview with municipal administrator
311	Semi-structured questionnaire – interview with state administrator
323	PAA evaluation questionnaire – interview with Conab administrator
335	Questionnaire – interview with farmers association
349	Comparative Study of Local Economic Agents of the Food Acquisition Program in the Regions Northeast and South
351	Questionnaire – interview with beneficiary
365	Questionnaire – interview with non beneficiary
373	Evaluation of the Food Acquisition Program – Milk
378	Questionnaire – Milk processing plants
380	Questionnaire – Milk producers
387	Profile Survey of Low-Income Restaurant Users
389	Questionnaire – Low-Income Restaurants
395	Environmental Assessment of the Performance of the Cisterns Program of the MDS in Partnership with ASA: Environmental Sustainability Index
398	Questionnaire I
410	Questionnaire II
412	Questionnaire III
413	Evaluation of the Social Impact of Selecting and Capacity Building Processes of the Cisterns Program – MDS/P1MC-ASA
415	Questionnaire – Beneficiaries of MDS/P1MC-ASA
428	Questionnaire – Families without cisterns – non beneficiaries of MDS/P1MC-ASA
439	Questionnaire – Families with cisterns – non beneficiaries of MDS/P1MC-ASA
455	Health and Nutrition Day for Children under Five Living in the Semi-arid Regions and in Agrarian Reform Settlements
458	Questionnaire
461	Food Insecurity Supplement to the National Household Sample Survey – PNAD 2004
464	Questionnaire





## ■ Foreword

This book sets out the methodologies used in the first completed studies on the policies and programs of the Ministry of Social Development and the Fight against Hunger (MDS) carried out by the Secretariat for Evaluation and Information Management (SAGI) as part of its monitoring and evaluation system<sup>1</sup>.

The MDS, created in January 2004<sup>2</sup> through the integration of the former Ministry of Social Assistance (MAS), the Extraordinary Ministry for Food Security and the Fight against Hunger (MESA), and the Executive Secretariat of the Bolsa Família Program, became responsible for national social development policy, encompassing policies on food and nutrition security, social assistance and citizenship income. These policies then became the responsibility of the National Secretariat for Food and Nutrition Security (SESAN), the National Secretariat for Social Assistance (SNAS), and the National Secretariat for Citizenship Income (SENARC) respectively and they took on the functions of the bodies that had given rise to them and the management of their programs. On that occasion two other secretariats were set up to develop activities of articulation and evaluation: the Secretariat for Institutional Network and Partnerships (SAIP) and the Secretariat for Evaluation and Information Management (SAGI)

It fell to the SAGI, as a specific unit located on the same hierarchical level as the other secretariats responsible for the national management of MDS policies and programs, to take on the functions of monitoring and evaluation. However, the accumulated information inherited from the three government bodies from which the present ministry originated had not been duly organized nor had it been systematized and the function of monitoring and evaluation was entirely absent. Effective implementation of that function demanded the formulation of a monitoring and evaluation policy with due provision in the budgeting for the necessary physical and human resources.

Institutionalizing monitoring and evaluation as part of the program managing and decision making processes, and the publicizing of monitoring indicators and the results of studies, have become one of the objects of that policy and have represented a considerable innovation in public administration in Brazil. They have also led to the development of an institutional evaluation model by SAGI that includes a formalized sequence of procedures for the evaluation cycle which consists of defining the problem, elaborating terms of reference for the research/surveys, contracting the research, accompanying it, and regularly making known and publishing the results.

Although studies, surveys and analyses of specific themes or problems are carried out quite frequently by the SAGI team, the direct conducting of empirical research was something exceptional. Faced with the primary need to evaluate the whole set of MDS programs, SAGI's strategy was to give priority to contracting evaluation research externally, by means of a public tendering process. On the other hand, different types of studies, enquiries, estimates and forecasts based on primary and secondary data and aimed at constructing the base lines and elaborating diagnoses to provide supporting elements for the administration of social development policies have also been contracted.

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<sup>1</sup> For a description of the construction of this system see Vaitsman, J.; Rodrigues, R. W.; and Paes-Sousa, R. "The System for Evaluating and Monitoring Social Development Programs and Policies", Unesco, Brasília, 2006. For a summarized description of the evaluation research activities, see Paes-Sousa, R.; and Vaitsman, J. (orgs.) "Síntese das Pesquisas de Avaliação de Programas Sociais do MDS". In: *Cadernos de Estudos - Desenvolvimento Social em Debate*, 2007.

<sup>2</sup> Provisional Measure n°. 163, dated January 23 2004, made into law n° 10.868, dated May 13 2004.

This process meant carrying out a large number of studies with different structures, methods and purposes, in a relatively short period of time and selecting the most appropriate institutions for each type of study. Studies ranged from large-scale national studies run jointly with the Brazilian Institute of Geography and Statistics - IBGE - through case studies based on qualitative approaches, to impact assessments with quasi-experimental longitudinal designs.

However, the strategy was only successful because the decision was made to form a qualified multidisciplinary team<sup>3</sup> sufficiently experienced in research, and not only highly aware of what was being contracted, but also endowed with the theoretical and methodological knowledge necessary for participating in the various stages of the unfolding of the research activities. The evaluation sequence includes a procedure routine starting with the definition of the problem, then the elaboration of the terms of reference, the construction of the instruments for data collection and accompanying the studies, analysis of the reports handed in, right through to the dissemination and regular publication of the results.

It is hoped that the present publication will make the methodology employed in that part of the research that has been carried out so far<sup>4</sup>, accessible to a wider public. The studies required various designs and methods depending on their objectives and the specific questions that had to be addressed. There is a succinct description of the methodologies and an integral presentation of all the instruments used for collecting data: questionnaires and or scripts for semi-structured interviews.

In regard to the Bolsa Família Program, the methodologies used in the surveys carried out among those benefited by the program are described, involving themes like access and use of the benefit, stipulated provisos for receiving it, and effects on living conditions and more specifically on food and nutrition security. The design of the quasi-experimental longitudinal method used for assessing the impact of the Bolsa Família Program is also presented as well as the household questionnaires for all the variables that were investigated including those for collecting anthropometric data. And finally the methodology of the qualitative study carried out in 10 municipalities which focused on gender relations in the local processes for implementing the Program.

In the field of Social Assistance, the dimensions of the results and the implementation of the Continuous Cash Benefit (BPC) and the Social Protection for Children, Adolescents and Families who are Affected by Social Violence, Abuse and Exploitation (Sentinela) were evaluated. The methodologies of those research activities are presented here. In the case of the former they were directed at the beneficiaries, managers and other key informants in a qualitative-quantitative perspective, and in the latter, in a qualitative perspective, at managers, professionals and beneficiaries.

The methodology of three studies in the same field, but directed more towards formulation, management and decision making, are also set out here, namely: the Sentinela Program Index of Municipal Eligibility, and the other two carried out by the IBGE: the Social Assistance Supplement from the Survey of Basic Municipal Data and the Research on the Networks of Non Governmental Social Assistance Entities.

In the area of food and nutrition security, several methodologies used in the research concerning the implementation and results of the Food Acquisition Program are presented; a

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<sup>3</sup> Investment was made in technical competence and multi-disciplinary qualification thereby building a team that in 2006 consisted of 50 persons of whom 7 held doctorates and 12 masters degrees.

<sup>4</sup> The results corresponding to the methodology that is set out here have been published in: Evaluation of MDS Policies and Programs - Results, vols. 1 and 2 .

profile of the Low-Income Restaurants users and an evaluation, in the ambit of the Cisterns Program, of the selection and capacity building of the beneficiaries, the quality of the water and the effects of the program on the beneficiaries' lives. In these last studies different designs and methods of data collection were used such as questionnaires, open-ended interviews and chemical analysis of the water.

Of the 62 studies that have been completed, that are presently in course, or that are now being contracted, the present publication has included the methodologies and instruments of 17 of them, which were the result of work carried out by SAGI with the participation of various partners: technical and management staff from the secretariats responsible for operating MDS policies and programs, research institutions, consultants, as well as international financing and cooperation agencies through whom most of the studies have been contracted.

The publication is divided into two sections. In the first the policies and programs that have been implemented by the Ministry of Social Development and the Fight against Hunger are described and it also offers brief information on the institutions carrying out the studies and the international financing and cooperation organizations involved. In the second section the methodologies and instruments<sup>5</sup> used in the research into MDS programs and policies are presented, classified into three areas of activity: Citizenship Income, Social Assistance and Food and Nutrition Security.

**Rômulo Paes-Sousa**  
**Jeni Vaitsman**

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<sup>5</sup> The questionnaires presented in this publication are reproduced with the original layout applied by the research institutes on the field.



## ■ **Section A - Introduction**

- MDS Policies and Programs
- Executive Institutions
- International Bodies
- Acronyms



# ■ Policies and Programs of the Ministry of Social Development and the Fight against Hunger

## **Bolsa Família Program**

The purpose of the Bolsa Família Program is to fight poverty by guaranteeing the conditional transfer of income to families in situations of poverty and extreme poverty in Brazil.

The National Secretariat for Citizenship Income (SENARC) is the federal authority responsible for implementing this program and thereby responsible for the management of the Unified Registry System for Federal Government Social Programs (CadÚnico). SENARC, working jointly with the states and municipalities and society at large, promotes the access of beneficiaries to health and education services, striving to negotiate their participation in complementary programs aimed at creating employment and income. Such actions seek to create the conditions for the social inclusion of the most vulnerable families and to interrupt the cycle that passes poverty from generation to generation.

This is a program that transfers income directly with certain conditionalities and that benefits poor families (with a per capita family income of 60 Reals to 120 Reals) and those extremely poor (with a per capita family income of up to 60 Reals). It is mounted on three axes that are essential for overcoming hunger and poverty:

- promoting immediate relief from poverty by means of direct transfer of income to the family;
- strengthening the exercise of basic social rights in the fields of health and education by stimulating the beneficiary families to comply with the conditions imposed by the program in such a way as to promote the rupture of the cycle that passes poverty from generation to generation;
- promoting complementary programs aimed at the development of the families to the point where they can overcome their vulnerability and poverty. Examples of such complementary programs are: generating work and income, literacy training for adults, supplying birth certificates and other civil registry documents.

The Bolsa Família is part of the Zero Hunger Program which seeks to guarantee the human right to adequate food, promoting food and nutrition security and contributing towards eradicating extreme poverty and also to the achievement of full citizenship by that part of the population most vulnerable to hunger and social exclusion.



## National Social Assistance Policy

In the field of social assistance the programs are founded on the National Social Assistance Policy (PNAS) approved in 2004. The object of this policy is to consolidate the right to social assistance throughout the land and to go beyond assistance practices by guaranteeing universal rights.

The PNAS is guided by recognition of universal social needs rather than by segmented demands. Decentralizing processes, setting up networks of social assistance services, capacity building for professionals working in the field of social assistance, placing a high value on information, monitoring and evaluation as well as the strengthening of social control are all strategic management instruments for achieving improved performance of social policies.

Based on the PNAS, the Unified Social Assistance System (SUAS) is being implanted which establishes levels of complexity for the service provided to users of the policies, programs, benefits and social assistance actions. The SUAS is organized around the vectors **Basic Social Protection** and **Special Social Protection** and it establishes new standards for running social assistance services. Financing the programs and services is done through the National Social Assistance Fund (FNAS) which transfers resources to decentralized entities in the municipal and state spheres that are also responsible for co-financing such programs.

The management of the SUAS is guided by the federative pact which sets out all the attributions and responsibilities of the three spheres of government in regard to social assistance actions in compliance with the Organic Act of Social Assistance (LOAS) and with the Basic Operational Policy of the SUAS (NOB/SUAS).

In the context of Basic Social Protection, the special rights concerning the situation of children's, adolescents' and young people's growth and development are recognized and guaranteed, taking into account the historical, cultural and social aspects of each age group. Actions directed at those specific populations promote family living and their participation in the life of the community, and are made up of socio-educative services directed at the families, care and attention offered in 'living together' centers, care and attention in infant education units and services directed at youngsters in situations of social vulnerability.

Special Social Protection administers part-time or full-time ongoing services that offer reception, support and professional accompaniment to children, elderly people, people with special needs and their families, for the purpose of strengthening their family ties and social bonds and creating conditions whereby they may achieve their autonomy and independence. The body responsible for implanting the PNAS is the National Social Assistance Secretariat (SNAS) of the Ministry of Social Development and the Fight against Hunger which, through contacts and negotiations and agreements with states and municipalities, runs the following programs and services:

### Basic Social Protection

- Basic Social Protection for the Family (Integral Family Care Program - PAIF) and the Social Assistance Reference Center (CRAS)<sup>1</sup> ;
- Specific Basic Social Protection Services (ongoing actions to meet the needs of children, the family and elderly people);
- Social and Human Development Youth Agent - awarding grants and socio-educative actions directed at youngsters in vulnerable situations;
- Continuous Cash Benefit for Elderly and Disabled People (BPC).

<sup>1</sup> The PAIF was created by decree n° 5.085, dated May 19 2004. It carries out actions and offers basic services to families in situations of vulnerability in a unit known as the Social Assistance Reference Center (CRAS). The CRAS are those public physical spaces where the services are offered.

### **Special Social Protection**

- Child Labor Eradication Program (PETI) - awarding grants and socio-educative actions directed at children and adolescents exposed to working environments;
- Social Protection for Children, Adolescents and Families who are Affected by Social Violence, Abuse and Exploitation (Sentinela);
- Special Social Protection Services - children and adolescents (Shelter);
- Special Social Protection Services for the Family - disabled people, the elderly and their families;
- Specific Special Social Protection Services - disabled people and the elderly.

The methodologies presented here are aligned with the themes **Basic Social Protection - Continuous Cash Benefit (BPC)** and the theme **Special Social Protection - Social Protection for Children, Adolescents and Families who are Affected by Social Violence, Abuse and Exploitation (Sentinela)**. In addition, two pieces of research are available, done by the IBGE with the aim of providing supporting elements for the planning and management of Social Assistance Policy: Special Social Assistance Supplement of the Basic Municipal Information Survey and the Survey of Private Non-profit Social Assistance Entities.

### **Continuous Cash Benefit (BPC)**

This is a right guaranteed by the 1988 Federal Constitution and consists of a payment of 01 (one) minimum salary a month to people 65 years old or over and to people with disabilities that make them unfit for an independent life or for work and in both cases when the family per capita income lies below one quarter of a minimum salary. The BPC also enjoys the legal backing of Law 10.741, dated October 1 2003 and known as the Statute of the Elderly. The MDS is responsible for meeting the costs (financial resources of the National Social Assistance Fund -FNAS) and the National Social Security Institute (INSS) for administering its operations.

### **Social Protection for Children, Adolescents and Families who are Affected by Social Violence, Abuse and Exploitation (Sentinela)**

A service that offers a set of specialized technical procedures to meet the need for immediate protection of children and adolescents that are victims of sexual abuse or sexual exploitation and members of their families, offering them conditions to strengthen their self-esteem, overcome their situation of violated rights and heal the effects of the violence they have undergone.

## National Food and Nutrition Security Policy

The object of the National Food and Nutrition Security Policy is to guarantee to all citizens sustainable access to water and food of adequate quantity and quality and with sufficient regularity and duly respecting cultural diversity. To that end, the MDS through its National Secretariat for Food and Nutrition Security (SESAN) promotes emergency and structuring activities to combat hunger, carrying out programs, projects and actions for producing and distributing food and supporting and stimulating family agriculture, regional development, food and nutrition education and other actions directed at specific populations, thereby contributing to the set of national strategies that make up the Zero Hunger Program.

The main programs and actions that have been implemented by the SESAN are:

- Food Acquisition Program (PAA)
- Urban Agriculture
- Food Banks
- Community Kitchens
- Low-Income Restaurants
- Food and Nutrition Education
- Cisterns
- Food Basket Distribution
- Support for Quilombola Communities
- *Carteira Indígena* (Social Development Project for Indigenous Communities)
- Food Security and Local Development Consortia (CONSADs)

The methodologies presented are those used in research into the programs: PAA actions, Cisterns, and Low-Income Restaurants described below, as well as two pieces of research that represent the base lines for diagnosis in the field of food and nutrition security: Health and Nutrition Day and the Food and Nutrition Insecurity Supplement of the National Household Sample Survey (PNAD/2004).

### **Food Acquisition Program (PAA)**

The purpose of the PAA is to guarantee access to food of adequate quantity and quality and with sufficient regularity, to populations in situations of food and nutrition insecurity, and to promote social inclusion in the rural areas through the strengthening of family agriculture. The program acquires food without going through a public bidding and tendering process, at reference prices that cannot be higher or lower than those being quoted in the regional markets and up to a limit of R\$ 3,500.00 (three thousand five hundred Reals) per annum, per farming family, purchasing only from families duly included in the National Program for the Strengthening of Family Agriculture (Pronaf), except in the modality of Incentives for the Production and Consumption of Milk where the limiting period is six months. The food acquired by the Program is destined for people in food and nutrition risk situations being assisted by local social programs and other citizens in situations of food and nutrition risk like indigenous and Quilombola populations, landless people in camps associated to the agrarian reform and people affected by the construction of dams. The specific modalities of the program submitted to evaluation were as follows<sup>2</sup>:

#### ***Direct Purchase from Family Agriculture (CDAF)***

This enables the Federal Government to acquire food at referenced prices from family farmers classified in categories A to D of the Pronaf whether organized in formal groups (cooperatives and associations) or not, thereby inserting such farmers in the market in a more equitable manner,

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<sup>2</sup> Presently (First half of 2007) the PAA modalities have been reorganized and bear the following names: Direct Purchase from Family Agriculture, Purchase for Simultaneous Donation, Stockpiling with Family Agriculture and Incentives for Milk Production and Consumption.

Further details can be obtained at: [www.mds.gov.br](http://www.mds.gov.br)

through the direct purchasing of their production in order to form a strategic reserve of food. This version of the program is operated by the National Company for Food Supply (Conab) through agreements signed with the Ministry of Social Development and the Fight against Hunger (MDS) or with the Ministry of Agrarian Development and it has a national outreach.

#### ***Anticipated Purchases from Family Agriculture (CAAF)***

In this application of the program, financial resources for meeting planting costs are advanced to family farmers classified in categories A to D of the Pronaf including agro-extractivist groups, agrarian reform settlers, quilombolas, families affected by dam construction, landless rural workers living in camps, indigenous communities and family farmers that have not received the benefits of credit to finance planting and that are organized in formal or informal groups. This version of the program is operated by Conab through agreements signed with the MDS and it has a national outreach.

#### ***Special Anticipated Purchases from Family Agriculture (CAEAF)***

This provides for the acquisition of agricultural and livestock production from family farmers classified in categories A to D of the Pronaf organized in formal groups (cooperatives and associations) including extractivist groups, quilombolas, families affected by dam construction, landless rural workers living in camps (defined in accordance with MDA Decree N° 111 dated November 20, 2003) and indigenous communities, in order to build up stocks or for immediate donation of food to governmental or non governmental organizations carrying out publicly recognized work to meet the needs of populations in food and nutrition risk situations. This version of the program is operated by Conab through agreements signed with the MDS and it has a national outreach.

#### ***Local Direct Purchase from Family Agriculture (CDLAF)***

This promotes a direct connection between the production of family farmers classified in categories A to D of the Pronaf and the local demand for food and nutrition supplements from crèches, shelters, hostels, asylums, and from the local social programs like food banks, Low-Income Restaurants and community kitchens, resulting in the development of the local economy, the strengthening of family agriculture and the creation of jobs and income in the rural areas. This version of the program is operated by state governments or by local municipal authorities through agreements signed with the MDS and it has a national outreach.

#### ***PAA Milk***

Known as the Milk Program, its purpose is to propitiate the possibility of consuming milk to families that find themselves in situations of food and nutrition insecurity and it is also aimed at giving incentive to family agriculture production of milk. This version of the program guarantees the purchase of the product without the need for a regular bidding or tendering process provided that the prices involved are not above those being charged on the regional market. The maximum amount payable per half-year period is R\$ 3,500.00 (three thousand five hundred Reals) per farming family that finds itself meeting the criteria of the Pronaf and producing up to 100 (one hundred) liters of milk/day but with priority being given to those producing an average of 30 (thirty) liters a day. It is operated by means of agreements drawn up between the MDS and state governments of the states of the northeastern region plus the state of Minas Gerais where the program is only operational in the north of the state. In this way the MDS is responsible for guaranteeing 80 to 85% of the total amounts foreseen in the agreements, with the counterpart of the states being 15 to 20% of the total amount.

The Milk Program has two focal points: the vulnerable segments of the population that receive free milk and the small family farmers. For a family to benefit from the distribution of milk, it must have a per capita family income of, at the most, a half of a minimum salary and

furthermore, have among the family members children between the ages of 6 months and 6 years old; newborn babies up to 6 months of age; pregnant woman with the pregnancy confirmed by a Health Post or Unit, old people over 60 years old or others, provided that they have been authorized by the State Council for Food and Nutrition Security.

### ***Cisterns***

The action “Constructing Cisterns to Store Rainwater”, which comes under the aegis of the Project for the Construction of Cisterns and Capacity Building for Living in Semi-arid Regions seeks to provide access to, and adequate use of good quality water by financing the construction of cisterns for capturing rainwater and training the benefited families. In order to be considered, the families must have a profile making them eligible for inclusion in the Bolsa Família Program even if they have not been benefited by that program at the time of being included in the cisterns project.

The Project is executed in a partnership with state and municipal authorities as well as the *Articulação no Semi-árido Brasileiro* (ASA) organization, and is directed at the population residing in Brazilian semi-arid region.

### **Low-Income Restaurants**

These are food and nutrition units dedicated to preparing and commercializing healthy meals to be offered at accessible prices to the population at large and which are preferentially located in large urban centers of cities with populations of over 100,000 (one hundred thousand) inhabitants. The beneficiary public of the restaurants is made up of low income workers whether in formal or informal employment, the unemployed, students, people living on the streets, and families living in food and nutrition insecurity. The MDS supports the installation of the Low-Income Restaurants by: financing the construction, or the repair and adaptation of building installations; purchase of permanent equipment, furniture and utensils; and training and qualifying professionals in the field of food and nutrition. Operating and maintaining the equipment is the responsibility of the partner states and/or municipalities.

## ■ Executive Institutions

### **Philosophy and Human Sciences Faculty of the Federal University of Minas Gerais - FAFICH/UFMG**

Created in 1939, the Philosophy Faculty was incorporated to the Federal University of Minas Gerais in 1948. It was named Philosophy and Human Sciences Faculty after the University Reform in 1968. Currently the FAFICH has six academic departments: Political Science, Sociology, Anthropology, Social Communication, Philosophy, History and Psychology. It also shelters the *Centro de Estudos Mineiros*, The Introductory Cycle of Human Sciences and several other research nuclei.

[www.fafich.ufmg.br](http://www.fafich.ufmg.br)

### **Political Science Department of the Federal University of Minas Gerais – DCP/UFMG**

Created in 1965 for the implantation of the Masters course in Political Science of the Philosophy and Human Sciences Faculty of the Federal University of Minas Gerais, the Department can count on 13 full-time professors and has teaching responsibilities in the degree courses in Social Sciences, the Masters course in Political Science and the Doctorate course in Sociology and Politics as well as engaging in scientific research.

[www.fafich.ufmg.br/dcp](http://www.fafich.ufmg.br/dcp)

### **Nucleus for Studies and Research on Women of the Federal University of Minas Gerais - NEPeM/UFMG**

The Center for Research on Women (NEPeM) was created in 1984 for the purpose of articulating, and publicizing studies, research and work done by different sectors and departments of UFMG which have women as their main theme. The NEPeM has exchange programs with similar institutions abroad and carries out academic work involving the academic community and society at large.

[www.fafich.ufmg.br/pesq/r\\_nep.htm](http://www.fafich.ufmg.br/pesq/r_nep.htm)

### **Economic Sciences Faculty of the Federal University of Minas Gerais - FACE/UFMG**

Created as a private entity in 1941, the Economic and Administrative Sciences Faculty of Minas Gerais became a federal educational institute associated to the Federal University of Minas Gerais in 1949. Currently the FACE can count on Departments of Accounting, Administration, and Economics, the Regional Planning Development Center (Cedeplar), the Center for Post-Graduation and Research in Administration (Cepad), the Economics Foundation and the Administration and Accounting Research Institute of Minas Gerais.

[www.face.ufmg.br](http://www.face.ufmg.br)

### **Regional Planning Development Center of the Federal University of Minas Gerais – Cedeplar/UFMG**

Created in 1967, as a supplementary body of the Federal University of Minas Gerais, it has consolidated its role as a research institute in the field of Regional and Urban Economics and Demography and dedicates itself to running the post-graduate courses and conducting research in those areas.

[www.cedeplar.ufmg.br](http://www.cedeplar.ufmg.br)

### **Research Development Foundation of the Federal University of Minas Gerais – FUNDEP/UFMG**

Created in 1974 by a group of university teachers from the UFMG as an instrument to provide support for academic and research activities, it has been contributing ever since to their development in various fields of knowledge. It performs the role of administrative-financial management for academic activities in teaching extension and technological development at UFMG and further supports the community as a whole through advisory and consultancy services, products and provision of services, courses and events, and public admission exams for universities and others.

[www.fundep.ufmg.br](http://www.fundep.ufmg.br)

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### **Applied Social Sciences Centre of the Federal University of Pernambuco - CCSA/UFPE**

The Applied Social Sciences Centre was created in 1974 with the merger of the Economic Sciences Faculty and the Social Service School CCSA has Departments of Social Service, Economics, Accounting Science and Administrative Science. It carries out research in the areas of: Social Policies, costing for public and private institutions, marketing, finance, human resources, administration, rural communication, economy of the public sector, of the work, agricultural and industrial.

[www.ufpe.br](http://www.ufpe.br)

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### **Department of Economics of the Federal University of Pernambuco – DECON/UFPE**

The DECON is an integral part of the Federal University of Pernambuco and has offered masters courses since 1967 and doctorate courses since 1982, undertaking research with an emphasis on the theme of regional aspects of the Brazilian development process and particularly highlighting studies on regional inequalities, the labor market, and agricultural, industrial and technological development.

[www.decon.ufpe.br](http://www.decon.ufpe.br)

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### **Support Foundation for the Development of the Federal University of Pernambuco – FADE/UFPE**

Created in 1981, the FADE is a private non-profit entity based in Recife, Pernambuco. It functions as an instrument for widening the field of activities of the Federal University of Pernambuco in various fields of knowledge. The Foundations acts as an administrative-financial manager for research activities enabling the productive potential of UFPE staff to be made use of by the most varied sectors of society.

[www.fade.org.br](http://www.fade.org.br)

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### **Nucleus for Studies and Research on Women of Brasília University - NEPeM/UnB**

The Nucleus for Studies and Research on Women aims to develop inquiries into diverse groups and institutions by means of studies on public and private security, violence, crime, citizenship, justice, human rights and sex and gender relations.

The NEPeM consists of a reference center for congregating specialists and researchers of multidisciplinary origins to think critically about such conflicts, producing studies and informing the population, social control agencies and the media regarding the themes of the following lines of research: Frontiers – Imagined Spaces and Concrete Places; Violence, Citizenship and Security; Violence, Gender and Citizenship; and Social Politics, Gender and Social Services.

[www.unb.br/ceam/nepem](http://www.unb.br/ceam/nepem)

### **University of Brasilia Foundation – Fubra/UnB**

Created in 1999, it is a private non-profit body that gives support and stimulus to the teaching, research and extension activities of the University of Brasília (UnB) by elaborating and managing institutional, academic and market projects and activities in several fields of knowledge.

[www.fubra.com.br](http://www.fubra.com.br)

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### **Brazilian Agricultural Research Corporation – Embrapa**

Linked to the Ministry of Agriculture, Livestock and Food Supply (MAPA), Embrapa was created in 1973 for the purpose of finding viable solutions for sustainable development of the rural areas by generating, adapting and transferring information and technology to benefit various segments of Brazilian society.

[www.embrapa.br](http://www.embrapa.br)

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### **Regional Development Foundation - FUNDER/Embrapa**

FUNDER aims to support research and extension, and foster all aspects of institutional, scientific, technological, environmental, and cultural development and well-being. To that end it seeks integration of institutions that can collaborate to the benefit of society in the Zona da Mata region of the State of Minas Gerais. Created after a Congress in April of 1989 (Federal University of Juiz de Fora – UFJF/EMBRAPA Milk Cattle and Industrial Zone of Juiz de Fora), it is considered to be a municipal and state public utility foundation and is accredited by MEC, MCT, FAPEMIG, Ministry of Culture, and the CNPq.

[www.funder.com.br](http://www.funder.com.br)

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### **School of Nutrition of the Federal University of Bahia-UFBA**

Created in 1956, the School of Nutrition of UFBA was the fifth one to be established in the country and the first one in the Northeast Region. The school provides out-patient health care and has two research centers and a Collaboration Center in partnership with the Ministry of Health. It has other research groups developing many projects that contribute to nutritional diagnosis and analyses of the social-environmental conditions and the nutrition and food security situation of the population of Salvador and surrounding cities. It also takes part in research with a national outreach.

[www.nutricao.ufba.br](http://www.nutricao.ufba.br)

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### **National School of Public Health – ENSP**

The ENSP, an institution that was created in 1954, is one of the technical-scientific units of the Oswaldo Cruz Foundation (Fiocruz), of the Ministry of Health. It carries out capacity building and qualification of human resources and supplies reference services in the field of public health, engaging in technical cooperation activities in all Brazilian states and municipalities as well as with several national and international institutions involved in various fields of health.

[www.ensp.fiocruz.br](http://www.ensp.fiocruz.br)

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### **Luiz de Queiroz Agricultural College – ESALQ/USP**

Created in 1901, as part of the São Paulo State Agriculture Secretariat, the ESALQ, based in Piracicaba, was originally intended to be a school of agriculture. In 1934 however, it became the nucleus around which the University of São Paulo was founded. Nowadays it is an educational and research institute with eleven departments, among them: Soil Science, Biological Sciences, Forestry and Exact Sciences, Agro-industry, Food and Nutrition, Rural Engineering, and Animal husbandry technology.

[www.esalq.usp.br](http://www.esalq.usp.br)

### **Luiz de Queiroz Agrarian Studies Foundation – FEALQ/USP**

This is a non-profit entity founded in 1976 and its purpose is to lend support to the scientific, economic and social development programs of the Luiz de Queiroz Higher School of Agronomy (ESALQ), the Center for Nuclear Energy in Agriculture and other units of the University of São Paulo and public and private institutions.

[www.fealq.org.br](http://www.fealq.org.br)

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### **The Policy Evaluation Nucleus of the Fluminense Federal University School of Social Work**

The Policy Evaluation Nucleus aims to contribute to the consolidation of policy evaluation in the social field. It seeks to develop an area of knowledge directed at identifying and understanding the multiple manifestations of inequality and exclusion, fostering a more profound critical reflection in the social area, and incorporates them in proposals for lines of action such as formulating and monitoring public policies, programs and social projects. It also provides feedback for the evaluation of social actions already undertaken or being implemented.

[www.uff.br/ess](http://www.uff.br/ess)

### **Applied Social Research, Information and Public Policies Nucleus of the Fluminense Federal University – DataUFF/UFF**

Linked to the Extension Vice-Chancellor's Office of the Fluminense Federal University, the DataUFFV was created in 1999 as a body with administrative autonomy. The Financial resources obtained for institutional activities are used to finance national and international exchanges, and research and survey activities that contribute towards academic production and perfecting the services offered by the university.

[www.uff.br/datauff](http://www.uff.br/datauff)

### **Euclides da Cunha Foundation of the Fluminense Federal University – FEC/UFF**

Created in 1997 with the mission of giving support to the Fluminense Federal University (UFF) and registered with the Ministries of Education, and Science and Technology, the FEC began its activities in 1999 by promoting the easier access of society at large to the academic, scientific and extension work production of the UFF in various fields of knowledge, by means of agreements, contracts and other forms of partnership with public and private institutions.

[www.fec.uff.br](http://www.fec.uff.br)

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### **Brazilian Institute of Geography and Statistics – IBGE**

This institution is under federal government administration and is subordinated to the Ministry of Planning, Budgeting and Administration (MP). The IBGE was created in 1936 with the object of identifying and analyzing national territory and demonstrating the evolution of the economy through information on labor and production as well as identifying the population's characteristics.

[www.ibge.gov.br](http://www.ibge.gov.br)

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### **Brazilian Institute of Public Opinion and Statistics – IBOPE**

Created in 1942, the Ibope is a Brazilian multi-national made up of 52 companies and operating in 16 countries<sup>1</sup>. In Brazil it has its head offices in São Paulo and Rio de Janeiro, and branches in Belo Horizonte, Brasília, Curitiba, Florianópolis, Fortaleza, Porto Alegre, Recife and Salvador. It conducts opinion polls for public and private institutions.

[www.ibope.com.br](http://www.ibope.com.br)

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### **Gender, Citizenship and Development Actions – Agende**

Created in 1998, Agende is a non-profit civil society organization with a public mission and based in Brasília, Federal District. It is active in practically all of Brazilian territory and in Latin America and strives to strengthen the negotiating power and capacity for action of Brazilian and Latin American women's organizations with activities embracing capacity building on gender issues, public policies and budgeting, and planning and the socialization of information.

[www.agende.org.br](http://www.agende.org.br)

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### **Pólis Pesquisa**

A private research and survey institution that has been active in the market since 1996 carrying out research and surveys for governments, political parties, advertising agencies, non-governmental organizations, class associations, and other entities and institutions.

[www.geocities.com/polispesquisa](http://www.geocities.com/polispesquisa)

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<sup>1</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Panama, Paraguay, Peru, Portugal, United States, Uruguay and Venezuela.



## ■ International Bodies

### **United Nations Development Program - UNDP**

The United Nations Development program (UNDP) is a multilateral organization present in 166 countries and its primary mandate is to fight against hunger. Its object is to act in favor of those changes necessary to the sustainability of the planet and improved living conditions for its peoples, generating the circulation of information, experiences and resources among the member countries so as to strengthen local capabilities.

It is further responsible for coordinating United Nations efforts to achieve the Millennium Development Goals, commitments made by world leaders at the 2000 Millennium Summit which embrace the reduction of poverty, the fight against hunger, the reduction of infant and maternal mortality rates, gender issues, reversing the tide of HIV/AIDS and the sustainability of the environment.

[www.undp.org](http://www.undp.org)

### **United Nations Food and Agriculture Organization - FAO**

The United Nations Food and Agriculture Organization (FAO), conducts international activities directed at the eradication of hunger. In implementing its services, whether in developed or developing countries, FAO obeys its directive of acting in a neutral manner so that countries may negotiate agreements and discuss policies.

Founded in 1945, the institution supplies independent advisory services in agricultural policy and planning, legal and administrative structure, including national strategies for: rural development; food security, fighting hunger and poverty; and sustainable development, in addition to contributing towards improved agricultural productivity and the management of natural resources in a sustainable manner.

[www.fao.org](http://www.fao.org)

### **United Nations Educational, Scientific and Cultural Organization - UNESCO**

Founded on 16 November 1945, it functions as a laboratory of ideas and a standard-setter to forge universal agreements on emerging ethical issues. The Organization also serves as a clearinghouse – for the dissemination and sharing of information and knowledge – while helping Member States to build their human and institutional capacities in diverse fields. Through its strategies and activities, UNESCO is actively pursuing the Millennium Development Goals, especially those aiming to: halve the proportion of people living in extreme poverty in developing countries; achieve universal primary education in all countries; eliminate gender disparity in primary and secondary education; help countries implement a national strategy for sustainable development; and to reverse current trends in the loss of environmental resources. Brazil has been a member state of UNESCO since 1946. Apart from the main office in Brasília, UNESCO has offices-antenna installed in the capitals of five states: Rio de Janeiro, Salvador, São Paulo, Cuiabá and Porto Alegre.

[www.unesco.org](http://www.unesco.org)

### **InterAmerican Development Bank - IADB**

The InterAmerican Development Bank (IADB) was founded in 1959 as an institution directed at stimulating the development of Latin American countries. It acts as a source of multilateral financing for economic, social and institutional development projects as well as for programs designed to promote trade and regional integration in Latin America and the Caribbean. Its main mission is to “contribute towards the acceleration of the economic, social, individual and collective development process of developing regional member countries”, in addition to offering financial and technical assistance aimed at ecologically sustainable economic growth, allied to greater competitiveness, social equality and the reduction of poverty. It further seeks the modernization of the state and to promote free trade and regional integration.

[www.iadb.org](http://www.iadb.org)

### **World Bank**

A multilateral international body for financing social and economic development, the World Bank has 184 member countries among them, Brazil, and it plays a central role in the field of international policies.

It makes financial and human resources available to support developing countries by means of loans and according to the precepts of stable, sustainable and equitable growth.

It seeks to promote social development and inclusion, good governance and institutional strengthening as being the essential elements for the reduction of poverty. That includes investing in personnel, protection for the environment, stimulating the development of private companies and the capacity of governments to increase the transparency and efficiency of their services.

[www.obancomundial.org](http://www.obancomundial.org)

### **Department for International Development of the British Government**

The Department for International Development (DFID) is the British government body responsible for administering UK support for poor countries. Its main objectives are to promote development and the reduction of poverty. To that end, it supports long term programs to face up to the fundamental causes of poverty but it also acts in emergency situations whether they result from natural phenomena or from human activities. The work undertaken by DFID respects the global commitment to achieve the Millennium Development Goals proposed by UNO.

[www.dfid.gov.uk](http://www.dfid.gov.uk)

## ■ Acronyms

**Abong** Brazilian Association of Non Governmental Organizations  
**Agende** Gender, Citizenship and Development Actions  
**ANP** National Petroleum, Natural Gas and Biofuel Agency  
**APS** Social Security Agency  
**ASA** Brazilian Semi-Arid Network  
**BID** Inter-American Development Bank  
**BPC** Continuous Cash Benefit  
**CadÚnico** Unified Registry System for Federal Government Social Programs  
**CAAF** Anticipated Purchases from Family Agriculture  
**CAEAF** Special Anticipated Purchases from Family Agriculture  
**CCSA** Applied Social Sciences Center of the Federal University of Pernambuco  
**CDAF** Direct Purchases from Family Agriculture  
**CDLAF** Local Direct Purchases from Family Agriculture  
**Cedeplar** Center for Development and Regional Planning  
**Cempre** Central Company Register  
**CID** International Statistical Classification of Diseases and Related Health Problems  
**CLT** Consolidation of Labor Laws  
**CMAS** Local Social Assistance Council  
**CNAS** National Social Assistance Council  
**CNPJ** Corporate Taxpayer Registry  
**CPF** Individual Taxpayer Registry  
**Conab** National Company for Food Supply  
**Conade** National Council for Disability Rights  
**Congemas** Collegiate of Local Government Social Assistance Administrators  
**Consad** Food Security and Local Development Consortium  
**CPR** Rural Product Certificate  
**CRAS** Social Assistance Reference Center  
**CREAS** Social Assistance Specialized Reference Center  
**DAP** Pronaf Eligibility Declaration  
**DAPAA** Declaration of Eligibility for Agrarian Reform Squatters in Camps  
**DataUFF** Research, Data and Public Policies Nucleus of the Fluminense Federal University  
**DCP** Political Science Department of the Federal University of Minas Gerais  
**Decon** Department of Economics of the Federal University of Pernambuco  
**DF** Federal District  
**DFID** Department for International Development – British Government  
**Dirben** National Department of Benefits of the National Social Security Institute  
**DPE/COPIS** Department of Research/Coordinator of Population and Social Indicators of the Brazilian Institute of Geography and Statistics  
**DPE/GTD** Department of Research/Technique management of the Demographic Census of the Brazilian Institute of Geography and Statistics  
**Ebia** Brazilian Scale of Food Insecurity  
**Emater** State Company for Technical Assistance and Rural Extension  
**Embrapa** Brazilian Agricultural Research Corporation  
**ENSP** Sérgio Arouca National School of Public Health  
**ESALQ** Luiz de Queiroz Agricultural College  
**ESCCA** Commercial Sexual Exploitation and Abuse of Children and Adolescents  
**EYA** Education of the Young and Adult  
**FACE** Economic Sciences Faculty of the Federal University of Minas Gerais  
**FADE** Support Foundation for the Development of the Federal University of Pernambuco  
**FAFICH** Philosophy and Human Sciences Faculty of the Federal University of Minas Gerais  
**FAO** United Nations Food and Agricultural Organization  
**FASFIL** Private NonProfit Foundations and Associations in Brazil  
**FEALQ** Luiz de Queiroz Agrarian Studies Foundation  
**FEC** Euclides da Cunha Foundation  
**FGTS** Unemployment Sinking Fund  
**Fiocruz** Oswaldo Cruz Foundation  
**FNAS** National Social Assistance Fund  
**Fubra** University of Brasilia Foundation  
**Fundep** Research Development Foundation of the Federal University of Minas Gerais  
**Funder** Foundation for Regional Development of the Brazilian Agricultural Research Corporation

**IBGE** Brazilian Institute of Geography and Statistics  
**IBOPE** Brazilian Institute of Public Opinion and Statistics  
**IDH** Human Development Index  
**IEMS** Sentinela Program Index of Municipal Eligibility  
**Incra** National Institute for Colonization and Agrarian Reform  
**Inep** National Institute for Educational Studies and Research  
**Inpe** National Institute for Space Research  
**INSS** National Social Security Institute  
**Ipea** Institute for Applied Economic Research  
**ISA** Environmental Sustainability Index  
**LOA** Annual Organic Act  
**LOAS** Organic Act of Social Assistance  
**Mapa** Ministry of Agriculture, Livestock, and Food Supply  
**MAS** Ministry of Social Assistance  
**MDA** Ministry of Agrarian Development  
**MDS** Ministry of Social Development and the Fight Against Hunger  
**MESA** Extraordinary Ministry for Food Security and the Fight Against Hunger  
**MP** Ministry of Planning, Budget and Administration  
**MS** Ministry of Health  
**MST** Landless Workers Movement  
**Munic** Survey of Basic Municipal Information  
**NEPeM/UFMG** Women Research Centre of the Federal University of Minas Gerais NEPeM/UNB Women Research Centre of the University of Brasília  
**NIS** Social Identification Number  
**NOB/SUAS** Basic Operational Standard of the Unified Social Assistance System  
**ODM** Millennium Development Goals  
**UN** United Nations  
**OSCIP** Public Interest Civil Society Organization  
**PIMC-ASA** One Million Cisterns Program - Brazilian Semi-Arid Network  
**PAA** Food Acquisition Program  
**PAA - Milk** Food Acquisition Program - Milk  
**PAIF** Integral Family Care Program  
**PBF** Bolsa Família Program  
**PETI** Child Labor Eradication Program  
**PIM-PF** Monthly Industrial Research - Physical Production  
**PNAD** National Household Sample Survey  
**PNAS** National Social Assistance Policy  
**PNDS** National Demographic and Health Survey  
**UNDP** United Nations Development Programme  
**Proagro** Program to Guarantee Agricultural Activity  
**Pronaf** National Program for the Strengthening of Family Agriculture  
**PSF** Family Health Care Program  
**RIDE** Integrated Development Region of the Federal District and Surroundings  
**RJU** Unified Legal Regimen  
**SAGI** Secretariat for Evaluation and Information Management  
**SAIP** Secretariat for Institutional Network and Partnerships  
**SCIENCE** Scientific Society of the National School of Statistics Sciences  
**SENARC** National Secretariat for Citizenship Income  
**SESAN** National Secretariat for Food and Nutritional Security  
**Siape** Integrated System for Human Resources Administration  
**Sinteg** System of Integrated Controls of the National Company for Food Supply  
**SNAS** National Secretariat for Social Assistance  
**SUAS** Unified Social Assistance System  
**Sureg** Regional Bureau of the National Company for Food Supply  
**SUS** Unified Health System  
**UFBA** Federal University of Bahia  
**UFF** Fluminense Federal University  
**UFMG** Federal University of Minas Gerais  
**UFPE** Federal University of Pernambuco  
**UnB** University of Brasília  
**Unesco** United Nations Educational, Scientific and Cultural Organization  
**Unicamp** State University of Campinas  
**USP** University of São Paulo

## ■ **Section B - Methodologies**

- Part I – Citizenship Income
- Part II – Social Assistance
- Part III – Food and Nutrition Security





## ■ **Part I - Citizenship Income**

- Evaluation of the impact of the Bolsa Família Program – Phase 1
- The PBF and the Confrontation of Gender Bias: the challenge of promoting a new order in the domestic environment and the access of women to the public space
- Survey of Food and Nutrition Security Conditions of Bolsa Família Program Beneficiaries
- Household Survey of Bolsa Família Program Beneficiaries



# RESEARCH

## Evaluation of the Impact of the Bolsa Família Program - Phase 1

**Executive Institutions:** Regional Planning Development Center of the Federal University of Minas Gerais (Cedeplar/UFMG) through the Research Development Foundation (FUNDEP/UFMG).

**Team Members:** Eduardo Rios-Neto (Coordinator), Diana Oya Sawyer, Ana Maria Hermeto Camilo de Oliveira, Mônica Viegas Andrade, André Junqueira Caetano, Agesilau Neiva Almada, Anne Caroline Costa Resende, Clarissa Guimarães Rodrigues, Davidson Afonso de Ramos, Flávia Lúcia Chein Feres, Izabel Guimarães Marri, Laeticia Rodrigues de Souza, Luiza de Marilac de Souza, Rafael Perez Ribas, José Matias de Lima, Luiz Góes Filho, Marilourdes Lopes Ferreira, Mauricio Teixeira Leite de Vasconcellos, Nuno Duarte da Costa Bittencourt, Pedro Luis do Nascimento Silva, Pedro Luiz de Sousa Quintslr.

**Period undertaken:** December/2004 to October/2006.

### 1. Objectives

To evaluate the impact of the Bolsa Família Program in regard to the following aspects:

- domestic consumption: current spending on food, housing, clothing, transport, health, education, children's goods, adult's goods, miscellaneous expenses;
- nutrition: anthropometric measurement;
- education: school attendance, school progress and evasion;
- adult labor and child labor, search for work and occupational transitions;
- health situation, consultations, vaccination, use of health services;
- variables linked to living conditions, including participation in associations, political participation, level of confidence in the various spheres of government, number of meals per day, distribution of their time for women and children and the decision making process in the domestic environment.

### 2. Methodology

The household based research has a quasi-experimental longitudinal design which foresees the questionnaire's being re-applied to the same families that make up the sample, in subsequent years. Considering that the families included in the Bolsa Família Program are selected in a non random manner, evaluating the impact of the Program by simply comparing beneficiaries and non beneficiaries could lead to mistaken conclusions. On the one hand, it could be that differences found between those groups after one of them had participated in the program were mere reflections of differences that already existed prior to the program. On the other hand, the effects of participating in the program could depend on variables that were different in the two groups being compared. In order to find similar families in the beneficiary group and the non beneficiary group the supposition is that the participation in the program was determined as a result of observed characteristics Thus the probability of a family's participating is calculated as a function of those characteristics and so the work is carried out with families that have similar estimated probabilities.

For that reason, the technique used was Propensity Score Matching (PSM) which allows comparisons between participating and non participating families that are similar in terms of those observable characteristics. The Propensity Score represents the probability of a family or a household receiving the allowance of the Bolsa Família Program. The object of the matching process is to find an ideal comparison group in regard to the group receiving the treatment, starting with a sample of non-beneficiaries of the program. The method basically consists of taking the characteristics of the benefited group as the basis and trying to find, in the comparison group, non beneficiaries that have the same characteristics. After the Propensity scores had been calculated, matching methods were used that allow for the definition of the controls for each unit being dealt with thereby making it possible to calculate the average effect of the treatment. The effect is measured as the difference between the result obtained for the group being treated and the result obtained for the paired comparison group. Three pairing techniques were used in this research to ensure the reliability of the results: Nearest Neighbor Matching (NNM), with and without replacement, and Radius Matching (RM).

The comparative analysis involved three groups: the treatment group (made up of households benefiting from the Bolsa Família Program), “Comparison group 1” made up of households presently receiving some other form of benefits, and “Comparison group 2” made up of households that declared that they had never received any kind of benefit, irrespective of whether they were registered in any kind of public program or not. The results of future rounds of household surveys will make it possible to evaluate any alterations in the indicators referring to the three groups, taking into account the eventual transition of families from the non-benefited group to the benefited group.

### 3. The sample

The sample was divided into three strata of differing proportions. The first is made up of program beneficiary families and denominated “cases”. The second is made up of families registered in the Single Registry System but who are not yet benefiting from the program, denominated “Type 1 control”. Lastly, the third stratum consists of families with none of their members registered or benefiting from programs, denominated “Type 2 control”.

To distinguish the families researched on the basis of those characteristics the sampling was done in two phases. In the first phase the areas were selected (census sectors) and following that there was a screening process of the sampled sectors using the census information to arrive at pre-established proportions between cases, Type 1 controls and Type 2 controls.

The sample size was defined in such a way as to obtain representativity in regard to three great regions of Brazil: the Northeast (NE), the South and Southeast (SE-South) together, and the North and Center-west (NO-CO). The sample was distributed as follows: cases 30%, Type 1 controls 60% and Type 2 controls 10%. Once the regional strata had been defined, the Primary Sample Units were defined for each super-region. The total number of completed questionnaires collected during the fieldwork was 15,240. Data was collected in all the federated States except Acre, Roraima and Tocantins as shown in the table:

**Table 1 - Numbers of municipalities selected for the sample**

Region	State	Number of municipalities
Northeast	Maranhão - MA	04
	Piauí - PI	08
	Ceará - CE	20
	Rio Grande do Norte - RN	02
	Paraíba - PB	15
	Pernambuco - PE	17
	Alagoas - AL	11
	Sergipe - SE	06
	Bahia - BA	28
North and Center-West	Rondônia - RO	06
	Amazonas - AM	11
	Pará - PA	29
	Amapá - AP	01
	Mato Grosso do Sul - MS	12
	Mato Grosso - MT	10
	Goiás - GO	16
	Distrito Federal - DF	01
Southeast and South	Minas Gerais - MG	27
	Espírito Santo - ES	03
	Rio de Janeiro - RJ	07
	Sao Paulo - SP	21
	Paraná - PR	02
	Santa Catarina - SC	02
	Rio Grande do Sul - RS	10
TOTAL		269

Source: MDS/Cedeplar, Evaluation of the Impact of the Bolsa Família, 2004.



**Federal University of Minas Gerais**  
 Regional Planning and Development Center  
 Scientific Society of the National School of Statistical Sciences  
**AIBF Evaluation of the Impact of the Bolsa Família Program**

**Questionnaire - Evaluation of the Impact of the Bolsa Família Program - Phase 1**

**Identification of the Questionnaire**

New identification of the sector  
 \_\_\_\_\_

Selection Stratum and Questionnaire Number  
 \_\_\_\_\_

**Interview Control**

Code and name of interviewer  
 \_\_\_\_\_

Code and name of supervisor  
 \_\_\_\_\_

Visits (date, starting and finishing time)

First visit  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_:\_\_\_\_

Second visit  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_:\_\_\_\_

Third visit  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_:\_\_\_\_

Fourth visit  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_:\_\_\_\_

**Situation of the Interview**

1  Totally carried out

Partially carried out (specify reason)

2  Refusal

3  Other reason

Not carried out (specify reason)

4  Refusal

5  Closed or empty

6  Non existent - not found

7  Other reason

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of doubt or for further information use Science free call service: (903121) 2509 4966

**LIST OF HOUSEHOLD RESIDENTS**

Transcribe from Section 02, PART A - CHARACTERISTICS OF THE RESIDENTS

Nº of Person	NAME OF PERSON	SEX 1 Male 2 Female	AGE	Nº OF PERSON
01				01
02				02
03				03
04				04
05				05
06				06
07				07
08				08
09				09
10				10
11				11
12				12



**Questionnaire - Evaluation of the Impact of the Bolsa Familia Program - Phase 1**

**INFORMATION FOR FUTURE CONTACT**

1 Information on the person responsible should there be a need for further contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

District/neighborhood: \_\_\_\_\_

Municipality: \_\_\_\_\_

State: \_\_\_\_\_

Telephone for contact: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

Type of Telephone: 1 Own  
 2 Community  
 3 Message only

2 If you or any member of your family were to move away from here, whom would you inform or who could tell people where you had gone (a relative or a close person)?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

District/neighborhood: \_\_\_\_\_

Municipality: \_\_\_\_\_

State: \_\_\_\_\_

Telephone for contact: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

Type of Telephone: 1 Own  
 2 Community  
 3 Message on

3 Could you give the name of any other relative or person who would know your address if you were to move away?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

District/neighborhood: \_\_\_\_\_

Municipality: \_\_\_\_\_

State: \_\_\_\_\_

Telephone for contact: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

Type of Telephone: 1 Own  
 2 Community  
 3 Message on

Evaluation of the Impact of the Bolsa Família Program

**SECTION 01 - CHARACTERISTICS OF THE DWELLING**

PART A - General Information

1 TYPE OF DWELLING  
[ ]  
1 House  
2 Apartment  
3 Bedroom or room

2 LOCATION OF DWELLING  
[ ]  
1 Condominium of Houses, apartments or estate unit  
2 Slums or illegally occupied areas  
3 House divided up into sub-let rooms  
4 Isolated building

3 IS THERE A PAVEMENT IN FRONT OF THE DWELLING?  
[ ]  
1 Yes  
2 No

4 TYPE OF STREET WHERE DWELLING IS LOCATED  
[ ]  
1 Asphalted  
2 Cobbled  
3 Dirt road  
4 Other

5 CONDITION OF OCCUPATION OF THE DWELLING  
[ ]  
1 Rented  
2 Purchasing ownership  
3 Fully paid ownership  
4 Conceded by employer  
5 Conceded in some other way  
6 Other condition

6 MAIN MATERIAL USED FOR OUTSIDE WALLS  
[ ]  
1 Plastered brickwork  
2 Regular wooden boards  
3 Naked brickwork  
4 Mud and lathes  
5 Re-used wood  
6 Other material

7 MAIN MATERIAL USED FOR THE FLOOR  
[ ]  
1 Regular wooden boards  
2 Carpeting  
3 Floor tiles, stone flags  
4 Cement  
5 Re-used wood  
6 Beaten earth  
7 Other material

8 MAIN MATERIA USED FOR THE ROOF (outside)  
[ ]  
1 Tiles  
2 Concrete deck  
3 Regular wooden boards  
4 Galvanized sheets or asbestos sheets  
5 Re-used wood  
6 Thatch  
7 Other material

9 HOW MANY INTERNAL DIVISIONS ARE THERE (including kitchen and toilet)?  
[ ]

10 HOW MANY INTERNAL DIVISIONS ARE USED FOR SLEEPING ONLY?  
[ ] [ ]

11 HOW MANY OF THE OTHER SPACES ARE HABITUALLY USED FOR SLEEPING IN?  
[ ] [ ]

## Evaluation of the Impact of the Bolsa Familia Program

### SECTION 01 - CHARACTERISTICS OF THE DWELLING

#### PART A - General Information

12 HOW MANY BATHROOMS ARE THERE IN THE DWELLING (only those that have shower/bath + toilet bowl)?

[ ] If zero go to question 13, if otherwise jump to question 14

13 IS THERE A TOILET USED BY THE RESIDENTS IN THIS DWELLING OR IN THE SURROUNDINGS?

- [ ] 1 Yes  
2 No - Go to question 15

14 WHAT TYPE OF COLLECTOR IS THERE FOR SEWAGE?

- [ ] 1 Connected to public sewage system  
2 Septic tank  
3 Simple collecting tank  
4 Trench  
5 Other type  
6 Other condition

15 IS THERE RUNNING WATER SUPPLY INSIDE THE DWELLING?

- [ ] 1 Yes  
2 No

16 MAIN SOURCE OF WATER SUPPLY

- [ ] 1 Public water supply system  
2 Well or spring on the property **go to qu. 18**  
3 Well or spring off the property **go to qu. 18**  
4 Public tap or fountain **go to qu. 18**  
5 Water bowser **go to qu. 18**  
6 Cistern (rainwater) **go to qu. 18**  
7 Other source

17 WHAT IS THE FREQUENCY OF WATER SUPPLY?

- [ ] 1 Up to 4 days a week  
2 5 days a week or more

18 MAIN TYPE OF WATER USED FOR DRINKING

- [ ] 1 Filtered  
2 Boiled  
3 Filtered and Boiled  
4 Mineral water  
5 Natural water  
6 Direct from the mains supply

19 MAIN TYPE OF ILLUMINATION

- [ ] 1 Electric light (public electricity supply)  
2 Generator (households)  
3 Kerosene lamp  
4 Candle or small wick lamp  
5 Other type

20 WHAT IS THE MAIN COOKING FUEL?

- [ ] 1 Electricity  
2 Gas in cylinder or piped in  
3 Kerosene  
4 Firewood or charcoal  
5 Other type  
6 Not used

21 IS THERE A TELEPHONE IN THE DWELLING?

- [ ] 1 Yes  
2 No

22 WHAT IS THE MAIN DESTINATION OF DOMESTIC WASTE?

- [ ] 1 Directly collected by public cleansing service  
2 Collected indirectly  
3 Burnt or buried  
4 Thrown on vacant land or into the street  
5 Thrown into river, lake or sea  
6 Other destination

Evaluation of the Impact of the Bolsa Família Program

**SECTION 02 - CHARACTERISTICS AND ANTHROPOMETRY OF THE RESIDENTS**

PART A - Characteristics of the Residents

1 INCLUDING SMALL CHILDREN, OLD PEOPLE AND SERVANTS, HOW MANY PEOPLE ALTOGETHER LIVE IN THIS DWELLING [ ]

2 HOW MANY FAMILIES LIVE IN THIS DWELLING? [ ]

N° OF PER SON	3 INCLUDING ALL THE CHILDREN OLD PEOPLE AND SERVANTS THAT LIVE HERE COULD YOU PLEASE GIVE ME THE FULL NAME OF EACH PERSON THAT NORMALLY LIVES IN THIS DWELLING BEGINNING WITH THE HEAD OF THE HOUSEHOLD AND THEN HIS OR HER PARTNER IF THEY HAVE ONE THEN THEIR CHILDREN AND THEN THE OTHERS:	4 SEX 1 Male 2 Female	5 WHAT IS THE RELATION OF EACH PERSON LIVING HERE TO THE HEAD OF THE HOUSEHOLD? 01 Head of household 02 Husband/wife - partner or stepdaughter 03 Son/daughter, stepson or stepdaughter 04 Father, mother, father/mother in-law, grandchild, great-grandchild 05 Grandchild, sister 06 Brother, sister 07 Son/daughter in-law 08 Other relation 09 Lodger 10 Old-age Pensioner 11 Domestic servant 12 Relative of Domestic servant	6 NUMBER OF THE FAMILY	7 STATUS IN THE FAMILY 01 Head of household 02 Husband/wife - partner 03 Son/daughter, stepson or stepdaughter 04 Father, mother, father/mother in-law, grandchild, great-grandchild 05 Grandchild, sister 06 Brother, sister 07 Son/daughter in-law 08 Other relation 09 Lodger 10 Old-age Pensioner 11 Domestic servant 12 Relative of Domestic servant	8 WHAT IS (NAME OF PERSON)'S DATE OF BIRTH - DAY, MONTH AND YEAR? If date of birth unknown register as: 88/88/8888.	9 AGE IN YEARS COMPLETED OR ESTIMATED AGE OF (NAME OF PERSON)	FOR PEOPLE 14 AND OVER - 10 WHAT IS THE MARITAL STATUS OF (NAME OF PERSON)? 1 Single 2 Married - civil and religious 3 Married - civil only 4 Married - religious only 5 Consensual union 6 Legally separated 7 Divorced 8 Separated in fact 9 Widowed	N° OF PER SON
01						/ / / /			01
02						/ / / /			02
03						/ / / /			03
04						/ / / /			04
05						/ / / /			05
06						/ / / /			06
07						/ / / /			07
08						/ / / /			08
09						/ / / /			09
10						/ / / /			10
11						/ / / /			11
12						/ / / /			12

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 02 - CHARACTERISTICS AND ANTHROPOMETRY OF THE RESIDENTS

#### PART A - Characteristics of the Residents

Nº OF PER SON	11 DOES THE FATHER LIVE IN THE SAME DWELLING? 1 Yes 2 No - Go to question 13	12 FATHER'S NUMBER IN THE LIST:	13 DOES THE MOTHER LIVE IN THE SAME DWELLING? 1 Yes 2 No - Go to question 15	14 MOTHER'S NUMBER IN THE LIST:	15 COLOR OR RACE? 1 White 2 Black 3 Brown 4 Oriental 5 Indigenous	16 NATIONALITY: 1 Brazilian born - <b>Go to 18</b> 2 Naturalized Brazilian 3 Foreigner	17 HOW LONG HAVE YOU BEEN A PERMANENT RESIDENT IN BRAZIL? 1 Less than 1 yr 2 From 1 to 2 yr 3 From 2 to 3 yr 4 From 3 to 4 yr 5 From 4 to 5 yr 6 From 5 to 9 yr 7 10 years or more	18 HOW LONG HAVE YOU BEEN LIVING IN THIS MUNICIPALITY? 1 Less than 1 yr 2 From 1 to 2 yr 3 From 2 to 3 yr 4 From 3 to 4 yr 5 From 4 to 5 yr 6 From 5 to 9 yr 7 10 years or more 8 Always	19 HOW LONG HAVE YOU BEEN LIVING IN THIS DWELLING? 1 Less than 1 yr 2 From 1 to 2 yr 3 From 2 to 3 yr 4 From 3 to 4 yr 5 From 4 to 5 yr 6 From 5 to 9 yr 7 10 years or more 8 Always - <b>Go to 21</b>	FOR PEOPLE 14 AND OVER	20 WHERE DID YOU LIVE MOST OF YOUR FIRST 14 YEARS? 1 Urban area of the capital 2 Rural area of the capital 3 Urban area in the interior 4 Rural area in the interior	21 DO YOU HAVE A BIRTH CERTIFICATE OR A MARRIAGE CERTIFICATE? 1 Yes 2 No	22 DO YOU HAVE AN ID CARD? 1 Yes 2 No	23 DO YOU HAVE A TAX REGISTRATION CARD? 1 Yes 2 No	24 DO YOU HAVE A VOTE REGISTRATION CARD? 1 Yes 2 No	Nº OF PER SON	
01																	01
02																	02
03																	03
04																	04
05																	05
06																	06
07																	07
08																	08
09																	09
10																	10
11																	11
12																	12

Evaluation of the Impact of the Bolsa Família Program

SECTION 02 - CHARACTERISTICS AND ANTHROPOMETRY OF THE RESIDENTS

PART B - Anthropometric data of all those residing in the dwelling

Nº OF PERSON	1 WHAT IS (NAME)'S HEIGHT/LENGTH (meters and centimeters)? <b>MEASUREMENT 1</b>	2 WHAT IS (NAME)'S HEIGHT/LENGTH (meters and centimeters)? <b>MEASUREMENT 2</b>	3 WAS HEIGHT MEASURED? 1 Yes 2 No, absent - <b>Go to 5</b> 3 No, sick - <b>Go to 5</b> 4 No, did not allow - <b>Go to 5</b> 5 No, other reason - <b>Go to 5</b>	4 HOW WAS THE MEASUREMENT MADE? 1 Standing up 2 Lying down	5 WHAT IS (NAME)'S WEIGHT (kilos and grams)? (if it is a child under 2 years old register the weight of the adult with the child in his or her lap)	6 IF CHILD UNDER 2 YEARS OLD WHAT IS THE WEIGHT OF THE PERSON THAT HELD THE CHILD FOR WEIGHING? (kilos and grams)	7 WAS HE/SHE WEIGHED? 1 Yes 2 No, absent 3 No, sick 4 No, did not allow 5 No, other reason	Nº OF PERSON
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

## Questionnaire - Evaluation of the Impact of the Bolsa Família Program - Phase 1

## Evaluation of the Impact of the Bolsa Família Program

## SECTION 03 - EDUCATION

PART A - General Information

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION:

| | |

N° OF PER SON	2 DOES [NAME]/ KNOW HOW TO READ AND WRITE A SIMPLE MESSAGE IN THE LANGUAGE HE OR SHE KNOWS? 1 Yes 2 No	3 DID HE OR SHE GO TO A SCHOOL OR CRÈCHE LAST YEAR? 1 Yes, a private one 2 Yes, a public municipal-run one 3 Yes, a public state-run one 4 Yes, a federal one 5 No - <b>Go to 6</b>	4 WHAT COURSE WAS HE OR SHE IN LAST YEAR? 01 Crèche 02 Infants school 03 Literacy Training class 04 Adult Literacy training class/AJA 05 Basic regular compulsory education in grades one to eight 06 Basic Regular in non serial form 07 Supplementary education(basic education equivalent lower secondary education) 08 Regular Higher secondary education in series 09 Regular higher secondary education (Higher education) 10 Regular higher secondary education in non serial form 11 University admission preparatory course 12 Higher education - graduate course 13 Masters or Doctors course AJA - Literacy training for Youths and Adults EJA - Education for Youths and Adults	5 WHICH SERIES (SCHOOL YEAR) WAS HE OR SHE IN LAST YEAR? 01 Year one 02 Year two 03 Year three 04 Year four 05 Year five 06 Year six 07 Year seven 08 Year eight 09 Non serial course 10 None	6 IS HE OR SHE GOING TO SCHOOL OR A CRÈCHE AT THE MOMENT? 1 Yes, a private one - <b>Go to 9</b> 2 Yes, a public municipal-run one - <b>Go to 9</b> 3 Yes, a public state-run one - <b>Go to 9</b> 4 Yes, a federal-run one - <b>Go to 9</b> 5 No, but used to 6 No, never has done - <b>Go to 29</b>	7 WHY ISN'T HE OR SHE GOING TO SCHOOL? 01 Needs to work 02 Needs to help father/mother with their work 03 Needs to look after brothers and sisters 04 No school nearby 05 It's Expensive 06 Finished schooling 07 Got pregnant/got married 08 Sickness 09 Doesn't like to study 10 Other reason	8 HOW OLD WAS HE/ SHE WHEN HE/SHE STOPPED GOING TO SCHOOL? If answer is 'don't know' register: <b>99</b> If this item is answered - <b>Go to 26</b>	9 WHAT COURSE IS HE/SHE TAKING AT THE MOMENT? 01 Crèche 02 Infants school 03 Literacy Training class 04 Adult Literacy training class/AJA 05 Basic regular compulsory education in series one to eight 06 Basic Regular in non serial form 07 Supplementary education(basic education equivalent lower secondary education) 08 Regular Higher secondary education in series 09 Regular higher secondary education in non serial form 10 Supplementary education (Higher secondary education) 11 University admission preparatory course 12 Higher education - graduate course 13 Masters or Doctors course	10 WHAT SCHOOL YEAR (SERIES) IS HE/SHE IN AT THE MOMENT? 01 Year one 02 Year two 03 Year three 04 Year four 05 Year five 06 Year six 07 Year seven 08 Year eight 09 non serial course 10 None	N° OF PER SON
01										01
02										02
03										03
04										04
05										05
06										06
07										07
08										08
09										09
10										10
11										11
12										12

Evaluation of the Impact of the Bolsa Família Program

SECTION 03 - EDUCATION

PART A - General Information

N° OF PER SON	11 PERIOD OF DAY STUDYING: 1 Morning 2 Afternoon 3 Night 4 Morning and afternoon 5 Morning and night 6 Afternoon and night	12 NAME OF CRÈCHE OR SCHOOL ATTENDED	13 CODE NUMBER FOR SCHOOL/CRÈCHE (this code will be registered only after data collection has finished)	14 DOES [NAME] HAVE ANY FREE MEAL AT SCHOOL? 1 Yes 2 No - <b>Go to 21</b>	15 HOW OFTEN DOES (NAME) HAVE FREE MEALS AT SCHOOL? 1 Once a week 2 Two or three days a week 3 four or five days a week 4 More than five days a week				FOR THOSE ATTENDING SCHOOL					20 DOES HE/SHE HAVE MORE THAN TWO MEALS A DAY AT SCHOOL? 1 Yes 2 No	N° OF PER SON	
					16 WHAT IS THE MAIN COMPONENT OF THE MOST IMPORTANT MEAL? 1 Fruit / juice, butter with coffee and milk 2 Bread and butter with coffee and milk 3 Rice, beans, meat and vegetables 4 Soup, porridge, white maize porridge, etc. 5 Other	17 WHAT IS THE SECOND KIND OF FREE MEAL THAT (NAME) HAS AT SCHOOL? 1 Breakfast 2 Lunch 3 snack 4 Dinner 5 Only has one kind of meal - <b>Go to 21</b>	18 WHAT IS THE MAIN COMPONENT OF THE MOST IMPORTANT MEAL? 1 Fruit / juice, butter with coffee and milk 2 Bread and butter with coffee and milk 3 Rice, beans, meat and vegetables 4 Soup, porridge, white maize porridge, etc. 5 Other	19 WHAT IS THE SECOND MOST IMPORTANT MEAL? 1 Fruit / juice, butter with coffee and milk 2 Bread and butter with coffee and milk 3 Rice, beans, meat and vegetables 4 Soup, porridge, white maize porridge, etc. 5 Other								
01																01
02																02
03																03
04																04
05																05
06																06
07																07
08																08
09																09
10																10
11																11
12																12



## Evaluation of the Impact of the Bolsa Familia Program

## SECTION 03 - EDUCATION

## PART A - General Information

N° OF PER SON	ONLY FOR THOSE ATTENDING SCHOOL						ONLY FOR THOSE NOT ATTENDING SCHOOL			FOR PEOPLE FROM 6 TO 15 YEARS OLD	N° OF PER SON	
	21 WHAT IS THE MAIN MEANS OF TRANSPORT USED TO GET TO SCHOOL OR THE CRÈCHE? 1 Public bus service 2 Train/metro 3 Train/metro/bus 4 School transport (van, kombi, bus) 5 Private car or motorbike 6 Other owned mechanized vehicle (launch, tractor) 7 Own non mechanized transport (bicycle, horse canoe etc.) 8 Other type of transport 9 Not used (goes on foot)	22 HOW LONG DOES IT USUALLY TAKE TO GET TO SCHOOL? (Register time in hrs, and mins.)	23 HAS HE/SHE FAILED TO ATTEND SCHOOL AT ANY TIME IN THE LAST 30 DAYS? 1 Yes 2 No - Go to 28	24 HOW MANY DAYS TIMES HAS HE/SHE MISSED SCHOOL IN THE LAST 7 DAYS? If the answer is 0 - Go to 28	25 WHAT WAS THE MAIN REASON FOR MISSING SCHOOL IN THE LAST 7 DAYS? 01 Health/sickness problems 02 Needed to work 03 Needed to help father/mother in their work 04 Needed to stay home to look after brothers/sisters 05 Needed to stay home to look after sick person 06 Doesn't like school 07 Doesn't like the teacher 08 Doesn't want to study/ doesn't feel motivated 09 There was no one to take him/her there 10 Problem of violence near the home or school 11 Violence inside the school 12 Other reason	26 WHAT WAS THE HIGHEST LEVEL OF SCHOOLING IN SCHOOL YEAR WAS COMPLETED? 01 Crèche 02 Infant school 03 Literacy Training Class 04 Adult and Adolescent Literacy Training/AJA 05 Basic Education years 1 to 8 - regular serial course 06 Basic Education equivalent to years 1 to 8 in non serial form 07 Supplementary course/ Adult and Adolescent Education - EJA (Basic Education level) 08 Regular senior high school in series 1 to 3 09 Senior High School equivalent in non serial form 10 Supplementary course/EJA (equivalent senior high school) 11 University Entrance preparatory course 12 Higher education - graduate course 13 Masters or doctors course	27 WHAT WAS THE HIGHEST SCHOOLING LEVEL IN WHICH HE/SHE OBTAINED A PASS MARK FOR THE YEAR? 01 Year one 02 Year two 03 Year three 04 Year four 05 Year five 06 Year six 07 Year seven 08 Year eight 09 Non serial course 10 None	28 HOW OLD WAS HE/SHE WHEN HE/SHE INGRESSED IN THE FIRST YEAR OF BASIC COMPULSORY EDUCATION (YEAR ONE) for those that have not yet begun compulsory basic education register: 00				
01												01
02												02
03												03
04												04
05												05
06												06
07												07
08												08
09												09
10												10
11												11
12												12

Evaluation of the Impact of the Bolsa Família Program

SECTION 03 - EDUCATION

PART A - General Information

		FOR EVERYONE 15 YEARS OLD OR OVER							ONLY FOR AJA STUDENTS
N° OF PER SON	29 HAS [NAME] BEGUN ANY KIND OF ADULT AND ADOLESCENT LITERACY TRAINING (AJA) COURSE? 1 Yes - <b>Go to 31</b> 2 No	30 WHY HASN'T HE/SHE BEGUN AN AJA COURSE? 1 He/she attends/attended a regular school course 2 Doesn't know about any AJA course 3 There is no AJA course in the municipality or region 4 Hasn't had time (works, looks after children etc.) 5 Too old 6 Course is too far away 7 Too expensive to get to the course 8 The course doesn't work 9 Doesn't see the need to <b>(Mark the answer and go to 37)</b>	31 HOW OLD WAS HE/SHE WHEN HE/SHE BEGAN THE AJA COURSE FOR THE FIRST TIME?	32 HOW MANY TIMES HAS SHE BEGUN AN AJA COURSE? 1 Only once 2 Twice 3 Three times or more	33 HOW MANY TIMES HAS HE/SHE CONCLUDED AN AJA COURSE? 0 Has never concluded 1 Only once - <b>Go to 35</b> 2 Twice - <b>Go to 35</b> 3 Three times or more - <b>Go to 35</b>	34 WHY HASN'T HE/SHE FINISHED THE AJA COURSE? 1 Because he/she is still studying in it - <b>Go to 36</b> 2 Didn't have time (works, looks after children, etc.) - <b>Go to 37</b> 3 Course was too far away - <b>Go to 37</b> 4 Too expensive take the course - <b>Go to 37</b> 5 The course doesn't work - <b>Go to 37</b> 6 Doesn't see the need to - <b>Go to 37</b>	35 HOW OLD WAS HE/SHE THE LAST TIME HE/SHE FINISHED AN AJA COURSE?	36 HOW MANY MONTHS AGO DID HE/SHE START ON THE AJA COURSE?	N° OF PER SON
01									01
02									02
03									03
04									04
05									05
06									06
07									07
08									08
09									09
10									10
11									11
12									12

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 03 - EDUCATION

#### PART A - General Information

N° OF PER SON	FOR EVERYONE 15 YEARS OLD OR OVER							N° OF PER SON
	37 HAS [NAME] BEGUN ANY KIND OF ADULT AND ADOLESCENT EDUCATION (EJA) COURSE? 1 Yes - <b>Go to</b> 2 No	38 WHY HASN'T HE/SHE BEGUN AN EJA COURSE? 1 He/she attends/attended a regular school course 2 Doesn't know about any EJA course 3 There is no EJA course in the municipality or region 4 Hasn't had time (works, looks after children etc.) 5 Too old 6 Course is too far away 7 Too expensive to get to the course 8 The course doesn't work 9 Doesn't see the need to <b>(Mark the answer and close Part A)</b>	39 HOW OLD WAS HE/SHE WHEN HE/SHE BEGAN THE EJA COURSE FOR THE FIRST TIME?	40 HAS HE/SHE EVER CONCLUDED AN EJA COURSE? 1 Yes - <b>Go to</b> 2 No	41 WHY HASN'T HE/SHE FINISHED THE COURSE? 1 Because he/she is still studying in it 2 Didn't have time (works, looks after children. etc.) 3 Course was too far away 4 Too expensive take the course 5 The course doesn't work 6 Doesn't see the need to <b>(Mark the answer and pass to the next person)</b>	42 HOW OLD WAS HE/SHE THE LAST TIME HE/SHE FINISHED AN EJA COURSE?	43 WHAT TYPE OF EJA COURSE DID HE/SHE LAST CONCLUDE? 1 Basic EJA - 1st segment (equivalent to complete primary) 2 Basic EJA - 2nd segment (equivalent to complete junior secondary education) 3 Senior EJA (equivalent to complete senior high school education) 4 Career training EJA	
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

Evaluation of the Impact of the Bolsa Família Program

SECTION 03 - EDUCATION

PART B - Spending on Education

Nº OF PER SON	1 HAVE YOU HAD ANY EXPENSES WITH THE EDUCATION OF [NAME] THIS YEAR? 1 Yes 2 No - Close off Part B	2 HOW MUCH HAVE YOU SPENT ON SCHOOL FEES FOR [NAME] IN THE LAST 30 DAYS?	3 HOW MUCH HAVE YOU SPENT ON SCHOOL TRANSPORT FOR [NAME] IN THE LAST 30 DAYS?	4 HOW MUCH HAVE YOU SPENT ON SCHOOL MEALS/SNACKS FOR [NAME] IN THE LAST 30 DAYS?	5 HOW MUCH DID YOU SPEND ON SCHOOL MATERIAL FOR [NAME] IN 2005?	6 HOW MUCH DID YOU SPEND ON SCHOOL ENROLMENT FOR [NAME] IN 2005?	7 HOW MUCH DID YOU SPEND ON SCHOOL UNIFORMS FOR [NAME] IN 2005?	8 HOW MUCH HAVE YOU SPENT ON OTHER EDUCATION-RELATED ITEMS IN THE LAST 30 DAYS? (Private classes, extra-curricular activities, school repairs and conservation, school cash box contribution, cleaning material and personal hygiene material for use in school or creche etc.)	Nº OF PER SON
01									01
02									02
03									03
04									04
05									05
06									06
07									07
08									08
09									09
10									10
11									11
12									12

## Questionnaire - Evaluation of the Impact of the Bolsa Familia Program - Phase 1

## Evaluation of the Impact of the Bolsa Familia Program

## SECTION 04 - HEALTH

## PART A - General Information

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION: \_\_\_\_\_

N° OF PERSON	2 HOW WOULD YOU DESCRIBE THE STATE OF HEALTH OF [NAME] ? 1 Very good 2 Good 3 Regular 4 Bad 5 Very bad 6 Cannot evaluate it	3 DOES HE/SHE SUFFER FROM ANY CHRONIC HEALTH PROBLEM? HAS HE/SHE HAD ANY OTHER HEALTH PROBLEM IN THE LAST 30 DAYS? 1 Yes 2 No - Go to 6	4 WHAT WAS THE MAIN PROBLEM? 1 Accident/injury 2 Dental problem 3 Flu/cold 4 Bronchitis/pneumonia 5 Infection 6 Chronic disease 7 Diarrhea 8 Other	5 HAS [NAME] NEEDED MEDICAL CARE OR HEALTH CARE DURING THE LAST 30 DAYS? 1 Yes 2 No - Go to 18	6 HAS [NAME] SOUGHT MEDICAL CARE OR HEALTH CARE DURING THE LAST 30 DAYS? 1 Yes 2 No - Go to 16	7 WHAT WAS THE MAIN REASON FOR [NAME] SEEKING MEDICAL OR HEALTH CARE THE LAST TIME? 01 Accident/injury 02 Dental problem 03 routine/preventive treatment 04 Childbirth 05 To obtain Doctor's Certificate 06 Rehabilitation treatment 07 Antenatal exams 08 Vaccination 09 Flu/ cold 10 Bronchitis/pneumonia a 11 Sick from some kind of infection 12 Was in pain 13 Chronic disease 14 Diarrhea 15 Other reason 16 Reason unknown	8 IN REGARD TO THE LAST MENTIONED REASON THAT LED [NAME] TO SEEK MEDICAL OR HEALTH CARE, DID HE/SHE RECEIVE DUE CARE? 1 Yes 2 No - Go to 17	9 WHERE DID [NAME]'S LAST MEDICAL CONSULTATION TAKE PLACE? 1 Drugstore 2 Health Center 3 Private doctor's surgery 4 Dentists surgery 5 Surgeries of other health professionals (Phono-audiologists, psychologists, physiotherapists, etc.) 6 Consulting room or surgery of a company or a trade union 7 Consulting room or surgery of a clinic 8 Hospital 9 Laboratory or clinic for complementary examinations 10 In the home 11 Hospital ward (in-patient) 12 Other place	10 HOW LONG DID IT TAKE [NAME] TO GET TO THAT PLACE THE LAST TIME? 1 Up to 1/2 hr 2 From 1/2 to 1 hr 3 One to 2 hr 4 Two to 5 hr 5 Over 5 hr	11 WHAT IS THE MAIN MEANS OF TRANSPORT THAT [NAME] USED TO GET TO THE PLACE WHERE MEDICAL OR HEALTH ASSISTANCE WAS LAST RECEIVED? 1 Ambulance 2 Public bus service 3 Train/metro/bus 4 Train/metro/bus 5 School transport (van, kombi, bus) 6 Private car or motorbike 7 Other owned mechanized vehicle (launch, tractor) 8 Own non mechanized transport (bicycle, horse canoe etc.) 9 Other type of transport 10 Not used (went on foot)	12 DID [NAME] PAY FOR THE LAST MEDICAL OR HEALTH CARE RECEIVED? 1 Yes 2 No	13 WAS THE LAST HEALTH OR MEDICAL CARE REFERRED TO ADMINISTERED BY THE UNIFIED HEALTH SYSTEM (SUS)? 1 yes, in a hospital or health center 2 yes, by a community health agent 3 No	N° OF PERSON	
01														01
02														02
03														03
04														04
05														05
06														06
07														07
08														08
09														09
10														10
11														11
12														12

Evaluation of the Impact of the Bolsa Família Program

SECTION 04 - HEALTH

PART A - General Information

N° OF PERSON	14 WHAT IS THE NAME OF THE PLACE WHERE (NAME) LAST RECEIVED CARE?	15 WHAT IS THE ADDRESS OF THE PLACE WHERE (NAME) LAST RECEIVED CARE?  (If this question is answered go to 17)	16 WHAT WAS THE MAIN REASON FOR (NAME)'S NOT SEEKING MEDICAL OR HEALTH CARE? 1 He/she had no health problems 2 He/she had health problems but they did not require health service care 3 There was a need for health service care but the health service center was too far from home 4 There was a need for health service care but there were transport difficulties involved 5 There was a need for health service care but there was not enough money for it 6 There was a need for health service care but there was no time for it 7 There was a need for health service care but the service is too slow 8 There was a need for health service care but the center does not have an established timetable 9 There was a need for health service care but the center does not have a specialist available 10 There was a need for health service care but the patient considered that he/she would not be attended to. 11 Other reason	17 HOW MANY SCHOOL DAYS OR WORK DAYS DID (NAME) LOSE BECAUSE OF HEALTH PROBLEMS DURING THE LAST 30 DAYS?  <b>Register 99 for those who neither work nor study</b>	18 HAS (NAME) BEEN ADMITTED TO A HOSPITAL IN THE LAST 12 MONTHS? 1 Yes 2 No	19 IS (NAME) COVERED BY A HEALTH INSURANCE PLAN? 1 Yes 2 No	N° OF PERSON
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 04 - HEALTH

PART B - For girls and women from 10 to 49 years old:

Nº OF PERSON	1 ARE YOU PREGNANT? 1 Yes 2 No - Close off this part	2 HOW MANY MONTHS PREGNANT ARE YOU?	3 HOW MANY ANTENATAL CHECK-UPS HAVE YOU HAD DURING THIS PREGNANCY?	Nº OF PERSON
01				01
02				02
03				03
04				04
05				05
06				06
07				07
08				08
09				09
10				10
11				11
12				12

Evaluation of the Impact of the Bolsa Família Program

**SECTION 04 - HEALTH**

PART C - Health Agents

1 DOES THIS HOUSEHOLD RECEIVE VISITS FROM HEALTH AGENTS?

- 1 Never receives visits
- 2 Receives visits every month
- 3 Every 2 months
- 4 Every 3 months
- 5 Every 6 months
- 6 With unscheduled frequency

PART D - Spending on Health

Nº OF ITEM	1 IN THE [REFERENCE PERIOD], DID YOU (HOUSEHOLD RESIDENTS) HAVE ANY EXPENSES WITH (ITEM) FOR PERSONS 14 YEARS OLD OR UNDER? 1 Yes 2 No - Go to 4	2 NUMBER OF CHILDREN 14 OR UNDER FOR WHOM MONEY WAS SPENT ON THIS ITEM	3 HOW MUCH WAS SPENT IN REALS ON (ITEM) FOR CHILDREN 14 OR UNDER?	4 IN THE [REFERENCE PERIOD], DID YOU (HOUSEHOLD RESIDENTS) HAVE ANY EXPENSES WITH (ITEM) FOR PERSONS 15 YEARS OLD OR OVER? 1 Yes 2 No - Close this line	5 NUMBER OF PERSONS 15 OR OVER FOR WHOM MONEY WAS SPENT ON THIS ITEM	6 HOW MUCH WAS SPENT IN REALS ON (ITEM) FOR PERSONS 15 OR OVER LIVING IN THIS HOUSEHOLD?
REFERENCE PERIOD: LAST 30 DAYS						
01	CONSULTATIONS					
02	EXAMINATIONS					
03	MEDICINES FOR CONTINUOUS USE					
04	MEDICINES FOR OCCASIONAL USE					
05	HEALTH PLAN/INSURANCE					
REFERENCE PERIOD: LAST 12 MONTHS						
06	HOSPITAL ADMISSION					



## Evaluation of the Impact of the Bolsa Família Program

### SECTION 04 - HEALTH

PART E - Child Health - For all children up to 6 years old

Nº OF PERSON	1 DOES [NAME] HAVE A CHILDREN'S HEALTH CARD OR A VACCINATION CARD? 1 Yes 2 Never had one - <b>Close off this part</b> 3 Not at the moment - <b>Close off this part</b>	2 MAY I SEE IT? 1 Yes 2 No - <b>Close off this part</b>  Be careful in filling in the columns. If the card indicates that vaccine of a certain type was administered but the date is not recorded, than register the date as: <b>99/99/9999</b>	3 ANTI-PÓLIO - 1st DOSE	4 ANTI-PÓLIO - 2nd DOSE	5 ANTI-PÓLIO - 3rd DOSE	6 ANTI-PÓLIO Last Booster	Nº OF PERSON
01			/ /	/ /	/ /	/ /	01
02			/ /	/ /	/ /	/ /	02
03			/ /	/ /	/ /	/ /	03
04			/ /	/ /	/ /	/ /	04
05			/ /	/ /	/ /	/ /	05
06			/ /	/ /	/ /	/ /	06
07			/ /	/ /	/ /	/ /	07
08			/ /	/ /	/ /	/ /	08
09			/ /	/ /	/ /	/ /	09
10			/ /	/ /	/ /	/ /	10
11			/ /	/ /	/ /	/ /	11
12			/ /	/ /	/ /	/ /	12

Evaluation of the Impact of the Bolsa Família Program

SECTION 04 - HEALTH

PART E - Child Health - For all children up to 6 years old

N° OF PERSON	7 D.P.T. - 1st DOSE	8 D.P.T. - 2nd DOSE	9 D.P.T. - 3rd DOSE	10 D.P.T. Last Booster	N° OF PERSON
01	/ /	/ /	/ /	/ /	01
02	/ /	/ /	/ /	/ /	02
03	/ /	/ /	/ /	/ /	03
04	/ /	/ /	/ /	/ /	04
05	/ /	/ /	/ /	/ /	05
06	/ /	/ /	/ /	/ /	06
07	/ /	/ /	/ /	/ /	07
08	/ /	/ /	/ /	/ /	08
09	/ /	/ /	/ /	/ /	09
10	/ /	/ /	/ /	/ /	10
11	/ /	/ /	/ /	/ /	11
12	/ /	/ /	/ /	/ /	12

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 04 - HEALTH

PART E - Child Health - For all children up to 6 years old

N° OF PER SON	11 Against Hepatitis B - 1st DOSE	12 Against hepatitis B - 2nd DOSE	13 Against hepatitis B - 3rd DOSE	14 BCG	15 Against measles	16 Triple viral or anti-measles booster	N° OF PER SON
01	/	/	/	/	/	/	01
02	/	/	/	/	/	/	02
03	/	/	/	/	/	/	03
04	/	/	/	/	/	/	04
05	/	/	/	/	/	/	05
06	/	/	/	/	/	/	06
07	/	/	/	/	/	/	07
08	/	/	/	/	/	/	08
09	/	/	/	/	/	/	09
10	/	/	/	/	/	/	10
11	/	/	/	/	/	/	11
12	/	/	/	/	/	/	12

Evaluation of the Impact of the Bolsa Família Program

SECTION 05 - WORK AND CHILD LABOR

PART A - General information - For all residents in the household 5 years old or over

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION: \_\_\_\_\_

Nº OF PEOPLE SO N	2 IS HE/SHE WORKING OR HAS WORKED AT SOME TIME? 1 Yes, he/she works 2 No, he/she doesn't work but has worked before - <b>Go to 4</b> 3 He/she has never worked - <b>Go to 5</b>	3 WHEN DID HE/SHE LAST WORK (MONTH AND YEAR)?	4 AT WHAT AGE DID HE/SHE START TO WORK?	5 DID [NAME] LOOK FOR WORK IN THE MONTH OF OCTOBER 2005? 1 Yes 2 No	6 HAS [NAME] LOOKED FOR WORK IN THE LAST 7 DAYS? 1 Yes 2 No	7 MONTHS WORKED (mark with an X)												Nº OF PEOPLE SO N									
						OCT 04	NOV 04	DEC 04	JAN 05	FEB 05	MAR 05	APR 05	MAY 05	JUN 05	JUL 05	AUG 05	SEP 05		OCT 05								
01																											
02																											
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10																											
11																											
12																											



# Evaluation of the Impact of the Bolsa Família Program

## SECTION 05 - WORK AND CHILD LABOR

PART B - For all residents in the household 5 years old or over that worked or had some kind of occupation during the previous 12 months

CODES TO BE USED:

- 3 OCCUPATION CODES  
Register occupation according to code list

4 FIELD OF ACTIVITY:

- 1 Agriculture
- 2 Industry
- 3 Construction industry
- 4 Commerce
- 5 Transport
- 6 Other services
- 7 Public Administration

5 EMPLOYMENT SITUATION IN OCCUPATION:

- 1 Public sector employee - work card signed
- 2 Public sector employee - work card unsigned
- 3 Private sector employee - work card signed
- 4 Private sector employee - work card unsigned
- 5 Employer
- 6 Self-employed worker
- 7 Member of cooperative
- 8 Rural worker -subsistence production
- 9 Non salaried worker

QUESTIONS 8, 9, 10, AND 11:

- 1 Yes
- 2 No

1 Nº OF RE- SO N	2 OCCUPATION	3 OCCUP ATION CODE 2	4 FIEL D OF ACTI VITY	5 POS T HEL P D	6 HOU RS PER WEEK K MAL LY WOR KED	7 months worked in the occupation (mark with an X)							8 SOCIAL INSURA NCE CONTRI BUTION?	9 IS OR WAS UNION MEM- BER?	10 RECEIVE (S)/(ED) IN KIND ?	11 RECEIVE (S)/(ED) IN CASH?	12 WHAT WAS MONTHLY INCOME IN SAID OCCU- PATION INCLUDING TRAVEL /MEAL/FOOD VOUCHERS IN OCTOBER 2005? (register zeros if he/she did not work in that month)	13 INFORM VALUE OF OCCUPATION PRODUCTS SOLD IN LAST 12 MONTHS			
						O C T O 4	N O V O 4	D E C 0 4	J A N 0 5	F E B 0 5	M A R 0 5	A P R 0 5							M A Y 0 5	J U N 0 5	J U L 0 5
01																					
02																					
03																					
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05																					
06																					
07																					
08																					
09																					
10																					
11																					
12																					

**Evaluation of the Impact of the Bolsa Família Program**

**SECTION 05 - WORK AND CHILD LABOR**

PART B - For all residents in the household 5 years old or over that worked or had some kind of occupation during the previous 12 months

CODES TO BE USED:

**3 OCCUPATION CODES**

Register occupation according to code list

**4 FIELD OF ACTIVITY:**

- 1 Agriculture
- 2 Industry
- 3 Construction industry
- 4 Commerce
- 5 Transport
- 6 Other services
- 7 Public Administration

**5 EMPLOYMENT SITUATION IN OCCUPATION:**

- 1 Public sector employee - work card signed
- 2 Public sector employee - work card unsigned
- 3 Private sector employee - work card signed
- 4 Private sector employee - work card unsigned
- 5 Employer
- 6 Self-employed worker
- 7 Member of cooperative
- 8 Rural worker -subsistence production
- 9 Non salaried worker

**QUESTIONS 8, 9, 10, AND 11:**

- 1 Yes
- 2 No

1 N° OF PERSON	2 OCCUPATION 3	3 OCCU PATIO N CODE 3	4 FIEL D OF ACTI VITY	5 POS T HEL D	6 HOU RS PER WEE K NOR MAL LY WOR KED	7 months worked in the occupation (mark with an X)									8 SOCI AL INSU RAN CE MEM BER ? UTIO N?	9 IS OR WAS UNIO N MEM BER ?	10 RECEI VE (S)/(E D ) IN KIND ?	11 RECEI VE (S)/(E D ) IN CASH?	12 WHAT WAS MONTHLY INCOME IN SAID OCCU PATION INCLUDING TRAVEL /MEAL/FOOD VOUCHERS IN OCTOBER 2005? <b>(register zeros if he/she did not work in that month)</b>	13 INFORM VALUE OF OCCUPATION PRODUCTS SOLD IN LAST 12 MONTHS	
						O N O C T V O 04	J A E A N B O 04	F E A E B B O 05	M A P R R O O 05	A P R Y O O O 05	J U U L L O O 05	J U U L L O O 05	A S E P T O O 05	O C T O O 05							
						1	2	3	4	5	6	7	8	9							0
01										X									.00		
02										X										.00	
03										X										.00	
04										X										.00	
05										X										.00	
06										X										.00	
07										X										.00	
08										X										.00	
09										X										.00	
10										X										.00	
11										X										.00	
12										X										.00	

Evaluation of the Impact of the Bolsa Família Program

**SECTION 06 - INCOME (except income from work or government benefits) RECEIVED IN REFERENCE MONTH**

PART A - For all residents in the household 10 years old or over

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION:

\_\_\_\_\_

Nº OF PERSON	2 DID HE/SHE RECEIVE RETIREMENT PAY OR A PENSION FROM THE PUBLIC SOCIAL INSURANCE INSTITUTE (including rural old-age pension) 1 Yes 2 No - Go to 4	3 HOW MUCH DID HE/SHE RECEIVE?	4 DID HE/SHE RECEIVE UNEMPLOYMENT BENEFIT? 1 Yes 2 No - Go to 6	5 HOW MUCH DID HE/SHE RECEIVE?	6 DID HE/SHE RECEIVE SUBSIDENCE PENSION? 1 Yes 2 No - Go to 8 (REGISTER FOR THE MOTHER OR THE PERSON LEGALLY RESPONSIBLE FOR THE CHILDREN SHOULD THAT BE THE CASE)	7 HOW MUCH DID HE/SHE RECEIVE?	8 DID HE/SHE WITHDRAW MONEY FROM A SAVINGS ACCOUNT OR ANY OTHER FINANCIAL APPLICATION? 1 Yes 2 No - Go to 10	9 HOW MUCH DID HE/SHE WITHDRAW?	10 DID HE/SHE RECEIVE RENT FOR ROOMS (lodgers), PROPERTIES, MACHINES OR EQUIPMENT? 1 Yes 2 No - Go to 12	11 HOW MUCH DID HE/SHE RECEIVE?	Nº OF PERSON
01											01
02											02
03											03
04											04
05											05
06											06
07											07
08											08
09											09
10											10
11											11
12											12



### Evaluation of the Impact of the Bolsa Família Program

**SECTION 06 - INCOME (except income from work or government benefits) RECEIVED IN REFERENCE MONTH**

PART A - For all residents in the household 10 years old or over

Nº OF PERSON	12 DID HE/SHE SELL PROPERTY OR OTHER DURABLE ASSETS BELONGING TO HIM/HER) 1 Yes 2 No - Go to 14	13 HOW MUCH DID HE/SHE RECEIVE?	14 DID HE/SHE RECEIVE CASH MONTHLY ALLOWANCES OR HAVE HIS/HER EXPENSES PAID BY OTHER PERSONS LIVING IN THE SAME HOUSEHOLD? 1 Yes 2 No - Go to 16	15 HOW MUCH DID HE/SHE RECEIVE?	16 DID HE/SHE RECEIVE FOOD (including basic food baskets), CLOTHING OR OTHER GOODS (not counting those received from employer)? 1 Yes 2 No - Go to 18	17 HOW MUCH DID HE/SHE RECEIVE?	18 DID HE/SHE RECEIVE OTHER INCOME: SUPPLEMENTS OR PENSION ADDITIONS, BONUSES, LIFE INSURANCE, EMPLOYMENT COMPENSATION, UNEMPLOYMENT FUND BENEFITS, LOTTERY PRIZES, LEGACY, STUDY GRANT, ETC.? 1 Yes 2 No - Close off this part	19 HOW MUCH DID HE/SHE RECEIVE?	Nº OF PERSON
01									01
02									02
03									03
04									04
05									05
06									06
07									07
08									08
09									09
10									10
11									11
12									12

Evaluation of the Impact of the Bolsa Família Program

SECTION 07 - INDIVIDUAL SPENDING OF EACH RESIDENT MEMBER OF THE HOUSEHOLD

PART A - Spending on public and private transport and communications of each resident member of the household

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION: \_\_\_\_\_

Nº OF PER SON	2 DID HE/SHE SPEND MONEY ON PUBLIC TRANSPORT DURING THE LAST 7 DAYS (not counting school transport or expenses with journeys)? [Local bus, inter-municipal bus, coach, van, kombi, shared taxi, metro, train, boat, ferry] 1 Yes and knows how much 2 Yes but doesn't know how much - <b>Go to 4</b> 3 Yes but didn't say how much - <b>Go to 4</b> 4 No - <b>Go to 4</b>	3 HOW MUCH DID HE/SHE SPEND ON PUBLIC TRANSPORT IN THE LAST 7 DAYS?	4 DID HE/SHE SPEND MONEY ON PRIVATE TRANSPORT DURING THE LAST 30 DAYS (not counting school transport or expenses with journeys)? [Fuel, maintenance, parking fees, etc. for car, motorbike, bicycle, cart or boat] 1 Yes and knows how much 2 Yes but doesn't know how much - <b>Go to 6</b> 3 Yes but didn't say how much - <b>Go to 6</b> 4 No - <b>Go to 6</b>	5 HOW MUCH DID HE/SHE SPEND ON FUEL, MAINTENANCE, PARKING FEES, ETC. FOR CAR, MOTORBIKE, OR PRIVATE BOAT DURING THE LAST 30 DAYS?	6 DID HE/SHE SPEND MONEY ON COMMUNICATIONS DURING THE LAST 30 DAYS (post-paid mobile phone, card for pre-paid mobile phone, cards for public telephones, postage)? 1 Yes and knows how much 2 Yes but doesn't know how much - <b>Close off this part</b> 3 Yes but didn't say how much - <b>Close off this part</b> 4 No - <b>Close off this part</b>	7 HOW MUCH DID HE/SHE SPEND ON COMMUNICATIONS DURING THE LAST 30 DAYS?	Nº OF PER SON
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 07 - INDIVIDUAL SPENDING OF EACH RESIDENT MEMBER OF THE HOUSEHOLD

PART B - Spending on meals away from home and other expenses incurred by each resident member of the household in the last 7 days

Nº OF PER SON	1 DID HE/SHE CONSUME FOOD OR BEVERAGES (not counting alcoholic beverages) OUTSIDE THE HOME IN THE LAST 7 DAYS? MEALS (lunch or dinner) IN RESTAURANTS, BARS AND SNACK BARS (not counting alcoholic beverages), SODAS, JUICES, SQUASHES, WATER, FRUIT CRUSHES, (separately from meals); SNACKS, BLACK COFFEE, COFFEE WITH MILK, MILK, SANDWICHES, BREAD, BREAD AND BUTTER, APPETIZERS, SAVORIES, ETC.; SWEET OR SALTY BISCUITS; SWEETS, CHEWING GUMS, SWEETMEATS, CHOCOLATES, POPCORN, ETC.	2 HOW MUCH DID HE/SHE SPEND ON FOOD (not counting alcoholic beverages) DURING THE LAST 7 DAYS?	3 DID HE/SHE SPEND MONEY ON ALCOHOLIC BEVERAGES OUTSIDE THE HOME OR ON CIGARETTES OR TOBACCO, OR BETTING OR GAMES OF CHANCE OR SPEND ON ANYTHING ELSE OUTSIDE THE HOME DURING THE LAST 7 DAYS? 1 Yes and knows how much 2 Yes but doesn't know how much - <b>Close off this part</b> 3 Yes but didn't say how much - <b>Close off this part</b> 4 No - <b>Close off this part</b>	4 HOW MUCH DID HE/SHE SPEND DURING THE LAST 7 DAYS?	Nº OF PER SON
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					08
09					09
10					10
11					11
12					12

Evaluation of the Impact of the Bolsa Família Program

**SECTION 08 - COLLECTIVE SPENDING OF THE HOUSEHOLD**

PART A - Spending done by the household residents as a whole

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION: \_\_\_\_\_

2 ITEM CODE	3 ITEM OF EXPENDITURE	4 REFERENCE PERIOD	5 DID HE/SHE SPEND ON (ITEM) IN THE CORRESPONDING REFERENCE PERIOD?  1 Yes 2 No	6 HOW MUCH DID HE/SHE SPEND IN THE REFERENCE PERIOD? (MONETARY SPENDING)	7 APPROXIMATE VALUE OF PRODUCTS AND SERVICES OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind etc.) (Non monetary expenses)
0 SPENDING ON HABITATION					
001	PROPERTY RENTAL	LAST MONTHLY			USE QU. 6 FIELD
002	PROPERTY MORTGAGE PAYMENT	LAST MONTHLY			
003	ESTIMATED RENTAL OF DWELLING OF RESIDENCE	30 DAYS			USE QU. 7 FIELD
004	TAX ON PROPERTIES	12 MONTHS			
005	ELECTRICITY	90 DAYS			
006	WATER AND SEWAGE	90 DAYS			
007	FIXED RESIDENTIAL TELEPHONE	90 DAYS			
008	COOKING GAS CYLINDER	90 DAYS			
009	KEROSENE OR CHARCOAL	90 DAYS			
010	CONDOMINIUM FEES	LAST MONTHLY			
011	INTERNET PROVIDER, SUBSCRIBER TV AND OTHER HOUSEHOLD EXPENSES	90 DAYS			
1 SPENDING ON BUILDING AND REPAIRS TO THE DWELLING					
101	BUILDING MATERIAL	90 DAYS			
102	LABOR (PAINTER, BRICKLAYER, CARPENTER, CABINET MAKER, ELECTRICIAN ETC.)	90 DAYS			
2 SPENDING ON FURNITURE					
201	PURCHASE OF FURNITURE FOR CHILDREN	12 MONTHS			
202	PURCHASE OF FURNITURE IN GENERAL	12 MONTHS			
203	CHILDREN'S HAMMOCKS (UP TO 14 YEARS OLD)	90 DAYS			
204	ADULTS HAMMOCKS	12 MONTHS			
205	FURNITURE REPAIRS/MAINTENANCE	12 MONTHS			

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 08 - COLLECTIVE SPENDING OF THE HOUSEHOLD

PART A - Spending done by the household residents as a whole

2 ITEM CODE	3 ITEM OF EXPENDITURE	4 REFERENCE PERIOD	5 DID HE/SHE SPEND ON (ITEM) IN THE CORRESPONDING REFERENCE PERIOD? 1 Yes 2 No	6 HOW MUCH DID HE/SHE SPEND IN THE REFERENCE PERIOD? (MONETARY SPENDING)	7 APPROXIMATE VALUE OF PRODUCTS AND SERVICES OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind etc.) (Non monetary expenses)
3 SPENDING ON UTENSILS, AND DOMESTIC, BATHROOM, KITCHEN AND PANTRY APPLIANCES					
301	PURCHASE OF INDIVIDUAL UTENSILS, AND DOMESTIC, KITCHEN, BATHROOM AND PANTRY APPLIANCES	90 DAYS			
302	REPAIRS AND MAINTENANCE OF UTENSILS, AND DOMESTIC, KITCHEN, BATHROOM AND PANTRY APPLIANCES	90 DAYS			
4 SPENDING ON HOUSEHOLD ARTICLES AND FABRICS					
401	PURCHASE/REPAIR OF CURTAINS	90 DAYS			
402	PURCHASE /REPAIR OF PILLOWS	90 DAYS			
403	PURCHASE /REPAIR OF FABRICS, BEDSHEETS, TABLECLOTHS, TOWELS ETC.	90 DAYS			
5 SPENDING ON CLOTHING					
501	PURCHASE OF MENS CLOTHING	90 DAYS			
502	PURCHASE OF WOMENS CLOTHING	90 DAYS			
503	PURCHASE OF CHILDRENS CLOTHING (UP TO 14 YEARS OLD)	90 DAYS			
504	REPAIRS TO ADULTS CLOTHING	90 DAYS			
505	REPAIRS TO CHILDRENS CLOTHING (UP TO 14 YEARS OLD)	90 DAYS			
506	MENS FOOTWEAR	90 DAYS			
507	WOMENS FOOTWEAR	90 DAYS			
508	CHILDRENS FOOTWEAR (UP TO 14 YEARS OLD)	90 DAYS			
509	REPAIRS TO ADULTS FOOTWEAR	90 DAYS			
510	REPAIRS TO CHILDRENS FOOTWEAR (UP TO 14 YEARS OLD)	90 DAYS			
511	ACCESSORIES FOR ADULTS	90 DAYS			
512	ACCESSORIES FOR CHILDREN (UP TO 14 YEARS OLD)	90 DAYS			
513	OTHER ARTICLES OF CLOTHING	90 DAYS			

Evaluation of the Impact of the Bolsa Família Program

**SECTION 08 - COLLECTIVE SPENDING OF THE HOUSEHOLD**

PART A - Spending done by the household residents as a whole

2 ITEM CODE	3 ITEM OF EXPENDITURE	4 REFERENCE PERIOD	5 DID HE/SHE SPEND ON (ITEM) IN THE CORRESPONDING REFERENCE PERIOD? 1 Yes 2 No	6 HOW MUCH DID HE/SHE SPEND IN THE REFERENCE PERIOD? (MONETARY SPENDING)	7 APPROXIMATE VALUE OF PRODUCTS AND SERVICES OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind etc.) (Non monetary expenses)
<b>6 SPENDING ON DOMESTIC SERVICES</b>					
601	DOMESTIC SERVICES	LAST MONTHLY			
<b>7 SPENDING ON CULTURE AND RECREATION</b>					
701	BOOKS (NOT SCHOOL BOOKS), MAGAZINES, NEWSPAPERS, ALBUMS, PAPER	30 DAYS			
702	CINEMA, THEATER	30 DAYS			
703	PURCHASE OR RENTAL OF DVD/VIDEO.CD.	30 DAYS			
704	FILM, PHOTOGRAPHS, PRINTING AND COPYING	30 DAYS			
705	DANCE HALLS, NIGHT CLUBS, DANCES	30 DAYS			
706	OTHERS	30 DAYS			
<b>8 SPENDING ON PERSONAL HYGIENE PRODUCTS, ANDHOUSEHOLD CLEANSING PRODUCTS</b>					
801	DISPOSABLE NAPPIES	7 DAYS			
802	PERSONAL HYGIENE PRODUCTS	7 DAYS			
803	HOUSEHOLD CLEANSING PRODUCTS	7 DAYS			
<b>9 MISCELLANEOUS EXPENSES</b>					
901	MISCELLANEOUS EXPENSE: NOTARY, LAWYER., CLERK, ESTATE AGENT	90 DAYS			
902	LABOR CONTRIBUTIONS	90 DAYS			
903	CEREMONIES AND CELEBRATIONS	90 DAYS			
9 04	TAXES (EXCEPT ON THE BUILDING)	12 MONTHS			
905	PENSIONS, ALLOWANCES, MONEY SENT TO OTHER HOUSEHOLDS AND DONATIONS	30 DAYS			
906	PURCHASE, TREATMENT AND FEEDING OF DOMESTIC ANIMALS	30 DAYS			
907	EXPENSES WITH OTHER HOUSEHOLDS	30 DAYS			
908	OTHER SPENDING	30 DAYS			

### Evaluation of the Impact of the Bolsa Família Program

#### SECTION 09 - FOOD AND ALCOHOLIC AND NON ALCOHOLIC BEVERAGES FOR HOUSEHOLD CONSUMPTION

PART A - Spending done by the household residents as a whole

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION: \_\_\_\_\_

2 PRODUCT CODE: (the code for the OTHER products will be determined after data collection has been completed)	3 PRODUCT:	4 PERIOD OF REFERENCE	5 DID HE/SHE BUY, OBTAIN OR PRODUCE THIS PRODUCT DURING THE REFERENCE PERIOD? 1 Yes 2 No - Go to the following item	6 HOW MUCH DID HE/SHE BUY, OBTAIN OR PRODUCE FOR HOUSEHOLD CONSUMPTION?	7 MEASUREMENT UNITS: 1 Kg 2 Gram 3 Liter 4 Milliliter 5 Item (unit)	8 AMOUNT SPENT ON PURCHASED PRODUCTS: (MONETARY SPENDING)	9 APPROXIMATE VALUE OF PRODUCTS OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind, etc.): (MONETARY EXPENDITURE) (NON MONETARY EXPENDITURE)
0 GRAINS, CEREALS, MEALS/FLOURS, LEGUMES AND OLEAGENOUS PRODUCTS							
0 0 1	RICE	30 days					
0 0 2	BEANS	30 days					
0 0 3	MAIZE - GRAIN AND ON THE COB	30 days					
0 0 4	CASSAVA (MANIOC) MEAL	30 days					
0 0 5	MACARONI	30 days					
0 0 6	MAIZE MEAL	30 days					
0	OTHER 1:	30 days					
0	OTHER 2:	30 days					
0	OTHER 3:	30 days					
0	OTHER 4:	30 days					
0	OTHER 5:	30 days					
0	OTHER 6:	30 days					

Evaluation of the Impact of the Bolsa Família Program

SECTION 09 - FOOD AND ALCOHOLIC AND NON ALCOHOLIC BEVERAGES FOR HOUSEHOLD CONSUMPTION

PART A - Spending done by the household residents as a whole

2 PRODUCT CODE: (the code for the OTHER products will be determined after data collection has been completed)	3 PRODUCT:	4 PERIOD OF REFERENCE	5 DID HE/SHE BUY, OBTAIN OR PRODUCE THIS PRODUCT DURING THE REFERENCE PERIOD? 1 Yes 2 No - Go to the following item	6 HOW MUCH DID HE/SHE BUY, OBTAIN OR PRODUCE FOR HOUSEHOLD CONSUMPTION?	7 MEASUREMENT UNITS: 1 Kg 2 Gram 3 Liter 4 Milliliter 5 Item (unit)	8 AMOUNT SPENT ON PURCHASED PRODUCTS: (MONETARY SPENDING)	9 APPROXIMATE VALUE OF PRODUCTS OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind, etc.): (NON MONETARY EXPENDITURE)
101	TOMATO	7 days					
102	ONION	7 days					
103	LETTUCE	7 days					
104	PUMPKIN	7 days					
105	PARSLY, SPRING ONION, FRESH CORIANDER	7 days					
106	SWEET PEPPER	7 days					
107	CHAYOTE	7 days					
108	POTATO	7 days					
109	CARROT	7 days					
110	SWEET CASSAVA	7 days					
1	OTHER 1:	7 days					
1	OTHER 2:	7 days					
1	OTHER 3:	7 days					
1	OTHER 4:	7 days					
1	OTHER 5:	7 days					
1	OTHER 6:	7 days					

1 VEGETABLES, GREENS AND TUBERS



### Evaluation of the Impact of the Bolsa Familia Program

#### SECTION 09 - FOOD AND ALCOHOLIC AND NON ALCOHOLIC BEVERAGES FOR HOUSEHOLD CONSUMPTION

PART A - Spending done by the household residents as a whole

2 PRODUCT CODE: (the code for the OTHER products will be determined after data collection has been completed)	3 PRODUCT:	4 PERIOD OF REFERENCE	5 DID HE/SHE BUY, OBTAIN OR PRODUCE THIS PRODUCT DURING THE REFERENCE PERIOD? 1 Yes 2 No - Go to the following item	6 HOW MUCH DID HE/SHE BUY, OBTAIN OR PRODUCE FOR HOUSEHOLD CONSUMPTION?	7 MEASUREMENT UNITS: 1 Kg 2 Gram 3 Liter 4 Milliliter 5 Item (unit)	8 AMOUNT SPENT ON PURCHASED PRODUCTS: (MONETARY SPENDING)	9 APPROXIMATE VALUE OF PRODUCTS OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind, etc.): (NON MONETARY EXPENDITURE)
2 0 1	BANANA	7 days					
2 0 2	ORANGE	7 days					
2 0 3	WATERMELON	7 days					
2 0 4	PAWPAW	7 days					
2 0 5	MANGO	7 days					
2 0 6	TANGERINE	7 days					
2 0 7	GRAPES	7 days					
2 0 8	PINEAPPLE	7 days					
2 0 9	APPLE	7 days					
2	OTHER 2:	7 days					
2	OTHER 3:	7 days					
2	OTHER 4:	7 days					
2	OTHER 5:	7 days					
2	OTHER 6:	7 days					

2 FRESH FRUITS

Evaluation of the Impact of the Bolsa Família Program

SECTION 09 - FOOD AND ALCOHOLIC AND NON ALCOHOLIC BEVERAGES FOR HOUSEHOLD CONSUMPTION

PART A - Spending done by the household residents as a whole

2 PRODUCT CODE: (the code for the OTHER products will be determined after data collection has been completed)	3 PRODUCT:	4 PERIOD OF REFERENCE	5 DID HE/SHE BUY, OBTAIN OR PRODUCE THIS PRODUCT DURING THE REFERENCE PERIOD? 1 Yes 2 No - Go to the following item	6 HOW MUCH DID HE/SHE BUY, OBTAIN OR PRODUCE FOR HOUSEHOLD CONSUMPTION?	7 MEASUREMENT UNITS: 1 Kg 2 Gram 3 Liter 4 Milliliter 5 Item (unit)	8 AMOUNT SPENT ON PURCHASED PRODUCTS: (MONETARY SPENDING)	9 APPROXIMATE VALUE OF PRODUCTS OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind, etc.); (NON MONETARY EXPENDITURE)
3 MILK PRODUCTS AND BAKERY PRODUCTS							
3 0 1	COWS MILK (FRESH AND PASTEURIZED)	7 days					
3 0 2	POWDERED MILK	30 days					
3 0 3	BUTTER	30 days					
3 0 4	MARGARINE	30 days					
3 0 5	CHEESE	7 days					
3 0 6	YOGHURT	7 days					
3 0 7	FRENCH ROLL	7 days					
3 0 8	BISCUITS	7 days					
3	OTHER 1:	7 days					
3	OTHER 2:	7 days					
3	OTHER 3:	7 days					
3	OTHER 4:	7 days					
3	OTHER 5:	7 days					
3	OTHER 6:	7 days					

### Evaluation of the Impact of the Bolsa Família Program

#### SECTION 09 - FOOD AND ALCOHOLIC AND NON ALCOHOLIC BEVERAGES FOR HOUSEHOLD CONSUMPTION

PART A - Spending done by the household residents as a whole

2 PRODUCT CODE: (the code for the OTHER products will be determined after data collection has been completed)	3 PRODUCT:	4 PERIOD OF REFERENCE	5 DID HE/SHE BUY, OBTAIN OR PRODUCE THIS PRODUCT DURING THE REFERENCE PERIOD? 1 Yes 2 No - <b>Go to the following item</b>	6 HOW MUCH DID HE/SHE BUY, OBTAIN OR PRODUCE FOR HOUSEHOLD CONSUMPTION?	7 MEASUREMENT UNITS: 1 Kg 2 Gram 3 Liter 4 Milliliter 5 Item (unit)	8 AMOUNT SPENT ON PURCHASED PRODUCTS: (MONETARY SPENDING)	9 APPROXIMATE VALUE OF PRODUCTS OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind, etc.); (NON MONETARY EXPENDITURE)
<b>4 MEAT, FOWLS, FISH AND EGGS</b>							
4 0 1	PRIME BEEF	7 days					
4 0 2	SECOND CLASS BEEF	7 days					
4 0 3	BOVINE TRIPE AND VISCERA	7 days					
4 0 4	CHICKEN BREAST (FRESH OR FROZEN)	7 days					
4 0 5	OTHER CHICKEN CUTS	7 days					
4 0 6	LIVE CHICKEN OR WHOLE CHICKEN	7 days					
4 0 7	PORK	7 days					
4 0 8	PORK TRIPE OR VISCERA	7 days					
4 0 9	SAUSAGES, HAMS, SPAM	7 days					
4 1 0	FISH	7 days					
4 1 1	MEAT OF OTHER ANIMALS	7 days					
4 1 2	VISCERA OF OTHER ANIMALS	7 days					
4 1 3	READY TO EAT CANNED FOOD	7 days					
4 1 4	EGGS	7 days					
3	OTHER 1:	7 days					
3	OTHER 2:	7 days					
3	OTHER 3:	7 days					
3	OTHER 4:	7 days					
3	OTHER 5:	7 days					

Evaluation of the Impact of the Bolsa Família Program

SECTION 09 - FOOD AND ALCOHOLIC AND NON ALCOHOLIC BEVERAGES FOR HOUSEHOLD CONSUMPTION

PART A - Spending done by the household residents as a whole

2 PRODUCT CODE: (the code for the OTHER products will be determined after data collection has been completed)	3 PRODUCT:	4 PERIOD OF REFERENCE	5 DID HE/SHE BUY, OBTAIN OR PRODUCE THIS PRODUCT DURING THE REFERENCE PERIOD? 1 Yes 2 No - Go to the following item	6 HOW MUCH DID HE/SHE BUY, OBTAIN OR PRODUCE FOR HOUSEHOLD CONSUMPTION?	7 MEASUREMENT UNITS: 1 Kg 2 Gram 3 Liter 4 Milliliter 5 Item (unit)	8 AMOUNT SPENT ON PURCHASED PRODUCTS: (MONETARY SPENDING)	9 APPROXIMATE VALUE OF PRODUCTS OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind, etc.): (NON MONETARY EXPENDITURE)
5 FATS AND OILS							
5 0 1	SOYBEAN OIL	30 days					
5 0 2	OTHER VEGETABLE OILS	30 days					
5 0 3	FAT, LARD	30 days					
5	OTHER 1:	7 days					
5	OTHER 2:	7 days					
6 SUGARS, SEASONING AND CONDIMENTS							
6 0 1	REFINED SUGAR	30 days					
6 0 2	CRYSTAL SUGAR	30 days					
6 0 3	POWDERED CHOCOLATE	30 days					
6 0 6	SALT	30 days					
6 0 5	GARLIC	30 days					
6 0 6	TOMATO PASTE	30 days					
6 0 7	MAYONNAISE	30 days					
6	OTHER 1:	30 days					
6	OTHER 2:	30 days					
6	OTHER 3:	30 days					
6	OTHER 4:	30 days					
6	OTHER 5:	30 days					

### Evaluation of the Impact of the Bolsa Família Program

#### SECTION 09 - FOOD AND ALCOHOLIC AND NON ALCOHOLIC BEVERAGES FOR HOUSEHOLD CONSUMPTION

PART A - Spending done by the household residents as a whole

2 PRODUCT CODE: (the code for the OTHER products will be determined after data collection has been completed)	3 PRODUCT:	4 PERIOD OF REFERENCE	5 DID HE/SHE BUY, OBTAIN OR PRODUCE THIS PRODUCT DURING THE REFERENCE PERIOD? 1 Yes 2 No - Go to the following item	6 HOW MUCH DID HE/SHE BUY, OBTAIN OR PRODUCE FOR HOUSEHOLD CONSUMPTION?	7 MEASUREMENT UNITS: 1 Kg 2 Gram 3 Liter 4 Milliliter 5 Item (unit)	8 AMOUNT SPENT ON PURCHASED PRODUCTS: (MONETARY SPENDING)	9 APPROXIMATE VALUE OF PRODUCTS OBTAINED BY OTHER MEANS (own production, exchange, donation, payment in kind, etc.): (NON MONETARY EXPENDITURE)
<b>7 NON ALCOHOLIC BEVERAGES</b>							
7 0 1	COFFEE	30 days					
7 0 2	SOFT DRINK (SODA)	7 days					
7 0 3	FRUIT JUICE	7 days					
7	OTHER 1:	7 days					
7	OTHER 2:	7 days					
7	OTHER 3:	7 days					
<b>8 ALCOHOLIC BEVERAGES</b>							
8 0 1	BEER	7 days					
8 0 2	WINE	7 days					
8 0 1	CACHAÇA (SUGAR CANE BRANDY)	7 days					
8	Other 1:	7 days					
8	Other 2:	7 days					
8	Other 3:	7 days					
<b>9 OTHERS</b>							
9 0 1	SWEETS, SWEETMEATS, CHEWING GUM ETC.	7 days					
9 0 2	CHOCOLATE SWEETS AND BARS	7 days					
9	Other 1:	7 days					
9	Other 2:	7 days					
9	Other 3:	7 days					

Evaluation of the Impact of the Bolsa Família Program

SECTION 10 - INVENTORY OF DURABLE ASSETS

PART A - Items present in the household belonging to the residents or rented by them

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION: \_\_\_\_\_

2 ITEM CODE	3 ITEM	4 DO YOU OR ANY MEMBER OF THE HOUSEHOLD OWN OR RENT A (item)? 1 Yes - <b>Close off the line</b> 2 No - <b>Close off the line</b>	5 HOW MANY (item) ARE THERE THAT YOU OR A MEMBER OF THE HOUSE- HOLD OWN OR RENT?	6 HOW LONG HAS THE (item) BEEN PURCHASED OR RENTED OR OTHERWISE ACQUIRED 1 Less than one year 2 From 1 to less than 2 years 3 Two years or more - <b>Close off the line</b>	7 IN WHAT WAY WAS THE [item] ACQUIRED OR OBTAINED? 1 Cash purchase - <b>Go to 11</b> 2 Credit - Installments 3 Rented - <b>Go to 10</b> 4 Donated - <b>Close off the line</b> 5 Exchange - <b>Close off the line</b> 6 Payment in kind - <b>Close off the line</b>	8 HAS ANY PAYMENT BEEN MADE IN THE LAST 30 DAYS (For goods purchased in the preceding 24 month period)? 1 Yes 2 No - <b>Close off the line</b>	9 HOW MANY INSTALLMENTS ARE THERE STILL TO BE PAID? <b>(If 0 installments close off the line)</b>	10 WHAT IS THE AMOUNT OF THE NEXT INSTALLMENT OR RENTAL AMOUNT DUE? <b>(Close off the line)</b>	11 WHAT WAS THE PURCHASE PRICE OF THE GOODS <b>(goods purchased at sight in the preceding 24 month period)</b> :	
01	GAS OR ELECTRIC STOVE									
02	FREEZER									
03	REFRIGERATOR									
04	MICROWAVE OVEN									
05	BEATER									
06	BLENDER									
07	ELECTRIC TOASTER									
08	WAX POLISHER									
09	ELECTRIC IRON									
10	WASHING MACHINE									
11	CLOTHES WASHING SINK									
12	COLOR TV SET									
13	BLACK AND WHITE TV SET									
14	TAPE RECORDER/PLAYER									
15	TABLE RADIO									
16	PORTABLE RADIO									

Evaluation of the Impact of the Bolsa Familia Program

SECTION 10 - INVENTORY OF DURABLE ASSETS

PART A - Items present in the household belonging to the residents or rented by them

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION FOR THIS SECTION: \_\_\_\_\_

2 ITEM CODE	3 ITEM	4 DO YOU OR ANY MEMBER OF THE HOUSEHOLD OWN OR RENT A (item)? 1 Yes 2 No - <b>Close off the line</b>	5 HOW MANY (item) ARE THERE THAT YOU OR A MEMBER OF THE HOUSE- HOLD OWN OR RENT? 1 Yes 2 No - <b>Close off the line</b>	6 HOW LONG HAS THE (item) BEEN PURCHASED OR RENTED OR OTHERWISE ACQUIRED 1 Less than one year 2 From 1 to less than 2 years 3 Two years or more - <b>Close off the line</b>	7 IN WHAT WAY WAS THE [item] ACQUIRED OR OBTAINED? 1 Cash purchase - <b>Go to 11</b> 2 Credit - Installments 3 Rented - <b>Go to 10</b> 4 Donated - <b>Close off the line</b> 5 Exchange - <b>Close off the line</b> 6 Payment in kind - <b>Close off the line</b>	8 HAS ANY PAYMENT BEEN MADE IN THE LAST 30 DAYS (For goods purchased in the preceding 24 month period)? 1 Yes 2 No - <b>Close off the line</b>	9 HOW MANY INSTALLMENTS ARE THERE STILL TO BE PAID? <b>(If 0 installments close off the line)</b>	10 WHAT IS THE AMOUNT OF THE NEXT INSTALLMENT OR RENTAL AMOUNT DUE? <b>(Close off the line)</b>	11 WHAT WAS THE PURCHASE PRICE OF THE GOODS <b>(goods purchased at sight in the preceding 24 month period):</b>	
17	VIDEOCASSETTE									
18	CD PLAYER									
19	DVD PLAYER									
20	ELECTRIC FAN									
21	ELECTRIC SEWING MACHINE									
22	PEDAL SEWING MACHINE									
23	HAIR DRYER									
24	WATER FILTER (PORCELAIN)									
25	SHOWER HEATER									
26	COMPUTER (PC)									
27	PARABOLIC ANTENNA									
28	AUTOMOBILE									
29	BICYCLE									
30	MOTORCYCLE									
31	TRACTOR/TRUCK									

Evaluation of the Impact of the Bolsa Família Program

**SECTION 10 - INVENTORY OF DURABLE ASSETS**

PART B - Animals and agricultural implements  
(Animals and agricultural implements belonging to household residents even if they are not present in the vicinity of the household)

1 ITEM CODE	ITEM	2 DO YOU OR ANY HOUSEHOLD MEMBER OWN A (ITEM) 1 Yes 2 No	3 HOW MANY (item) DO YOU OR THEY OWN?
01	STEER		
02	COW		
03	CALF -BULLOCK-HEIFFER		
04	HORSES,- STALLION, MARE, MULE, DONKEY		
05	GOATS, SHEEP (MALE OR FEMALE)		
06	PIGS (BOAR, SOW, PIGLET(S))		
07	FOWLS (COCK, HEN, CHICKS)		
08	OTHER BIRDS		
09	CART		
10	CHAIN-SAW		
11	MANUAL PLANTER (SEEDSOWER)		
12	MECHANICAL PLANTER (TRACTOR MOUNTED)		
13	HAND PLOW		
14	PLOW (TRACTOR MOUNTED)		
15	OTHER AGRICULTURAL MACHINERY		

PART C - Property legally owned or effectively occupied (refers to properties other than the one where the household residents live)

1 ITEM CODE	ITEM  (if more than 1 of the same type, register the most recently acquired one)	2 DO YOU OR ANY HOUSEHOLD MEMBER OWN A (Item) 1 Yes 2 No	3 HOW LONG HAVE YOU OR THEY OWNED THE (item)? 1 Less than one year 2 From one to less than two years 3 Two years or more	4 HOW DID YOU OR THEY ACQUIRE THE (item)? 1 Purchase 2 Inheritance 3 Agrarian Reform 4 Squatting 5 Donation 6 Other	5 DO YOU OR THEY HAVE A DOCUMENT OF LEGAL TITLE? 1 Yes 2 No
01	OTHER DWELLING				
02	SMALL FARM, SMALLHOLDING, PLOT				
03	OTHER				



## Evaluation of the Impact of the Bolsa Familia Program

### SECTION 11 - EVALUATION OF LIVING CONDITIONS

#### PART A

1 LIST NUMBER OF THE PERSON THAT SUPPLIED INFORMATION:

2 I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT GROUPS, ORGANIZATIONS, NETWORKS, OR ASSOCIATIONS WHICH THE **PERSON RESPONSIBLE** FOR THE HOUSEHOLD PARTICIPATES IN. THEY MAY BE FORMALLY ORGANIZED OR JUST GROUPS OF PEOPLE THAT GET TOGETHER REGULARLY AT LEAST TWICE A YEAR.

- | Yes                        | No                         |   |
|----------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 01 Cooperative or production group  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 02 Businessmen's or shopkeepers association   |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 03 Union  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 04 Neighborhood/community committee or association  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 05 Religious/spiritual group  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 06 Political group or movement  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 07 Cultural group or association  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 08 Educational group (parents association etc)  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 09 NGO or civic group (Rotary, Red Cross, etc).   |
|                            |                            | Sector Committees or Councils (Social Assistance, Health, Food and Nutrition Security, etc) |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 10 Other groups   |

3 DOES/DID THE MOTHER OF THE **PERSON RESPONSIBLE FOR THE HOUSEHOLD** KNOW TO READ AND WRITE?  
 1 Yes  
 2 No

4 HOW MUCH CONFIDENCE DO HAVE IN THE MUNICIPAL AUTHORITY?

- 1 Total confidence  
 2 A lot of confidence  
 3 Neither much nor little  
 4 Little confidence  
 5 No confidence

5 HOW MUCH CONFIDENCE DO HAVE IN THE SOCIAL CONTROL COUNCILS/COMMITTEES?

- 1 Total confidence  
 2 A lot of confidence  
 3 Neither much nor little  
 4 Little confidence  
 5 No confidence  
 9 Doesn't know what it is

6 HOW MUCH CONFIDENCE DO HAVE IN THE STATE GOVERNMENT?

- 1 Total confidence  
 2 A lot of confidence  
 3 Neither much nor little  
 4 Little confidence  
 5 No confidence

7 HOW MUCH CONFIDENCE DO HAVE IN THE FEDERAL GOVERNMENT?

- 1 Total confidence  
 2 A lot of confidence  
 3 Neither much nor little  
 4 Little confidence  
 5 No confidence

8 IN THE LAST 12 MONTHS HAVE YOU PARTICIPATED IN ANY COMMUNITY ACTIVITY WHERE PEOPLE GOT TOGETHER TO WORK FOR THE BENEFIT OF THE COMMUNITY?

- 1 Yes  
 2 No - Go to question 10

9 DID YOU PARTICIPATE IN A COMMUNITY ACTIVITY LAST MONTH?

- 1 Yes  
 2 No

10 DID YOU PARTICIPATE IN THE "REFERENDUM ON DISARMAMENT" ON OCTOBER 23 2005?

- 1 Yes  
 2 No

Evaluation of the Impact of the Bolsa Família Program

SECTION 11 - EVALUATION OF LIVING CONDITIONS

PART A

11 WHAT DO YOU THINK OF THE FINANCIAL SITUATION OF YOUR HOUSEHOLD COMPARED TO 12 MONTHS AGO?  
 1 Much better  
 2 Better  
 3 It's the same  
 4 Worse  
 5 Much worse

12 IN THIS HOUSEHOLD, DO YOU USE CREDIT OR ANY KIND OF PAYMENT IN INSTALLMENTS TO BUY FOOD?  
 1 Yes  
 2 No

13 IN THIS HOUSEHOLD, DO YOU USE CREDITO OR ANY KIND OF PAYMENT IN INSTALLMENTS TO BUY MEDICINES?  
 1 Yes  
 2 No

14 IN THIS HOUSEHOLD, DO YOU USE CREDIT OR ANY KIND OF PAYMENT IN INSTALLMENTS TO BUY CLOTHING?  
 1 Yes  
 2 No

For questions 15 and 16, the following should be considered as meals: breakfast coffee, or a mid-afternoon or evening snack, provided they have the following composition: (a) a non alcoholic beverage together with a fruit, bread, biscuit, cake or some kind of vegetable tuber, **OR** a fruit together with bread, biscuit, cake or some kind of vegetable tuber. **OR** (c) soup, broth, porridge etc.

15 HOW MANY DAYS A WEEK DO MEMBERS OF THIS HOUSEHOLD 10 YEARS OLD OR UNDER HAVE 3 MEALS A DAY OR MORE?  
 NB: For members of the household up to 10 years old  
 1 Seven days  
 2 Five or six days  
 3 Three or four days  
 4 Two days or less

16 HOW MANY DAYS A WEEK DO MEMBERS OF THIS HOUSEHOLD OVER 10 YEARS OLD HAVE 3 MEALS FOR THE DAY OR MORE?  
 NB: For members of the household up to 10 years old  
 1 Seven days  
 2 Five or six days  
 3 Three or four days  
 4 Two days or less

NB: QUESTIONS 17 AND 18 SHOULD ONLY BE ANSWERED IF THE PERSON INVOLVED IS ILLITERATE AND AGED 15 OR OVER OR IS PARTICIPATING IN A LITERACY TRAINING COURSE FOR YOUTHS AND ADULTS.- AJA

17 WHAT IS MORE IMPORTANT TO YOU?  
 1 To be able to read  
 2 To be able to write  
 3 To be able to read and write

18 IF YOU WISHED TO LEARN TO READ AND WRITE WHAT DO YOU THINK WOULD BE THE MAIN REASON? (ONLY ONE OPTION TO BE MARKED)  
  BECAUSE IT IS IMPORTANT FOR...

- 01 My religion
  - 02 Work
  - 03 Earnings
  - 04 Education
  - 05 Social/personal status
  - 06 Progress in life
  - 07 The family
  - 08 Self- satisfaction
  - 09 Obtaining prestige/respect
  - 10 Autonomy
  - 11 Security
  - 12 Competence
- BECAUSE
- 13 It is the duty/obligation of every citizen
  - 14 It is a right
  - 15 It is a pleasure
  - 20 I don't want to undergo literacy training

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 11 - EVALUATION OF LIVING CONDITIONS

PART B - For the wife or partner of the person responsible for the household, or the woman responsible for the household with a resident husband or partner

1 LIST NUMBER OF THE PERSON SUPPLYING INFORMATION:

\_\_\_\_

I AM GOING TO ASK YOU SOME QUESTIONS ABOUT HOW YOUR FAMILY MAKES CERTAIN DECISIONS: IN THIS HOUSEHOLD, WHO USUALLY MAKES THE DECISIONS ABOUT... (Mark all applicable options)	INTERVIEWEE	PARTNER	BOTH	OTHER	DON'T KNOW	NO CHILDREN
1 SPENDING FOR THE FOOD CONSUMED IN THIS HOUSEHOLD?	01	02	03	04	05	
2 SPENDING ON CLOTHES FOR YOURSELF?	01	02	03	04	05	
3 SPENDING ON CLOTHES FOR YOUR HUSBAND/WIFE/PARTNER?	01	02	03	04	05	
4 SPENDING ON CLOTHES FOR THE CHILDREN?	01	02	03	04	05	06
5 WHEN THE CHILDREN SHOULD STOP GOING TO SCHOOL?	01	02	03	04	05	06
6 SPENDING ON HEALTH SERVICES AND MEDICINES FOR THE CHILDREN?	01	02	03	04	05	06
7 SPENDING ON DURABLE GOODS (stove, fridge, TV, car, etc.) FOR THE HOUSEHOLD?	01	02	03	04	05	
8 ON WHETHER YOU SHOULD GO OUT TO WORK OR NOT?	01	02	03	04	05	
9 WHETHER YOUR PARTNER/HUSBAND/WIFE SHOULD GO OUT TO WORK OR NOT?	01	02	03	04	05	
10 WHETHER TO USE A METHOD TO AVOID HAVING CHILDREN?	01	02	03	04	05	

Evaluation of the Impact of the Bolsa Família Program

SECTION 11 - EVALUATION OF LIVING CONDITIONS

PART C: Allocation of time

NB: ONLY FOR THE WOMAN RESPONSIBLE FOR THE HOUSEHOLD OR THE WIFE/PARTNER OF THE MAN RESPONSIBLE		1 LIST NUMBER OF THE PERSON THAT SUPPLIED THE INFORMATION:	
1 LIST NUMBER OF THE PERSON THAT SUPPLIED THE INFORMATION:		2 LIST NUMBER OF THE CHILD SELECTED:	
1 LIST NUMBER OF THE PERSON THAT SUPPLIED THE INFORMATION:		1 LIST NUMBER OF THE PERSON THAT SUPPLIED THE INFORMATION:	
	<i>Woman</i>	On (day of the week)	Last Sunday
How many hours did you spend (ACTIVITY)?		_  :  _  :  _	_  :  _  :  _
2. Looking after the house and family		_  :  _  :  _	_  :  _  :  _
3. Looking after the children		_  :  _  :  _	_  :  _  :  _
4. Studying (in and out of school)		_  :  _  :  _	_  :  _  :  _
5. Going from one place to another (outside home)		_  :  _  :  _	_  :  _  :  _
6. On leisure, entertainment, rest/siesta		_  :  _  :  _	_  :  _  :  _
7. On a remunerated activity at home		_  :  _  :  _	_  :  _  :  _
8. On a remunerated activity away from home		_  :  _  :  _	_  :  _  :  _
9. Sleeping		_  :  _  :  _	_  :  _  :  _
	<b>Child Selected</b>	On (day of the week)	Last Sunday
How many hours did (NAME) spend (ACTIVITY)?		_  :  _  :  _	_  :  _  :  _
3. In school		_  :  _  :  _	_  :  _  :  _
4. Studying out of school		_  :  _  :  _	_  :  _  :  _
5. Domestic chores		_  :  _  :  _	_  :  _  :  _
6. Looking after other household members (younger brothers or sisters, sick or elderly people)		_  :  _  :  _	_  :  _  :  _
7. On leisure, entertainment, rest/siesta		_  :  _  :  _	_  :  _  :  _
8. On a remunerated activity at home		_  :  _  :  _	_  :  _  :  _
9. On a remunerated activity away from home		_  :  _  :  _	_  :  _  :  _
10. Sleeping		_  :  _  :  _	_  :  _  :  _

## Evaluation of the Impact of the Bolsa Familia Program

### SECTION 12 - BENEFITS

#### PART A - Bolsa Familia

1 HAVE YOU OR ANY OTHER HOUSEHOLD RESIDENT EVER PUT YOUR NAME DOWN OR BEEN REGISTERED FOR ANY FEDERAL GOVERNMENT PROGRAM?

1 Yes  
 2 No - **Go to Part B**

2 IN WHICH MONTH AND YEAR DID YOU OR YOUR FAMILY PUT YOUR NAMES DOWN OR WERE REGISTERED IN A FEDERAL GOVERNMENT PROGRAM?

\_\_\_\_/\_\_\_\_/\_\_\_\_ (Register 88/8888 for "Don't know")

3 WAS THAT REGISTRATION TO RECEIVE THE BENEFIT OF THE BOLSA FAMILIA PROGRAM?

1 Yes  
 2 No - **Go to Part B**

4 HOW OR THROUGH WHOM DID YOU GET TO KNOW ABOUT THE BOLSA FAMILIA PROGRAM?

1 City hall  
 2 Relatives  
 3 Neighbors  
 4 Friends  
 5 TV/Radio/Newspapers  
 6 School/Creche  
 7 Health Center  
 8 Other

5 WHERE WAS THE REGISTRATION MADE AND WHO FILLED IN THE FORM?

1 Municipal employee in a municipal entity, school, health center  
 2 Municipal employee in the family home  
 3 A member of the family itself in a municipal entity, school, health center  
 4 A member of the family in the family home  
 5 A non family person not employed by the municipality (relative living elsewhere, friend, neighbor, community leader)  
 6 Other situation

6 DID YOU HAVE TO PRESENT ANY DOCUMENT IN ORDER TO REGISTER?

1 No  
 2 Voter registration card  
 3 Taxpayer registration Card  
 4 ID card  
 5 Work contract Registration Book  
 6 Proof of residence  
 7 Other document

7 HAVE YOU OR ANY OTHER HOUSEHOLD RESIDENT EVER RECEIVED THE BOLSA FAMILIA BENEFIT?

1 Yes  
 2 No - **Go to Part B**

8 AFTER FILLING IN THE REGISTRATION FORM HOW LONG DID IT TAKE FOR THE MAGNETIC CARD FOR WITHDRAWING/RECEIVING THE BOLSA FAMILIA BENEFIT TO BE DELIVERED TO YOU?

\_\_\_\_/\_\_\_\_/\_\_\_\_ Months

9 WHO DELIVERED THE MAGNETIC CARD FOR WITHDRAWING/RECEIVING THE BOLSA FAMILIA BENEFIT YOU OR WHERE DID YOU GO TO RECEIVE IT?

1 City Hall  
 2 Federal Savings Bank Branch  
 3 Lottery Shop/ Correspondent bank  
 4 Relative, friend, neighbor  
 5 Other. Explain \_\_\_\_\_

10 WHERE /HOW DID YOU RECEIVE THE BOLSA FAMILIA BENEFIT?

1 Federal Savings Bank Branch  
 2 Lottery Shop/ Correspondent bank  
 3 Relative, friend, neighbor  
 4 Other. Explain \_\_\_\_\_

11 HAVE YOU EVER EXPERIENCED DIFFICULTY IN RECEIVING THE BOLSA FAMILIA BENEFIT?

1 Yes  
 2 No

12 WHOM DID/WOULD YOU TURN TO WHEN FACED WITH DIFFICULTY IN RECEIVING THE BOLSA FAMILIA BENEFIT?

1 City hall  
 2 Free call service 0800  
 3 Branch of Savings bank CEF  
 4 Office of Public Prosecutor  
 5 Community leader  
 6 Politician  
 7 Relative, friend, neighbor  
 8 Other. Explain \_\_\_\_\_

Evaluation of the Impact of the Bolsa Família Program

**SECTION 12 - BENEFITS**

PART B - For each household resident - Register benefits being received or once received

1 HAS ANY RESIDENT MEMBER OF THIS HOUSEHOLD EVER RECEIVED OR IS HE/SHE PRESENTLY RECEIVING ANY OF THE FOLLOWING BENEFITS (LIST)?

- 1 Yes
- 2 No - Close off the interview

- BF - Bolsa Família Program
- BA - Bolsa Alimentação Program (Food Grant Program)
- CA - Cartão Alimentação Program (Food Card Program)
- BE - Bolsa Escola Program (School Grant Program)
- VG - Gas Voucher
- BPC Elderly - Continuous Cash Benefit for the elderly
- BPC DP - Continuous Cash Benefit for the Disabled Persons (Physically or Mentally)
- RMV - Lifelong Monthly Income
- PETI - Child Labor Eradication Program
- Agente Jovem Project (Youth Agent Project)
- Church Benefit
- NGO Benefit (Non Governmental Organization)
- Trade Union Benefit
- Municipal School grant
- Other benefit

MARK WITH AN X THE BENEFIT EACH RESIDENT HOUSEHOLD MEMBER RECEIVES

	BF	BA	CA	BE	VG	BPC Elderly	BPC DP	RMV	PETI	Agente Jovem	Church	NGO	Union	Municipal School Grant	OTHER (Specify)		
01	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		01
02	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		02
03	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		03
04	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		04
05	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		05
06	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		06
07	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		07
08	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		08
09	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		09
10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		10
11	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		11
12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		12

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 12 - BENEFITS- QUESTIONNAIRE BY BENEFIT PER HOUSEHOLD RESIDENT

PART C - Information on each household resident and each benefit received

____/____/____	SECTOR
____/____/____	SELECTION STRATUM AND QUESTIONNAIRE NUMBER

1 LIST NUMBER OF THE PERSON  
\_\_\_\_

2 DOES THIS PERSON HAVE A SOCIAL IDENTIFICATION NUMBER?  
 1 Yes  
 2 No - Go to question 4

3 SOCIAL IDENTIFICATION NUMBER OF THE PERSON  
\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_

4 BENEFIT  
\_\_\_\_

01 BF - *Bolsa Família* Program  
 02 BA - *Bolsa Alimentação* Program (Food Grant Program)  
 03 CA - *Cartão Alimentação* Program (Food Card Program)  
 04 BE - *Bolsa Escola* Program (School Grant Program)  
 05 VG - Gas Voucher  
 06 BPC Elderly - Continuous Cash Benefit for the elderly  
 07 BPC DP - Continuous Cash Benefit for the Disabled Persons (Physically or Mentally)  
 08 RMV - Lifelong Monthly Income  
 9 PETI - Child Labor Eradication Program  
 10 Agente Jovem Project (Youth Agent Project)  
 11 Church Benefit  
 12 NGO Benefit (Non Governmental Organization)  
 13 Trade Union Benefit  
 14 Municipal School grant  
 15 Other benefit \_\_\_\_\_

5 IN WHICH MONTH AND YEAR DID HE/SHE START RECEIVING THE BENEFIT?  
\_\_\_\_/\_\_\_\_/\_\_\_\_

6 DOES HE/SHE STILL RECEIVE THE BENEFIT?  
 1 Yes - Go to question 10  
 2 No

7 IN WHICH MONTH AND YEAR DID HE/SHE STOP RECEIVING THE BENEFIT ?  
\_\_\_\_/\_\_\_\_/\_\_\_\_

8 WHAT WAS THE AMOUNT OF THE LAST BENEFIT RECEIVED?  
\_\_\_\_/\_\_\_\_/\_\_\_\_

9 WHY DID HE/SHE STOP RECEIVING THAT BENEFIT  
 1 Does not comply with the established conditions (health service and school attendance requirements)  
 2 Increase in the family's *per capita* income  
 3 Children/adolescents reached the age limit  
 4 Municipal authority stopped granting the benefit  
 5 Was receiving more than one benefit  
 6 No longer needed the benefit  
 7 Didn't know why

**Close off Part B**

10 WHAT WERE THE AMOUNTS OF THE LAST 12 BENEFITS RECEIVED?

____/____/____	October 2005
____/____/____	September 2005
____/____/____	August 2005
____/____/____	July 2005
____/____/____	June 2005
____/____/____	May 2005
____/____/____	April 2005
____/____/____	March 2005
____/____/____	February 2005
____/____/____	January 2005
____/____/____	December 2004
____/____/____	November 2004

## Evaluation of the Impact of the Bolsa Família Program

### SECTION 12 - BENEFITS- QUESTIONNAIRE BY BENEFIT PER HOUSEHOLD RESIDENT

PART C - Information on each household resident and each benefit received

_____ _____	SECTOR _____	SELECTION STRATUM AND QUESTIONNAIRE NUMBER _____
1 LIST NUMBER OF THE PERSON _____		
2 DOES THIS PERSON HAVE A SOCIAL IDENTIFICATION NUMBER? 1 Yes 2 No - <b>Go to question 4</b>		
3 SOCIAL IDENTIFICATION NUMBER OF THE PERSON _____		
4 BENEFIT _____		
01 BF - <i>Bolsa Família</i> Program 02 BA - <i>Bolsa Alimentação</i> Program (Food Grant Program) 03 CA - <i>Cartão Alimentação</i> Program (Food Card Program) 04 BE - <i>Bolsa Escola</i> Program (School Grant Program) 05 VG - Gas Voucher 06 BPC Elderly - Continuous Cash Benefit for the elderly 07 BPC DP - Continuous Cash Benefit for the Disabled Persons (Physically or Mentally) 08 RMV - Lifelong Monthly Income 9 PETI - Child Labor Eradication Program 10 Agente Jovem Project (Youth Agent Project) 11 Church Benefit 12 NGO Benefit (Non Governmental Organization) 13 Trade Union Benefit 14 Municipal School grant 15 Other benefit: _____		
5 IN WHICH MONTH AND YEAR DID HE/SHE START RECEIVING THE BENEFIT? _____ / _____		
6 DOES HE/SHE STILL RECEIVE THE BENEFIT? 1 Yes - <b>Go to question 10</b> 2 No		

7 IN WHICH MONTH AND YEAR DID HE/SHE STOP RECEIVING THE BENEFIT ? _____ / _____																									
8 WHAT WAS THE AMOUNT OF THE LAST BENEFIT RECEIVED? _____																									
9 WHY DID HE/SHE STOP RECEIVING THAT BENEFIT 1 Does not comply with the established conditions (health service and school attendance requirements) 2 Increase in the family's <i>per capita</i> income 3 Children/adolescents reached the age limit 4 Municipal authority stopped granting the benefit 5 Was receiving more than one benefit 6 No longer needed the benefit 7 Didn't know why																									
<b>Close off Part B</b>																									
10 WHAT WERE THE AMOUNTS OF THE LAST 12 BENEFITS RECEIVED? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">_____</td> <td style="width: 20%;">October 2005</td> </tr> <tr> <td>_____</td> <td>September 2005</td> </tr> <tr> <td>_____</td> <td>August 2005</td> </tr> <tr> <td>_____</td> <td>July 2005</td> </tr> <tr> <td>_____</td> <td>June 2005</td> </tr> <tr> <td>_____</td> <td>May 2005</td> </tr> <tr> <td>_____</td> <td>April 2005</td> </tr> <tr> <td>_____</td> <td>March 2005</td> </tr> <tr> <td>_____</td> <td>February 2005</td> </tr> <tr> <td>_____</td> <td>January 2005</td> </tr> <tr> <td>_____</td> <td>December 2004</td> </tr> <tr> <td>_____</td> <td>November 2004</td> </tr> </table>		_____	October 2005	_____	September 2005	_____	August 2005	_____	July 2005	_____	June 2005	_____	May 2005	_____	April 2005	_____	March 2005	_____	February 2005	_____	January 2005	_____	December 2004	_____	November 2004
_____	October 2005																								
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_____	December 2004																								
_____	November 2004																								



## Evaluation of the Impact of the Bolsa Família Program

### SECTION 12 - BENEFITS- questionnaire by benefit per household resident

PART C - Information on each household resident and each benefit received

_____ / _____	SECTOR	SELECTION STRATUM AND QUESTIONNAIRE NUMBER
1 LIST NUMBER OF THE PERSON _____		
2 DOES THIS PERSON HAVE A SOCIAL IDENTIFICATION NUMBER? 1 Yes 2 No - <b>Go to question 4</b>		
3 SOCIAL IDENTIFICATION NUMBER OF THE PERSON _____ - _____		
4 BENEFIT _____		01 BF - <i>Bolsa Família</i> Program 02 BA - <i>Bolsa Alimentação</i> Program (Food Grant Program) 03 CA - <i>Cartão Alimentação</i> Program (Food Card Program) 04 BE - <i>Bolsa Escola</i> Program (School Grant Program) 05 VG - Gas Voucher 06 BPC Elderly - Continuous Cash Benefit for the elderly 07 BPC DP - Continuous Cash Benefit for the Disabled Persons (Physically or Mentally) 08 RMV - Lifelong Monthly Income 09 PETI - Child Labor Eradication Program 10 Agente Jovem Project (Youth Agent Project) 11 Church Benefit 12 NGO Benefit (Non Governmental Organization) 13 Trade Union Benefit 14 Municipal School grant 15 Other benefit: _____
5 IN WHICH MONTH AND YEAR DID HE/SHE START RECEIVING THE BENEFIT? _____ / _____		
6 DOES HE/SHE STILL RECEIVE THE BENEFIT? 1 Yes - <b>Go to question 10</b> 2 No		

7 IN WHICH MONTH AND YEAR DID HE/SHE STOP RECEIVING THE BENEFIT ?  
\_\_\_\_\_ / \_\_\_\_\_

8 WHAT WAS THE AMOUNT OF THE LAST BENEFIT RECEIVED?  
\_\_\_\_\_

9 WHY DID HE/SHE STOP RECEIVING THAT BENEFIT

- 1 Does not comply with the established conditions (health service and school attendance requirements)  
 2 Increase in the family's *per capita* income  
 3 Children/adolescents reached the age limit  
 4 Municipal authority stopped granting the benefit  
 5 Was receiving more than one benefit  
 6 No longer needed the benefit  
 7 Didn't know why

#### Close off Part B

10 WHAT WERE THE AMOUNTS OF THE LAST 12 BENEFITS RECEIVED?

_____	October 2005
_____	September 2005
_____	August 2005
_____	July 2005
_____	June 2005
_____	May 2005
_____	April 2005
_____	March 2005
_____	February 2005
_____	January 2005
_____	December 2004
_____	November 2004

# RESEARCH

## The PBF and the Confrontation of Gender Bias: the challenge of promoting a new order in the domestic environment and the access of women to the public space

**Executive Institutions:** Nucleus for Studies and Research on Women of the University of Brasília (NEPeM/UnB) and Gender, Citizenship and Development Actions (Agende).

**Team Members:** Mireya Suárez and Marlene Teixeira (coordinators), Marlene Libardoni, Rosa Helena Stein, Ana Julieta Cleaver, Sandra Teixeira, Simone Garcia, Paula Foltran, Priscila Maia e Wanderson Chaves.

**Period of Execution:** November/2005 to November/2006.

### 1. Objectives

To investigate the effects of the Bolsa Família Program on the social conditions of the beneficiary women especially in regard to gender inequalities in the domestic and public spaces with a focus on the following aspects:

- domestic arrangements in regard to the distribution of material and symbolic resources within the home;
- participation of the women in decision making within the family environment;
- participation of the women in the spheres of political representation and in the public sphere (rights councils, teaching establishments, educative, associative, community and religious entities);
- schooling levels of women, men, children and adolescents;
- access and frequency of presence of the women in the different health services especially those dealing with sexual and reproductive rights;
- access and type of insertion of the women in the complementary social programs, especially those concerning professional capacity building and generating employment and income.

The evaluation also set out to examine the way in which the Bolsa Família Program has been performing based on the specific realities being experienced by the beneficiaries in the family environment and public space. This last objective seeks to construct suggestions for perfecting the program.

### 2. Methodology

Based on the supposition that the efficaciousness of public policies depends as much on their adequate formulation as on the ability of local management to intervene in the local political culture, the methodological

design included carrying out fieldwork in different municipalities for the purpose of observing different local management situations.

The greater part of the basic information in this respect is made up of data collected in ten municipalities during the months from March to June in 2006. Four of them are state capitals (Belo Horizonte, São Luís, Belém and Aracaju), two are part of medium sized cities (Candeias-Bahia and Floriano-Piauí), four are predominantly rural areas located on the coast (Passo de Camaragibe-Alagoas) or in the interior (Ecoporanga-Espírito Santo, Chapada do Norte-Minas Gerais and Riachão-Maranhão).

The choice of municipalities was based on the following criteria:

- Differentiated Human Development Indices (HDIs);
- High percentage of non whites in the population;
- High coverage of the Bolsa Família Program;
- Differentiated urban-rural population ratios.

The information base also included an analysis of the socio-economic indicators of the ten municipalities segregated by sex and color/race, whenever possible. Micro data from the Demographic Census 2000 (IBGE) was used to carry it out.

The said municipalities do not correspond to a representative sample of any particular total group but rather they form a notably heterogeneous set because of imponderable differentiating factors (like geographical locations, historical trajectory and socio-cultural patterns) and measurable ones like urbanization, education, work, income and housing.

The methodology used to enable comparisons to be made in all the municipalities was the collecting of discursive data and quantitative data on:

- Profile of the beneficiaries and the governmental agents involved in the management;
- Length of time and manner of involvement in the program of the beneficiaries and the governmental agents;
- The functioning of the program;
- Local conception, evaluation and appropriation of the program;
- Social participation of the beneficiaries and their ways of using time and space.

The main instrument used in the survey was a semi-structured questionnaire with 52 questions among which were 15 specifically for beneficiaries, 13 specifically for government employees, and 24 applicable to both categories. This questionnaire was used with 145 beneficiaries and 58 managers, municipal secretaries and other civil servants involved in managing the program.

In addition to the use of the questionnaire, 27 focal group sessions were held in which 331 beneficiaries participated with the aim of provoking, by means of verbal and visual stimulation, reflection and discussion on the part of the beneficiaries in regard to themselves, their social insertion and their opinions and expectations in relation to the Bolsa Família Program. In running the focal group sessions, every effort was made to establish the most egalitarian conversation possible based on the gender identity of those conducting the discussion (women) and the women beneficiaries present and guaranteeing to all the participants, an opportunity to speak including those conducting the sessions and furthermore, trying to interfere as little as possible in the direction taken by the discussions ensuing from the stimulation.

Open interview were also held with 11 local community leaders and 14 members of civil society organizations for the purpose of obtaining information on the way the Bolsa Família Program is viewed and appropriated at the local level and what importance it has compared with other projects and programs being carried out in the municipality.

Observance of the families' residences and residential neighborhoods was of fundamental importance when interpreting their statements and those of the government agents and also for identifying, among the many possible factors often not readily apparent, those that may hinder the program's objectives or increase their potential.

Based on the data on benefit amount, age, skin color/race, marital status, work situation, registered in the database of the Unified Registry System of Federal Government Social Programs, twelve profiles of beneficiary families were established for the purpose of enabling the survey personnel to contact and interview beneficiaries with different profiles. However this strategy proved not to be feasible in all the municipalities because the addresses were frequently incomplete, the houses were not numbered or the numbers did not form a sequence and because the families change their place of abode frequently due to their poverty. Some of the beneficiaries that were on the profiles lists were located but many others were only found by chance or through information given by people contacted in visits to the neighborhoods.

Faced with the huge volume and varied nature of the available data the coordinators of the interim reports all used the same structure for them which guaranteed the possibility of comparing municipalities but at the same time preserving the singularities of each one of the situations under scrutiny.

In addition to operational questions like transforming the tape recordings into digital files and typing out the questionnaires, the data analysis involved:

- Elaborating codes for the activities carried out by the beneficiaries and encoding the 1,270 activities they engaged in.
- Compiling a database in SPSS, containing all the quantified information obtained from the questionnaires, including the answers to questions on activities, 27 questions in all.
- Listening to and interpreting the tape-recorded statements taken when the questionnaire was being applied, in the open-ended interviews and at the focal group sessions. Part of that material was examined in the form of a set of texts that represents the discourse of the social class of the women beneficiaries and its importance lies in the revelation of the women's living experiences as well as their intention to get their interests on the agenda and put forward proposals. The other part which is made up of the discourse of government agents was examined not so much as being statements representing a specific category of people but rather as statements to be confronted with those of the beneficiaries.

## Questionnaire I

### Questionnaire for Beneficiaries

#### Identification of the Interviewee

1. Position in the sphere of the *Bolsa Família* Program
  - Beneficiary
  - Program Manager or Coordinator
  - Municipal Secretary (specify)
  - President of the Council
  - Other (specify)
2. Sex
  - Female
  - Male
3. Age
  - Under 20 years old
  - 21 – 39
  - 40 – 60
  - 61 or over
4. Color/race (self-declared).
  - White
  - Black
  - Brown
  - Oriental
  - Indigenous
  - Other
5. Schooling
  - None
  - year 1
  - year 2
  - year 3
  - year 4
  - year 5
  - year 6
  - year 7
  - year 8
  - Senior High School Incomplete
  - Senior High Complete
  - Higher Education incomplete
  - Higher Education complete
6. How long have you lived in this city? (time of residence)
  - Always. Whole life.
  - Less than 1 year
  - From 1 to 3 years
  - From 4 to 5 years
  - From 5 to 10 years
  - Over 10 years

## Questionnaire I

### Characteristics of the Domestic Group

7. Who lives in this house and who helps to meet the expenses?

Identification	Relationship with the beneficiary	Sex	Age	Contributes to meeting expenses (specify)
1. (Beneficiary)				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

8. Apart from the people living in the house, are there any other friends or relations that you can usually depend on? If the answer is yes, in what way do they help?

9. Which of the people that live in your house has an income from working or from social benefits?

Identification	Origin of the income	
	Work (specify activity)	Benefits (specify which one)
1. (Beneficiary)		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

### Length of time and type of connection with the Program

10. How did you get into the Program? (Open ended question).

11. How long have you been receiving the benefit?

- ( ) Less than 01 year.
- ( ) From 01 to 02 years.
- ( ) From 02 to 03 years.
- ( ) From 03 to 04 years.
- ( ) Over 04 years.

## Questionnaire I

12. How did your connection with the Program begin?

- School grant
- State Family Allowance
- Municipal Family Allowance
- Federal Family Allowance
- Food Grant
- Cooking Gas allowance
- Food Card
- Municipal Basic Food Basket
- Others

### The Performance of the *Bolsa Família* Program

13. How has the government been registering poor people? (The interviewee can make mention of programs existing prior to the *Bolsa Família*).

14. How is the list of benefited persons publicized? (Who does it, how it is done).

15. How does the Program communicate with the population? (Informs and receives information on the Program's performance).

16. How does the Government know if the children are going to school and that the women are going to the Health Centers for care for themselves and for the children? (Strategies to ensure compliance with stipulated Bolsa conditions)

17. Are the families that have been excluded from the Program for not complying with the stipulated conditions simply disconnected or do they receive some kind of attention from the municipal authorities?

18. In what way do the beneficiaries and members of your family participate in the way the Program is run (management)?

19. Has the Municipal Government established a way for the beneficiaries or other citizens to denounce any eventual irregularities in the Program?

20. In your opinion, what are the changes that have come about in people's lives and in the daily round of the city since the implantation of the Program?

21. What are the changes that have taken place in the lives of the women since the Program was implemented? (Closed question. Read the options out loud)

- Increase in female income.
- Reduction of domestic violence.
- Increased access to credit for women.
- Greater chance of acquiring goods.
- Better access to health services specifically for women.
- Better access to family planning programs.
- Reduction in adolescent pregnancy rates.
- Reduction in maternal mortality rates.
- Women have gone back to school.
- There have been no changes.
- Don't know, no answer.
- Others: \_\_\_\_\_

## Questionnaire I

### Evaluation of the *Bolsa Família* Program

22. How would you evaluate the health services offered by the municipal authority?

- Excellent
- Good
- Bad
- Terrible
- Don't know/no answer.

23. How would you evaluate the municipal schools?

- Excellent
- Good
- Bad
- Terrible
- Don't know/no answer.

24. The *Bolsa Família* Program is intended to improve the living conditions of the poorest families and also improve the quality of health and education services in the municipality. In your opinion, is that really happening in this municipality?

25. Some people consider that the *Bolsa Família* has improved the lives of those poor women who are receiving the benefit. Other people think that is not so. What do you think about it?

26. The women should be the ones responsible for actually receiving the Program benefit  
(Closed question. Read the options out loud)

- Because they are more responsible than the men.
- Because they are more in need of it than the men.
- Because they administer it better than the men.
- Because they take more care.
- For all the previous reasons.
- They should not be the ones responsible.
- No answer.
- Other reasons \_\_\_\_\_

27. Some people say that men and women are different and they are also not equals. What is your opinion about that?

28. They say that the Councils that are responsible for the Program in the Municipalities of Brazil could be a lot better. Considering your experience in this municipality, what could be done to improve the Council?

### Social Participation

29. What do you know about the Program Council?

- Don't know/no answer.
- Knows the name of the President of the Council.
- Knows a member of the council personally.
- Has spoken to a member of the Council.
- Knows where the Council meets.
- Has been present at Council meetings.
- Others

30. Do you presently participate in any Council?

- No.
- Education Council
- Health Council



## Questionnaire I

- ( ) Social Assistance Council
- ( ) Council of the *Bolsa Família* Program
- ( ) Other (Which?)

31. Do you presently participate in any association or group?

- ( ) Religious Group
- ( ) Neighborhood or Resident's Association
- ( ) Parent Teacher Association
- ( ) Political Parties
- ( ) Cooperatives and Unions
- ( ) Other (Which?)
- ( ) Does not participate. GO TO THE FOLLOWING QUESTION

32. In the case of participation: What do you do in the group?

33. What is the name of the: (It is essential to make a preparatory statement before asking this question).

- President of the Republic ( )
- Governor of the State ( )
- Mayor of the city ( )
- Political party of the Mayor ( )

34. Has health care for your family changed in any way since you started receiving the benefit? (Do not forget to relate this question to the answers already given to the question on municipal services).

- ( ) Improved.
- ( ) Worsened .
- ( ) Stayed the same.
- ( ) Don't know/no answer.

35. Has the children's school changed in any way since you started receiving the benefit? (Do not forget to relate this question to the answers already given to the question on municipal services).

- ( ) Improved.
- ( ) Worsened .
- ( ) Stayed the same.
- ( ) Don't know/no answer.

36. In order to receive the benefit your children have to attend school. Have you found it difficult to comply with this requirement?

37. In order to receive the benefit you and your children have to take treatment at the Health Center. Have you found it difficult to comply with this requirement?

38. Could it be that women who have received the Program benefit are in a better position to influence decisions affecting family life?

39. Could it be that women who have received the Program benefit have come to be more respected by other members of their families?

40. In your opinion, what is the best thing about the *Bolsa Família* Program?

41. How could the Program be improved?

## Questionnaire I

### Use Made of Time and Space

42. Could you please tell me what you did yesterday from the time you got up till the time you went to bed?

Time	Activity	Place	With whom (alone/accompanied) (identification)

43. Could you please tell me what you usually do on:

Activities Day	Domestic	Work	Socializing/ Leisure	Political	Religious
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

44. For each activity mentioned in the previous item it would be interesting to know the details of:

Activity	Place	Distance/Time	Role/Responsibility	With whom

## Questionnaire II

### Questionnaire for Managers and other Political Figures

#### Identification of the Interviewee

1. Position in the sphere of the *Bolsa Família* Program
  - Beneficiary
  - Program Manager or Coordinator
  - Municipal Secretary (specify)
  - President of the Council
  - Other (specify)
2. Sex:
  - Female
  - Male
3. Age
  - Under 20 years old
  - 21 – 39 years old
  - 40 – 60 years old
  - 61 or over
4. Color/race (self-declared).
  - White
  - Black
  - Brown
  - Oriental
  - Indigenous
  - Other \_\_\_\_\_
5. Schooling
  - None
  - year 1
  - year 2
  - year 3
  - year 4
  - year 5
  - year 6
  - year 7
  - year 8
  - Senior High School Incomplete
  - Senior High Complete
  - Higher Education incomplete
  - Higher Education complete
6. How long have you lived in this city? (time of residence)
  - Always. Whole life.
  - Less than 1 year
  - From 1 to 3 years
  - From 4 to 5 years
  - From 5 to 10 years
  - Over 10 years
7. How did you join the Program? (open question).
8. Are you presently participating in any kind of Council?
  - No.
  - Education Council
  - Health Council
  - Social Assistance Council
  - Council of the *Bolsa Família* Program
  - Other. Specify:

## Questionnaire II

### Performance of the *Bolsa Família*

9. How has the government been registering poor people? (The interviewee can make mention of Programs existing prior to the *Bolsa Família*).

10. How is the list of benefited persons publicized? (Who does it, how it is done).

11. How does the Program communicate with the population? (Informs and receives information on the Program's performance).

12. How does the Government know if the children are going to school and that the women are going to the Health Centers for care for themselves and for the children? (Strategies to ensure compliance with stipulated Bolsa conditions)

13. Are the families that have been excluded from the Program for not complying with the stipulated conditions simply disconnected or do they receive some kind of attention from the municipal authorities?

14. In what way do the beneficiaries and members of your family participate in the way the Program is run (management)?

15. Has the Municipal Government established a way for the beneficiaries or other citizens to denounce any eventual irregularities in the Program?

16. In your opinion, what are the changes that have come about in people's lives and in the daily round of the city since the implantation of the Program?

17. What are the changes that have taken place in the lives of the women since the Program was implemented? (open question. immediate coding).

- Increase in female income.
- Reduction of domestic violence.
- Increased access to credit for women.
- Greater chance of acquiring goods.
- Better access to health services specifically for women.
- Better access to family planning programs.
- Reduction in adolescent pregnancy rates.
- Reduction in maternal mortality rates.
- Women have gone back to school.
- There have been no changes.
- Don't know, no answer.
- Others: \_\_\_\_\_

### Evaluation of the *Bolsa Família* Program

18. How would you evaluate the health services offered by the municipal authority?

- Excellent
- Good
- Bad
- Terrible
- Don't know/no answer.

## Questionnaire II

19. How would you evaluate the municipal schools? (Do not forget do relate this answer to prior answer about the municipality's services)

- Excellent
- Good
- Bad
- Terrible
- Don't know/no answer.

20. The *Bolsa Familia* Program is intended to improve the living conditions of the poorest families and also improve the quality of health and education services in the municipality. In your opinion, is that really happening in this municipality?

21. Some people consider that the *Bolsa Familia* has improved the lives of those poor women who are receiving the benefit. Other people think that is not so. What do you think about it?

22. The women should be the ones responsible for actually receiving the Program benefit (Closed question. Read the options out loud)

- because they are more responsible than the men.
- because they are more in need of it than the men.
- because they administer it better than the men.
- because they take more care.
- for all the previous reasons.
- They should not be the ones responsible.
- No answer.
- Other reasons \_\_\_\_\_

23. Some people say that men and women are different and they are also not equals. What is your opinion about that?

24. They say that the Councils that are responsible for the Program in the Municipalities of Brazil could be a lot better. Considering your experience in (NAME OF THE CITY), what could be done to improve the Council?

### Specifically for Local Government

#### Time and Mode of Engagement in the Program

25. How long have you held this position/job?

- Less than 01 year.
- From 01 to 02 years.
- From 02 to 03 years.
- From 03 to 04 years.
- Over 04 years.

26. What is your institutional employment status?

- Public admission exams
- Contracted
- On loan
- Other

27. What kind of accompaniment do the beneficiaries receive in addition to that existing in the schools and the health centers? (TRY TO FIND OUT: the nature of it, objective, form of access to the programs, age group considered, municipal or state) (open question. immediate coding).

## Questionnaire II

- ( ) None
- ( ) Community Library
- ( ) Adult Literacy Training
- ( ) 2° Tempo – Longer Day
- ( ) Community vegetable garden
- ( ) Weekend in the school
- ( ) Community Health Care Agent Program
- ( ) Family Health Care Program
- ( ) Integral Health Care for Women Program
- ( ) Integral Health Care for Adolescents Program
- ( ) Hypertension Group
- ( ) Programs for Fighting Sexually Transmittable Diseases/AIDS
- ( ) Old Peoples Health Program
- ( ) Assisted Liberty
- ( ) Women's Group
- ( ) Productive Inclusion
- ( ) PETI – Child Labor Eradication Program
- ( ) Basic Protection
- ( ) Special Protection
- ( ) National Program for Family Agriculture
- ( ) *Agente Jovem* Program (Youth Agent Program)
- ( ) Other (specify)

28. How do you deal with those women that should be receiving the benefit but that could not be included in the Program?

29. Were the needs and interests of the women taken into account when deciding to which secretariat the Program should be allocated?

30. In almost all cities the Program has been placed in the Social Assistance or Social Promotion secretariats. Why has that happened?

31. Is there any service that relays information/clarifications on the Program to the population?

32. What has been the reaction on the part of the population, especially the women when you have circulated information on the Program?

33. What kind of training have the staff that work in the Program received? (Open question, immediate coding.)

- ( ) They received no training.
- ( ) Training in public management.
- ( ) Training for the *Bolsa Família* program or earlier program.
- ( ) Training on issues of adopting a gender perspective in public administration
- ( ) Other

34. How do the beneficiaries participate in updating the Single Registry?

35. Do you think that the implantation of the Program has brought about any changes in the municipal administration? (Open question, immediate coding.)

- ( ) It has brought about no changes.
- ( ) Yes. there have been changes (described below).

36. What have been the greatest challenges faced up to since the Program began in this municipality? (the greatest difficulties and the easiest aspects)



# RESEARCH

## Survey of Food and Nutrition Security Conditions of Bolsa Família Program Beneficiaries

**Executive Institutions:** Applied Social Research, Information and Public Policies Nucleus of the Fluminense Federal University (DataUFF/UFF) through the Euclides da Cunha Foundation (FEC/UFF), Federal University of Bahia (UFBA).

**Team Members:** Victor Hugo de Carvalho Gouvêa (general coordinator); Salete Da Dalt (joint coordinator); Marco Aurélio Oliveira de Alcântara (fieldwork coordinator).

**Period undertaken:** February to April 2006.

### 1. Objectives

To evaluate the results of the Bolsa Família Program in improving the living conditions of the beneficiaries based on their own perceptions and especially in regard to Food and Nutrition Security, dealing with the following aspects:

- profile of the beneficiaries based on the following variables: sex, age, income level, schooling, address, type of occupation, eating habits etc;
- effects of the program on their lives particularly in relation to aspects of feeding the family;
- perceptions of how the program is functioning;
- awareness of the institutional links of the Bolsa Família.

### 2. Methodology

Representative sample survey of households benefited by the Bolsa Família Program, with a national outreach. 4,000 interviews were conducted considering two categories of beneficiaries distinguished by the length of time they had been receiving the benefits. In the first group, “the experimental group”, 3,000 beneficiaries who had been receiving benefits for at least 12 months were interviewed. In the second group, “the comparison group”, 1,000 beneficiaries who had been receiving benefits for three months or less were interviewed. In both cases the household member responsible for actually receiving the benefit was the person interviewed.

The data was collected by means of a closed question questionnaire.

The numbers of interviews carried out were distributed equally among the regions. The maximum margin of error per region varied from  $\pm 3.5\%$  to  $4\%$ . In the case of national estimates the margin of error was determined as  $\pm 1.96\%$  with a reliability of  $95\%$ .



### 3. The sample

The representativity of the sample varied among the groups that were formed with the experimental group sample being representative of each of the Brazilian regions and the comparison group representative of Brazil only.

The sampling plan included 53 municipalities of which 27 were the capitals of the states and the federal district. The selection of the other 26 municipalities was done using as the basic variable, the number of Benefits conceded less than three months ago whereby all those municipalities with less than 25 benefits awarded were eliminated (Table 1).

Furthermore, the municipalities were classified by regions into three strata: small, medium and large. Municipalities with a number of benefits conceded lower than the average, were classified as small. Those with a number of benefits conceded between the average and percentile 90, as medium. Those that were among the top 10% were classified as large. After the division into strata the municipalities were further selected within each stratum using Probability Proportional to Size technique (PPS) seeking to maintain a balance among the three established strata

The random selection was done without replacement that is to say, once selected, a state did not enter the selecting process again. This procedure guaranteed that a municipality would be selected for each state.

To select the households the register of Bolsa Familia Program beneficiaries supplied by the Ministry of Social Development and the Fight against Hunger was used. Based on the list, the neighborhoods were selected - with preference given to those where there were families that met all the criteria for both groups (experimental and comparison) - subsequently the households were selected.

Whenever it proved impossible to locate an address that had been selected, or when the house was empty or the family had moved, or the person legally responsible for receiving the benefit had not been found after three attempts, then the household was substituted by another. In such cases the criterion used for substituting was to look for another eligible interviewee in the same neighborhood and preferably, in the same street.

**Table 1 - Municipalities sampled according to geographical location, number of benefits granted in the three months preceding data collection, and numbers of beneficiaries in the experimental group and the comparison group**

Region	State	Municipality	Benefits conceded less than 3 months	Numbers in the Experimental Groups	Numbers in Comparison Groups
North	AP	Macapá	50	20	7
	AC	Senador Guimard	84	20	7
	AP	Santana	120	23	8
	PA	Belém	125	23	8
	RR	Mucajá	404	23	8
	RO	Ariquemes	476	27	9
	TO	Formoso de Araguaia	442	28	9
	TO	Palmas	432	28	9
	RO	Boa Vista	857	34	11
	AM	Itacoatiara	1009	36	12
	RR	Porto Velho	1736	46	15
	PA	Bragança	2138	48	17
	AC	Rio Branco	3908	72	25
	AM	Manaus	11743	172	55

**Table 1 Continued**

Region	State	Municipality	Benefits conceded less than 3 months	Numbers in the Experimental Groups	Numbers in Comparison Groups
<b>Northeast</b>	PI	Olho d'Água	47	20	7
	SE	Japaratinga	136	20	7
	BA	Itamaraju	140	20	7
	MA	São João dos Patos	297	21	7
	PB	João Pessoa	332	21	7
	AL	Rio Largo	372	22	7
	RN	Macaíba	458	22	7
	PB	Itabaiana	880	24	8
	AL	Maceió	1014	25	8
	PE	Recife	1520	28	9
	CE	Fortaleza	1968	31	10
	PI	Teresina	2709	35	12
	CE	Maracanaú	2749	35	12
	BA	Salvador	2809	36	12
	PE	Caruaru	4859	47	16
	SE	Aracaju	4980	49	16
	RN	Natal	5894	54	18
MA	São Luís	13353	90	30	
<b>Center-West</b>	MS	Pedro Gomes	38	20	7
	GO	Montevidiu	106	36	12
	MT	Tangará da Serra	516	46	15
	DF	Brasília	1350	65	22
	GO	Goânia	1481	68	23
	MT	Cuiabá	3330	111	37
	MS	Campo Grande	9453	254	84
<b>Southeast</b>	ES	Água Branca	56	20	7
	RJ	Itaguaí	126	33	11
	SP	Ituverava	208	35	12
	MG	Juiz de Fora	1884	50	17
	ES	Vitória		70	23
	MG	Belo Horizonte	2778	89	30
	SP	São Paulo	3463	103	34
	RJ	Rio de Janeiro	9631	200	66
<b>South</b>	SC	Florianópolis	57	20	7
	RS	São Sepé	349	43	14
	PR	Guarapuava	496	48	16
	SC	Joinville	1081	71	24
	RS	Porto Alegre	4328	178	59
	PR	Curitiba	7174	240	80

Source: Applied Social Research, Information and Public Policies Nucleus of the Fluminense Federal University.

## Questionnaire

**Data UFF- Applied Social Research, Information and Public Policies Nucleus of the Fluminense Federal University**  
**Evaluation Survey - Bolsa Família Program- March/2006** NIS

### BLOCK 1 - SOCIO-ECONOMIC

#### LEGALLY RESPONSIBLE PERSON

1. Sex      1 Male      2 Female
2. How old are you? \_\_\_\_\_ years old
3. You are: 1 single 2 married (or living together)  
3 separated 4 widowed 99 Don't know
4. Up to which school year did you study?  
1 Illiterate, no schooling 2 Incomplete primary  
3 Complete primary 4 Complete secondary  
5 Senior high compl. 6 Higher educ. incomplete  
7 Compl higher educ. 99 Don't know /No answer
5. Your present professional situation is:  
1 Salaried employee 2 Self-employed  
3 Qualified professional 4 Employer  
5 Student 6 Unemployed  
7 Retired 8 Housewife  
9 Civil servant 10 Maid  
11 Other 99 Don't know /No answer
6. What is your color or race? (read out the options)  
1 White 2 Black 3 Brown  
4 Oriental 5 Indigenous 99 Don't know/No answer
7. Your house is: 1 your own 2 rented 3 loaned 4 other
8. Who is the head of your household? (spontaneously)  
1 The interviewee (go to 13) 2 His/her partner

#### PERSON RESPONSIBLE FOR THE HOUSEHOLD

9. Sex: 1 Male 2 Female 88 Not applicable
10. How old is the person responsible for the household?  
\_\_\_\_\_ years old
11. Up to which school year did the person responsible for the household study?  
1 Illiterate, no schooling 2 Incomplete primary  
3 Complete primary or 4 Complete Secondary or  
Secondary incomplete Senior high incomplete  
5 Senior high complete 6 Higher Educ. incomplete  
7 Complete Higher educ. 99 Don't know/No answer 88 N/A
12. His or Her present professional situation is:  
1 Salaried employee 2 Self-employed  
3 Qualified professional 4 Employer  
5 Student 6 Unemployed  
7 Retired 8 Housewife  
9 Civil servant 10 Maid  
11 Other 99 Don't know/ No answer 88 Not applicable
13. How many people live in your house including yourself?  
|\_|

13.1 How many?	DK/NA	13.2 How many go to school?
1  _  children 0-6 years old	99	1  _  88 N/A 99 DK/NA
2  _  children 7-15 years old	99	2  _  88 N/A 99 DK/NA
3  _  people 16-60 years old	99	

- 14 How many meals a day do the children in your house usually have? [ ] children 88 N/A 99 DK/NA
- 14.1 What meals do they usually have? (*locate the above answer*)  
1 Breakfast 2 Mid-morning snack 3 Lunch 4 Mid-afternoon snack 5 evening meal 6 snack at night 88 N/A 99 DK/NA
15. How many meals a day do young people and adults in your house usually have?  
[ ] youths and adults 88 N/A 99 DK/NA
- 15.1 What meals do they usually have? (*locate the above answer*)  
1 Breakfast 2 Mid-morning snack 3 Lunch 4 Mid-afternoon snack 5 evening meal 6 snack at night 88 N/A 99 DK/NA
16. If any children are going to school how many meals are they offered by the school? [ ] 88 N/A 99 DK/NA

17. Do you think the amount of food consumed by your family is enough to satisfy:

Age	Yes	No	N/A	DK/NA
the children	1	2	88	99
the youths and adults	1	2	88	99

18. At any time in the last 3 months did the food run out in your home before you had money to buy more?  
1 Yes 2 No 99 DK/NA
19. Before you started to receive the Bolsa Família benefit did the food use to run out before you had money to buy more?  
1 Yes 2 No 99 DK/NA
20. During the last 3 months did any person in your home not eat or eat less because there was not enough food to go round?  
1 Yes 2 No 99 DK/NA

21. Before you started to receive the Bolsa Família benefit did any person in your home not eat or eat less because there was not enough food to go round?

- 1 Yes 2 No 99 DK/NA

22. After the family started receiving the money of the Bolsa Família would you say that the food situation at home:

- 1 Improved a lot 2 Improved 3 Stayed the same way  
4 Got worse 5 Worsened a lot 99 DK/NA

23. Considering the quantity of food consumed by your family, would you say that:

- 1 Often it is not enough for everyone to eat well  
2 Sometimes it is not enough for everyone to eat well  
3 There is always enough for everyone to eat well  
99 DK/NA

## Questionnaire

Now I am going to read the names of some kinds of food and I would like you to tell me which of them are eaten by your family and how many times a week they are consumed. For example: does your family eat beans 4 days a week or more, 1 to 3 days a week, less than one day a week, or never or less than once a month?

<i>Mention each food item</i>	<b>4 times a week or more</b>	<b>1 to 3 times a week</b>	<b>less than once a week</b>	<b>Never or less than once a month</b>	<b>DK/NA</b>
24. Beans	4	3	2	1	99
25. Rice or Rice flour	4	3	2	1	99
26. Cassava meal (manioc)	4	3	2	1	99
27. Meat (beef , mutton, goat)	4	3	2	1	99
28. Chicken	4	3	2	1	99
29. Fish	4	3	2	1	99
30. Eggs	4	3	2	1	99
31. Greens and vegetables	4	3	2	1	99
32. Corn (cuscus cornmeal)	4	3	2	1	99
33. Macaroni, bread, biscuits	4	3	2	1	99
34. Sweet cassava, eddoes, yams	4	3	2	1	99
35. Potatoes (English, sweet)	4	3	2	1	99
36. Coffee	4	3	2	1	99
37. Milk	4	3	2	1	99
38. Yoghurt and cheese	4	3	2	1	99
39. Margarine and soya oil	4	3	2	1	99
40. Butter	4	3	2	1	99
41. Sugar (sweets and sweetmeats)	4	3	2	1	99
42. Fruits (or fruit juices)	4	3	2	1	99
43. Canned food	4	3	2	1	99
44. Sausages, mortadela	4	3	2	1	99
45. Soft drinks	4	3	2	1	99
46. Beer, spirits, alcoholic drinks	4	3	2	1	99
47. Fried food (chips, salty snacks)	4	3	2	1	99

48. Since you started receiving the Bolsa Família Benefit has there been an increase in the variety of food your family consumes?  
 1 Yes                      2 No                      99 DK/NA

49. In regard to the quality of food your family consumes would you say it was:  
 1 Very good (go to 51)    2 Good    3 Regular    4 Bad    5 Terrible    99 DK/NA

50. In your opinion what types of food are needed for the quality of your family's diet to improve?  
 (up to 3 mentions) 1st \_\_\_\_\_; 2nd \_\_\_\_\_; 3rd \_\_\_\_\_

51. Since you started receiving the Bolsa Família Benefit the amount of food consumed by your family has:  
 1 Increased    2 Remained the same    3 Diminished    99 DK/NA

52. Since you started receiving the Bolsa Família Benefit has your family started to consume any food item more frequently than before?  
 1 Yes                      2 No (go to 53)                      99 DK/NA

52.1 If "Yes" which food item? (up to 3 mentions) 1st \_\_\_\_\_; 2nd \_\_\_\_\_; 3rd \_\_\_\_\_ 88 N/A

53. How many weeks of the month does the food purchased normally last for?  
 1 week    2 weeks    3 weeks    4 weeks (whole month)

54. How many weeks in the month did food use to last for before you received the Bolsa Família benefit?  
 1 week    2 weeks    3 weeks    4 weeks (whole month)

55. Who usually buys the food for your household?  
 1 The interviewee    2 His or her partner    3 His or her mother or father    4 Other    99 DK/NA

56. Who usually prepares/cooks the food that is consumed by the family?  
 1 The interviewee    2 His or her partner    3 His or her mother or father    4 Other    99 DK/NA

## Questionnaire

**57.** How much did your family spend on each of the following items last month:

	R\$	N/A	DK/NA
Food and household items		88	99
Electricity bill		88	99
Water bill		88	99
Telephone bill (fix /mobile)		88	99
Cooking gas		88	99
Transport (bus/train/metro)		88	99
Medicines		88	99
Rent/condominium/mortgage		88	99

**58.** What was the total income of all the people living in your house last month? (yours plus all other sources: salaries, overtime, rent, odd jobs, pensions, including the Bolsa Familia and any other social benefits)

R\$ \_\_\_\_\_ 99 DK/NA

**59.** What is the monthly amount you receive from the Bolsa Familia? R\$ \_\_\_\_\_ 99 DK/NA

Your family's total income allows you to get by until the end of the month with:

- 1 Great difficulty                      2 Some difficulty  
3 No difficulty (go to 61)              99 DK/NA

**60.** In your opinion, how much would the family income need to be to get through the month without any difficulty? (*only for those who answered 1 or 2 in the previous question*)

R\$ \_\_\_\_\_ 99 DK/NA

**61.** I would like to remind you that people can spend the Bolsa Familia money as they see fit. With that in mind, I would like to know how you usually spend the money you receive from the program? (SPONTANEOUS) (*register up to 3 items in order of priority*)

- 1 Food    1st item [ ] any other?  
2 Clothing and shoes                      2nd item [ ] any other?  
3 Medicines                                      3rd item [ ]  
4 Rent  
5 Cleaning and persona hygiene material  
(toilet soap, toilet paper, detergents)  
6 Transport (bus tickets, for example)  
7 School material (notebooks, books, pen, pencil)  
8 Leisure activities                      9 Water/electricity/gas  
10 Other    99 DK/NA

**62.** In regard to the last Bolsa Familia payment only, what was the money spent on?

\_\_\_\_\_ 99 DK/NA

**63.** Who is responsible for spending the Bolsa Familia money?

- 1 The person being interviewed              2 His/her partner  
3 His/her mother/father              4 Other              88 N/A              99 DK/NA

**64.** In the last 12 months have you bought anything on credit?

- 1 Yes              2 No              99 DK/NA

**65.** In the last 12 months has your family bought any furniture or domestic appliance?

- 1 Yes. If so, what? \_\_\_\_\_  
2 No    88 N/A              99 DK/NA

**66.** After joining the Bolsa Familia Program has your credit with local shopkeepers improved?

- 1 Yes              2 No              3 Don't buy on credit              99 DK/NA

**67.** In the last three months has your family defaulted on any credit payment because you had no money on the day it fell due?

- 1 Yes              2 No              99 DK/NA

### BLOCK 4 - EVALUATION OF EXPECTATIONS

**67.** In general terms how would you evaluate the Bolsa Familia Program? Do you think it is excellent, good, regular, bad, or terrible?

- 1 Excellent                                      2 Good                                      3 Regular  
4 Bad    5 Terrible                                      99 DK/NA

**68.** On a scale from zero to ten where zero is the lowest mark and ten the highest, what mark would you give the Bolsa Familia Program? \_\_\_\_\_

**69.** In your opinion, who is responsible for the Bolsa Familia Program? (*accept up to 3 answers*)

- 1 Federal government              2 State government  
3 Municipal government              4 Other Who? \_\_\_\_\_  
99 DK/NA

**70.** In when did you start to receive the Bolsa Familia?

(month/year) \_\_\_\_\_ / \_\_\_\_\_ 99 DK/NA

**71.** Are you confident that your family will continue to receive the Bolsa Familia over the next

	Yes	No	N/A	DK/NA
6 months	1	2	88	99
71.1 -12 months	1	2	88	99
71.2 - 24 months	1	2	88	99

**72.** I am going to read out some phrases regarding the Bolsa Familia and I would like you to say which one you agree with most.

- 1 The Bolsa Familia is the guaranteed right of those who need it.  
2 The Bolsa Familia is a form of help for those who need it.  
99 DK/DA

**73.** In your home there is:

- 1 A frequently used gas stove  
2 A gas stove used occasionally  
3 No gas stove                                      99 DK/DA

**74.** Since you began to receive the Bolsa Familia the way you and your family are treated in the place where you live has:

- 1 Changed for the better              2 Not changed at all  
3 Changed for the worse              99 DK/DA

## Questionnaire

### CRITERION BRAZIL

	Not owned	How many owned?			
		1	2	3	4 or +
Color TV	0	2	3	4	5
Videocassette / DVD	0	2	2	2	2
Radio	0	1	2	3	4
Bathroom	0	2	3	4	4
Automobile	0	2	4	5	5
Monthly maid	0	2	4	4	4
Vacuum cleaner	0	1	1	1	1
Washing Machine	0	1	1	1	1
Refrigerator	0	2	2	2	2
Freezer (independent or part of duplex fridge)	0	1	1	1	1

**What is the schooling level of the person responsible for the household?**

Illiterate-Primary school incomplete	0
Primary complete/ Junior high incomplete	1
Junior high complete/ Senior high incomplete	2
Senior high complete/ Graduation incomplete	3
Graduation complete	4
Postgraduate/ Masters/ Doctors	5

TOTAL POINTS		
Class	Points	
1 - A1	30 - 34	
2 - A2	25 - 29	
3 - B1	21 - 24	
4 - B2	17 - 20	
5 - C	11 - 16	
6 - D	10 - 6	
7 - E	0 - 5	

Researcher: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Thank you for your attention.



# RESEARCH

## Household Survey of Bolsa Família Program Beneficiaries

**Executive Institution:** Pólis Pesquisa.

**Team Members:** Eugênio Eduardo Cunha Gomes (general coordinator), Elisete de Assis Rebello Leite Ribeiro (senior consultant), Bertha Maakaroun (special consultant), Marli Gomes dos Santos e Cláudia Valente (fieldwork coordinators).

**Period of Execution:** July to November 2005.

### 1. Objectives

- to investigate the perceptions of Bolsa Família beneficiaries of their own living conditions after having become recipients of the benefit;
- to measure the degree of awareness of the beneficiaries in regard to the Bolsa Família Program and the conditions it stipulates.

### 2. Methodology

Household survey using probability sampling technique representative of the of Bolsa Família beneficiaries conducted on a national scale and taking in 2,317 household units. The data collecting instrument was a questionnaire with both open and closed answer questions and was directed at the person directly responsible for receiving the benefit in each family from whom socio-demographic information on all household residents was also collected.

In each of the regions South, Southeast, Center-West and North, 400 interviews were conducted in such a way as to guarantee estimates for the parameters being studied with margins of error not more than plus or minus 5%. In the Northeast, which is the region where roughly 50% of the program beneficiaries are concentrated, 717 complete interviews were obtained with a maximum margin of error of approximately 3.8 percentage points.

For an analysis of the data for the country as a whole, the data was weighted by regions with the weighting attributed being proportional to the numbers of program beneficiaries. The estimated margin of error for the national figures is plus or minus 2.1 percentage points, and reliability is 95%.

**Table 1 – Sample distribution by regions and estimated margins of error within the strata**

Region	Interviews	%	Maximum estimated error/stratum
South	400	17.26	+/- 5 p.p.
Southeast	400	17.26	+/- 5 p.p.
Center-West	400	17.26	+/- 5 p.p.
North	400	17.26	+/- 5 p.p.
Northeast	717	30.95	+/- 3.8 p.p.
<b>Total</b>	<b>2,317</b>	<b>100</b>	

Source: MDS/Pólis Pesquisa.



### 3. The sample

The sample was probabilistic and stratified according to the size of the municipalities with the program beneficiaries being the determining factor for stratification. Selecting the families to be interviewed was done in several stages. First a random selection was made of 86 municipalities which were then stratified by region and by size using a size classification of 1 to 6 based on the number of beneficiary families in the municipality.

Within each municipality, the families were selected on a random basis from the list of beneficiary families supplied by the Ministry of Social Development and the Fight against Hunger. The sampling planning provided for lists of substitutes for those cases where the family originally selected was not found at the indicated address or when the person legally responsible for receiving the benefit: a) refused to be interviewed; b) was not found after two visits to the home at different times of day.

**Table 2 – Classification of municipalities according to the numbers of beneficiaries and the percentage of the population they represent**

Size categories of municipalities	Dimensions of Categories	% of the population
Size 1	Up to 1,000 beneficiaries	20.9
Size 2	From 1,001 to 3,000	32.2
Size 3	From 3,000 to 8,000	23.1
Size 4	From 8,000 to 16,000	8.0
Size 5	From 16,000 to 40,000	7.2
Size 6	Over 40,000	8.5

Source: MDS/Pólis Pesquisa.

Within the country's five macro-regions the samples were stratified according to the size category of the municipality as defined above. Table 3 shows the numbers of municipalities according to size category and the names of the individual municipalities.

**Table 3 - Municipalities by size category**

Size category	Number of municipalities	Municipalities
1	18	Acorizal (MT), Jaraguari (MS), Jussari (BA), Granjeiro (CE), Lago do Junco (MA), Salgadinho (PE), Bom Jesus (RN), Dom Expedito Lopez (PI), Presidente Figueiredo (AM), Inhangapi (PA), Capitão Andradas (MG), Carmo do Cajuru (MG), Vassouras (RJ), Anhumas (SP), Cravinhos (SP), Corbélia (PR), São Martinho (RS), Luiz Alves (SC)
2	21	Pocone (MT), Inhumas (GO), Itumbiara (GO), Corumbá (MS), Quebrângulo (AL), Camaçari (BA), Guaiuba (CE), Alcântara (MA), Bonito (PE), Jardim das Piranhas (RN), Inhuma (PI), Irlanduba (AM), Bujuru (PA), Guajará Mirim (RO), Cataguases (MG), Mariana (MG), Barra Mansa (RJ), Jacareí (SP), Rio Branco do Sul (PR), Lageado (RS), Blumenau (SC)
3	18	Várzea Grande (MT), Candeias (BA), Barbalha (CE), Palmeira dos Índios (AL), Picos (PI), Bacabal (MA), Araripina (PE), Parnamirim (RN), Parintins (AM), Altamira (PA), Cacoal (RO), Divinópolis (MG), Petrópolis (RJ), Presidente Prudente (SP), Ribeirão Preto (SP), Cascavel (PR), Santa Maria (RS), Florianópolis (SC)
4	11	Anápolis (GO), Campo Grande (MS), Cuiabá (MT), Itabuna (BA), Vitória do Santo Antão (PE), Porto Velho (RO), Boa Vista (RR), Governador Valadares (MG), Belfort Roxo (RJ), Campinas (SP), Londrina (PR)
5	10	Goiânia (GO), Brasília (DF), Maceió (AL), Caruaru (PE), Belém (PA), Duque de Caxias (RJ), Guarulhos (SP), Natal (RN), Porto Alegre (RS), Curitiba (PR)
6	8	Salvador (BA), Fortaleza (CE), São Luís (MA), Recife (PE), Manaus (AM), Belo Horizonte (MG), Rio de Janeiro (RJ), São Paulo (SP)

Source: MDS/Pólis Pesquisa.

The regional data was weighted according to the ratio between the number of Bolsa Família beneficiaries and the population at large, for each region.

**Table 4 – Sample weighting to expand the results**

Region	Population of beneficiaries		Sample		Weighting for analysis purposes
	%	Absolute numbers	%	Absolute numbers	
North	8.0	562,111	17.26	400	0.4625
Northeast	50	3,511,874	30.97	718	1.6142
Center-West	4.6	325,393	17.26	400	0.2675
South	10.7	754,095	17.26	400	0.6200
Southeast	26.7	1,876,192	17.26	400	1.55
<b>Total</b>	<b>100</b>	<b>7,029,665</b>	<b>100</b>	<b>2,318</b>	

Source: MDS/Pólis Pesquisa.

## Questionnaire I

Good morning/good afternoon/good evening. My name is..... I work for Pólis Pesquisa, and we are doing a survey all over the country on what the families think about the social benefits they receive. Would it be possible speak to ... (NAME OF THE PERSON LEGALLY RESPONSIBLE)? Pólis will treat all your opinions as being strictly confidential.

1. Questionnaire number |\_|\_|\_|\_|\_|\_|\_|\_|\_|
2. Code of data collector |\_|\_|\_|\_|\_|\_|\_|\_|\_|
3. Name of legally responsible person \_\_\_\_\_
4. Address \_\_\_\_\_
5. Telephone for contact \_\_\_\_\_
6. Municipality \_\_\_\_\_
7. State \_\_\_\_\_
8. Region of Brazil 8. |\_|\_|  
 1. North 2. Northeast 3. Southeast 4. South 5. Center-West
9. Size of Municipality 9. |\_|\_|  
 1. Size 1 2. Size 2 3. Size 3 4. Size 4 5. Size 5 6. Size 6
10. (NOTE) This interview is with 10. |\_|\_|  
 1. Family from original list (GO TO QUESTION 12)  
 2. Substitute family
11. (IF SUBSTITUTE)
- A. Number of substitutions because of change of address 11A. |\_|\_|
- B. Number of substitutions because legally responsible person not found after 2 return visits. 11B. |\_|\_|
- C. Number of substitutions because of refusals 11C. |\_|\_|

12. (NOTE THE NUMBER OF PEOPLE IN THE HOUSEHOLD. IF MORE THAN ONE HOUSEHOLD IN BUILDING AND THEREFORE MORE THAN ONE FAMILY, NOTE THE DATA OF SELECTED FAMILY. **USE HOUSEHOLD CONCEPT ONLY WHEN MORE THAN ONE FAMILY IDENTIFIED IN THE HOUSE:** FROM THE PHYSICAL POINT OF VIEW: **separation** is considered to exist when a dwelling place is limited by walls, fences, curtains, covered by a roof and allows a person or group of people to isolate themselves from others in order to sleep, or prepare and eat food. **Independence** means there is direct access to the dwelling place without passing through the dwellings other people. FROM THE ECONOMIC POINT OF VIEW: **separation** and **independence** are understood to mean the autonomous constitution of a family nucleus in economic terms and of living together. It should be verified whether the person or family lives and eats separate from others. It should be verified whether their financial situation is independent or not. Parameters adopted for the concept household (and for family unit): TWO OF THE FOLLOWING PARAMETERS EXISTING IN THE INDEPENDENT COLUMN PLUS THE (SOCIAL) INCOME PARAMETER SIGNIFY ANOTHER HOUSEHOLD EXISTS.)

	SHARED	INDEPENDENT
PHYSICAL ACCESS TO THE HOUSE		
KITCHEN		
INSIDE SPACES OF HOUSE		
INCOME		

12. Number of people in the household 12. |\_|\_|\_|\_|
- SOCIOECONOMIC – WRITE DOWN ON THE ATTACHED FORM EVERYONE LIVING IN THE HOUSEHOLD (Q. 13 A Q.28)**
13. (Write down on the attached form the names of everyone living in the household. **LETTER A, ALWAYS THE LEGALLY RESPONSIBLE PERSON**)
14. Note down the relationship with the legally responsible person
1. Legally responsible 2. Partner 3. Son/daughter  
 4. Other relative 5. Lodger 6. Pensioner  
 7. Domestic servant 8. Relative of domestic servant

15. Marital status  
 1. Married/living together 2. Separated/divorced  
 3. Single 4. Widowed
16. Sex  
 1. Male 2. Female (not pregnant, not breast feeding)  
 3. Female (pregnant) 4. Female (breast feeding)
17. Register the person's age (FOR UNDER ONES, REGISTER 0)
18. Are you studying?  
 1. Yes, in private school 2. Yes, public school  
 3. No, only formerly 4. No, never went to school
19. (ONLY FOR THOSE STUDYING)  
 How many times did you go to school last week? 8. Not applicable
20. The last or present schooling level  
 00. Never studied (over 7 years old)  
 70. Never studied (six years old or under)  
 71. Crèche  
 72. Infant school ( 4 to 6 years old)  
 73. Special literacy training courses  
 01. Up to year one  
 02. Up to year two  
 03. Up to year three  
 04. Up to year four  
 05. Up to year five  
 06. Up to year six  
 07. Up to year seven  
 08. Up to year eight  
 09. Up to year one senior high  
 10. Up to year two senior high  
 11. Up to year three senior high  
 12. Higher education incomplete  
 13. Complete higher education  
 14. Post graduation
21. Occupational situation  
 1. Employer  
 2. Salary earner with signed labor card  
 3. Salary earner with labor card unsigned  
 4. Autonomous worker paying social security  
 5. Autonomous worker not paying social security  
 6. Retired/pensioner  
 7. Rural laborer  
 8. Rural employer  
 9. Unemployed  
 10. Non worker
22. In the last three months have you been examined by any professional member of the public health services? (ANY PROFESSIONAL: NURSE, NUTRITIONIST, DOCTOR, PHYSIOTHERAPIST. NOT DENTIST)  
 1. No  
 2. Yes, at home  
 3. Yes, at the health service installation
23. Have you sought for employment in the last 30 days?  
 1. Yes 2. No
24. Do you have a Birth/Marriage Certificate?  
 1. Yes 2. No
25. Do you have an Identity Card?  
 1. Yes 2. No
26. Do you have a Individual Taxpayer Registry (CPF)?  
 1. Yes 2. No
27. Do you have a Voters ID Card?  
 1. Yes 2. No
28. (STIMULATED, ATTACHMENT 1) Color  
 1. White  
 2. Black  
 3. Oriental  
 4. Brown  
 5. Indigenous

## Questionnaire I

Questionnaire number \_\_\_\_\_

13. Name	14. Relationship to the reference person	15. Marital Status	16. Sex	17. Age (WRITE IT)	18. Are you studying?	19. How many days did you go to school last week?	20. Schooling: highest school year studied	21. Occupational situation	22. In the last three months have you been examined by any professional member of the public health services?	23. Have you sought for employment in the last 30 days?	24. Do you have a birth certificate?	25. Do you have an Identity Card?	26. Do you have an Individual Taxpayer Registry (CPF)?	27. Do you have a Voters ID Card?	28. Color	
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

## Questionnaire II

Questionnaire number

29. **(SPONTANEOUS)** What is the name of the social program that hands over a cash benefit to your family every month? **(DO NOT READ OUT ANSWERS. USE CODE ONLY AND REGISTER OTHER)**

1. Bolsa Familia Program 2. *Bolsa Alimentação* (Food Grant Program)  
3. *Bolsa Escola* (School Grant Program) 4. Gas voucher  
Other \_\_\_\_\_ (REGISTER) 29.

30. In your opinion, is the Bolsa Família Program part of the Zero Hunger campaign?

1. Yes 2. No 9. DK/NA 30.

31. Is the body responsible for transferring the cash benefit to your family every month, the municipal authority, the state government or the federal government? **(IF THE ANSWER IS "LULA" OR "LULA GOVERNMENT" REGISTER AS "FEDERAL GOVERNMENT". MARK ALL MENTIONS IN ORDER OF PRIORITY)**

1. City hall 2. State government 31A   
3. Federal government 9. DK/NA 31B   
31C

32. **(STIMULATED, ATTACHMENT 2)** Could you show me the card you usually use to withdraw the benefit? **(IF IT IS NOT ON HAND, SHOW THE ATTACHMENT)** Looking at these cards which one does your family use to receive the benefit? **(SHOW *Bolsa Família*, *Bolsa Escola*, *Citizen Card*, *Bolsa Alimentação* CARDS)**

1. *Bolsa Família* 2. *Bolsa Escola* 32.   
3. Citizen card 4. *Bolsa Alimentação*  
5. Card not used. Receives with Form 9. DK/NA

33. Your family is benefited by the Bolsa Familia Program. What is the monthly amount that **you** receive from the Bolsa Familia Program?

- 999.99 Don't know 33.

34. **(SPONTANEOUS)** What is the name of the government ministry responsible for the Bolsa Familia Program?

99. DK/NA  
34.

35. **(ATTACHMENT 3)** In general terms how would you evaluate the Bolsa Familia Program? In your opinion is it excellent, good, regular, bad or terrible?

1. Excellent 2. Good 3. Regular 35.   
4. Bad 5. Terrible

36. **(ATTACHMENT 4)** On a scale of 0 to 10 with zero being the worst mark and 10 the best, what mark would you give the Bolsa Familia Program?

36.

37. **(ATTACHMENT 5)** In regard to the importance of the Bolsa Família to you and your family, would you say that the program was very important, important, of little importance, or of no importance?

1. Very important 2. Important 37.   
3. Of little importance 4. Of no importance

38. **(ATTACHMENT 6)** Since you started participating in this Program has the life of your family improved a lot, improved, stayed the same, or got worse?

1. Improved a lot 2. Improved 38.   
3. Stayed the same 4. Got worse  
5. Got a lot worse

39. **(ATTACHMENT 7)** In your opinion is the amount your family receives from the Bolsa Familia Program quite high, high, reasonable, low or very low?

1. Quite high 2. High 39.   
3. Reasonable 4. Low  
5. Very low 9. DK/NA

40. In regard to the future, do you think that five years from now the life of your family will be better than now, the same, or worse?

1. Better 2. The same 3. Worse 40.

41. **(SPONTANEOUS)** In regard to the future, do you think that five years from now your family will still need to receive this benefit? **(DO NOT READ OUT OPTIONS - USE CODE ONLY)**

1. Yes 41.   
2. Hope not  
3. No  
9. DK/NA

### REGISTRATION

42. **(SPONTANEOUS. DO NOT READ OUT CODED OPTIONS)** How did you get to know about the registration for becoming Bolsa Familia Program beneficiary?

1. Announcements on the radio, TV, in newspaper, or magazine or pamphlets  
2. Loudspeaker van announcements  
3. Through friends, neighbors, or relatives 42.    
4. Through some politician or candidate  
5. Through the children's school  
6. Through the health center  
7. Through the church  
8. Through a charity institution or NGO  
9. Through the residents Association  
10. Through a municipal employee  
11. Other

43. **(SPONTANEOUS. DO NOT READ OUT CODED OPTIONS)**. When you enrolled in the Bolsa Familia Program, where did enrolment take place?

1. At home (GO TO QUESTION 44) 43.    
2. In a school  
3. In a health center  
4. In a church  
5. At the residents association  
6. In some municipal body including a mobile administrative post  
7. At city hall  
8. In the office of a politician or candidate  
9. Other

43A. Is the place where the enrolment took place in your own residential neighborhood?

1. Yes 2. No 8. N/A 43A

44. Did any politician or candidate offer to help to get you or your family registered?

1. Yes 2. No 44.

45. Has you or your family's registration been updated at any time?

1. Yes 2. No 3. DK/NA 45.

46. **(SPONTANEOUS. DO NOT READ OUT CODED OPTIONS)** Whom would you turn to for help if you had any kind of problem with receiving the program money such as blocking, suspension or canceling of the benefit?

1. City hall/ municipal-regional bodies, secretariats 46.    
2. Federal Savings Bank  
3. The place where benefit is received  
4. Ministry of Social Development  
5. Council or Committee controlling the benefit  
6. Other \_\_\_\_\_ (REGISTER)  
99. Cannot say

### CHANGE IN FAMILY STRUCTURE

47. After you registered in the program did your family experience any of the following situations?

1. Yes 2. No

47A. A working member of the family that was contributing to income became unemployed

47B. An unemployed or non working member of the family obtained

employment

47C. Another child was born in the household

47D. A household member died

47E. A household resident moved out

47F. A new person moved in

47G. One of the children at home changed schools

47H. One of the younger children reached school age

A

B

C

D

E

F

G

H

## Questionnaire II

Questionnaire number \_\_\_\_\_

### USE OF THE MAGNETIC CARD AND WITHDRAWAL OF THE BENEFIT

48. **(ATTACHMENT 8)** In your opinion is it very difficult, difficult, easy or very easy to use the program benefit card?

1. Very easy                      2. Easy  
3. Difficult                        4. Very difficult                      48. \_\_\_\_\_

49. Who actually withdraws the benefit money using the card?

1. You (the legally responsible person)                      49. \_\_\_\_\_  
2. Husband/wife/partner  
3. Son/daughter  
4. Another family member  
5. Another person not living in the household  
6. Other

50. Who is responsible for spending the benefit money?

1. You (the legally responsible person)                      50. \_\_\_\_\_  
2. Husband/wife/partner  
3. Son/daughter  
4. Another family member  
5. Another person not living in the household  
6. Other

51. Do you find it very difficult, difficult, easy or very easy to get to the place where you receive the program money?

1. Very difficult                      2. Difficult                      51. \_\_\_\_\_  
3. Easy                                      4. Very easy

52. **(ATTACHMENT 9)** In your opinion has the way you have been treated in the place where you receive the benefit been very good, good, regular, bad or very bad?

1. Very good                      2. Good                      3. Regular                      52. \_\_\_\_\_  
4. Bad                                      5. Very bad

53. Where do you and your family receive the benefit?

1. Bank                                      53. \_\_\_\_\_  
2. Lottery shop (GO TO QUESTION 55)  
3. Other (GO TO QUESTION 55)

54. When you go to the bank do you withdraw the benefit money with a magnetic card or using a form?

1. Card                                      2. Form                                      8. Not applicable                      54. \_\_\_\_\_

55. When you go to receive the money is the service usually fast or does it take time?

1. Fast                                      2. Takes time                      55. \_\_\_\_\_  
9. DK/NA (GO TO QUESTION 57)

56. How long does it usually take you to manage to withdraw the program money?

- (REGISTER MINUTES)**                                      56. \_\_\_\_\_  
888. Not applicable                                      999. DK/NA

57. Do you always know each month from which day on you can withdraw the benefit money?

1. Always know the day                      3. Never know the day                      57. \_\_\_\_\_  
2. Sometimes don't know the day                      9. DK/NA

58. **(ATTACHMENT 10. READ OUT LOUD WITH THE INTERVIEWEE)**

I would like to remind you that people can spend the program money as they see fit. With that in mind I am going to read a list of things that families usually spend on. I would like to know which of them you usually spend program money on. **(REGISTER IN ORDER OF PRIORITY, 3 MENTIONS)** Anything else? **(REGISTER)** Anything else?

1. Food                                      58A \_\_\_\_\_  
2. Clothing/footwear                      58B \_\_\_\_\_  
3. Medicines                                      58C \_\_\_\_\_  
4. Rent  
5. Cleaning and personal hygiene material (toilet soap, toilet paper, detergents etc.)  
6. Transport (bus tickets for example)  
7. School material (notebooks, books, pen, pencil)  
8. Leisure activities  
9. Water/electricity/gas  
10. Other

59. How much did your family spend on food and household goods last month?

- 999.99 DK/NA                                      59. \_\_\_\_\_  
000.00 Nothing

60. How much did your family spend on medicines last month?

- 999.99 DK/NA                                      60. \_\_\_\_\_  
000.00 Nothing

61. How much did your family spend on the electricity bill last month? **(IF SHARED METER REGISTER AMOUNT)**

- 999.99 DK/NA                                      61. \_\_\_\_\_  
000.00 Nothing

### THE PROGRAM AND FOOD

62. **(STIMULATED. ATTACHMENT 11 READ OUT LOUD WITH THE INTERVIEWEE)** Considering the amount of food consumed by your family would you say that:

1. Often there is not enough for everyone to eat well                      62. \_\_\_\_\_  
2. Sometimes there is not enough for everyone to eat well  
3. There is always enough for everyone to eat well  
9. DK/NA

63. **(ATTACHMENT 12)** In regard to the quality of food consumed by your family would you say that the quality is very good, good, regular, bad or very bad?

1. Very good                      2. Good                      3. Regular                      63. \_\_\_\_\_  
4. Bad                                      5. Very bad

64. Still thinking in terms of family meals...

1. Every day of the week                      2. Almost every day  
3. A few days a week                      4. Not one day

64A. How many times a week do all the adults in the household have three meals a day or more?                      64A \_\_\_\_\_

64B. How many times a week do all the children have three meals or more per day?                      64B \_\_\_\_\_

65. Since your family has started receiving money from the Bolsa Familia, would you say that your family's food has improved a lot, improved, stayed the same or got worse?

- 1 Improved a lot                      2 Improved                      65. \_\_\_\_\_  
3 Stayed the same                      4 Got worse                      5 Got a lot worse

### THE PROGRAM AND OPPORTUNITIES

66. In the last year have you or any member of your family participated in a training or capacity building course for employment?

1. Yes                                      2. No                                      66. \_\_\_\_\_

67. In the last year has any illiterate youth or adult in the family started to study?

1. No, because everyone can read and write                      67. \_\_\_\_\_  
2. No, but there are family members that are illiterate  
3 Yes, at least one person

68. In the last year has any member of your family had access to a micro-credit program (loans for starting a small business)?

1. Yes                                      2. No                                      68. \_\_\_\_\_

69. Does any member of your family belong to a work cooperative?

1. Yes                                      2. No                                      69. \_\_\_\_\_

70. Have you or any member of your family ever been embarrassed or suffered from prejudice because of receiving the Bolsa Familia?

- 1 Yes                                      70. \_\_\_\_\_  
2 No (GO TO QUESTION 72)

71. **(IF 'YES' in QUESTION 70)** Where did it happen?

1. In school                                      71. \_\_\_\_\_  
2. In the health services  
3. In the place where benefit is received  
4. In the workplace  
5. In the community where we live  
6. In the City hall or a municipal body  
7. In some other place  
8. Not applicable

## Questionnaire II

Questionnaire number |\_|\_|\_|\_|\_|\_|\_|\_|

72. Do you know people who need the Bolsa Família benefit but that are not receiving it?

1. Yes 2. No 72. |\_|\_|

73. Do you know people who are receiving the Bolsa Família, benefit that do not really need it?

1. Yes 2. No 73. |\_|\_|

74. Do you know whom to approach to inform about people who are receiving the cash benefit from the program but that do not need it?

1. Yes 2. Yes, but wouldn't go there 74. |\_|\_|

3. No (GO TO QUESTION 76)

75. In those cases which are the bodies that ought to be informed? **(INSIST ON NAMING THEM EVEN IF THE ANSWER WAS 'wouldn't go there')**

1. Municipal authority/body or secretariat 75. |\_|\_|

2. Caixa Econômica Federal (Federal Savings Bank)

4. Ministry of Social Development (0 800)

5. Committee or Council Controlling the benefit

6. Other 88. Not applicable 99. DK/NA

### PROGRAM AND CONDITIONALITIES

76. **(SPONTANEOUS – DO NOT READ OUT CODED OPTIONS)** The Bolsa Família Program makes certain provisos for the families that receive the cash benefit. What are the obligations and responsibilities of families that receive the benefit? **(MARK ALL THOSE MENTIONED)**

1. Keep the children going to school 76A |\_|\_|

2. Keep the children's vaccination programs up to date 76B |\_|\_|

3. Antenatal check-ups for pregnant women 76C |\_|\_|

4. Others \_\_\_\_\_ (REGISTER) 76D |\_|\_|

77. **(ATTACHMENT 13)** According to program rules the families must keep the children in school with at least 85% attendance in classes. The rules also establish that children must be duly vaccinated and pregnant women undergo antenatal check-ups. Would you say that you totally agree, partly agree, partly disagree or totally disagree with such rules?

1. Totally agree 2. Partly agree 77. |\_|\_|

3. Partly disagree 4. Totally disagree

5. DK/NA

78. **(SPONTANEOUS)** What does the government take into account when selecting families to receive the Bolsa Família benefit? **(DO NOT READ OUT CODED OPTIONS. REGISTER FIRST MENTION)**

1. Per capita income below 100 Reals 78. |\_|\_|

2. Children in the family

3. Being poor

4. Low income

5. Earning very little

6. Political influence/indication

7. No criterion whatever

8. Others \_\_\_\_\_ (REGISTER)

99. DK/NA

79. Is the school that your children attend very near, near, far or very far to or from your home?

1. Very near 2. Near 79. |\_|\_|

3. Far 4. Very far

80. In the place where you live is it very easy, easy, difficult or very difficult to get a place for a child in a public school?

1. Very easy 2. Easy 80. |\_|\_|

3. Difficult 4. Very difficult

9. DK/NA

81. Is the nearest health center to your home very near, near, far or very far?

1. Very near 2. Near 81. |\_|\_|

3. Far 4. Very far

9. DK/NA

82. In the place where you live is it very easy, easy, difficult or very difficult to receive attention in the public health services

1. Very easy 2. Easy 82. |\_|\_|

3. Difficult 4. Very difficult 9. DK/NA

83. In the district or neighborhood where you live is there a unit or agent of the Family Health Care Program (PSF)?

1. Yes 2. No 3. Don't know 83. |\_|\_|

84. Is your family usually treated by the Family Health Care Program?

1. Yes, frequently 84. |\_|\_|

2. Yes, occasionally

3. Yes, but seldom

4. No, we have never been treated by the PSF

85. Has any woman in the house become pregnant in the last year?

1. Yes 85. |\_|\_|

2. No (GO TO QUESTION 87)

86. **(ONLY IF 'YES' IN PREVIOUS QUESTION)** How many antenatal consultations has the pregnant woman had?

1. Not one 2. From 1 to 3 consultations 86. |\_|\_|

3. From 4 to 5 consultations 4. 6 or more consultations

8. Not applicable 9. DK/NA

### PERCEPTIONS OF THE COUNTRY AND THE GOVERNMENT

87. **(ATTACHMENT 14)** In your opinion are the initiatives of the Lula government in social programs to fight against hunger and poverty, excellent, good, regular, bad or terrible?

1. Excellent 2. Good 3. Regular 87. |\_|\_|

4. Bad 5. Terrible 9. DK/NA

88. In your opinion is the Lula government's commitment to social programs to fight against hunger and poverty greater, the same or less than that of previous governments?

1. Greater commitment 2. The same commitment 88. |\_|\_|

3. Less commitment 9. DK/NA

89. In your opinion have the programs of the Lula government managed to reduce hunger, hunger is the same as ever or has hunger increased in our society?

1. Managed to reduce hunger 89. |\_|\_|

2. Hunger is still the same

3. Hunger has increased

### DATA ON THE DWELLING

90. The house where you live is...

1. Your own fully paid for 90. |\_|\_|

2. Your own still being paid for

3. Loaned

4. Invaded/squatter

5. Other

6. Rented (GO TO QUESTION 92)

91. Do you have any documentary proof of proprietorship like public registration of the property or title to the land? **(IF THE ANSWER IS "SALE/PURCHASE RECEIPT" REGISTER AS 'NO')**

1. Yes 2. No 91. |\_|\_|

92. **(ASK ONLY IF HOME IS RENTED OR MORTGAGED)** How much do you pay in rent or for the mortgage per month? (REGISTER)

888.88 Not applicable

999.99 DK/NA |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

93. How many bedrooms are there in the dwelling? (REGISTER)

0. None 93. |\_|\_|

94. How many toilets are there here? (REGISTER)

0. None 94. |\_|\_|

95. Where is the sewage disposed of?

1. Public sewage system 2. Simple pit 95. |\_|\_|

3. Septic tank 4. Open air trench

5. Straight into the river/lake/sea 6. Other

## Questionnaire II

Questionnaire number

96. What is the destination of the domestic waste?

1. Collected (directly or indirectly) 96.
2. Burnt
3. Buried
4. Thrown out on vacant land, in river or lake
5. Other

97. How does your house obtain water?

1. From the public mains 97.
2. Well/spring
3. Water tanker truck
4. Other
5. No supply

98. Do have electricity supply in the home?

1. Yes, with own meter 98.
2. Community/shared meter
3. No meter
4. Other
5. There is no electricity at home

99. Does your home have a fixed telephone?

1. Yes 2. No 99.

100. Does anyone in your home have a mobile phone?

1. Yes 2. No 100.

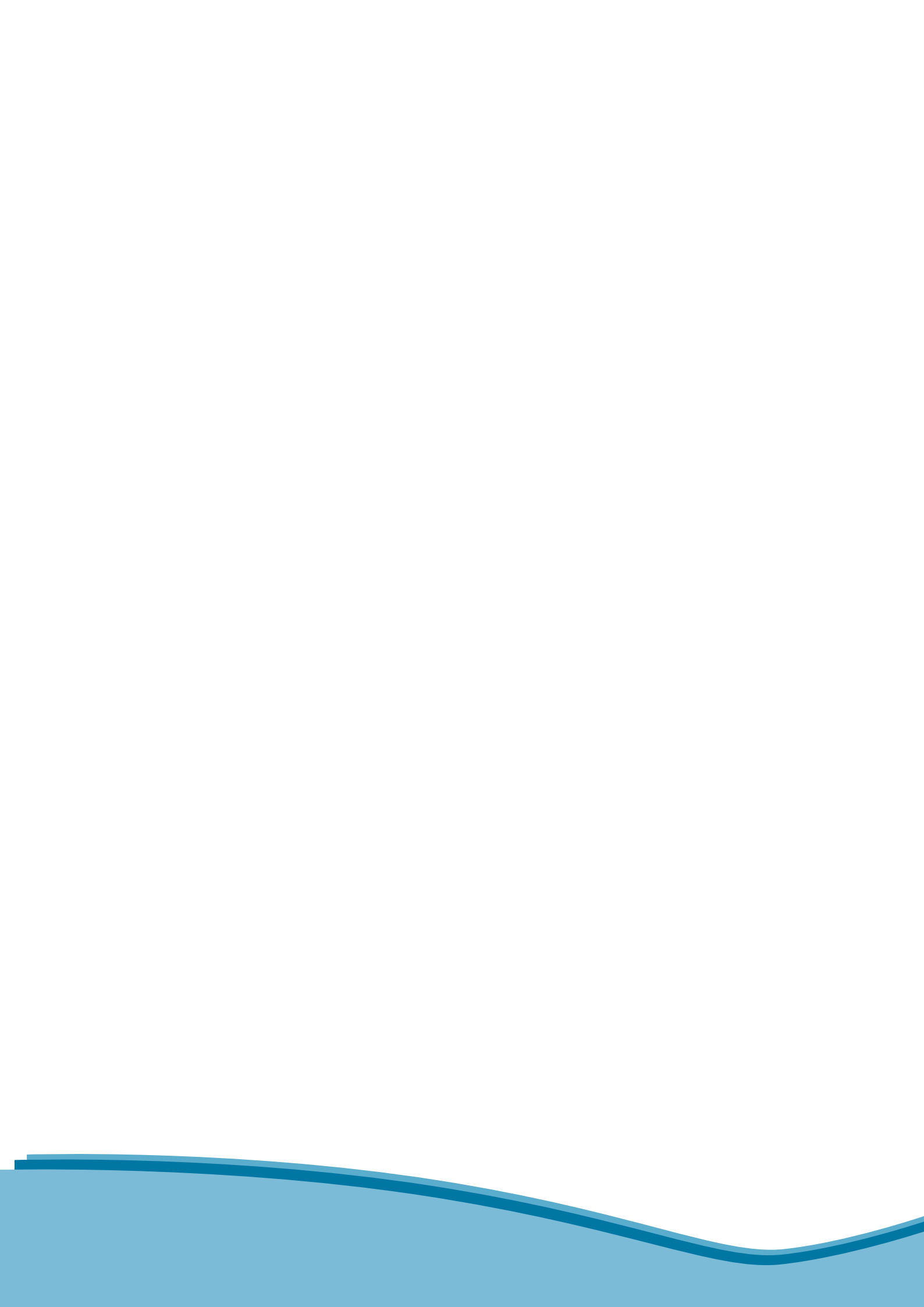
101. What was the total income of all the people living in the household including yours and all other sources: salaries, overtime, money from rent, casual work, pensions, retirement pay, Bolsa Familia amounts etc? **(DO NOT INCLUDE INCOME OF DOMESTIC SERVANT)**

101.

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Thank you very much for this interview. (COLLECTOR, THIS QUESTIONNAIRE WILL BE CHECKED)





## ■ **Part II - Social Assistance**

- Study for the Elaboration of the Sentinela Program Index of Municipal Eligibility
- Qualitative Study of the Sentinela Program
- Evaluation of the Implementation of the Continuous Cash Benefit - BPC and the Results for Beneficiaries
- Study of Continuous Cash Benefit: demand, coverage and relations with the Brazilian Social Security System
- Special Social Assistance Supplement to the Survey of Basic Municipal Information
- Survey of Private Non-Profit Social Assistance Entities



# RESEARCH

## Study for the Elaboration of the Sentinela Program<sup>1</sup> Index of Municipal Eligibility

**Executive Institutions:** Political Science Department of the Federal University of Minas Gerais (DCP/UFMG), through the Research and Development Foundation (FUNDEP) and the Nucleus for Studies and Research on Women of the Federal University of Minas Gerais (NEPeM/UFMG).

**Team Members:** Marlise Matos (coordinator), Fátima Anastasia, Magna Inácio, Daniela Leandro Rezende, Mauro Lúcio Jerônimo.

**Period undertaken:** December/2004 to September/2005.

### 1. Objectives

- to identify, typify and establish hierarchies of Brazilian municipalities in regard to situations of risk and vulnerability to the practice of sexual abuse and exploitation of children and adolescents by means of the Index of Municipal Eligibility for the Sentinela Program (IEMS);
- to direct the resources of the Sentinela Program to those populations most exposed to such practices;
- to evaluate the degree of focus of the Program according to IEMS values;
- to provide criteria for eventual adjustments in the direction of the program and for intensifying inspection in order to achieve its goals.

### 2. Methodology

The Sentinela Program Index of Municipal Eligibility (IEMS) was used to classify the situations of a large number of Brazilian municipalities, including those that have already implanted the program, in regard to situations of risk and vulnerability to the practice of commercial, sexual exploitation and abuse of children and adolescents (ESCCA). The IEMS is an instrument for focusing the demands for the program, pointing to those municipalities most eligible to be the object of this form of social policy, thereby optimizing management and implementation efforts and resources.

The IEMS is an index based on multiple considerations made up of Factors, Criteria, Indicators and Variables. Each factor is a partial index calculated on the basis of a series of complementary criteria. A value in points was attributed to each criterion based on one or more indicators, which in turn was multiplied by the statistical weight attributed to each criterion used within the respective factor. Each indicator was made up of one or more variables. The sub-factor produced was then weighted by the statistical weight attributed to the factor in the IEMS. The sum of the partial factors was the final value for the IEMS obtained for each municipality.

<sup>1</sup> Social Protection for Children, Adolescents and Families who are Affected by Sexual Violence, Abuse and Exploitation.

The index was calculated for each municipality which was duly attributed a number of points according to its specificities in regard to the factors reviewed. As can be seen in Table 1, the 3 IEMS component factors - Risk, Vulnerability and Infrastructure - are subdivided into criteria which in turn are decomposed into a set of specific indicators. These indicators were weighted in accordance with a perception whereby there exists a scale of relevance in regard to the influence and interference each one of them exercises in the complex phenomenon of the ESCCA in Brazil.

The results obtained for the IEMS are based on a total obtained by adding together different and sometimes mutually exclusive sets of indicators that classify the Brazilian municipalities by attributing to them values varying from 0 to 1. It is worthwhile mentioning that the IEMS sets out to measure the eligibility of the Brazilian municipalities for the ESCCA and that the criteria that are involved in the Risk Factor calculations are those most relevant for regulating the program. Therefore, those municipalities that were attributed zero points in regard to Risk Factor, were excluded from the classification.

The indicators that were included to determine each component factor of the index, were constructed on the basis of secondary information and supplied by a set of research and survey institutions involved in producing social, economic, demographic and government information and statistics.

**Table 1 - Criteria and factors determining eligibility of Brazilian municipalities for the Sentinela Program**

Criterion	Abbreviation	Factor	Factor Weight
Capital cities of states and the Federal District	R1	Risk Factor	<b>06</b>
Large metropolitan regions and the Integrated Development Region of the Federal District and Surroundings (RIDE)	R2		
Tourism poles	R3		
River ports, seaports and riverside regions	R4		
Highway intersections and municipalities besides highways notorious for ESSCA	R5		
Traditional mining areas and areas of prospector mining	R6		
International border regions	R7		
Regions of indigenous reserves	R8		
Demand registered by the council of guardians	R9		
Municipal Vulnerability	VM	Vulnerability Factor	<b>03</b>
Family Vulnerability	VD		
Youth and Childhood Protection - having council of guardians implanted and functioning	I 1	Infrastructure Factor	<b>01</b>
Having access in their municipality to social assistance, education, health and housing	I 2		

Source: Study for the Elaboration of the Sentinela Program Index of Municipal Eligibility, DCP/NEPeM, UFMG and SAGI/MDS, 2005.

Risk and social vulnerability are the factors that were attributed greatest weight in the Index (6 and 3 respectively) and Infrastructure was given a weighting of 1. It was also decided to include some variables concerning: (a) the vulnerability of the municipality itself: perceived as being the proportion of the population living with a monthly income of less than R\$ 75.00 using data for the year 2000; and (b) the vulnerability of the family/social unit: established by compiling data indicative of the situation in regard to vulnerability of children living in the municipality and the vulnerable conditions of the households. This set of indicators highlighted the economic fragility of the municipality and attributed the necessary importance to family-economic vulnerability which is most certainly one of the major elements predisposing families to the phenomenon of sexual exploitation of children and adolescents in Brazil.

A primary synthesis and explanation of the internal weighting made in regard to the various criteria within their respective Risk and Vulnerability Factors can be seen in the following two tables:

**Table 2 - The component variables of the Risk Factor**

Criterion	Weight	Relative Weight
State capitals and Federal District	1	0.053
Large metropolitan regions	1	0.053
Tourism poles	3	0.158
River ports, seaports and riverside regions	3	0.158
Large highway intersections	3	0.158
Prospector mining zones	3	0.158
International border regions	2	0.105
Regions of indigenous reserves	1	0.053
Demand registered in the council of guardians	2	0.105
	<b>19</b>	<b>1.00</b>

Source: Study for the Elaboration of the Sentila Program Index of Municipal Eligibility, DCP/NEPeM, UFMG and SAGI/MDS, 2005.

**Table 3 - The component variables of the Social Vulnerability Factor**

Criterion	Weight	Weighting Factor
Municipal Vulnerability	5	0.5
Family Vulnerability	5	0.5
	<b>10</b>	<b>1.00</b>

Source: Study for the Elaboration of the Sentila Program Index of Municipal Eligibility, DCP/NEPeM, UFMG and SAGI/MDS, 2005.

The infrastructure factor concerns the structural conditions of the municipality in regard to handling the problem, namely: childhood and adolescence protection and the situation of the networks supposed to meet the needs of children and adolescents. This last factor was given a lower weighting in calculating the IEMS even though it is just as relevant as the others in terms of municipal eligibility, considering that not only the successful implantation of the program but above all, its continuity, permanence and effectiveness will depend on the municipal administrators, and the structural, budget and technical conditions of their municipalities and respective social care networks.

**Table 4 - The component variables of the Infrastructure Factor**

Criterion	Abbreviation	Weight	Weighting Factor
Childhood and Adolescence Protection	Existence of council of guardians and councils for the protection of children and adolescents	4	0.333
Situation of the Social care network for children and adolescents (Intersector Potencial)	Social assistance	2	0.167
	Health	2	0.167
	Education and professional qualification	2	0.167
	Housing	2	0.167
	Social assistance	12	1.00

Source: Study for the Elaboration of the Sentila Program Index of Municipal Eligibility, DCP/NEPeM, UFMG and SAGI/MDS, 2005.



# RESEARCH

## Qualitative Study of the Sentinela Program<sup>1</sup>

**Executive Institution:** Political Science Department of the Federal University of Minas Gerais (DCP/UFMG), through the Research Development Foundation (FUNDEP), and the Nucleus for Studies and Research on Women of the University of Minas Gerais (NEPeM/UFMG).

**Team Members:** Marlise Matos (coordinator), Fátima Anastasia, Magna Inácio, Daniela Leandro Rezende and Mauro Lúcio Jerônimo.

**Period undertaken:** January/2006 to September/2006.

### 1. Objectives

- to evaluate the implementation (implantation and management) of the Sentinela Program and its effects on/results for the beneficiaries;
- to propose minimum quality standards for the Sentinela Program;

### 2. Methodology

This evaluation was organized on three axes. The first axis, that of implementation, is aimed at analyzing the following processes for which specific indicators were constructed: (i) the municipal socio-economic context; (ii) infrastructure for the service in the municipality; (iii) the degree of integration of the actions (iv) social control; and (v) institutional transversality.

The second dimension concerns the results and on the quality of life and social inclusion of the beneficiaries.

The third dimension refers to the proposal for Minimum Quality Standards (PMQ) for the Sentinela Program that would represent a reference model for state and municipal program managers offering orientations on management and service supply and other aspects of the program.

It was therefore, a qualitative evaluation in which 301 semi-structured interviews were carried out with state and municipal administrators, heads of municipal social assistance secretariats, municipal Sentinela Program coordinators, presidents and/or representatives of councils of guardians, municipal children's and adolescents' rights councils and the municipal social assistance councils; other representatives of the Systems for Guaranteeing Human Rights, representatives of NGOs doing work related to children and adolescents in the respective municipalities; the entire technical team and some other staff members of the Center and/or Services involved, namely: the program coordinator, the social assistants, psychologists, representatives of the health sector, teachers and/or social educators, attendants/receptionists, drivers, and other staff (when necessary), representatives of the families and/or those responsible for the children and adolescents benefited by the program.

<sup>1</sup> Social Protection for Children, Adolescents and Families who are Affected by Sexual Violence, Abuse and Exploitation.



In addition to the face-to-face interviews, a considerable volume of information was acquired from secondary sources and was subsequently organized and analyzed, as for example: Implantation Plans/Projects with their diagnoses of areas of vulnerability and social risk; the descriptions of the CRAS functioning in the municipality and the presentation of human resources policies in place in the municipality; the Municipal Social Assistance Plan; the Yearly Plan for Social Assistance Actions; a plan for the monitoring and evaluation of social protection activities; the Municipal Budget Law - LOA; and the Annual Management Report. Publicity material from campaigns and material for awareness raising among the general public were also collected as well as other material.

Data collecting and subsequent analysis were based on a triangulation method that involved: (1) comparative studies (each municipality corresponding to a case); (2) face-to-face semi-structured validating interviews; (3) documental analysis (whether the data was gathered in the municipality or whether it was information on the program supplied by the MDS; (4) direct observation in the field.

### 3. The sample

14 municipalities were selected representing 4.5% of the 314 municipalities where the Sentinela Program had been implanted in 2005. The selection of municipalities was aimed at forming three types of cluster constructed on the basis of the following criteria:

- the year the Sentinela Program was implanted in the municipality;
- the degree of eligibility of the municipality for the Sentinela Program (high, medium, low);
- the population size of the municipality.

It was decided that to make up the sample, municipalities should be chosen where implantation took place in 2001 (initial stage) or 2003 (intermediate stage) so as to establish conditions for analyzing two different stages of development of the program thereby verifying the occurrence of any differences in program results that could be attributed to those stages.

The second step was to define a body of municipalities that had been implanted in 2001 and 2003 that occupied different positions in the Sentinela Program Index of Eligibility of Municipalities<sup>2</sup>. To choose that group a higher number was selected from among the municipalities with a high eligibility rating (8 municipalities, more than half the sample). Following that 2 municipalities with an average eligibility were selected and 2 with low eligibility. With the abovementioned criteria in mind, it was decided that in six municipalities the Sentinela Program should have been implanted in 2001 and in the other six, in 2003.

With the twelve municipalities defined, the next step was to establish a section taking into account size categories of municipalities' populations so that the sample should embrace different types of municipalities: metropolises, and large, medium and small-sized municipalities.

The next step was to identify, for inter-temporal comparison purposes, municipalities that were "twins" in regard to all the characteristics mentioned here except that of the year of program implantation. It was further decided that once the criteria for establishing a parallel between the "matched" municipalities had been met, those chosen would be on the basis of their higher eligibility indices within their respective size categories (large, medium and small). Establishing parallels between municipalities in the sample avoids introducing bias in the evaluation stemming from the heterogeneity observed among the municipalities.

Taking into account all those criteria the choice of municipalities where the program had been implanted in 2001 was made and then the "matching" strategy was used to define the "twin" municipalities where the program had been implanted in 2003.

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<sup>2</sup> This Index was created in the sphere of the Study for the Elaboration of the Sentinela Program Index of Municipal Eligibility also promoted by the SAGI/MDS, with the object of classifying Brazilian Municipalities, including those where the Sentinela Program was already implanted, in regard to their situations of risk and vulnerability to practices of ESCCA with a view to directing the allocation of program resources to those populations most exposed to such practices.

The procedures used to establish parallels between the municipalities were as follows:

- (1) the probability of the municipality's participating in the Sentinela Program were estimated based on the municipal IEMS, the population size category, and the geographical region in which it is located;
- (2) that probability was then used to identify one municipality with the program implanted in 2001 and the other with the program implanted in 2003;
- (3) based on this preliminary differentiation and using the probability to establish the matching of the municipalities, eight municipalities with high eligibility ratings were chosen, two with medium ratings and two with low eligibility, making up twelve municipalities in all;
- (4) the selection then made inside those levels was based on the size of the municipal population. Among the group of highly eligible municipalities, two metropolises were selected, two large municipalities, two medium ones and two small ones. Among the group of medium eligibility two small municipalities were chosen and two large ones from among the group with low eligibility.

Considering that the nineteen municipalities that had risk zero ratings could not be classified among the eligibility ratings (IEMS) a different criterion was used to choose the two municipalities from that specific group to make up the sample. The criterion used was the number of social programs there were in the municipality.

**Table 1 - Final list of the selection of the municipalities of the sample**

Degree of Eligibility	Implantation in 2001	Implantation in 2003	Degree of Eligibility	Population size category
High	Manaus (AM)	Fortaleza (CE)	10	Metropolis
	Ilhéus (BA)	Maceió (AL)	10	Large
	Corumbá (MS)	Formosa (GO)	10	Medium
	São Gonçalo (CE)	Guajará-mirim (RO)	10	Small
Medium	Nova Andradinha (MS)	Porto Nacional (TO)	6	Small
Low	Guarujá (SP)	Petrópolis (RJ)	4	Large
Degree of Eligibility	Implantation in 2003	Implantation in 2004	Degree of Eligibility	Population size category
ZERO RISK SENTINEL Municipalities		Santana (AP)		Medium
	Godoy Moreira			Small

Source: Quality Study of the Sentinela Program, DCP/NEPeM, UFMG and SAGI/MDS, 2005.

The sample of families/beneficiaries to be interviewed was non random and followed the indications made by coordinating bodies and municipal Sentinela Program managers. 42 semi-structured interviews were carried out with families being served by the program and information was collected in the institutions involved in confronting abuse and sexual exploitation of children in the municipal sphere. No interviews were held with families that had sought out the Reference Centers but had not been attended to whether because of the excessive demand or any other reason.

**BASIC SEQUENCE – Interview with MANAGERS**  
**(Heads of Secretariats and Sentinel Program Coordinators)**

**Module I: Implementation (Implantation and management)**

If you were asked to list in order the social problems faced by this municipality what would they be? And the Economic ones? And the political ones?

In your opinion, how big a problem is ESCCA (Sexual and Commercial Exploitation of Children and Adolescents) in this municipality? (If possible make a comparison with other municipalities)

What are the main factors causing ESCCA in the municipality?

How are these factors being combated?

In your opinion, how big a problem is sexual abuse in this municipality? (If possible make a comparison with other municipalities)

What are the main factors causing sexual abuse in this municipality?

How are these factors being combated?

What are the main areas of action of this Center/Service?

When was the Sentinel Program implanted in the municipality?

Who took the initiative of implanting the Program?

Do you know the reason why this municipality was chosen to participate in the Sentinel Program?

Could you please reconstitute the decision making process (the stages/moments and who effectively made the decisions) that led to the implantation of the Sentinel Program in this municipality..

Can you remember any difficulties or obstacles that had to be overcome? Which were the most important ones? How were they eventually overcome and by whom?

Once the implantation of the program had been decided on, who was mainly responsible (people and or bodies and entities) for implementing the Program?

Is there now, or has there been at any time, participation on the part of State authorities? If so which state bodies? What was the form of that participation?

And what about Federal bodies? Which ones? In what way?

Is there now, or has there been at any time, participation on the part of the Municipal Council and/or of any individual Councilor? In what way?

How were the municipal authority and its various secretariats involved in the process of implanting the Program in this municipality? And what form does their participation in running the program take? That is to say, what is the relationship between the implanted Center/Service and the Municipal Social Assistance Secretariat or equivalent body?

Could you please list all the public and private bodies and entities involved in running the Sentinel Program in this municipality? Give special attention to the performance of:

- *Council of Guardians, Childhood and Adolescence Council and the Social Assistance Council;*
- *Committee for combating sexual violence against children and adolescents;*
- *Institution offering protection and shelter;*
- *Institution offering social education and strengthening family bonds,*

## Basic Sequence – interview with managers

- *Nuclei offering psychological care, or for drug-use prevention, training and citizenship, community mobilization and qualification and others.*
- *Institutions part of the System for Guaranteeing Rights: Justice Branch, Public Prosecutor's office, Justice Secretariats, Citizenship Defense organizations, Public Security Secretariat and Police Forces.*

Could you state the responsibilities of each one of those bodies and entities? And could you say in what way they work together in the Sentinel program.

Is there any participation on the part of civil society in the implementation of the Sentinel program in this municipality? How would you evaluate that participation?

Has the municipal council accompanied the implementation of the Program in any way? If so, in what way?

Has the Council of Guardians accompanied the implementation of the Program in any way? If so, in what way? (ONLY IF NO PREVIOUS COMMENT HAS BEEN MADE)

Has the Childhood and Adolescence Council accompanied the implementation of the Program in any way? If so, in what way? (ONLY IF NO PREVIOUS COMMENT HAS BEEN MADE)

Has the Social Assistance Council accompanied the implementation of the Program in any way? If so, in what way? (ONLY IF NO PREVIOUS COMMENT HAS BEEN MADE)

Is there a Committee for combating sexual violence against children and adolescents in the municipality? Does it accompany the implementation of the Program in any way? If so, in what way? (ONLY IF NO PREVIOUS COMMENT HAS BEEN MADE)

In your opinion, do the various bodies and entities that participate in managing the Program act in a cooperative way or a competitive way? Why is that?

And how are relations between the public institutions and the private ones that participate in the implementation of the Program? Any suggestions for improvement?

Which body undertakes the coordination and supervision of the services being offered by this unit? What are the procedures involved in coordination?

Can you describe the decision making process within the Sentinel program itself? Who decides? By what procedures?

Could you identify a key agent (individual or institution) whose withdrawal from the program would make its continuation unfeasible? If so, whom or which? Why is that?

Who decides and how, in regard to resources (human and material) that become available to the Program?

How is the selection of agents (people to be contracted by the program) carried out?

Is any kind of training given to these agents? By whom? What kind of training?

What infrastructure is available in the municipality for developing and running the Program?

Do you think it is adequate or inadequate? For what reason?

Which bodies and entities are responsible for infrastructure?

And for maintenance of it?

In your opinion, are there any bottlenecks (obstacles, difficulties) that hinder the development of the program in the municipality? What are they?

Could you identify their origins or causes?

Do you have any suggestions for overcoming them?

## Basic Sequence – interview with managers

What working practices in this field do you consider to have been successful?

How would you evaluate the relations that exist among the Program's managers, agents and beneficiaries? Do you have any suggestions for improving them?

PATTERNS OF INTERACTION AMONG THE FEDERAL, STATE AND MUNICIPAL SPHERES OF GOVERNANCE

INDICATORS OF INTERSECTORALITY IN THE MUNICIPAL, STATE AND FEDERAL SPHERES.

### **Module II: Effects/Results/Accompaniment**

Could you tell us how the social situation in this municipality has been evolving in recent years?

In your opinion has there been any improvement/worsening of the situation of social indicators here in the municipality?

What are the factors that have contributed towards that, in your opinion?

In comparison with neighboring municipalities would you say that the position of in this municipality has remained the same, improved or worsened in regard to social issues? For what reason?

Could you tell us what has motivated families to seek for the services of the center (in order of occurrence)?

How many families, children/adolescents are handled by this Center/Service? Is the work approach directed at families or concentrated on the child/adolescent victim?

In your opinion, is the ESCCA problem in this municipality becoming more serious or is it doing the opposite, cooling off and receding? Why is that so?

In your opinion, what are the factors that produce the greatest impacts on the ESCCA problem in this municipality? Why is that?

Since the Sentinel Program has been implanted, in your appraisal, what were its impacts on the social problem of ESCCA? Do you have any data you could make available to us in regard to the matter?

In your opinion, is the problem of sexual abuse in this municipality becoming more serious or is it doing the opposite, cooling off and receding? Why is that so?

In your opinion, what are the factors that produce the greatest impacts on the problem of sexual abuse in this municipality? Why is that?

Since the Sentinel Program has been implanted in this municipality, in your view, what have been its impacts on the problem of sexual abuse? Do you have any data you could make available to us in regard to the matter?

Has the Sentinel Program produced any other effects that have a direct impact on the problem of ESCCA and sexual abuse? What are they? Why has that been so?

In this municipality Is there any form of monitoring or inspection of Sentinel program implementation? What form? Who carries it out? What are the indicators used for monitoring?

Do you have any other suggestion that might contribute towards the improvement of the Sentinel Program in this municipality? What is it?

In your opinion, is there any further strategy that could be added to the Program to improve the service supplied to beneficiaries?

### INTERVIEW WITH TECHNICAL STAFF (social assistant, psychologist, sociologist and lawyer) AND CENTER/SERVICE EMPLOYEE/ATTENDANT

#### **Module I – GENERAL**

Ask the interviewee to speak freely about the insertion of the Sentinel Program in the municipality's projects, programs and actions.

In your opinion, what is the role of the Sentinel Program in this municipality? Is it clearly defined? Why?

In your opinion, what measures need to be taken to improve the integration of actions for combating sexual exploitation in this municipality?

Do you think that such measures are in fact being taken? Why is that so?

In your opinion, what measures need to be taken to improve the integration of actions for combating sexual abuse in this municipality?

Do you think that such measures are in fact being taken? Why is that so?

Also ask about any interaction among the various Councils: Guardians, Childhood and Adolescence, and Social Assistance; and about other public and private entities involved.

- *Council of Guardians, Childhood and Adolescence Council and the Social Assistance Council;*
- *Committee for combating sexual violence against children and adolescents;*
- *Institution offering protection and shelter;*
- *Institution offering social education and strengthening family bonds,*
- *Nuclei offering psychological care, or for drug-use prevention, training and citizenship, community mobilization and qualification and others.*
- *Institutions part of the System for Guaranteeing Rights: Justice Branch, Public prosecutor's office, Justice Secretariats, Citizenship Defense organizations, Public Security Secretariat and Police Forces.*

#### **Module II - FUNCTIONING OF THE SERVICE AND THE STRATEGY OF THE PROFESSIONAL CARE OFFER**

What are the Program's main functions? How would you evaluate your own professional performance within the Program?

What do you consider to be the most positive aspects of your professional performance? What are the main advantages and good practices you can identify in your professional performance? Why is that so?

Have you ever had an opportunity of talking to any other team member about this? Why?

What are your main difficulties? What are the main problems that you have detected in your professional performance? Why is that?

Did you have the opportunity to talk about it with a member of the staff? Why?

In your opinion, what should have done to improve your professional performance? Why?

What do you think should be done to improve the physical and material working conditions that affect your performance and responsibilities in this Center/Service? Why is that?

What do you think should be done to improve the human working conditions that affect your performance and responsibilities in this Center/Service? Why is that?

Have you ever had the opportunity of undergoing a capacity building course or training specially directed at the clientele of this service unit/Center? What institutions usually provide this kind of support or carry out capacity building?

In your opinion, who is the professional staff member of this Center that has been most benefited by such courses? Why is that?

## Interview with technical and center/service employee/attendant

In your opinion, are procedures for handling clients clearly defined in this Center? Why is that?

Do you have suggestions to improve them? Why?

Do you receive support from any other actor or institution, or discuss with them, development issues and the problems or facilities encountered in relation to working procedures that are being carried out?

Is there any interaction between the this Program/service and the *Social Assistance Reference Center*? (ONLY WHEN SUCH A CENTER EXISTS IN THE MUNICIPALITY)

In your opinion, are methods and techniques for meeting clients' needs clearly defined in this Center?

Do you usually discuss with the administrators of this institution or any other actor linked to the Sentinel Program, working methods, approach and care techniques, referral and work-related problems or successes?

Do you consider that it would be desirable to have specialized attention available for each specific kind of violence suffered by the child or adolescent? Why do you think so? How should it be?

Are the services in this Center focused on care for the families and/or the victims? Could you say whether that approach (to victims or to families) coincides with the directives and approach of the municipality's general policy on social assistance?

Outside the field of your professional performance, could you state what the main activities carried out by this Reference Center/Service are? Could you state the frequency with which they take place? Why is that?

Does this Reference Center offer emergency attention (is there a standby roster for weekends, holidays, vacations etc.)? Why?

Could you state whether the services carried out are concentrated more on cases of sexual abuse and sexual exploitation or if there are other types of service carried out by the Center? What other types?

If other types of service are provided why do you think this occurs?

In your opinion, should the Center really be attending to that other kind of demand? If the answer is yes, then why? If not then what should the procedure be?

Here in the Center do you usually work with active seeking to identify cases of sexual abuse and exploitation of children and adolescents (as for example preventive patrols, visits and denunciations etc.)? If not, why not?

(IF 'YES') What are the procedures used in active seeking? (Give details of any good practice on the part of the Center/Service or the municipality in that direction).

Do you think that the Sentinel Program should adopt two separate lines of action: 1) abuse and other forms of violence; 2) sexual exploitation? In your opinion, would separating the two lines of action contribute towards better results for the Program? Why?

In your opinion, and generally speaking, is there any interest on the part of the families in the activities carried out by the Reference Center/Service? If so, in which activities? Why is that so? If not, why not?

Could you tell me whether there are any cases that you refer to other services/bodies? In what situations? Why?

What measures should be taken, in your opinion, to facilitate the referral of beneficiaries to other services?

Could you say whether there are cases of evasion/desisting from the care being offered by the Program? If so, can you say what the motives would be? If not, could you say why not?

In the case of evasion/desisting on the part of the Program beneficiaries what steps are taken? Why?

**Module III - ACCOMPANIMENT**

How is the work of accompanying/monitoring the results of internal services rendered by the Center/Service?  
What is their frequency?

In your opinion, are these procedures for internal monitoring satisfactory? Why?

(IF THE INTERVIEWEE FAILS TO MENTION THE PSYCHO-SOCIAL BACKGROUND SHEET AND THE QUALI-QUANTITATIVE REPORT, ASK:)

Do you know what the psycho-social background sheet is? Can you say for what purpose and by whom they have been used?

What is your opinion about filling out the psycho-social background sheet? Do you usually help to fill it out? Why? Do you think it is necessary or useless? Why do you think so? Could you make any suggestions for improving it?

Do you know what the Quali-quantitative report is? Can you say for what purpose and by whom they have been used?

What is your opinion about filling out the Quali-quantitative report? Do you usually help to fill it out? Why? Do you think it is necessary or useless? Why do you think so? Could you make any suggestions for improving it?

Could you inform me on how the work of accompanying referrals made by this Center/Service is carried out? How often?

In your opinion, are those procedures for accompanying referrals satisfactory? Why? Would you make any suggestions for improving them?

Are there any other actions of monitoring/accompanying carried out by the Center which are also involved with the Sentinel Program? Which ones? Who carries them out? For what purposes?

Could you tell me what the criteria are for accompanying those activities that interact with the Sentinel Program?

Does the Center produce systematic reports on accompaniment and monitoring of Program beneficiaries? How often? Who is responsible for them? Why?

Do you hold meetings or have other strategies to accompany and supervise the cases attended to by the Program? How often? Who takes part in the meetings? Why?

Could you state specifically if there is any accompaniment of children/adolescents that are referred to shelters?

IF YES: By whom? How? How often? What do you think about that?

IF NOT: Why not? How should extreme cases be dealt with? How are they dealt with?

Could you state specifically if there is any legal accompaniment of the cases handled here?

IF YES: By whom? How? How often? What do you think about that?

IF NOT: Why not? How should cases where it is necessary be dealt with? How are they dealt with?



### **Module IV - RESULTS**

In your opinion, are there any bottlenecks (obstacles, difficulties) that hinder the development of the program in the municipality? What are they?

Could you identify their origins or causes?

Do you have any suggestions for overcoming them?

What working practices in this field do you consider to have been successful?

How would you evaluate the relations that exist among the Program's managers, agents and beneficiaries? Do you have any suggestions for improving them?

How do you evaluate the degree of success obtained by the Sentinel Program in your municipality? How completely has it achieved its objectives? Why? Do you have any suggestions that might improve the results? What are they?

## Sequence for interviewing mothers/families

### SEQUENCE FOR INTERVIEWING MOTHERS/Families

How were you directed here for attention? By whom? For what reason?

When you arrived here, who was the first person to receive you? And after that? (IF HE/SHE FAILS TO MENTION EVERYONE, ASK ABOUT THEM ONE BY ONE)

What is your opinion about the attention you received as soon as you arrived here? Why?

What is your opinion about the social assistance attention you received here? Why?

What is your opinion about the psychological support you have received here? Why? (ONLY IF THERE IS SUCH SERVICE)

What is your opinion about the legal attention you received here? Why? (ONLY IF THERE IS SUCH SERVICE)

In regard to the attention that was given to your son/daughter:

What is your opinion about the psychological support he/she has been receiving here? Why?

What is your opinion about the social support he/she has been receiving? Why?

What is your opinion about the legal support he/she has been receiving? Why? (ONLY IF THERE IS SUCH SERVICE)

How many times a month do you take part in the activities run by the Center/Service? Why?

Which activities do you take part in at the Reference Center? Why?

Apart from yourself, do other members of the family receive support from the Center? What support? Which family members? Why?

Have you or your children ever been referred to other working activities? How was that referral made? Did you manage to be attended to? Why?

Have you or your children ever been referred to health units/hospitals? How was that referral made? Did you manage to be attended to? Why?

Have you or your children ever been referred to a police station? How was that referral made? Did you manage to be attended to? Why?

Have you or your children ever been referred to a Social Assistance Reference Center of the Program for Integral Care for the Family? How was that referral made? Did you manage to be attended to? Why?

Have your children ever been referred to a school? Did that help in any way? What was the result in your view? Why?

Who accompanies the progress of your child in school?

Do you usually inform professional staff at the center about how the school life of your child who is being supported by this Center/service is progressing? Whom? Why? How often?

Do staff from the Center usually visit your home. Who does that? How often is it done?

Could you tell me what the reasons for such visits are? How many times a month do they take place What do you think about the visits?

Do you have any suggestions for improving the care you receive at the Center? What are they? Why?

In your opinion, have the activities carried out at the Center changed your life in any way? How? Why?

And the life of your child receiving care here? How? Why?

And the life of your family? How? Why?

In your opinion, has the behavior of your child altered since he/she began to receive attention here? Why?

Do you feel that you have learned to handle the situation your child lives in better since you started to participate in the activities of the Center/Service? How, or in what sense? Why?

In your opinion, has your life improved or worsened since you came into contact with the Center/Service? Why?

## Sequence for interviewing mothers/families

In your opinion, has your child's life improved or worsened since he/she came into contact with the Center/Service? Why?

Could you state what you think has been best for your life, that which helps you the most among the actions carried out by the Center? Why is that?

Do you have any suggestions about other actions that could be perfected in order to make care even better? Why?

Is there any other aspect of the attention you have received at the center/service that we have not discussed but that you feel are important to mention? What are they? Why?

# RESEARCH

## Evaluation of the Implementation of the Continuous Cash Benefit Program - BPC and its Results for Beneficiaries

**Executive Institution:** Policy Evaluation Nucleus / School of Social Service of Fluminense Federal University (UFF) through Euclides da Cunha Foundation (FEC).

**Coordinating Body:** Lenaura de Vasconcelos Costa Lobato (coordinator), João Bosco Hora Góis, Mauricio Teixeira Leite de Vasconcellos, Mônica de Castro Maia Senna and Míriam Fátima Reis.

**Period of Execution:** September/2004 to May/2006.

### 1. Objectives

- to analyze the administrative processes of the BPC with a focus on concepts held of the benefit and the processes for obtaining and conceding it, with as much attention being given to bottlenecks and conflicts as to innovations;
- to analyze the direct and indirect effects of the benefit on the benefited population taking into account aspects ranging from the access of the latter to use of the benefit, to questions of satisfaction and prospects for the future.

### 2. Methodology

In order to achieve the research objectives, two inter-related priority spheres for the analysis were defined: the management sphere and the sphere of results.

The management sphere deals with the perceptions held of the benefit and of the process of implementing it including such aspects as: the stages and flow of the processes for requesting and conceding the benefit; characteristics of the decision making process; the relations among the different bodies involved in administering it and the different spheres of government; organizational capacity building and learning; transparency of decisions; the management staff's concepts of poverty, the poor in general and the beneficiaries; the mechanisms of relations with the beneficiaries; the level of involvement/commitment to the goals of the benefit program; and management strategies for incorporating new directives determined by the Unified Social Assistance System (SUAS).

To that end, management staff were interviewed from the main bodies responsible for the Program:

- The Ministry of Social Development and the Fight against Hunger (MDS) – Benefits Department of the National Secretariat for Social Assistance;

- The National Social Security Institute (INSS) - National Benefits Managing Body (DIRBEN), Executive Management Bodies and Agencies;
- Municipal social assistance secretariats and councils.

In each INSS agency the following staff members were selected to be interviewed: the person responsible for the agency, a person dealing directly with beneficiaries, and a doctor from the agency's medical board as well as the person responsible for the Executive Management body to which the agency is subordinated.

To accompany the actions and their specificities within the municipalities, interviews were held with members of the municipal social assistance councils and the Collegiate of Local Government Social Assistance Administrators (CONGEMAS). In the sphere of social control, representatives of the National Social Assistance Council (CNAS) and the National Council for Disability Rights (CONADE) were also included.

The sphere of results concerns the direct and indirect effects of the benefit on the beneficiaries including aspects such as: coverage; access to the benefit; use made of the benefit in daily expenditure; eligibility criteria and mechanisms; degree of perception of the benefit as being associated to a right; level of satisfaction; effects of the benefit on sociability and living conditions; self-esteem and expectations for the future and on the sense of security in regard to the benefit's continuity.

The beneficiaries interviewed were selected from among the elderly and disabled (classified as People with Physical Disabilities - PCDF and People with Mental Disabilities - PCDM) in the municipalities and in the INSS agencies where they were registered and with the proviso of their having received the benefit for at least three years and undergone obligatory review of their status at least once. That criterion was adopted not only because a reasonable period of receiving the benefit was necessary in order to be able to effectively evaluate its effects, but also in the case of the review, it meant greater facility in locating the beneficiaries. Beneficiaries who had had their benefit concession denied were also investigated for the purpose of identifying the possible effects of the denial and of not receiving the benefit. These last beneficiaries were selected from among those who had had their request denied for having a per capita family income of over  $\frac{1}{4}$  of the official minimum salary amount (eligibility criterion for admission to the program) but under  $\frac{1}{2}$  of the official minimum salary. These criteria in regard to income are justified because they distinguish the case of the greater part of denied benefit requests and the ceiling of  $\frac{1}{2}$  a minimum salary is still a very low income level and those in this range requesting benefit face very precarious living conditions.

### 3. The sample

The Southeast Region was chosen as the field for research and analysis because of the higher absolute number of program beneficiaries to be found there, the more highly developed management structure, and the concentration of many of the problems and expectations in regard to the effects of the benefits on the beneficiaries.

Before undertaking the sampling process it was necessary to prepare a Registry with data made available by Dataprev showing the registrations of BPC beneficiaries receiving benefits for more than 3 years and that were active on June 20, 2005. The process for screening<sup>1</sup> the registrations which initially were made up of 390,190 registrations of active beneficiaries and 112,026 registrations of beneficiaries who had their benefit requests denied because of income parameters and were associated with 440 Social Security Agencies in 342 municipalities, led to a list of 92,092 beneficiaries (19,662 PCDM, 22,291 PCDF and 50,139 elderly people) and 41,781 users associated to 398 Social Security Agencies in 341 municipalities.

Taking into account the registration described above and the pre-determined sample size of 100 Social Security Agencies in 60 municipalities, the sample design can be divided into two stages.

<sup>1</sup> Stages for screening the registrations: exclusion of registers of beneficiaries who received the benefit in a municipality that is not from the Southeastern Region, of beneficiaries associates to the APS with a not identified code, of beneficiary with disability which was not possible the identification of CID code for the differentiation between mental and physical disability and of beneficiaries who had not passed for at least one revision in the last 3 years.

In the first stage, in order to select the 100 Social Security Agencies to be visited in the sixty municipalities, a stratified sample design was chosen wherein the strata were defined as follows:

- (1) one stratum for each municipality firmly included in the sample whether because of having a proportional size greater than one, or for having one or more Social Security Agencies or whether it was chosen for some non-typical characteristic in regard to the number of beneficiaries;
- (2) one stratum made up of all the remaining municipalities in the Southeast having only one Agency.

The result of that process was a set of 16 strata of which 15 consisted of a single municipality with one or more Social Security Agency (APS) and the 16th stratum being made up of 326 municipalities each with only one APS. The sample was then formed by all the 15 municipalities each of which on its own corresponded to a stratum, and in addition, 45 municipalities selected from the 16th stratum.

Bearing in mind that the result of this first stage of the sampling also requires the selection of certain number of informants for the survey process, it is worthwhile pointing out that: to select the heads of agencies and of the Executive Managing bodies to which their agencies were subordinated, all that was needed was to identify the corresponding APS in the sample, because those posts are occupied by a single person in each institution; to select doctors from the medical inspection boards and administrative technical staff, the technique used was to make a list of them for each APS and based on a pre-determined sequence, select one from each APS, to be interviewed; in the case of the members of municipal social assistance councils and secretariats, the person chiefly responsible for each one was selected or another person that he or she designated.


In the second stage of the sampling process with the 60 municipalities and 100 APSs already selected, those beneficiaries or persons who had their request for benefits denied and whose names appeared in the screened registration lists were selected with equal probability of selection within a given APS, using random selection for each category of informant. The result of this process was a list that was handed over to the field team for it to try and interview each type of beneficiary (PCDM, PCDF and elderly persons) and non receiving user, respecting the order of names on the list it received.

The planned sample size and the numbers of interviews effectively carried out can be seen in the table below.

**Table 1 - Population size (register after screening) and predicted and actual sample sizes**

Informants	N	Sample size		
		Interviews foreseen	Interviews effectively done	
			Absolute N°	% of those foreseen
Beneficiaries	92,092	300	294	98.0
Person with mental disability (PCDM)	19,662	100	107	107.0
Person with physical disability (PCDF)	22,291	100	83	83.0
Elderly people	50,139	100	104	104.0
Users denied care for income criteria	41,781	100	97	97.0
Heads of Agencies (APS)	398	100	100	100.0
Doctors of Medical Boards	n.d	100	99	99.0
Administrative technical staff	n.d	100	94	94.0
Administrators of Executive Managing Bodies	49	49	30	61.2
Members municipal councils	60	60	60	100.0
Members of municipal secretariats	60	60	60	100.0
TOTAL	-	1,169	1,128	96.5

## Questionnaire for beneficiaries

 <b>Universidade Federal Fluminense</b>	<b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b>
	<b>Questionnaire for Beneficiaries</b>

### I. IDENTIFICATION OF THE QUESTIONNAIRE:

1.1. Type of questionnaire: | 1 |

1.2. Agency: |\_|\_|\_|\_|

1.3. Stratum: |\_|

1.4. Questionnaire number: |\_|

1.5. Benefit number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

1.6. State/DF and municipality: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

1.7. Date of interview: |\_|\_|\_|\_|/|\_|\_|\_|\_|/|\_|\_|\_|\_|\_|

1.8. Code of interviewer: |\_|\_|\_|\_|

### II. IDENTIFICATION OF THE INTERVIEWEE:

2.1. Name of the interviewee:

\_\_\_\_\_

2.2. Situation of the interviewee:

- |   |                          |                                     |             |                 |
|---|--------------------------|-------------------------------------|-------------|-----------------|
| 1 | <input type="checkbox"/> | The beneficiary in person           |             |                 |
| 2 | <input type="checkbox"/> | Tutor from birth (father or mother) |             |                 |
| 3 | <input type="checkbox"/> | Tutor                               | ___RELATIVE | ___NON RELATIVE |
| 4 | <input type="checkbox"/> | Guardian                            | ___RELATIVE | ___NON RELATIVE |
| 5 | <input type="checkbox"/> | Employee of an institution          |             |                 |
| 6 | <input type="checkbox"/> | Others. Specify: _____              | ___RELATIVE | ___NON RELATIVE |

2.3. Address:

\_\_\_\_\_

\_\_\_\_\_

2.4. Type of benefit requested:

- |   |                          |                            |  |   |                          |                          |
|---|--------------------------|----------------------------|--|---|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | Elderly (go to 3.1)        |  | 3 | <input type="checkbox"/> | Mentally disabled person |
| 2 | <input type="checkbox"/> | Physically disabled person |  | 4 | <input type="checkbox"/> | Doesn't know             |

**(ONLY FOR DISABLED PERSONS)**

2.5. Pathology: \_\_\_\_\_ |\_| Doesn't know

2.6. Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_ |\_| Doesn't know

## Questionnaire for beneficiaries

### III. CHARACTERISTICS OF THE DWELLING:

#### 3.1. Situation of the dwelling:

- 1  Urban
- 2  Rural

#### 3.2. Living Situation:

- 1  Household
- 2  Institution (go to 5.1)

#### 3.3. Situation of occupation of dwelling:

- 1  Own property
- 2  Rented
- 3  Squatted
- 4  Loaned
- 5  Others

#### 3.4. Type of building:

- 1  Brickwork
- 2  Adobe
- 3  Wood
- 4  Others



## Questionnaire for beneficiaries

### IV. CHARACTERISTICS OF THE RESIDENTS (DO NOT FILL IN IF BENEFICIARY LIVES IN INSTITUTION):

4.1 LIST n°	4.2 NAME	4.3 RELATION TO PERSON RESPONSIBLE FOR HOUSEHOLD	4.4 SEX	4.5 AGE	4.6 WORK	4.7 INCOME	4.8 BENE- FICI- ARY
1		_____		_____		_____	
2		_____		_____		_____	
3		_____		_____		_____	
4		_____		_____		_____	
5		_____		_____		_____	
6		_____		_____		_____	
7		_____		_____		_____	
8		_____		_____		_____	
9		_____		_____		_____	
10		_____		_____		_____	
11		_____		_____		_____	
12		_____		_____		_____	
		1 Responsible 2 Spouse 3 Son/daughter stepson/step daughter 4 Father/mother 5 Grandchild/ great grandchild 6 Grandparent/ great grandparent 7 Father/mother -in-law 8 Son/daughter -in-law 9 Brother/sister -in-law 10 Uncle/aunt 11 Brother/sister 12 Other relative 13 Domestic servant 14 Pensioner 15 Other person	1 Male 2 Female		1 Yes 2 Retired 3 No, but has income or benefit 4 No	1 Yes 2 No	

### V. CHARACTERISTICS OF THE BENEFICIARY:

**5.1. Name of the beneficiary:**

\_\_\_\_\_

**5.2. Age of beneficiary:** \_\_\_\_\_ years old

**5.3: Sex of beneficiary:**

1  Male

2  Female

## Questionnaire for beneficiaries

### 5.4. Race/Color:

- 1  White
- 2  Black
- 3  Brown
- 4  Oriental
- 5  Indigenous

### 5.5. Marital Status:

- 1  Married
- 2  Single
- 3  Separated, divorced or legally separated
- 4  Widowed

### 5.6. Schooling:

- 1  No schooling or less than 1 year
- 2  1 to 3 years
- 3  4 to 7 years
- 4  8 to 10 years
- 5  11 years or more
- 6  Not defined

### 5.7. Do you or did you do any kind of work?

- 1  No, never (go to 5.9)
- 2  Working presently
- 3  Worked previously but not any more

### 5.8. What type of occupation do you or did you have?

- 1  Self-employed at home
- 2  Self-employed in the street
- 3  Employed
- 4  Employer
- 5  Domestic servant
- 6  Coop member
- 7  Work in production for own consumption
- 8  Unremunerated work helping other family member
- 9  Not known

### 5.9. How long has the beneficiary been receiving the BPC?

- 1  Less than 1 year
- 2  1 to 2 years
- 3  3 to 5 years
- 4  6 to 8 years
- 5  Over 8 years
- 6  Doesn't know/ Can't remember

## Questionnaire for beneficiaries

### 5.10. Does the beneficiary have an appointee with power of attorney, a guardian or a tutor?

- 1  Yes                      1  Attorney                      2  Guardian                      3  Tutor  
2  No (go to 5.12)

### 5.11. Who is it?

- 1  Relative  
2  Neighbor  
3  Representative of the Community Association  
4  Representative of the Institution  
5  Other. Specify: \_\_\_\_\_

### 5.12. Does the beneficiary receive other benefits?

- 1  Yes  
2  No (go to 5.14)

### 5.13. Which benefits?

\_\_\_\_\_

### 5.14. Has the beneficiary ever been a contributor to the INSS?

- 1  Yes  
2  No (go to 6.1)  
3  Doesn't know (go to 6.1)

### 5.15. For how long did the beneficiary contribute?

- 1  Less than 1 year  
2  from 1 to 5 years  
3  from 5 to 10 years  
4  from 10 to 20 years  
5  More than 20 years  
6  Doesn't know/ Can't remember

## VI. ACCESS TO THE BENEFIT:

### 6.1. How did the beneficiary (or the person who first solicited the benefit in his/her name) get to know about the BPC? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Family members  
2  Neighbors  
3  Friends  
4  An INSS agency  
5  Other public service bodies. Specify: \_\_\_\_\_  
6  Lawyer/attorney  
7  Councilor/deputy

## Questionnaire for beneficiaries

- 8  Newspapers and mass media
- 9  Community Associations
- 10  Rights Council
- 11  Policies Council
- 12  Others. Specify: \_\_\_\_\_
- 13  Doesn't know/ Can't remember

**6.2. Who helped the beneficiary (or the person who made the first requisition for a benefit in his or her name) to fill in the form to initiate the process requesting the benefit? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Family members
- 2  Neighbors
- 3  Lawyer/attorney
- 4  Tutor
- 5  Friends
- 6  Employee of the INSS agency
- 7  Employee of other public service. Specify: \_\_\_\_\_
- 8  Councilor/deputy
- 9  Community Associations
- 10  Rights Council
- 11  Policies Council
- 12  Others. Specify: \_\_\_\_\_
- 13  Nobody helped
- 14  Doesn't know/ Can't remember

**6.3. Who helped the beneficiary (or the person who made the first requisition for a benefit in his or her name) to accompany the progress of the process? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Family members
- 2  Neighbors
- 3  Lawyer/attorney
- 4  Tutor
- 5  Friends
- 6  Employee of the INSS agency
- 7  Employee of other public service. Specify: \_\_\_\_\_
- 8  Councilor/deputy
- 9  Community associations
- 10  Rights council
- 11  Policies council
- 12  Others. Specify: \_\_\_\_\_
- 13  Nobody helped
- 14  Doesn't know/ Can't remember

## Questionnaire for beneficiaries

### 6.4. Was there any problem for the beneficiary to start receiving the BPC?

- 1  Yes  
2  No (go to 6.7)

### 6.5. What problem?

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### 6.6. Who helped the beneficiary (or the person who represented him/her) to solve the problem? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Family members  
2  Neighbors  
3  Lawyer/attorney  
4  Tutor  
5  Friends  
6  Employee of the INSS agency  
7  Employee of other public service. Specify: \_\_\_\_\_  
8  Councilor/deputy  
9  Community associations  
10  Rights council  
11  Policies council  
12  Others. Specify: \_\_\_\_\_  
13  Nobody helped  
14  Doesn't know/ Can't remember

### 6.7. What difficulties did the beneficiary (or his/her representative) have in handling in the formal request for the BPC?

- 1  He/she did not have sufficient information  
2  He/she did not know how to fill in the form  
3  He/she did not know how to get to the agency  
4  He/she did not know how to request the benefit  
5  Long delay in scheduling the medical board examination  
6  Other. Specify: \_\_\_\_\_  
7  There were no difficulties  
8  Doesn't know/ Can't remember

### 6.8. How long did it take from the time the request for the BPC was handed in to the moment when a positive answer was received?

- 1  Less than 1 month  
2  1 to 2 months  
3  2 to 3 months  
4  4 to 6 months  
5  6 months to 1 year  
6  More than 1 year  
7  Doesn't know

## Questionnaire for beneficiaries

### 6.9. In your opinion the attention you received from the INSS agency was:

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad
- 5  No answer/ Can't say

### 6.10. The beneficiary (or his/her representative) considers that the BPC is (MARK ONE OPTION ONLY):

- 1  A right of the elderly and the disabled
- 2  Help from the public authorities
- 3  Other. Specify: \_\_\_\_\_

## VII. USE MADE OF THE RESOURCE:

### 7.1. Who actually receives the BPC? (MARK ONE OPTION ONLY)

- 1  The beneficiary himself/herself
- 2  Natural tutor (father or mother)
- 3  Appointee with power of attorney
- 4  Guardian
- 5  Institution
- 6  Other. Specify: \_\_\_\_\_

### 7.2. Who decides how the BPC will be spent? (MARK ONE OPTION ONLY)

- 1  The beneficiary himself/herself
- 2  Natural tutor (father or mother)
- 3  Appointee with power of attorney
- 4  Guardian
- 5  Institution
- 6  Other. Specify: \_\_\_\_\_

### 7.3. The amount received through the BPC is partly used for: (MARK UP TO 3 OPTIONS)

- 1  Health expenses
- 2  Food
- 3  Living space
- 4  Transport
- 5  Clothing
- 6  Others. Specify: \_\_\_\_\_

## Questionnaire for beneficiaries

### 7.4. In your opinion the BPC is spent:

- 1  In an adequate manner
- 2  In an inadequate manner
- 3  Doesn't know how the beneficiary spends it

### 7.5. Since receiving the BPC, what changes have come about in the life of the beneficiary? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Quality of life and self-esteem have improved
- 2  Acquired goods
- 3  Living conditions have improved
- 4  Made access to health services and others possible
- 5  Made it possible to purchase medicines
- 6  Made the upkeep of other members of the family nucleus and relatives possible
- 7  Made it possible to take part in social activities
- 8  Made it possible to take part in associations and community councils
- 9  Others. Specify: \_\_\_\_\_

## VIII. SOCIAL CONTROL:

### 8.1. Has the beneficiary (or his/her representative) ever had a complaint to make in regard to the BPC?

- 1  Yes
- 2  No (go to 8.6)

### 8.2. What kind of complaint? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Payment delayed
- 2  Payment suspended
- 3  Wrong payment amount
- 4  Bad service
- 5  Other. Specify: \_\_\_\_\_

### 8.3. Whom did the beneficiary (or his/her representative) go to make the complaint? (MARK ALL ALTERNATIVES MENTIONED)

- 1  INSS management
- 2  Special Federal Welfare Court
- 3  INSS appeals board
- 4  Local politician
- 5  Community association
- 6  Council of rights/policy
- 7  Municipal Social Assistance Secretariat (or equivalent)
- 8  INSS ombudsman

## Questionnaire for beneficiaries

- 9  Others. Specify: \_\_\_\_\_
- 10  Did not complain (go to 8.6)
- 11  Doesn't know/ Can't remember (go to 8.6)

### 8.4. In your view, were your complaints dealt with?

- 1  Completely
- 2  Partly
- 3  Not dealt with

### 8.5. What is your appraisal of the service given when you made the complaint?

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad
- 5  Doesn't know

### 8.6. Do you know about the Municipal Social Assistance Council?

- 1  Yes
- 2  No (go to 8.8)

### 8.7. In your opinion the degree of participation of the Municipal Social Assistance Council in solving the problems with the BPC is:

- 1  High
- 2  Medium
- 3  Low
- 4  None at all
- 5  Doesn't know

### 8.8. (ONLY FOR THE ELDERLY OR WHOEVER IS ANSWERING FOR THEM) Do you know about the Municipal Elderly People's Council?

- 1  Yes
- 2  No (go to 9.1)

### 8.9. (ONLY FOR THE ELDERLY OR WHOEVER IS ANSWERING FOR THEM) In your opinion the degree of participation of the Municipal Elderly People's Council in solving the problems with the BPC is:

- 1  High
- 2  Medium
- 3  Low
- 4  None at all
- 5  Doesn't know



## Questionnaire for beneficiaries

**8.10. (ONLY FOR DISABLED PERSONS OR WHOEVER IS ANSWERING FOR THEM) Do you know about the Municipal Disabled Persons Council?**

- 1  Yes  
2  No (go to 9.1)

**8.11. (ONLY FOR DISABLED PERSONS OR WHOEVER IS ANSWERING FOR THEM) In your opinion the degree of participation of the Municipal Disabled Persons Council in solving the problems with the BPC is:**

- 1  High  
2  Medium  
3  Low  
4  None at all  
5  Doesn't know

### IX. SOCIAL CAPITAL:

**(THE QUESTIONS IN THIS BLOCK SHOULD BE ANSWERED BY THE BENEFICIARY IN PERSON OR BY THE FATHER OR MOTHER WHEN THE PERSON IS A MINOR)**

**9.1. Do you participate or have you ever participated in any form of community association?**

- 1  Yes  
2  No (go to 9.6)

**9.2. What kind? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Religious associations  
2  Residents associations  
3  Social centers  
4  Elderly people's groups  
5  Disabled persons' groups  
6  Sports associations  
7  Others. Specify: \_\_\_\_\_

**9.3. How long have you participated (or did you participate) in such associations?**

- 1  6 months  
2  From 6 months to 1 year  
3  From 1 year to 2 years  
4  More than 2 years  
5  Doesn't know

**9.4. How often do you (or did you) participate in those associations?**

- 1  Always  
2  Almost always  
3  Sometimes  
4  Seldom  
5  Never  
6  Doesn't know

## Questionnaire for beneficiaries

**9.5. In your opinion, do those associations represent the interests of their members?**

- 1  Yes, entirely
- 2  Yes, partly
- 3  No
- 4  Doesn't know

**9.6. In your opinion, receiving the BPC has:**

- 1  Contributed towards a greater participation in the associations
- 2  Not altered participation in the associations
- 3  Made participation in the associations more difficult
- 4  Doesn't know

**9.7. Are you, or have you ever been affiliated to a trade union or a political party?**

- 1  Yes
- 2  No (go to 9.11)

**9.8. How long have you participated (or did you participate) in those trade unions or political parties?**

- 1  6 months
- 2  From 6 months to 1 year
- 3  From 1 year to 2 years
- 4  More than 2 years
- 5  Doesn't know

**9.9. How often do you (or did you) participate in those trade unions or political parties?**

- 1  Always
- 2  Almost always
- 3  Sometimes
- 4  Seldom
- 5  Never
- 6  Doesn't know

**9.10. In your opinion, do those trade unions or political parties represent the interests of their members?**

- 1  Yes, entirely
- 2  Yes, partly
- 3  No
- 4  Doesn't know

**9.11. In your opinion, receiving the BPC has:**

- 1  Contributed towards a greater participation in the associations
- 2  Not altered participation in the associations
- 3  Made participation in the associations more difficult
- 4  Doesn't know

## Questionnaire for beneficiaries

**9.12. In your opinion, has receiving the BPC changed the respect that people in general have for the beneficiary?**

- 1  Yes, nowadays people respect me more
- 2  No, I feel that I receive the same kind of treatment that I received before
- 3  No, I don't think people respect me
- 4  No, most people don't know that I receive the benefit
- 5  Doesn't know

**9.13. Since receiving the BPC has it become easier to make day to day decisions?**

- 1  Yes
- 2  No
- 3  Doesn't know

### X. MANAGEMENT (MONITORING AND EVALUATION):

**10.1. Do you know of any mechanism for evaluating and accompanying the BPC?**

- 1  Yes
- 2  No (go to 11.1)
- 3  Doesn't know (go to 11.1)

**10.2. Do you participate in the process of evaluating the BPC?**

- 1  Yes
- 2  No
- 3  Doesn't know

**10.3. Do receive any information in regard to the evaluation of the BPC?**

- 1  Yes
- 2  No
- 3  Doesn't know

### XI. SOCIAL PROTECTION:

**11.1. In the place where you live are there any community help associations?**

- 1  Yes
- 2  No (go to 11.8)
- 3  Doesn't know (go to 11.8)

**11.2. What kind? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Religious groups
- 2  Mothers groups
- 3  Social centers
- 4  Elderly people's groups
- 5  Disabled persons' groups
- 6  Residents associations

## Questionnaire for beneficiaries

- 7  Other NGOs  
8  Nuclei of political parties  
9  Others. Specify: \_\_\_\_\_  
10  Doesn't know

### 11.3. Do you attend or interact with any of those groups?

- 1  Yes  
2  No (go to 11.8)

### 11.4. Which ones? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Religious groups  
2  Mothers groups  
3  Social centers  
4  Elderly people's groups  
5  Disabled persons' groups  
6  Residents associations  
7  Other NGOs  
8  Nuclei of political parties  
9  Others. Specify: \_\_\_\_\_

### 11.5. Do you receive any kind of help from those associations?

- 1  Yes  
2  No (go to 11.8)

### 11.6. What kind of help?

- 1  Help in the form of money  
2  Help in the form of food  
3  Help in the form of psychological support  
4  Help in the form of spiritual support  
5  Participating in educational and recreational activities  
6  Others. Specify: \_\_\_\_\_

### 11.7. In your opinion that help is:

- 1  Excellent  
2  Good  
3  Regular  
4  Bad  
5  Doesn't know

### 11.8. Which public services does the beneficiary make use of in the community?

- 1  Schools  
2  Health units  
3  Social centers  
4  Crèches

## Questionnaire for beneficiaries

5  Other assistance services. Specify: \_\_\_\_\_

6  None (go to 11.11)

**11.9. In your opinion the degree of difficulty encountered by the beneficiary in being attended to by those institutions is:**

	High	Medium	Low	None	Don't know
1 Schools	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 Health units	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 Social centers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 Crèches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5 Other assistance services.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Specify: \_\_\_\_\_

**11.10. What is your opinion of the quality of services provided?**

	Excellent	Good	Regular	Bad	Don't know
1 Schools	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 Health units	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 Social centers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 Crèches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5 Other assistance services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**11.11. In the public services in your community is there any form of support for:**

- 1 The elderly                      1  Yes    2  No (go to 11.15)                      3  Don't know (go to 11.15)
- 2 Disabled persons                1  Yes    2  No (go to 11.15)                      3  Don't know (go to 11.15)

**11.12. The support available is for: (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Rehabilitation
- 2  Socio-legal orientation
- 3  Medical assistance
- 4  Recreational activities
- 5  Capacity building workshops directed at creating employment and income
- 6  Others. Specify: \_\_\_\_\_
- 7  Doesn't know/ No answer

**11.13. Does the beneficiary use or has he/she ever used such services?**

- 1  Yes
- 2  No (go to 11.15)

**11.14. In your opinion the service is:**

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad

## Questionnaire for beneficiaries

### IN QUESTIONS 11.15 TO 11.22 THE SUPPORT IS FOR LOOKING AFTER THE BENEFICIARY

**11.15. Can you depend on any kind of support from members of the family?**

- 1  Yes  
2  No (go to 11.20)

**11.16. Which members of the family offer support? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Parents  
2  Brothers/sister  
3  Grandparents  
4  Uncles/aunts  
5  Cousins  
6  Brothers/sisters-in-law  
7  Nephews/nieces  
8  Other family members. Specify: \_\_\_\_\_

**11.17. What kind of support is given by members of your family? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Financial  
2  Cleanliness and personal hygiene  
3  Household chores  
4  Locomotion for health treatment  
5  Solving problems in administering the daily round (e.g., going to the supermarket, to the bank, etc.)  
6  Company  
7  Others. Specify: \_\_\_\_\_

**11.18. Since you started receiving the BPC have you noticed any changes in the support received?**

- 1  Yes  
2  No (go to 11.20)  
3  Doesn't know (go to 11.20)

**11.19. What changes have been noticed?**

- 1  Family stopped offering support as they considered the BPC was sufficient to cover the beneficiary's needs.  
2  New family members appeared attracted by the increased income represented by the BPC  
3  Others. Specify: \_\_\_\_\_

**11.20. Can you depend on any kind of support from the neighbors?**

- 1  Yes  
2  No (go to 11.24)

## Questionnaire for beneficiaries

### 11.21. What kind of support has been received? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Financial
- 2  Cleanliness and personal hygiene
- 3  Household chores
- 4  Locomotion for health treatment
- 5  Solving problems in administering the daily round (e.g., going to the supermarket, to the bank, etc.)
- 6  Company
- 7  Others. Specify: \_\_\_\_\_
- 8  Not applicable

### 11.22. Since you started receiving the BPC have you noticed any changes in the support received from neighbors?

- 1  Yes
- 2  No (go to 11.24)
- 3  Doesn't know (go to 11.24)

### 11.23. What changes have been noticed?

- 1  Neighbors Family stopped offering support as they considered the BPC was sufficient to cover the beneficiary's needs
- 2  New persons joined in attracted by the increased income represented by the BPC
- 3  Others. Specify: \_\_\_\_\_

### 11.24. How many meals a day do the people in your household usually have?

- |   |                                 |      |                          |       |      |                          |              |      |                          |                |
|---|---------------------------------|------|--------------------------|-------|------|--------------------------|--------------|------|--------------------------|----------------|
| 1 | Children from 0 to 2 years old  | 1.1. | <input type="checkbox"/> | meals | 1.2. | <input type="checkbox"/> | Doesn't know | 1.3. | <input type="checkbox"/> | Not applicable |
| 2 | Children from 3 to 11 years old | 1.1. | <input type="checkbox"/> | meals | 1.2. | <input type="checkbox"/> | Doesn't know | 1.3. | <input type="checkbox"/> | Not applicable |
| 3 | People over 11 years old        | 1.1. | <input type="checkbox"/> | meals | 1.2. | <input type="checkbox"/> | Doesn't know |      |                          |                |

### 11.25. Still thinking about the quantity of food consumed by your family would you say that:

1.  Often it is not enough for everyone to eat well
2.  Sometimes it is not enough for everyone to eat well
3.  It is always enough for everyone to eat well
4.  Doesn't know/ No answer

### 11.26. In comparison with other people of the same age (as the beneficiary) would you say that your/his/her (beneficiary) health is:

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad
- 5  Doesn't know

## Questionnaire for beneficiaries

**11.27. Does the beneficiary depend on other people for day to day activities?**

- 1  Totally depends on others
- 2  Depends on others for most activities
- 3  Depends on others for some activities
- 4  Does not depend on others
- 5  Doesn't know

**11.28. What do you consider to be most difficult among the daily tasks in the beneficiary's daily life? (MARK UP TO 3 OPTIONS)**

- 1  Eating
- 2  Taking a shower
- 3  Using the toilet
- 4  Taking medicine
- 5  Moving around inside the house
- 6  Going out on the street
- 7  Shopping and making payments
- 8  Going to the doctor
- 9  Carrying out household chores
- 10  Being alone during the day
- 11  Sleeping alone at night
- 12  Living alone
- 13  Others. Specify: \_\_\_\_\_
- 14  Doesn't know

**11.29. What other problems does the beneficiary have to face in his/her daily routine?**

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**11.30. In your opinion, what should be done to improve the living situation of BPC beneficiaries in your municipality?**

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## Questionnaire for users (people who have had the benefit denied)

 Universidade Federal Fluminense	<b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b>
	<b>Questionnaire for Users (People who have had the benefit denied)</b>

### I. IDENTIFICATION OF THE QUESTIONNAIRE:

1.1. Type of questionnaire: | 2 |

1.2. Agency: | | | | |

1.3. Stratum: | |

1.4. Questionnaire number: | |

1.5. Benefit number: | | | | | | | | | | | |

1.6. State/DF and municipality: | | | | | | | | | | | |

1.7. Date of interview: | | | | / | | | | / | | | | | |

1.8. Code of interviewer: | | | |

### II. IDENTIFICATION OF THE INTERVIEWEE:

2.1. Name of the interviewee:

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2.2. Situation of the interviewee:

- 1  The user in person
- 2  Tutor from birth (father or mother)
- 3  Tutor \_\_\_ RELATIVE \_\_\_ NON RELATIVE
- 4  Curator \_\_\_ RELATIVE \_\_\_ NON RELATIVE
- 5  Employee of an institution
- 6  Others. Specify: \_\_\_\_\_ \_\_\_ RELATIVE \_\_\_ NON RELATIVE

2.3. Address:

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2.4. Type of benefit requested:

- 1  Elderly (go to 3.1)
- 2  Physically disabled person
- 3  Mentally disabled person
- 4  Doesn't know

## Questionnaire for users (people who have had the benefit denied)

(ONLY FOR DISABLED PERSONS)

2.5. Pathology: \_\_\_\_\_ |  | Doesn't know

2.6. Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_ |  | Doesn't know

### III. CHARACTERISTICS OF THE DWELLING:

#### 3.1. Situation of the dwelling:

- 1  Urban
- 2  Rural

#### 3.2. Living situation:

- 1  Household
- 2  Institution (Go to 5.1)

#### 3.3. Situation of occupation of dwelling:

- 1  Own property
- 2  Rented
- 3  Squatted
- 4  Loaned
- 5  Others

#### 3.4. Type of building:

- 1  Brickwork
- 2  Adobe
- 3  Wood
- 4  Others

## Questionnaire for users (people who have had the benefit denied)

### IV. CHARACTERISTICS OF THE RESIDENTS (DO NOT FILL IN IF BENEFICIARY LIVES IN INSTITUTION):

4.1 LIST n°	4.2 NAME	4.3 RELATION TO PERSON RESPONSIBLE FOR HOUSEHOLD	4.4 SEX	4.5 AGE	4.6 WORK	4.7 INCOME	4.8 BENEFICIARY
1		_____		_____		_____	
2		_____		_____		_____	
3		_____		_____		_____	
4		_____		_____		_____	
5		_____		_____		_____	
6		_____		_____		_____	
7		_____		_____		_____	
8		_____		_____		_____	
9		_____		_____		_____	
10		_____		_____		_____	
11		_____		_____		_____	
12		_____		_____		_____	
		1 Responsible 2 Spouse 3 Son/daughter stepson/step daughter 4 Father/mother 5 Grandchild/ great grandchild 6 Grandparent/ great grandparent 7 Father/mother -in-law 8 Son/daughter -in-law 9 Brother/sister -in-law 10 Uncle/aunt 11 Brother/sister 12 Other relative 13 Domestic servant 14 Pensioner 15 Other person	1 Male 2 Female		1 Yes 2 Retired 3 No, but has income or benefit 4 No	1 Yes 2 No	

### V. CHARACTERISTICS OF THE USER:

5.1. Name of the user:

\_\_\_\_\_

5.2. Age of the user: \_\_\_\_\_ years old

5.3: Sex of the user:

1  Male

2  Female

## Questionnaire for users (people who have had the benefit denied)

### 5.4. Race/Color:

- 1  White
- 2  Black
- 3  Brown
- 4  Oriental
- 5  Indigenous

### 5.5. Marital Status:

- 1  Married
- 2  Single
- 3  Separated, divorced or legally separated
- 4  Widowed

### 5.6. Schooling:

- 1  No schooling or less than 1 year
- 2  1 to 3 years
- 3  4 a 7 years
- 4  8 to 10 years
- 5  11 years or more
- 6  Not defined

### 5.7. Do you or did you do any kind of work?

- 1  No, never (go to 5.9)
- 2  Working presently
- 3  Worked previously but not any more

### 5.8. What type of occupation do you or did you have?

- 1  Self-employed at home
- 2  Self-employed in the street
- 3  Employed
- 4  Employer
- 5  Domestic servant
- 6  Coop member
- 7  Work in production for own consumption
- 8  Unremunerated work helping other family member
- 9  Not known

### 5.9 Does the user have an appointed attorney, guardian or tutor?

- 1  Yes
- 2  No (go to 5.11)

## Questionnaire for users (people who have had the benefit denied)

### 5.10. Who is it?

- 1  Relative
- 2  Neighbor
- 3  Representative of the community association
- 4  Representative of the institution
- 5  Other. Specify: \_\_\_\_\_

### 5.11. Does the user receive other benefits?

- 1  Yes
- 2  No (go to 5.13)

### 5.12. Which benefits?

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### 5.13. Has the user ever been a contributor to the INSS?

- 1  Yes
- 2  No (go to 6.1)
- 3  Doesn't know (go to 6.1)

### 5.14. For how long did the user contribute?

- 1  Less than 1 year
- 2  From 1 to 5 years
- 3  From 5 to 10 years
- 4  From 10 to 20 years
- 5  Over 20 years
- 6  Doesn't know/ Can't remember

## VI. ACCESS TO THE BENEFIT:

### 6.1. How did the user (or the person who first solicited the benefit in his/her name) get to know about the BPC?

- 1  Family members
- 2  Neighbors
- 3  Friends
- 4  An INSS agency
- 5  Other public service bodies. Specify: \_\_\_\_\_
- 6  Lawyer/attorney
- 7  Councilor/deputy
- 8  Newspapers and mass media
- 9  Community Associations
- 10  Rights Council
- 11  Policies Council
- 12  Others. Specify: \_\_\_\_\_
- 13  Doesn't know/ Can't remember

## Questionnaire for users (people who have had the benefit denied)

### 6.2. Who helped the user (or his/her representative) to fill in the form to initiate the process requesting the benefit?

- 1  Family members
- 2  Neighbors
- 3  Lawyer/attorney
- 4  Tutor
- 5  Friends
- 6  Employee of the INSS agency
- 7  Employee of other public service. Specify: \_\_\_\_\_
- 8  Councilor/deputy
- 9  Community associations
- 10  Rights council
- 11  Policies council
- 12  Others. Specify: \_\_\_\_\_
- 13  Nobody helped
- 14  Doesn't know/ Can't remember

### 6.3 Who helped the user (or his/her representative) to accompany the process?

- 1  Family members
- 2  Neighbors
- 3  Lawyer/attorney
- 4  Tutor
- 5  Friends
- 6  Employee of the INSS agency
- 7  Employee of other public service. Specify: \_\_\_\_\_
- 8  Councilor/deputy
- 9  Community associations
- 10  Rights council
- 11  Policies council
- 12  Others. Specify: \_\_\_\_\_
- 13  Nobody helped
- 14  Doesn't know/ Can't remember

### 6.4. What difficulties did the user (or his/her representative) have in handing in the formal request for the BPC?

- 1  He/she did not have sufficient information
- 2  He/she did not know how to fill in the form
- 3  He/she did not know how to get to the agency
- 4  He/she did not know if he /she was entitled to the benefit
- 5  There were no difficulties
- 6  Other. Specify: \_\_\_\_\_

## Questionnaire for users (people who have had the benefit denied)

**6.5. How long did it take from the time the request for the BPC was handed in to the moment when a negative answer was received?**

- 1  Less than 1 month
- 2  1 to 2 months
- 3  2 to 3 months
- 4  4 to 6 months
- 5  6 months to 1 year
- 6  More than 1 year
- 7  Doesn't know

**6.6. How does the user (or his/her representative) evaluate the service given by the INSS?**

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad
- 5  No answer/ Can't say

**6.7. In your opinion, did the quality of the service provided by the INSS influence the result of your request?**

- 1  Yes
- 2  No
- 3  Doesn't know

**6.8. The user (or his/her representative) feels that the BPC is (MARK ONE OPTION ONLY):**

- 1  A right of the elderly and the disabled
- 2  Help from the public authorities
- 3  Other. Specify: \_\_\_\_\_

**6.9. Why was the benefit denied? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Not old enough
- 2  Income above the level established by law
- 3  Not approved by the medical Inspection Board
- 4  Documents incomplete
- 5  Others. Specify: \_\_\_\_\_
- 6  Doesn't know

## VII. SOCIAL CONTROL:

**7.1. Did the user (or his/her representative) appeal against the decision on granting the BPC?**

- 1  Yes
- 2  No (go to 7.5)



## Questionnaire for users (people who have had the benefit denied)

### 7.2. Whom did he/she appeal to? (MARK ALL ALTERNATIVES MENTIONED)

- 1  INSS management
- 2  Special Federal Welfare Court
- 3  INSS appeals board
- 4  Local politician
- 5  Community association
- 6  Council of rights/policy
- 7  Municipal Social Assistance Secretariat (or equivalent)
- 8  INSS ombudsman
- 9  Others. Specify: \_\_\_\_\_
- 10  Did not complain

### 7.3. In your opinion, the service provided by those bodies was:

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad
- 5  Doesn't know

### 7.4. What degree of confidence does the user (or his/her representative) feel in those bodies and entities?

- 1  A high a degree
- 2  A medium degree
- 3  A low degree
- 4  No confidence
- 5  Doesn't know

### 7.5. Do you know about the Municipal Social Assistance Council?

- 1  Yes
- 2  No (go to 7.7)

### 7.6. In your opinion the degree of participation of the Municipal Social Assistance Council in solving the problems with the BPC is:

- 1  High
- 2  Medium
- 3  Low
- 4  None at all
- 5  Doesn't know

### 7.7. (ONLY FOR THE ELDERLY OR WHOEVER IS ANSWERING FOR THEM) Do you know about the Municipal Elderly People's Council?

- 1  Yes
- 2  No (go to 8.1)

## Questionnaire for users (people who have had the benefit denied)

**7.8. (ONLY FOR THE ELDERLY OR WHOEVER IS ANSWERING FOR THEM)** In your opinion the degree of participation of the Municipal Elderly People's Council in solving the problems with the BPC is:

- 1  High
- 2  Medium
- 3  Low
- 4  None at all
- 5  Doesn't know

GO TO 8.1

**7.9. (ONLY FOR DISABLED PERSONS OR WHOEVER IS ANSWERING FOR THEM)** Do you know about the Municipal Disabled Persons Council?

- 1  Yes
- 2  No (go to 8.1)

**7.10. (ONLY FOR DISABLED PERSONS OR WHOEVER IS ANSWERING FOR THEM)** In your opinion the degree of participation of the Municipal Disabled Persons Council in solving the problems with the BPC is:

- 1  High
- 2  Medium
- 3  Low
- 4  None at all
- 5  Doesn't know

### VIII. SOCIAL CAPITAL:

**(THE QUESTIONS IN THIS BLOCK SHOULD BE ANSWERED BY THE BENEFICIARY IN PERSON OR BY THE FATHER OR MOTHER WHEN THE PERSON IS A MINOR)**

**8.1. Do you participate or have you ever participated in any form of community association?**

- 1  Yes
- 2  No (go to 8.6)

**8.2. What kind? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Religious associations
- 2  Residents associations
- 3  Social centers
- 4  Elderly people's groups
- 5  Disabled people groups
- 6  Sports associations
- 7  Others. Specify: \_\_\_\_\_

## Questionnaire for users (people who have had the benefit denied)

### 8.3. How long have you participated (or did you participate) in such associations?

- 1  6 months
- 2  From 6 months to 1 year
- 3  From 1 year to 2 years
- 4  More than 2 years
- 5  Doesn't know

### 8.4. How often do you (or did you) participate in those associations?

- 1  Always
- 2  Almost always
- 3  Sometimes
- 4  Seldom
- 5  Never
- 6  Doesn't know

### 8.5. In your opinion, do those associations represent the interests of their members?

- 1  Yes, entirely
- 2  Yes, partly
- 3  No
- 4  Doesn't know

### 8.6. In your opinion, receiving the BPC has:

- 1  Contributed towards a greater participation in the associations
- 2  Not altered participation in the associations
- 3  Made participation in the associations more difficult
- 4  Doesn't know

### 8.7. Are you, or have you ever been affiliated to a trade union or a political party?

- 1  Yes
- 2  No (go to 8.11)

### 8.8. How long have you participated (or did you participate) in those trade unions or political parties?

- 1  6 months
- 2  From 6 months to 1 year
- 3  From 1 year to 2 years
- 4  More than 2 years
- 5  Doesn't know

## Questionnaire for users (people who have had the benefit denied)

### 8.9. How often do you (or did you) participate in those trade unions or political parties?

- 1  Always
- 2  Almost always
- 3  Sometimes
- 4  Seldom
- 5  Never
- 6  Doesn't know

### 8.10. In your opinion, do those trade unions or political parties represent the interests of their members?

- 1  Yes, entirely
- 2  Yes, partly
- 3  No
- 4  Doesn't know

### 8.11. In your opinion, receiving the BPC has:

- 1  Would contribute towards a greater participation in the associations
- 2  Would not alter participation in the associations
- 3  Would make participation in the associations more difficult
- 4  Doesn't know

### 8.12. In your opinion, would receiving the BPC change the respect that people in general have for the user?

- 1  Yes, nowadays people would respect me more
- 2  No, I feel that I would receive the same kind of treatment that I received before
- 3  No, I don't think people would respect me
- 4  Doesn't know

### 8.13. In your view would receiving the BPC make it easier to make day to day decisions?

- 1  Yes
- 2  No
- 3  Doesn't know

## IX. SOCIAL PROTECTION:

### 9.1. In the place where you live are there any community help associations?

- 1  Yes
- 2  No (go to 9.8)
- 3  Doesn't know (go to 9.8)

### 9.2. What kind? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Religious groups
- 2  Mothers groups
- 3  Social centers
- 4  Elderly people's groups
- 5  Disabled people groups

## Questionnaire for users (people who have had the benefit denied)

- 6  Residents associations  
7  Other NGOs  
8  Nuclei of political parties  
9  Others. Specify: \_\_\_\_\_  
10  Doesn't know

### 9.3. Do you attend or interact with any of those groups?

- 1  Yes  
2  No (go to 9.8)

### 9.4. Which ones? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Religious groups  
2  Mothers groups  
3  Social centers  
4  Elderly people's groups  
5  Disabled people groups  
6  Residents associations  
7  Other NGOs  
8  Nuclei of political parties  
9  Others. Specify: \_\_\_\_\_

### 9.5. Do you receive any kind of help from those associations?

- 1  Yes  
2  No (go to 9.8)

### 9.6. What kind of help?

- 1  Help in the form of money  
2  Help in the form of food  
3  Help in the form of psychological support  
4  Help in the form of spiritual support  
5  Participating in educational and recreational activities  
6  Others. Specify: \_\_\_\_\_

### 9.7. In your opinion that help is:

- 1  Excellent  
2  Good  
3  Regular  
4  Bad  
5  Doesn't know

### 9.8. Which public services does the user make use of in the community?

- 1  Schools  
2  Health units  
3  Social centers

## Questionnaire for users (people who have had the benefit denied)

- 4  Crèches
- 5  Other assistance services. Specify: \_\_\_\_\_
- 6  None (go to 9.11)

**9.9. In your opinion the degree of difficulty encountered in being attended to by those institutions is:**

	High	Medium	Low	None	Don't know
1 Schools	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 Health units	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 Social centers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 Crèches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5 Other assistance services.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Specify: \_\_\_\_\_

**9.10. What is your opinion of the quality of services provided?**

	Excellent	Good	Regular	Bad	Don't know
1 Schools	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 Health units	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 Social centers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 Crèches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5 Other assistance services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**9.11. In the public services in your community is there any form of support for:**

- 1 The elderly      1  Yes    2  No (go to 9.15)      3  Don't know (go to 9.15)
- 2 Disabled persons    1  Yes    2  No (go to 9.15)      3  Don't know (go to 9.15)

**9.12. The support available is for: (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Rehabilitation
- 2  Socio-legal orientation
- 3  Medical assistance
- 4  Recreational activities
- 5  Capacity building workshops directed at creating employment and income
- 6  Others. Specify: \_\_\_\_\_

**9.13. Do you use or have you ever used such services?**

- 1  Yes
- 2  No (go to 9.15)

**9.14. In your opinion the service is:**

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad
- 5  Doesn't know

## Questionnaire for users (people who have had the benefit denied)

IN QUESTIONS 9.15 TO 9.20 THE SUPPORT IS FOR LOOKING AFTER THE USER.

**9.15. Can you depend on any kind of support from members of the family?**

- 1  Yes
- 2  No (go to 9.18)

**9.16. Which members of the family offer support? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Parents
- 2  Brothers/sister
- 3  Grandparents
- 4  Uncles/aunts
- 5  Cousins
- 6  Brothers/sisters-in-law
- 7  Nephews/nieces
- 8  Other family members. Specify: \_\_\_\_\_

**9.17. What kind of support is given by family members? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Financial
- 2  Cleanliness and personal hygiene
- 3  Household chores
- 4  Locomotion for health treatment
- 5  Solving problems in administering the daily round (e.g., going to the supermarket, to the bank, etc.)
- 6  Company
- 7  Others. Specify: \_\_\_\_\_

**9.18. Can you depend on any kind of support from the neighbors?**

- 1  Yes
- 2  No (go to 9.20)

**9.19. What kind of support has been received? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Financial
- 2  Cleanliness and personal hygiene
- 3  Household chores
- 4  Locomotion for health treatment
- 5  Solving problems in administering the daily round (e.g., going to the supermarket, to the bank, etc.)
- 6  Company
- 7  Others. Specify: \_\_\_\_\_

**9.20. Do you feel that in receiving the BPC, the user stops needing that support?**

- 1  Yes
- 2  No
- 3  Don't know

## Questionnaire for users (people who have had the benefit denied)

### 9.21. How many meals a day do the people in your household usually have?

- |   |                                 |      |                          |       |      |                          |              |      |                          |                |
|---|---------------------------------|------|--------------------------|-------|------|--------------------------|--------------|------|--------------------------|----------------|
| 1 | Children from 0 to 2 years old  | 1.1. | <input type="checkbox"/> | meals | 1.2. | <input type="checkbox"/> | Doesn't know | 1.3. | <input type="checkbox"/> | Not applicable |
| 2 | Children from 3 to 11 years old | 1.1. | <input type="checkbox"/> | meals | 1.2. | <input type="checkbox"/> | Doesn't know | 1.3. | <input type="checkbox"/> | Not applicable |
| 3 | People over 11 years old        | 1.1. | <input type="checkbox"/> | meals | 1.2. | <input type="checkbox"/> | Doesn't know |      |                          |                |

### 9.22. Still thinking about the quantity of food consumed by your family would you say that:

1.  Often it is not enough for everyone to eat well
2.  Sometimes it is not enough for everyone to eat well
3.  It is always enough for everyone to eat well
4.  Doesn't know/ No answer

### 9.23. In comparison with other people of the same age (as the user) would you say that your/his/her health is:

- 1  Excellent
- 2  Good
- 3  Regular
- 4  Bad
- 5  Doesn't know

### 9.24. Does the user depend on other people for day to day activities?

- 1  Totally depends on other
- 2  Depends on others for most activities
- 3  Depends on others for some activities
- 4  Does not depend on others
- 5  Doesn't know

### 9.25. What do you consider to be most difficult among the daily tasks in the user's daily life? (MARK UP TO 3 OPTIONS)

- 1  Eating
- 2  Taking a shower
- 3  Using the toilet
- 4  Taking medicine
- 5  Moving around inside the house
- 6  Going out on the street
- 7  Shopping and making payments
- 8  Going to the doctor
- 9  Carrying out household chores
- 10  Being alone during the day
- 11  Sleeping alone at night
- 12  Living alone
- 13  Others. Specify: \_\_\_\_\_
- 14  Doesn't know



## Questionnaire for users (people who have had the benefit denied)

9.26. What other problems does the user have to face in his/her daily routine?

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9.27. In your opinion, what should be done to improve the living situation of elderly people and disabled persons in your municipality?

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**Questionnaire for users (people who have had the benefit denied)**

**Comments of the interviewee**

**(Record here any observations made or complementary comments)**

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**Comments of the interviewer**

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 <p>Universidade Federal Fluminense</p>	<p><b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b></p> <p>Questionnaire for the Individual responsible for the INSS Agency</p>
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**I. IDENTIFICATION OF THE QUESTIONNAIRE:**

- 1.1. Questionnaire type: | 3 |
- 1.2. Agency: |\_\_||\_\_||\_\_|
- 1.3. Stratum: |\_\_|
- 1.4. Questionnaire number: |\_\_|
- 1.5. Benefit number: |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||
- 1.6. State/DF and municipality: |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||
- 1.7. Date of interview: |\_\_||\_\_||/|\_\_||\_\_||/|\_\_||\_\_||\_\_||
- 1.8. Interviewer's code: |\_\_||\_\_|

**II. IDENTIFICATION OF THE INTERVIEWEE:**

- 2.1. Name: \_\_\_\_\_
- 2.2. Age: \_\_\_\_\_ years old
- 2.3. Sex:
- 1  Female
- 2  Male
- 2.4. Race/ color:
- 1  White
- 2  Black
- 3  Brown
- 4  Oriental
- 5  Indigenous
- 2.5. Employment Situation in the Social Welfare institution (mark one alternative only):
- 1  Permanent employee
- 2  Regular work contract – CLT (Consolidation of Labor Laws)
- 3  Appointee
- 4  Temporary work contract

## Questionnaire for the individual responsible for the INSS agency

5  Service provider

6  Others. Specify: \_\_\_\_\_

### 2.6. Schooling level:

1  No qualification, less than one year of schooling

2  Basic education incomplete

3  Complete basic (compulsory) education

4  Senior high school incomplete

5  Complete senior high school education

6  Incomplete higher education

7  Complete higher education. Specify: \_\_\_\_\_

### 2.7. Post held in the INSS:

\_\_\_\_\_

### 2.8. How long have you worked in the INSS?

1  Less than 6 months

2  Between 6 months and 1 year

3  From over a year to 2 years

4  From over 2 years to 5 years

5  Over 5 years

### 2.9. How long have you worked in the BPC-LOAS?

1  Less than 6 months

2  Between 6 months and 1 year

3  From over a year to 2 years

4  From over 2 years to 5 years

5  Over 5 years

## III. ACCESS TO THE BENEFIT:

**3.1. The maximum period allowed between the requisitioning of the benefit and the concession of the BPC-LOAS is 45 days. This period is generally complied with:**

**1. Always   2. Almost always   3. Sometimes   4. Seldom   5. Never   6. Doesn't know**

1  For the BPC-LOAS for the elderly

2  For the BPC-LOAS for the disabled people



## Questionnaire for the individual responsible for the INSS agency

### 4.2. Does your agency carry out any kind of joint work with secretariats responsible for Social Assistance related to the BPC-LOAS?

- 1  Yes. What? \_\_\_\_\_
- 2  No (go to 4.4)
- 3  Doesn't know (go to 4.4)

### 4.3. In your opinion this work has generally been: (MARK ONE ALTERNATIVE ONLY)

- 1  Constant and cooperative
- 2  Constant and conflictive
- 3  Occasional and cooperative
- 4  Occasional and conflictive
- 5  Doesn't know

### 4.4. In your opinion, should the INSS develop joint work in regard to the BPC-LOAS with the secretariats responsible for social assistance in the municipalities?

- 1  Yes
- 2  No
- 3  Doesn't know

### 4.5. In your opinion what are the difficulties that prevent greater integration between the INSS and the secretariat responsible for social assistance in your municipality? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Concentration of decision making on BPC-LOAS in the INSS
- 2  Lack of interest on the part of the INSS
- 3  Lack of interest of the social assistance body
- 4  Differences between the INSS objectives and those of the Social Assistance body in regard to BPC-LOAS
- 5  Resistance on the part of INSS professional staff
- 6  Resistance on the part of the social assistance body's professional staff
- 7  Others. Specify: \_\_\_\_\_
- 8  There are no difficulties

### 4.6. In your opinion, what should be the role of the social assistance secretariat of your municipality in executing the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Orientate the user population in regard to the benefit and how to request it
- 2  Refer possible beneficiaries to the INSS
- 3  Participate in the analysis/evaluation of the processes requesting the granting of the benefit
- 4  Carry out studies on the conditions of vulnerability of those requesting the benefit
- 5  Accompany the administration of the processes for conceding the BPC-LOAS benefit
- 6  Coordinate the process of revision for the BPC-LOAS
- 7  Offer various social actions and services directed at BPC-LOAS beneficiaries
- 8  Other. Specify: \_\_\_\_\_
- 9  It should not interfere in the execution of the BPC-LOAS
- 10  Doesn't know

## Questionnaire for the individual responsible for the INSS agency

### 4.7. In your assessment, this role is being performed:

- 1  Completely
- 2  Partly
- 3  Not being performed
- 4  Doesn't know

### 4.8. In your opinion, is operationalizing the BPC-LOAS a problem for your agency?

- 1  Yes
- 2  No
- 3  Doesn't know

### 4.9. Do you agree that the INSS should continue to be responsible for operationalizing the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 4.10. Do you know of any initiatives in the form of supplying social services to BPC-LOAS beneficiaries in the municipality(ies) covered by your management unit?

- |                   |                                |   |   |
|-------------------|--------------------------------|---|---|
| 1 Elderly         | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no (go to 5.1) | 3 <input type="checkbox"/> doesn't know (go to 5.1) |
| 2 Disabled person | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no (go to 5.1) | 3 <input type="checkbox"/> doesn't know (go to 5.1) |

### 4.11. In your assessment, those initiatives are:

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Insufficient
- 4  Incipient
- 5  Doesn't know

## V. WORK PROCESS:

### 5.1. Does your agency face problems in handling the BPC-LOAS?

- 1  Yes
- 2  No (go to 5.3)
- 3  Doesn't know (go to 5.3)

### 5.2. What are the main difficulties being faced? (MARK ALL ALTERNATIVES MENTIONED)

- 1  It is more difficult to deal with BPC-LOAS users than with other types of insured persons
- 2  Lack of training for employees in operationalizing the BPC-LOAS
- 3  Lack of material resources
- 4  Lack of staff
- 5  Unwillingness of staff to work with the BPC-LOAS
- 6  Difficulties in relations with the medical inspection board
- 7  Other difficulties. Specify: \_\_\_\_\_

## Questionnaire for the individual responsible for the INSS agency

### 5.3. How would you classify the resources available for your activities in regard to the BPC-LOAS?

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### 5.4. What degree of satisfaction do you feel when dealing with the BPC-LOAS?

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

### 5.5. Did you undergo any capacity-building activities for working with BPC-LOAS?

- 1  Yes
- 2  No (go to 6.1)

### 5.6. In your assessment such capacity-building was:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

## VI. MANAGEMENT:

### 6.1. Does your agency make use of information on BPC-LOAS when planning its actions?

- 1  Always
- 2  Almost always
- 3  Sometimes
- 4  Seldom
- 5  Never
- 6  Doesn't know

### 6.2. Is there any mechanism in your management unit for evaluating/accompanying the BPC-LOAS?

- 1  Yes
- 2  No (go to 6.5)
- 3  Doesn't know (go to 6.5)

### 6.3. In your assessment that mechanism is:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know



## Questionnaire for the individual responsible for the INSS agency

### 6.4. Do you participate in any way in such evaluating/accompanying?

- 1  Yes  
2  No

### 6.5. In your opinion, are the responsibilities of each INSS sector in the process of administering the BPC-LOAS quite clear?

- 1  Yes  
2  No  
3  Doesn't know

### 6.6. What mechanisms are there in the Social Welfare structure for dealing with complaints and/or denunciations made by the populace in regard to the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Social Welfare appeal board  
2  INSS or Social Welfare ombudsman  
3  Others. Specify: \_\_\_\_\_  
4  There are no formal mechanisms  
5  Doesn't know

### 6.7. In your assessment, does the Social Welfare organization take all the necessary measures to find solutions for complaints and/or denunciations in regard to the BPC-LOAS?

- 1  Yes  
2  No (go to 6.9)  
3  Doesn't know (go to 6.9)

### 6.8. In your assessment the measures taken are:

- 1  Entirely satisfactory  
2  Partly satisfactory  
3  Not satisfactory  
4  Doesn't know

### 6.9. Which are the commonest complaints/reasons for dissatisfaction in regard to the BPC-LOAS among users of the benefit? Do you agree with those complaints?

1. Entirely agree    2. Partly agree    3. Don't agree    4. Doesn't know

- 1  Delays in receiving the benefit  
2  Delayed payments  
3  Low amount of the benefit  
4  Distance from the service user's residence to the INSS agencies  
5  Lack of adequate guidance  
6  Excessive bureaucracy  
7  Lack of humanity in the manner of attending to users  
8  Long queues  
9  Delays in scheduling medical board examinations  
10  Results of the medical board examinations  
11  Others. Specify: \_\_\_\_\_

## Questionnaire for the individual responsible for the INSS agency

### VII. SOCIAL CONTROL:

#### 7.1. Are you aware of the existence of any social control body for the BPC-LOAS in your municipality?

- 1  Yes
- 2  No (go to 7.4)
- 3  Doesn't know (go to 7.4)

#### 7.2. How would you evaluate the degree of interference of that body in the implementation of the BPC-LOAS?

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

#### 7.3. Is there any participation of civil society in that body?

- 1  Yes
- 2  No
- 3  Doesn't know

#### 7.4. In your view, the role of the special federal welfare court in the implementation of the BPC-LOAS can be considered:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### VIII. PERCEPTION OF THE BPC:

#### 8.1. Do you feel that the amount granted by the BPC-LOAS enables people to lead a decent life?

- 1  Yes (go to 8.3)
- 2  No
- 3  Doesn't know (go to 8.3)

#### 8.2. Why not? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The amount of the benefit is too low
- 2  The amount is enough but the elderly and disabled have other needs that are not met by the public authorities
- 3  Irrespective of the benefit amount, the elderly and disabled have other needs that are not met by the public authorities
- 4  Others. Specify: \_\_\_\_\_

## Questionnaire for the individual responsible for the INSS agency

### 8.3. In your opinion the requests for the BPC-LOAS stem from: (MARK ALL ALTERNATIVES MENTIONED)

- 1  Effective financial necessity
- 2  Backgrounds of personal dependence on State aid
- 3  A lack of will on the part of the requester to guarantee his/her upkeep by himself/herself
- 4  A tendency among families not to take on responsibility for their dependent elderly or disabled members
- 5  Others. Specify: \_\_\_\_\_
- 6  Doesn't know

### 8.4. Do you perceive any difference between BPC-LOAS beneficiaries and those regular socially insured persons attended to by the INSS?

- 1  Yes
- 2  No (go to 8.6)
- 3  Doesn't know (go to 8.6)

### 8.5. In case of a "Yes", what are the main differences? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The BPC-LOAS beneficiary is poorer than the regular INSS socially insured client.
- 2  The BPC-LOAS beneficiary has greater difficulty in understanding how the benefit works than the regular INSS insured client.
- 3  The BPC-LOAS beneficiary does not contribute to the Social Welfare scheme and therefore should not be handled by the INSS.
- 4  The BPC-LOAS beneficiary is more critical/quizzical than the regular Social Welfare client.
- 5  The BPC-LOAS beneficiary feels that he/she is being done a favor by the Social Welfare scheme while the regular Social Welfare client feels that he or she is exercising a right.

### 8.6. Do you agree with the ban on remunerated activities for any elderly person receiving the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 8.7. Do you feel that only disabled people effectively unable to work should receive the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 8.8. How important do you consider the BPC-LOAS to be?

- 1  Very important
- 2  Important
- 3  Of little importance
- 4  Not necessary

## Questionnaire for the individual responsible for the INSS agency

8.9. In your opinion, what should be done to improve the living conditions of BPC-LOAS beneficiaries in your municipality?

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## Questionnaire for the individual responsible for the INSS agency

**Comments of the interviewee**  
 (Record here any complementary comments or remarks)

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**Comments of the interviewer**

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 Universidade Federal Fluminense	<b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b>
	Questionnaire for Executive Managers of the INSS

**I. IDENTIFICATION OF THE QUESTIONNAIRE:**

1.1. Questionnaire type: | 8 |

1.2. Questionnaire number: |\_\_|

1.3. State/DF and municipality: |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|

1.4. Date of interview: |\_\_| |\_\_| | / |\_\_| |\_\_| | / |\_\_| |\_\_| |\_\_| |\_\_|

1.5. Interviewer's code: |\_\_| |\_\_|

1.6. UNDER THE EXECUTIVE MANAGEMENT OF \_\_\_\_\_

**II. IDENTIFICATION OF THE INTERVIEWEE:**

2.1. Name: \_\_\_\_\_

2.2. Age: \_\_\_\_\_ years old

**2.3. Sex:**

1  Female

2  Male

**2.4. Race/ color:**

1  White

2  Black

3  Brown

4  Oriental

5  Indigenous

**2.5. Employment situation in the Social Welfare institution: (MARK ONE ALTERNATIVE ONLY)**

1  Permanent employee

2  Regular work contract – CLT (Consolidation of Labor Laws)

3  Appointee

4  Temporary work contract

5  Service provider

6  Others. Specify: \_\_\_\_\_

## Questionnaire for executive managers of the INSS

### 2.6. Schooling level:

- 1  No qualification, less than one year of schooling
- 2  Basic education incomplete
- 3  Complete basic (compulsory) education
- 4  Senior high school incomplete
- 5  Complete senior high school education
- 6  Incomplete higher education
- 7  Complete higher education. Specify: \_\_\_\_\_

### 2.7. Post held in the INSS:

\_\_\_\_\_

### 2.8. How long have you worked in the INSS?

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  From over a year to 2 years
- 4  From over 2 years to 5 years
- 5  Over 5 years

## III. ACCESS TO THE BENEFIT:

**3.1. The maximum period allowed between the requisitioning of the benefit and the concession of the BPC-LOAS is 45 days. This period is generally complied with:**

**1. Always    2. Almost always    3. Sometimes    4. Seldom    5. Never    6. Doesn't know**

- 1  For the BPC-LOAS for the elderly
- 2  For the BPC-LOAS for the disabled people

**3.2. In your opinion, having the granting of the benefit approved is generally:**

**1. Very easy    2. Easy    3. Difficult    4. Very difficult    5. Doesn't know**

- 1  For the BPC-LOAS for the elderly
- 2  For the BPC-LOAS for the disabled persons

## Questionnaire for executive managers of the INSS

### 3.3. Indicate to what extent you agree with the following statements: (MARK ALL THE ALTERNATIVES)

1. Entirely agree    2. Partly agree    3. Don't agree    4. Doesn't know

- 1  The per capita family income criterion of  $\frac{1}{4}$  of a minimum salary to have the right to benefit is low.
- 2  The information available to the benefit user on the BPC-LOAS is insufficient.
- 3  The location of the INSS agencies makes access difficult for potential BPC-LOAS beneficiaries.
- 4  The existence of intermediaries makes relations between users and the INSS difficult.
- 5  There is a lot of bureaucracy in the administration of the BPC-LOAS process.
- 6  The public social assistance bodies do not give much support to service users when requesting the benefit.
- 7  The technical staff of INSS agencies are insufficiently trained for operationalizing the BPC-LOAS benefit.
- 8  The technical staff of INSS agencies are reluctant to attend to BPC-LOAS users because they are not regularly Insured under the social security scheme.
- 9  The criteria used by the medical examination boards to determine incapacity for independent life or for work for regular work are not clear.
- 10  The inspection board does not take into account the users social condition when making medical evaluation.

#### IV. INTERGOVERNMENTAL AND INTERSECTORAL RELATIONS:

##### 4.1. In your opinion the degree of INSS acceptance of operationalizing the BPC-LOAS is:

- 1  High
- 2  Medium
- 3  Low
- 4  Non existent
- 5  Doesn't know

##### 4.2. Does your management unit carry out any kind of joint work with secretariats responsible for Social Assistance related to the BPC-LOAS?

- 1  Yes. What? \_\_\_\_\_
- 2  No (go to 4.4)
- 3  Doesn't know (go to 4.4)

##### 4.3. In your opinion this work has generally been: (MARK ONE ALTERNATIVE ONLY)

- 1  Constant and cooperative
- 2  Constant and conflictive
- 3  Occasional and cooperative
- 4  Occasional and conflictive
- 5  Doesn't know



## Questionnaire for executive managers of the INSS

**4.4. In your opinion, should the INSS develop joint work in regard to the BPC-LOAS with the secretariats responsible for social assistance in the municipalities?**

- 1  Yes
- 2  No
- 3  Doesn't know

**4.5. In your opinion what are the difficulties that prevent greater integration between the INSS and the secretariat responsible for social assistance in your municipality? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Concentration of decision making on BPC-LOAS in the INSS
- 2  Lack of interest on the part of the INSS
- 3  Lack of interest of the social assistance body
- 4  Differences between the INSS objectives and those of the social assistance body in regard to BPC-LOAS
- 5  Resistance on the part of INSS professional staff
- 6  Resistance on the part of the social assistance body's professional staff
- 7  Others. Specify: \_\_\_\_\_
- 8  There are no difficulties

**4.6. In your opinion, what should be the role of the social assistance secretariat of your municipality in executing the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Orientate the user population in regard to the benefit and how to request it
- 2  Refer possible beneficiaries to the INSS
- 3  Participate in the analysis/evaluation of the processes requesting the granting of the benefit
- 4  Carry out studies on the conditions of vulnerability of those requesting the benefit
- 5  Accompany the administration of the processes for conceding the BPC-LOAS benefit
- 6  Coordinate the process of revision for the BPC-LOAS
- 7  Offer various social actions and services directed at BPC-LOAS beneficiaries
- 8  Other. Specify: \_\_\_\_\_
- 9  It should not interfere in the execution of the BPC-LOAS
- 10  Doesn't know

**4.7. In your assessment, this role is being performed:**

- 1  Completely
- 2  Partly
- 3  Not being performed
- 4  Doesn't know

**4.8. In your opinion, is operationalizing the BPC-LOAS a problem for your management unit?**

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for executive managers of the INSS

### 4.9. Do you agree that the INSS should continue to be responsible for operationalizing the BPC-LOAS?

- 1  Yes  
2  No  
3  Doesn't know

### 4.10. Do you know of any initiatives in the form of supplying social services to BPC-LOAS beneficiaries in the municipality(ies) covered by your management unit?

- 1 Elderly 1  yes 2  no (go to 5.1) 3  doesn't know (go to 5.1)  
2 Disabled person 1  yes 2  no (go to 5.1) 3  doesn't know (go to 5.1)

### 4.11. In your assessment, those initiatives are:

- 1  Entirely sufficient  
2  Partly sufficient  
3  Insufficient  
4  Incipient  
5  Doesn't know

## V. WORK PROCESS:

### 5.1. Does your management unit face problems in handling the BPC-LOAS?

- 1  Yes  
2  No (go to 5.3)  
3  Doesn't know (go to 5.3)

### 5.2. What are the main difficulties being faced? (MARK ALL ALTERNATIVES MENTIONED)

- 1  It is more difficult to deal with BPC-LOAS users than with other types of insured persons  
2  Lack of training for employees in operationalizing the BPC-LOAS  
3  Lack of material resources  
4  Lack of staff  
5  Unwillingness of staff to work with the BPC-LOAS  
6  Difficulties associated to the evaluations of the medical inspection board  
7  Difficulties in coordinating the various sectors in regard to BPC-LOAS procedures  
8  Other difficulties. Specify: \_\_\_\_\_

### 5.3. How would you classify the resources available for the actions of your management unit in regard to the BPC-LOAS?

- 1  Entirely satisfactory  
2  Partly satisfactory  
3  Not satisfactory  
4  Doesn't know

## Questionnaire for executive managers of the INSS

### 5.4. What degree of satisfaction do you feel when dealing with the BPC-LOAS?

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

### 5.5. Does your management unit undertake capacity-building activities for employees for working with BPC-LOAS?

- 1  Yes
- 2  No (go to 6.1)

### 5.6. In your assessment such capacity-building is generally:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

## VI. MANAGEMENT:

### 6.1. Does your management unit make use of information on BPC-LOAS when planning its actions?

- 1  Always
- 2  Almost always
- 3  Sometimes
- 4  Seldom
- 5  Never
- 6  Doesn't know

### 6.2. That information is used for: (MARK ALL ALTERNATIVES MENTIONED)

- 1  Evaluation
- 2  Monitoring
- 3  Cost control
- 4  Auditing
- 5  Capacity building activities for staff
- 6  Others. Specify: \_\_\_\_\_

### 6.3. Is there any mechanism in your management unit for evaluating/accompanying the BPC-LOAS?

- 1  Yes
- 2  No (go to 6.5)
- 3  Doesn't know (go to 6.5)

## Questionnaire for executive managers of the INSS

**6.4. Indicate your evaluation of the use made in your management unit of the mechanism(s) for accompanying the BPC-LOAS:**

**1. Entirely satisfactory 2. Partly satisfactory 4. Not satisfactory 5. No mechanisms used in regard to BPC-LOAS 6. Doesn't know**

- 1  Evaluation
- 2  Monitoring
- 3  Cost control
- 4  Auditing
- 5  Capacity building activities for staff
- 6  Others. Specify: \_\_\_\_\_

**6.5. In your opinion, are the responsibilities of each INSS sector in the process of administering the BPC-LOAS quite clear?**

- 1  Yes
- 2  No
- 3  Doesn't know

**6.6. What mechanisms are there in the Social Welfare structure for dealing with complaints and/or denunciations made by the populace in regard to the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Social Welfare appeal board
- 2  INSS or Social Welfare ombudsman
- 3  Others. Specify: \_\_\_\_\_
- 4  There are no formal mechanisms
- 5  Doesn't know

**6.7. In your assessment, does the Social Welfare organization take all the necessary measures to find solutions for complaints and/or denunciations in regard to the BPC-LOAS?**

- 1  Yes
- 2  No (go to 6.9)
- 3  Doesn't know (go to 6.9)

**6.8. In your assessment the measures taken are:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

## Questionnaire for executive managers of the INSS

**6.9. Which are the commonest complaints/reasons for dissatisfaction in regard to the BPC-LOAS among users of the benefit? Do you agree with those complaints?**

**1. Entirely agree    2. Partly agree    3. Don't agree    4. Doesn't know**

- 1  Delays in receiving the benefit
- 2  Delayed payments
- 3  Low amount of the benefit
- 4  Distance form the service user's residence to the INSS agencies
- 5  Lack of adequate guidance
- 6  Excessive bureaucracy
- 7  Lack of humanity in the manner of attending to users
- 8  Long queues
- 9  Delays in scheduling medical board examinations
- 10  Results of the medical board examinations
- 11  Others. Specify: \_\_\_\_\_

### VII. SOCIAL CONTROL:

**7.1. Are you aware of the existence of any social control body for the BPC-LOAS in the municipalities covered by your management unit?**

- 1  Yes
- 2  No (go to 7.4)
- 3  Doesn't know (go to 7.4)

**What body in which municipality(ies)?**

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**7.2. Generally speaking, how would you evaluate the degree of interference of those bodies in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**7.3. Generally speaking, is there any participation of civil society in that body?**

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for executive managers of the INSS

**7.4. In your view, the role of the special federal welfare court in the implementation of the BPC-LOAS can be considered:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### VIII. PERCEPTION OF THE BPC:

**8.1. Do you feel that the amount granted by the BPC-LOAS enables people to lead a decent life?**

- 1  Yes (go to 8.3)
- 2  No
- 3  Doesn't know (go to 8.3)

**8.2. Why not? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  The amount of the benefit is too low
- 2  The amount is enough but the elderly and disabled have other needs that are not met by the public authorities
- 3  Irrespective of the benefit amount, the elderly and disabled have other needs that are not met by the public authorities
- 4  Others. Specify: \_\_\_\_\_

**8.3. In your opinion the requests for the BPC-LOAS stem from: (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Effective financial necessity
- 2  Backgrounds of personal dependence on State aid
- 3  A lack of will on the part of the requester to guarantee his/her upkeep by himself/herself
- 4  A tendency among families not to take on responsibility for their dependent elderly or disabled members
- 5  Others. Specify: \_\_\_\_\_
- 6  Doesn't know

**8.4. Do you perceive any difference between BPC-LOAS beneficiaries and those regular socially insured persons attended to by the INSS?**

- 1  Yes
- 2  No (go to 8.6)
- 3  Doesn't know (go to 8.6)

## Questionnaire for executive managers of the INSS

### 8.5. In case of a "Yes", what are the main differences? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The BPC-LOAS beneficiary is poorer than the regular INSS socially insured client.
- 2  The BPC-LOAS beneficiary has greater difficulty in understanding how the benefit works than the regular INSS insured client.
- 3  The BPC-LOAS beneficiary does not contribute to the Social Welfare scheme and therefore should not be handled by the INSS.
- 4  The BPC-LOAS beneficiary is more critical/quizzical than the regular social assistance client.
- 5  The BPC-LOAS beneficiary feels that he/she is being done a favor by the Social Welfare scheme while the regular Social Welfare client feels that he or she is exercising a right.

### 8.6. Do you agree with the ban on remunerated activities for any elderly person receiving the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 8.7. Do you feel that only disabled people effectively unable to work should receive the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 8.8. How important do you consider the BPC-LOAS to be?

- 1  Very important
- 2  Important
- 3  Of little importance
- 4  Not necessary

### 8.9. In your opinion, what should be done to improve the living conditions of BPC-LOAS beneficiaries in the municipality(ies) covered by your management unit?

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## Questionnaire for executive managers of the INSS

**Comments of the interviewee**  
(Record here any complementary comments or remarks)

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**Comments of the interviewer**

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 Universidade Federal Fluminense	<b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b>
	Questionnaire for administrative staff members of the INSS Agency

**I. IDENTIFICATION OF THE QUESTIONNAIRE:**

- 1.1. Type of questionnaire: | 4 |
- 1.2. Agency: |\_|\_|\_|\_|
- 1.3. Stratum: |\_|
- 1.4. Questionnaire number: |\_|
- 1.5. Benefit number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- 1.6. State/DF and municipality: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- 1.7. Date of the interview: |\_|\_|\_|\_|/|\_|\_|\_|\_|/|\_|\_|\_|\_|\_|
- 1.8. Interviewer's code: |\_|\_|\_|\_|

**II. IDENTIFICATION OF THE INTERVIEWEE:**

- 2.1. Name: \_\_\_\_\_
- 2.2. Age: \_\_\_\_\_ years old
- 2.3. Sex:
- 1  Female
- 2  Male
- 2.4. Race/ color:
- 1  White
- 2  Black
- 3  Brown
- 4  Oriental
- 5  Indigenous
- 2.5. Employment situation in the social insurance institution: (MARK ONE ALTERNATIVE ONLY)
- 1  Permanent employee
- 2  Regular work contract – CLT (Consolidation of Labor Laws)
- 3  Appointee
- 4  Temporary work contract
- 5  Service provider
- 6  Others. Specify: \_\_\_\_\_

## Questionnaire for administrative staff members of the INSS agency

### 2.6. Schooling level:

- 1  No qualification, less than one year of schooling
- 2  Basic education incomplete
- 3  Complete basic (compulsory) education
- 4  Senior high school incomplete
- 5  Complete senior high school education
- 6  Incomplete higher education
- 7  Complete higher education. Specify: \_\_\_\_\_

### 2.7. How long have you worked in the INSS?

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  From over a year to 2 years
- 4  From over 2 years to 5 years
- 5  Over 5 years

### 2.8. How long have you worked with the BPC-LOAS?

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  From over a year to 2 years
- 4  From over 2 years to 5 years
- 5  Over 5 years

## III. ACCESS TO THE BENEFIT:

**3.1. The maximum period allowed between the requisitioning of the benefit and the concession of the BPC-LOAS is 45 days. This period is generally complied with:**

**1. Always    2. Almost always    3. Sometimes    4. Seldom    5. Never    6. Doesn't know**

- 1  For the BPC-LOAS for the elderly
- 2  For the BPC-LOAS for the disabled persons

**3.2. In your opinion, having the granting of the benefit approved is generally:**

**1. Very easy    2. Easy    3. Difficult    4. Very difficult    5. Doesn't know**

- 1  For the BPC-LOAS for the elderly
- 2  For the BPC-LOAS for the disabled persons

## Questionnaire for administrative staff members of the INSS agency

### 3.3. In what way does your agency participate in the process of requisitioning the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Helps in filling out the forms
- 2  Gives guidance to help solve problems regarding the documents necessary for registering the requisition
- 3  Gives guidance to those who wish to lodge an appeal in cases of denial of the benefit
- 4  Does not participate in the process of structuring the requisition (go to 3.5)

### 3.4. In your assessment, that participation is generally:

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Not sufficient
- 4  Doesn't know

### 3.5. Indicate to what extent you agree with the following statements: (MARK ALL THE ALTERNATIVES)

**1. Entirely agree      2. Partly agree      3. Don't agree      4. Doesn't know**

- 1  The per capita family income criterion of  $\frac{1}{4}$  of a minimum salary to have the right to benefit is low.
- 2  The information available to the benefit user on the BPC-LOAS is insufficient.
- 3  The location of the INSS agencies makes access difficult for potential BPC-LOAS beneficiaries.
- 4  The existence of intermediaries makes relations between users and the INSS difficult.
- 5  There is a lot of bureaucracy in the administration of the BPC-LOAS process.
- 6  The public social assistance bodies do not give much support to service users when requesting the benefit.
- 7  The technical staff of INSS agencies are insufficiently trained for operationalizing the BPC-LOAS benefit.
- 8  The technical staff of INSS agencies are reluctant to attend to BPC-LOAS users because they are not regularly insured under the social security scheme.
- 9  The criteria used by the medical examination boards to determine incapacity for independent life or work for regular work are not clear.
- 10  The inspection board does not take into account the users social condition when making medical evaluation.

## IV. INTERGOVERNMENTAL AND INTERSECTORAL RELATIONS:

### 4.1. In your opinion the degree of INSS acceptance of operationalizing the BPC-LOAS is:

- 1  High
- 2  Medium
- 3  Low
- 4  Non existent
- 5  Doesn't know

## Questionnaire for administrative staff members of the INSS agency

### 4.2. Does your agency carry out any kind of joint work with secretariats responsible for social assistance related to the BPC-LOAS?

- 1  Yes. \_\_\_\_\_
- 2  No (go to 4.4)
- 3  Doesn't know (go to 4.4)

### 4.3. In your opinion this work has generally been: (MARK ONE ALTERNATIVE ONLY)

- 1  Constant and cooperative
- 2  Constant and conflictive
- 3  Occasional and cooperative
- 4  Occasional and conflictive
- 5  Doesn't know

### 4.4. In your opinion, what should be the role of the social assistance secretariat of your municipality in executing the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Orientate the user population in regard to the benefit and how to request it
- 2  Refer possible beneficiaries to the INSS
- 3  Participate in the analysis/evaluation of the processes requesting the granting of the benefit
- 4  Carry out studies on the conditions of vulnerability of those requesting the benefit
- 5  Accompany the administration of the processes for conceding the BPC-LOAS benefit
- 6  Coordinate the process of revision for the BPC-LOAS
- 7  Offer various social actions and services directed at BPC-LOAS beneficiaries
- 8  Other. Specify: \_\_\_\_\_
- 9  It should not interfere in the execution of the BPC-LOAS
- 10  Doesn't know

### 4.5. In your assessment, this role is being performed:

- 1  Completely
- 2  Partly
- 3  Not being performed
- 4  Doesn't know

### 4.6. In your opinion, is operationalizing the BPC-LOAS a problem for your agency?

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for administrative staff members of the INSS agency

### 4.7. Do you agree that the INSS should continue to be responsible for operationalizing the BPC-LOAS?

- 1  Yes  
2  No  
3  Doesn't know

### 4.8. Do you know of any initiatives in the form of supplying social services to BPC-LOAS beneficiaries in your municipality?

- 1 Elderly 1  yes 2  no (go to 5.1) 3  doesn't know (go to 5.1)  
2 Disabled person 1  yes 2  no (go to 5.1) 3  doesn't know (go to 5.1)

### 4.9. In your assessment, those initiatives are:

- 1  Entirely sufficient  
2  Partly sufficient  
3  Insufficient  
4  Incipient  
5  Doesn't know

## V. WORK PROCESS:

### 5.1. Does your agency face problems in handling the BPC-LOAS?

- 1  Yes  
2  No (go to 5.3)  
3  Doesn't know (go to 5.3)

### 5.2. What are the main difficulties being faced? (MARK ALL ALTERNATIVES MENTIONED)

- 1  It is more difficult to deal with BPC-LOAS users than with other types of insured persons  
2  Lack of training for employees in operationalizing the BPC-LOAS  
3  Lack of material resources  
4  Lack of staff  
5  Unwillingness of staff to work with the BPC-LOAS  
6  Difficulties in relations with the medical inspection board  
7  Other difficulties. Specify: \_\_\_\_\_

### 5.3. How would you classify the resources available for your activities in regard to the BPC-LOAS?

- 1  Entirely satisfactory  
2  Partly satisfactory  
3  Not satisfactory  
4  Doesn't know

### 5.4. What degree of satisfaction do you feel when dealing with the BPC-LOAS?

- 1  A high degree 4  None at all  
2  A reasonable degree 5  Doesn't know  
3  A low degree

**5.5. Did you undergo any capacity-building activities for working with BPC-LOAS?**

- 1  Yes
- 2  No (go to 6.1)

**5.6. In your assessment such capacity-building was:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

**VI. MANAGEMENT:**

**6.1. Does your agency make use of information on BPC-LOAS when planning its actions?**

- 1  Always
- 2  Almost always
- 3  Sometimes
- 4  Seldom
- 5  Never
- 6  Doesn't know

**6.2. Is there any mechanism in your management unit for evaluating/accompanying the BPC-LOAS?**

- 1  Yes
- 2  No (go to 6.5)
- 3  Doesn't know (go to 6.5)

**6.3. In your opinion, the mechanism is:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

**6.4. Do you participate in any way in such evaluating/accompanying?**

- 1  Yes
- 2  No

**6.5. In your opinion, are the responsibilities of each INSS sector in the process of administering the BPC-LOAS quite clear?**

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for administrative staff members of the INSS agency

### 6.6. What mechanisms are there in the Social Welfare structure for dealing with complaints and/or denunciations made by the populace in regard to the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Social welfare appeal board
- 2  INSS or Social Welfare ombudsman
- 3  Others. Specify: \_\_\_\_\_
- 4  There are no formal mechanisms
- 5  Doesn't know

### 6.7. In your assessment, does the Social Welfare organization take all the necessary measures to find solutions for complaints and/or denunciations in regard to the BPC-LOAS?

- 1  Yes
- 2  No (go to 6.9)
- 3  Doesn't know (go to 6.9)

### 6.8. In your assessment the measures taken are:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### 6.9. Which are the commonest complaints/reasons for dissatisfaction in regard to the BPC-LOAS among users of the benefit? Do you agree with those complaints?

**1. Entirely agree      2. Partly agree      3. Don't agree      4. Doesn't know**

- 1  Delays in receiving the benefit
- 2  Delayed payments
- 3  Low amount of the benefit
- 4  Distance from the service user's residence to the INSS agencies
- 5  Lack of adequate guidance
- 6  Excessive bureaucracy
- 7  Lack of humanity in the manner of attending to users
- 8  Long queues
- 9  Delays in scheduling medical board examinations
- 10  Results of the medical board examinations
- 11  Others. Specify: \_\_\_\_\_

## Questionnaire for administrative staff members of the INSS agency

### VII. SOCIAL CONTROL:

**7.1. Are you aware of the existence of any social control body for the BPC-LOAS in your municipality?**

- 1  Yes
- 2  No (go to 7.4)
- 3  Doesn't know (go to 7.4)

**7.2. Generally speaking, how would you evaluate the degree of interference of that body in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**7.3. Generally speaking, is there any participation of civil society in that body?**

- 1  Yes
- 2  No
- 3  Doesn't know

**7.4. In your view, the role of the special federal welfare court in the implementation of the BPC-LOAS can be considered:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### VIII. PERCEPTION OF THE BPC:

**8.1. Do you feel that the amount granted by the BPC-LOAS enables people to lead a decent life?**

- 1  Yes (go to 8.3)
- 2  No
- 3  Doesn't know (go to 8.3)

**8.2. Why not? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  The amount of the benefit is too low
- 2  The amount is enough but the elderly and disabled have other needs that are not met by the public authorities
- 3  Irrespective of the benefit amount, the elderly and disabled have other needs that are not met by the public authorities
- 4  Others. Specify: \_\_\_\_\_



## Questionnaire for administrative staff members of the INSS agency

### 8.3. In your opinion the requests for the BPC-LOAS stem from: (MARK ALL ALTERNATIVES MENTIONED)

- 1  Effective financial necessity
- 2  Backgrounds of personal dependence on State aid
- 3  A lack of will on the part of the requester to guarantee his/her upkeep by himself/herself
- 4  A tendency among families not to take on responsibility for their dependent elderly or disabled members
- 5  Others. Specify: \_\_\_\_\_
- 6  Doesn't know

### 8.4. Do you perceive any difference between BPC-LOAS beneficiaries and those regular socially insured persons attended to by the INSS?

- 1  Yes
- 2  No (go to 8.6)
- 3  Doesn't know (go to 8.6)

### 8.5. In case of a "Yes", what are the main differences? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The BPC-LOAS beneficiary is poorer than the regular INSS socially insured client.
- 2  The BPC-LOAS beneficiary has greater difficulty in understanding how the benefit works than the regular INSS insured client.
- 3  The BPC-LOAS beneficiary does not contribute to the Social Welfare scheme and therefore should not be handled by the INSS.
- 4  The BPC-LOAS beneficiary is more critical/quizzical than the regular Social Welfare client.
- 5  The BPC-LOAS beneficiary feels that he/she is being done a favor by the Social Welfare scheme while the regular Social Welfare client feels that he or she is exercising a right.

### 8.6. Do you agree with the ban on remunerated activities for any elderly person receiving the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 8.7. Do you feel that only disabled people effectively unable to work should receive the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 8.8. How important do you consider the BPC-LOAS to be?

- 1  Very important
- 2  Important
- 3  Of little importance
- 4  Not necessary

## Questionnaire for administrative staff members of the INSS agency

8.9. In your opinion, what should be done to improve the living conditions of BPC-LOAS beneficiaries in your municipality?

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## Questionnaire for INSS medical inspection board doctors

 Universidade Federal Fluminense	<b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b>
	Questionnaire for INSS Medical Inspection Board Doctors

### I. IDENTIFICATION OF THE QUESTIONNAIRE:

1.1. Type of questionnaire: | 5 |

1.2. Agency: |\_|\_|\_|\_|

1.3. Stratum: |\_|

1.4. Questionnaire number: |\_|

1.5. Number of the benefit: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

1.6. State/DF and municipality: |\_|\_|\_| |\_|\_|\_|\_|\_|\_|\_|

1.7. Date of the interview: |\_|\_|\_|/|\_|\_|\_|/|\_|\_|\_|\_|\_|

1.8. Interviewer's code: |\_|\_|\_|

### II. IDENTIFICATION OF THE INTERVIEWEE:

2.1. Name: \_\_\_\_\_

2.2. Age: \_\_\_\_\_ years old

#### 2.3. Sex:

1  Female

2  Male

#### 2.4. Race/ color:

1  White

2  Black

3  Brown

4  Oriental

5  Indigenous

#### 2.5. Employment situation in the social insurance institution: (MARK ONE ALTERNATIVE ONLY)

1  Permanent employee

2  Regular work contract – CLT (Consolidation of Labor Laws)

3  Appointee

4  Temporary work contract

5  Service provider

6  Others. Specify: \_\_\_\_\_

## Questionnaire for INSS medical inspection board doctors

### 2.6. How long has it been since you qualified:

- 1  Less than 2 years
- 2  2 to 5 years
- 3  6 to 10 years
- 4  Over 10 years

### 2.7. Post held in the agency:

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### 2.8. How long have you worked for the INSS?

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  More than 1 year up to 2 years
- 4  More than 2 years up to 5 years
- 5  Over 5 years

### 2.9. How long have you been working with BPC-LOAS?

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  More than 1 year up to 2 years
- 4  More than 2 years up to 5 years
- 5  Over 5 years

## III. ACCESS TO THE BENEFIT:

### 3.1. Indicate to what extent you agree with the following statements: (mark all the alternatives)

1. Entirely agree      2. Partly agree      3. Don't agree      4. Doesn't know

- 1  The per capita family income criterion of  $\frac{1}{4}$  of a minimum salary to have the right to benefit is low.
- 2  The information available to the benefit user on the BPC-LOAS is insufficient.
- 3  The location of the INSS agencies makes access difficult for potential BPC-LOAS beneficiaries.
- 4  The existence of intermediaries makes relations between users and the INSS difficult.
- 5  There is a lot of bureaucracy in the administration of the BPC-LOAS process.
- 6  The public social assistance bodies do not give much support to service users when requesting the benefit.
- 7  The technical staff of INSS agencies are insufficiently trained for operationalizing the BPC-LOAS benefit.
- 8  The technical staff of INSS agencies are reluctant to attend to BPC-LOAS users because they are not regularly Insured under the social security scheme.
- 9  The criteria used by the medical examination boards to determine incapacity for independent life or for work for regular work are not clear.
- 10  The inspection board does not take into account the users social condition when making medical evaluation.

## Questionnaire for INSS medical inspection board doctors

### 3.2. How would you evaluate the criteria used for granting the BPC-LOAS to disabled persons?

- 1  Very rigid
- 2  Rigid
- 3  Flexible
- 4  Others. Specify: \_\_\_\_\_
- 5  Doesn't know

## IV. INTERGOVERNMENTAL AND INTERSECTORAL RELATIONS:

### 4.1. In your opinion the degree of INSS acceptance of operationalizing the BPC-LOAS is:

- 1  High
- 2  Medium
- 3  Low
- 4  Non existent
- 5  Doesn't know

### 4.2. Does your agency carry out any kind of joint work with secretariats responsible for social assistance related to the BPC-LOAS?

- 1  Yes.
- 2  No (go to 4.4)
- 3  Doesn't know (go to 4.4)

### 4.3. In your opinion this work has generally been: (MARK ONE ALTERNATIVE ONLY)

- 1  Constant and cooperative
- 2  Constant and conflictive
- 3  Occasional and cooperative
- 4  Occasional and conflictive
- 5  Doesn't know

### 4.4. In your opinion, should the INSS develop joint work in regard to the BPC-LOAS with the secretariats responsible for social assistance in the municipalities?

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for INSS medical inspection board doctors

### 4.5. In your opinion what are the difficulties that prevent greater integration between the INSS and the secretariat responsible for social assistance in your municipality? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Concentration of decision making on BPC-LOAS in the INSS
- 2  Lack of interest on the part of the INSS
- 3  Lack of interest of the social assistance body
- 4  Differences between the INSS objectives and those of the social assistance body in regard to BPC-LOAS
- 5  Resistance on the part of INSS professional staff
- 6  Resistance on the part of the social assistance body's professional staff
- 7  Others. Specify: \_\_\_\_\_
- 8  There are no difficulties

### 4.6. In your opinion, what should be the role of the social assistance secretariat of your municipality in executing the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Orientate the user population in regard to the benefit and how to request it
- 2  Refer possible beneficiaries to the INSS
- 3  Participate in the analysis/evaluation of the processes requesting the granting of the benefit
- 4  Carry out studies on the conditions of vulnerability of those requesting the benefit
- 5  Accompany the administration of the processes for conceding the BPC-LOAS benefit
- 6  Coordinate the process of revision for the BPC-LOAS
- 7  Offer various social actions and services directed at BPC-LOAS beneficiaries
- 8  Other. Specify: \_\_\_\_\_
- 9  It should not interfere in the execution of the BPC-LOAS
- 10  Doesn't know

### 4.7. In your assessment, this role is being performed?

- 1  Completely
- 2  Partly
- 3  Not being performed
- 4  Doesn't know

### 4.8. In your view is operationalizing the BPC-LOAS a problem for your agency?

- 1  Yes
- 2  No
- 3  Doesn't know

### 4.9. Do you agree that the INSS should continue to be responsible for operationalizing the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for INSS medical inspection board doctors

### 4.10. Do you know of any initiatives in the form of supplying social services to BPC-LOAS beneficiaries in the municipality(ies) covered by your management unit?

- 1 Elderly 1  yes 2  no (go to 5.1) 3  doesn't know (go to 5.1)  
2 Disabled person 1  yes 2  no (go to 5.1) 3  doesn't know (go to 5.1)

### 4.11. In your assessment, those initiatives are:

- 1  Entirely sufficient  
2  Partly sufficient  
3  Insufficient  
4  Incipient  
5  Doesn't know

## V. WORK PROCESS:

### 5.1. Does your management unit face problems in handling the BPC-LOAS?

- 1  Yes  
2  No (go to 5.3)  
3  Doesn't know (go to 5.3)

### 5.2. What are the main difficulties being faced? (MARK ALL ALTERNATIVES MENTIONED)

- 1  It is more difficult to deal with BPC-LOAS users than with other types of insured persons  
2  Lack of training for employees in operationalizing the BPC-LOAS  
3  Lack of training for the inspection board doctors  
4  Lack of material resources  
5  Lack of staff  
6  Lack of inspection board doctors  
7  Unwillingness of employees to work with the BPC-LOAS  
8  Reluctance of Inspection board doctors to work with the BPC-LOAS  
9  Difficulties in relations with other sectors of the agency  
10  Difficulties in defining disability  
11  Lack of uniformity in the medical-inspection procedures for evaluating the degree of disability  
12  Difficulties in applying the acrostic to all the medical-inspection evaluations  
13  Conflict with service users who have had benefit denied because of inspection-board decision  
14  Other difficulties. Specify: \_\_\_\_\_

### 5.3. How would you classify the resources available for performing your work in regard to the BPC-LOAS?

- 1  Entirely satisfactory  
2  Partly satisfactory  
3  Not satisfactory  
4  Doesn't know



## Questionnaire for INSS medical inspection board doctors

### 5.4. To what degree are satisfied to be working with the BPC-LOAS?

- 1  High
- 2  Medium
- 3  Low
- 4  Not satisfied
- 5  Doesn't know

### 5.5. Have you undergone any kind of capacity-building in order to work with the BPC-LOAS?

- 1  Yes
- 2  No (go to 6.1)

### 5.6. In your opinion such capacity-building was:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### 5.7. Do you take part in any group or entity that discusses problems related to the BPC-LOAS?

- 1  Yes
- 2  No (go to 6.1)

### 5.8. What group or entity?

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## VI. MANAGEMENT:

### 6.1. Does your agency make use of information on BPC-LOAS when planning its actions?

- 1  Always
- 2  Almost always
- 3  Sometimes
- 4  Seldom
- 5  Never
- 6  Doesn't know

### 6.2. Is there any mechanism in your agency for evaluating/accompanying the medical inspection activities in regard to the BPC-LOAS?

- 1  Yes
- 2  No (go to 6.5)
- 3  Doesn't know (go to 6.5)

## Questionnaire for INSS medical inspection board doctors

### 6.3. You feel that this mechanism is:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### 6.4. Do you participate in any way in such evaluation/accompaniment?

- 1  Yes
- 2  No

### 6.5. In your opinion, are the responsibilities of each sector of the INSS quite clear in regard to the management process of the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 6.6. What mechanisms are there in the Social Welfare structure for dealing with complaints and/or denunciations made by the populace in regard to the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Social Welfare appeal board
- 2  INSS or Social Welfare ombudsman
- 3  Others. Specify: \_\_\_\_\_
- 4  There are no formal mechanisms
- 5  Doesn't know

### 6.7. In your assessment, does the Social Welfare organization take all the necessary measures to find solutions for complaints and/or denunciations in regard to the BPC-LOAS?

- 1  Yes
- 2  No (go to 6.9)
- 3  Doesn't know (go to 6.9)

### 6.8. In your assessment the measures taken are:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

## Questionnaire for INSS medical inspection board doctors

**6.9. Which are the commonest complaints/reasons for dissatisfaction in regard to the BPC-LOAS among users of the benefit? Do you agree with those complaints?**

**1. Entirely agree    2. Partly agree    3. Don't agree    4. Doesn't know**

- 1  Delays in receiving the benefit
- 2  Delayed payments
- 3  Low amount of the benefit
- 4  Distance form the service user's residence to the INSS agencies
- 5  Lack of adequate guidance
- 6  Excessive bureaucracy
- 7  Lack of humanity in the manner of attending to users
- 8  Long queues
- 9  Delays in scheduling medical board examinations
- 10  Results of the medical board examinations
- 11  Others. Specify: \_\_\_\_\_

### VII. SOCIAL CONTROL:

**7.1. In your municipality is there any body where the BPC-LOAS is discussed?**

- 1  Yes
- 2  No (go to 7.4)
- 3  Doesn't know (go to 7.4)

**7.2. How would you evaluate the degree of interference of that body in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**7.3. Is there any participation of civil society in that body?**

- 1  Yes
- 2  No
- 3  Doesn't know

**7.4. In your view, the role of the Special Federal Welfare Court in the implementation of the BPC-LOAS can be considered:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

## Questionnaire for INSS medical inspection board doctors

### VIII. PERCEPTION OF THE BPC-LOAS:

#### 8.1. Do you feel that the amount granted by the BPC-LOAS enables people to lead a decent life?

- 1  Yes (go to 8.3)
- 2  No
- 3  Doesn't know (go to 8.3)

#### 8.2. Why not? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The amount of the benefit is too low
- 2  The amount is enough but the elderly and disabled have other needs that are not met by the public authorities
- 3  Irrespective of the benefit amount, the elderly and disabled have other needs that are not met by the public authorities
- 4  Others. Specify: \_\_\_\_\_

#### 8.3. In your opinion the requests for the BPC-LOAS stem from: (MARK ALL ALTERNATIVES MENTIONED)

- 1  Effective financial necessity
- 2  Backgrounds of personal dependence on State aid
- 3  A lack of will on the part of the requester to guarantee his/her upkeep by himself/herself
- 4  A tendency among families not to take on responsibility for their dependent elderly or disabled members
- 5  Others. Specify: \_\_\_\_\_

#### 8.4. Do you perceive any difference between BPC-LOAS beneficiaries and those regular socially insured persons attended to by the INSS?

- 1  Yes
- 2  No (go to 8.6)
- 3  Doesn't know (go to 8.6)

#### 8.5. In case of a "Yes", what are the main differences? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The BPC-LOAS beneficiary is poorer than the regular INSS socially insured client.
- 2  The BPC-LOAS beneficiary has greater difficulty in understanding how the benefit works than the regular INSS insured client.
- 3  The BPC-LOAS beneficiary does not contribute to the Social Welfare scheme and therefore should not be handled by the INSS.
- 4  The BPC-LOAS beneficiary is more critical/quizzical than the regular Social Welfare client.
- 5  The BPC-LOAS beneficiary feels that he/she is being done a favor by the Social Welfare scheme while the regular Social Welfare client feels that he or she is exercising a right.

#### 8.6. Do you agree with the ban on remunerated activities for any elderly person receiving the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for INSS medical inspection board doctors

**8.7. Do you feel that only disabled persons effectively unable to work should receive the BPC-LOAS?**

- 1  Yes
- 2  No
- 3  Doesn't know

**8.8. How important do you consider the BPC-LOAS to be?**

- 1  Very important
- 2  Important
- 3  Of little importance
- 4  Not necessary

**8.9. In your opinion, what should be done to improve the living conditions of BPC-LOAS beneficiaries in the municipality(ies) covered by your management unit?**

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**Questionnaire for INSS medical inspection board doctors**

**Comments of the interviewee**  
**(Record here any complementary comments or remarks)**

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**Comments of the interviewer**

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## Questionnaire for municipal councils

 Universidade Federal Fluminense	<b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b>
	<b>Questionnaire for Municipal Councils</b>

### I. IDENTIFICATION OF THE QUESTIONNAIRE:

1.1. Questionnaire type: | 6 |

1.2. State/DF and municipality: |\_\_|\_|\_| |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|

1.3. Date of interview: |\_\_|\_|\_|/|\_\_|\_|\_|/|\_\_|\_|\_|\_|\_|\_|

1.4. Interviewer's code: |\_\_|\_|\_|

1.5. Name of the council:

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### II. IDENTIFICATION OF THE INTERVIEWEE:

2.1. Name of councilor: \_\_\_\_\_

2.2. Age: \_\_\_\_\_ years old

#### 2.3. Sex:

- 1  Female  
2  Male

#### 2.4. Race/ color:

- 1  White  
2  Black  
3  Brown  
4  Oriental  
5  Indigenous

#### 2.5. Schooling level:

- 1  No qualification, less than one year of schooling  
2  Basic education incomplete  
3  Complete basic (compulsory) education  
4  Senior high school incomplete  
5  Complete senior high school education  
6  Incomplete higher education  
7  Complete higher education. Specify: \_\_\_\_\_

## Questionnaire for municipal councils

**2.6. Occupation:** \_\_\_\_\_

**2.7. Representation on the council: (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Governmental
- 2  Civil society
- 3  Assistance institution
- 4  Professional
- 5  Other. Specify: \_\_\_\_\_

**2.8. How long have you participated in the council?**

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  From over a year to 2 years
- 4  From over 2 years to 5 years
- 5  Over 5 years

**2.9. Name of the association/institution that you represent:**

\_\_\_\_\_

**2.10. How long have you belonged to that association/institution?**

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  From over a year to 2 years
- 4  From over 2 years to 5 years
- 5  Over 5 years

### III. ACCESS TO THE BENEFIT:

**3.1. In what way does your Council participate in the process of helping users to request the BPC-LOAS from the INSS? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Helps in filling out the forms
- 2  Gives guidance to help solve problems regarding the documents necessary for registering the requisition
- 3  Gives guidance to those who wish to lodge an appeal in cases of denial of the benefit
- 4  Does not participate in the process of structuring the requisition (go to 3.3)

**3.2. In your assessment, that participation is generally:**

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Not sufficient
- 4  Doesn't know



## Questionnaire for municipal councils

**3.3. Does your council usually accompany the processes requesting the BPC-LOAS handed in to the INSS by service users from your municipality?**

- 1  Yes
- 2  No (go to 3.5)
- 3  Doesn't know (go to 3.5)

**3.4. In your assessment, that accompaniment is generally:**

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Not sufficient
- 4  Doesn't know

**3.5. In your opinion, having the granting of the benefit approved is generally:**

**1. Very easy    2. Easy    3. Difficult    4. Very difficult    5. Doesn't know**

- 1  For the BPC-LOAS for the elderly
- 2  For the BPC-LOAS for the disabled persons

**3.6. Indicate to what extent you agree with the following statements: (MARK ALL THE ALTERNATIVES)**

**1. Entirely agree    2. Partly agree    3. Don't agree    4. Doesn't know**

- 1  The per capita family income criterion of  $\frac{1}{4}$  of a minimum salary to have the right to benefit is low.
- 2  The information available to the benefit user on the BPC-LOAS is insufficient.
- 3  The location of the INSS agencies makes access difficult for potential BPC-LOAS beneficiaries.
- 4  The existence of intermediaries makes relations between users and the INSS difficult.
- 5  There is a lot of bureaucracy in the administration of the BPC-LOAS process.
- 6  The public Social Assistance bodies do not give much support to service users when requesting the benefit.
- 7  The technical staff of INSS agencies are insufficiently trained for operationalizing the BPC-LOAS benefit.
- 8  The technical staff of INSS agencies are reluctant to attend to BPC-LOAS users because they are not regularly Insured under the social security scheme.
- 9  The criteria used by the medical examination boards to determine incapacity for independent life or for work for regular work are not clear.
- 10  The inspection board does not take into account the users social condition when making medical evaluation.

## IV. INTERGOVERNMENTAL AND INTERSECTORAL RELATIONS:

**4.1. In your opinion the degree of INSS acceptance of operationalizing the BPC-LOAS is:**

- 1  High
- 2  Medium
- 3  Low
- 4  Non existent
- 5  Doesn't know

## Questionnaire for municipal councils

### 4.2. Does your council carry out any kind of joint work with the INSS or the Municipal Secretariat for Social Assistance in regard to the BPC-LOAS?

- 1  Yes, with both bodies. What kind? \_\_\_\_\_
- 2  Yes, but only with the INSS. What kind? \_\_\_\_\_
- 3  Yes, but only with the municipal secretariat. What kind? \_\_\_\_\_
- 4  No (go to 4.5)
- 5  Doesn't know (go to 4.5)

### 4.3. What does that work consist of?

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### 4.4. In your opinion this work has generally been: (MARK ONE ALTERNATIVE ONLY)

- 1  Constant and cooperative
- 2  Constant and conflictive
- 3  Occasional and cooperative
- 4  Occasional and conflictive
- 5  Doesn't know

### 4.5. In your municipality is any joint work done by the INSS and the secretariat responsible for social assistance in regard to the BPC-LOAS?

- 1  Yes
- 2  No (go to 4.7)
- 3  Doesn't know (go to 4.7)

### 4.6. In your opinion this work has generally been: (MARK ONE ALTERNATIVE ONLY)

- 1  Constant and cooperative
- 2  Constant and conflictive
- 3  Occasional and cooperative
- 4  Occasional and conflictive
- 5  Doesn't know

### 4.7. In your opinion what are the difficulties that prevent greater integration between the INSS and the secretariat responsible for social assistance as regards BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Concentration of decision making on BPC-LOAS in the INSS
- 2  Lack of interest on the part of the INSS
- 3  Lack of interest of the social assistance body
- 4  Differences between the INSS objectives and those of the social assistance body in regard to BPC-LOAS
- 5  Resistance on the part of INSS professional staff
- 6  Resistance on the part of the social assistance body's professional staff
- 7  Others. Specify: \_\_\_\_\_
- 8  There are no difficulties

## Questionnaire for municipal councils

### 4.8. In your opinion, what should be the role of the social assistance secretariat in executing the BPC-LOAS?

(MARK ALL ALTERNATIVES MENTIONED)

- 1  Orientate the user population in regard to the benefit and how to request it
- 2  Refer possible beneficiaries to the INSS
- 3  Participate in the analysis/evaluation of the processes requesting the granting of the benefit
- 4  Carry out studies on the conditions of vulnerability of those requesting the benefit
- 5  Accompany the administration of the processes for conceding the BPC-LOAS benefit
- 6  Coordinate the process of revision for the BPC-LOAS
- 7  Offer various social actions and services directed at BPC-LOAS beneficiaries
- 8  Other. Specify: \_\_\_\_\_
- 9  It should not interfere in the execution of the BPC-LOAS
- 10  Doesn't know

### 4.9. In your assessment, this role is being performed:

- 1  Completely
- 2  Partly
- 3  Not being performed
- 4  Doesn't know

### 4.10. Do you agree that the INSS should continue to be responsible for operationalizing the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 4.11. Do you know of any initiatives in the form of supplying social services to BPC-LOAS beneficiaries in your municipality?

- |                   |                                |   |   |
|-------------------|--------------------------------|---|---|
| 1 Elderly         | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no (go to 5.1) | 3 <input type="checkbox"/> doesn't know (go to 5.1) |
| 2 Disabled person | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no (go to 5.1) | 3 <input type="checkbox"/> doesn't know (go to 5.1) |

### 4.12. In your assessment, those initiatives are generally:

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Insufficient
- 4  Incipient
- 5  Doesn't know

## Questionnaire for municipal councils

### V. SOCIAL CONTROL:

#### 5.1. Register the number of persons in each of the sectors that makes up your council at present:

- 1  Representatives of the government
- 2  Representatives of civil society
- 3  Representatives of assistance institutions
- 4  Representatives of professionals
- 5  Representatives of the service users
- 6  Other sectors. Specify: \_\_\_\_\_

#### 5.2. Does your council have representatives of:

- |                     |                                |                               |   |
|---------------------|--------------------------------|-------------------------------|---|
| 1 Elderly people?   | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> doesn't know |
| 2 Disabled persons? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> doesn't know |

#### 5.3. How often does your council hold meetings?

- 1  Weekly
- 2  Monthly
- 3  Every two months
- 4  Quarterly
- 5  Half-yearly
- 6  Annually
- 7  Never meets
- 8  Doesn't know

#### 5.4. How often does your council usually discuss problems related to the BPC?

- 1  Always
- 2  Sometimes
- 3  Almost never
- 4  Never
- 5  Doesn't know

#### 5.5. In what way does your council participate in the BPC-LOAS in the municipality? (MARK ALL ALTERNATIVES MENTIONED)

- 1  It participates in the implantation of the BPC-LOAS.
- 2  It participates in the granting of the BPC-LOAS.
- 3  It participates in the revision of the BPC-LOAS.
- 4  It participates in the inspection/supervision of the bodies responsible for the BPC-LOAS.
- 5  It participates in the monitoring of respect for the rights of the BPC-LOAS beneficiaries.
- 6  It participates in providing beneficiaries with support for gaining access to assistance
- 7  It participates in providing support for beneficiaries in receiving the BPC-LOAS.
- 8  It accompanies s legal processes in the courts'.
- 9  It deliberates on resources of the Municipal Assistance Fund for the revision of the BPC-LOAS.

## Questionnaire for municipal councils

- 10  Discusses benefit concession criteria.  
11  It does not participate (go to 5.7).  
12  Doesn't know (go to 5.7).

### 5.6. In your opinion, to what degree is your council involved with the BPC-LOAS?

- 1  A high degree  
2  A reasonable degree  
3  A low degree  
4  None at all  
5  Doesn't know

### 5.7. In your opinion, what could stimulate the participation of your council in the problems regarding the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Having representatives of the elderly and disabled persons among the councilors  
2  If the municipal authority were to stimulate discussion  
3  The councilors attending Council meetings more assiduously  
4  The councilors being better informed on the BPC-LOAS  
5  Greater participation of service users in the Council  
6  The Council's dealing more with users problems  
7  Others. Specify: \_\_\_\_\_  
8  Doesn't know

### 5.8. Does your Council have any mechanisms for receiving complaints or denunciations from the population in regard to the BPC-LOAS? (MARK ONE OPTION ONLY)

- 1  Yes, but only formal mechanisms  
2  Yes, both formal and informal mechanisms  
3  Yes, but only informal mechanisms  
4  No  
5  Doesn't know

### 5.9. In your assessment, does the council take all the necessary measures to find solutions for complaints and/or denunciations in regard to the BPC-LOAS?

- 1  Yes  
2  No (go to 5.11)  
3  Doesn't know (go to 5.11)

### 5.10. In your assessment the measures taken are:

- 1  Entirely satisfactory  
2  Partly satisfactory  
3  Not satisfactory  
4  Doesn't know

## Questionnaire for municipal councils

**5.11. In your assessment, does the Social Welfare organization take all the necessary measures to find solutions for complaints and/or denunciations in regard to the BPC-LOAS?**

- 1  Yes
- 2  No (go to 5.13)
- 3  Doesn't know (go to 5.13)

**5.12. In your assessment the measures taken are:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

**5.13. In your assessment, does the secretariat responsible for social assistance in the municipality take all the necessary measures to find solutions for user's complaints and/or denunciations in regard to the BPC-LOAS?**

- 1  Yes
- 2  No (go to 5.15)
- 3  Doesn't know (go to 5.15)

**5.14. In your assessment the measures taken are:**

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

**5.15. Which are the commonest complaints/reasons for dissatisfaction in regard to the BPC-LOAS among users of the benefit? Do you agree with those complaints?**

**1. Entirely agree      2. Partly agree      3. Don't agree      4. Doesn't know**

- 1  Delays in receiving the benefit
- 2  Delayed payments
- 3  Low amount of the benefit
- 4  Distance form the service user's residence to the INSS agencies
- 5  Lack of adequate guidance
- 6  Excessive bureaucracy
- 7  Lack of humanity in the manner of attending to users
- 8  Long queues
- 9  Delays in scheduling medical board examinations
- 10  Results of the medical board examinations
- 11  Others. Specify: \_\_\_\_\_

**5.16. Does your municipality have any association/organization representing elderly people?**

- 1  Yes.
- 2  No (go to 5.18)
- 3  Doesn't know (go to 5.18)

## Questionnaire for municipal councils

**5.17. In your opinion what is the degree of interference of that body in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**5.18. Does your municipality have any association/organization representing disabled persons?**

- 1  Yes. \_\_\_\_\_
- 2  No (go to 5.20)
- 3  Doesn't know (go to 5.20)

**5.19. In your opinion what is the degree of interference of that body in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**5.20. Do you know of any other non governmental body or entity in your municipality in which problems related to the BPC-LOAS are discussed or duly referred?**

- 1  Yes
- 2  No (go to 6.1)
- 3  Doesn't know (go to 6.1)

**5.21. Which bodies or entities?**

\_\_\_\_\_

**5.22. In your opinion what is the degree of interference of that body in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**5.23. Does civil society participate in that body?**

- 1  Yes. \_\_\_\_\_
- 2  No
- 3  Doesn't know

### VI. PERCEPTION OF THE BPC:

#### 6.1. Do you feel that the amount granted by the BPC-LOAS enables people to lead a decent life?

- 1  Yes (go to 6.3)
- 2  No
- 3  Doesn't know (go to 6.3)

#### 6.2. Why not? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The amount of the benefit is too low
- 2  The amount is enough but the elderly and disabled have other needs that are not met by the public authorities
- 3  Irrespective of the benefit amount, the elderly and disabled have other needs that are not met by the public authorities
- 4  Others. Specify: \_\_\_\_\_

#### 6.3. In your opinion the requests for the BPC-LOAS stem from: (MARK ALL ALTERNATIVES MENTIONED)

- 1  Effective financial necessity
- 2  Backgrounds of personal dependence on State aid
- 3  A lack of will on the part of the requester to guarantee his/her upkeep by himself/herself
- 4  A tendency among families not to take on responsibility for their dependent elderly or disabled members
- 5  Others. Specify: \_\_\_\_\_
- 6  Doesn't know

#### 6.4. Do you perceive any difference between BPC-LOAS beneficiaries and those regular socially insured persons attended to by the INSS?

- 1  Yes
- 2  No (go to 6.6)
- 3  Doesn't know (go to 6.6)

#### 6.5. In case of a "Yes", what are the main differences? (MARK ALL ALTERNATIVES MENTIONED)

- 1  The BPC-LOAS beneficiary is poorer than the regular INSS socially insured client.
- 2  The BPC-LOAS beneficiary has greater difficulty in understanding how the benefit works than the regular INSS insured client.
- 3  The BPC-LOAS beneficiary does not contribute to the Social Welfare scheme and therefore should not be handled by the INSS.
- 4  The BPC-LOAS beneficiary is more critical/quizzical than the regular Social Welfare client.
- 5  The BPC-LOAS beneficiary feels that he/she is being done a favor by the Social Welfare scheme while the regular Social Welfare client feels that he or she is exercising a right.

#### 6.6. Do you agree with the ban on remunerated activities for any elderly person receiving the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know



## Questionnaire for municipal councils

**6.7. Do you feel that only disabled persons effectively unable to work should receive the BPC-LOAS?**

- 1  Yes
- 2  No
- 3  Doesn't know

**68. How important do you consider the BPC-LOAS to be?**

- 1  Very important
- 2  Important
- 3  Of little importance
- 4  Not necessary

**6.9. In your opinion, what should be done to improve the living conditions of BPC-LOAS beneficiaries in your municipality?**

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## Questionnaire for municipal secretariats

 Universidade Federal Fluminense	<b>RESEARCH – EVALUATION OF THE CONTINUOUS ASSISTANCE BENEFIT - BPC</b>
	Questionnaire for Municipal Secretariats

### I. IDENTIFICATION OF THE QUESTIONNAIRE:

1.1. Questionnaire type: | 7 |

1.2. State/DF and municipality: |\_\_|\_|\_| |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|

1.3. Date of interview: |\_\_|\_|\_|/|\_\_|\_|\_|/|\_\_|\_|\_|\_|\_|\_|

1.4. Interviewer's code: |\_\_|\_|\_|

1.5. UNDER THE EXECUTIVE MANAGEMENT OF \_\_\_\_\_

### II. IDENTIFICATION OF THE INTERVIEWEE:

2.1. Name: \_\_\_\_\_

2.2. Age: \_\_\_\_\_ years old

#### 2.3. Sex:

1  Female

2  Male

#### 2.4. Race/ color:

1  White

2  Black

3  Brown

4  Oriental

5  Indigenous

#### 2.5. Employment Situation in the Social Insurance institution (MARK ONE ALTERNATIVE ONLY):

1  Permanent employee

2  Regular work contract – CLT (Consolidation of Labor Laws)

3  Appointee

4  Temporary work contract

5  Service provider

6  Others. Specify: \_\_\_\_\_

## Questionnaire for municipal secretariats

### 2.6. Schooling level:

- 1  No qualification, less than one year of schooling
- 2  Basic education incomplete
- 3  Complete basic (compulsory) education
- 4  Senior high school incomplete
- 5  Complete senior high School education
- 6  Incomplete higher education
- 7  Complete higher education. Specify: \_\_\_\_\_

2.7. Occupation: \_\_\_\_\_

2.8. Post held in the municipal administration: \_\_\_\_\_

### 2.9. How long have you held this post?

- 1  Less than 6 months
- 2  Between 6 months and 1 year
- 3  From over a year to 2 years
- 4  From over 2 years to 5 years
- 5  Over 5 years

## III. ACCESS TO THE BENEFIT:

### 3.1. In what way does your secretariat participate in the process of helping users to requisition the BPC-LOAS from the INSS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Helps in filling out the forms
- 2  Gives guidance to help solve problems regarding the documents necessary for registering the requisition
- 3  Gives guidance to those who wish to lodge an appeal in cases of denial of the benefit
- 4  Does not participate in the process of structuring the requisition (go to 3.3)

### 3.2. In your assessment, that participation is generally:

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Not sufficient
- 4  Doesn't know

### 3.3. Does your secretariat usually accompany the processes requesting the BPC-LOAS handed in to the INSS by service users from your municipality?

- 1  Yes
- 2  No (go to 3.5)
- 3  Doesn't know (go to 3.5)

## Questionnaire for municipal secretariats

### 3.4. In your assessment, that accompaniment is generally:

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Not sufficient
- 4  Doesn't know

### 3.5. Does your secretariat participate in the BPC-LOAS revision process in the municipality?

- 1  Yes
- 2  No (go to 3.7)
- 3  Doesn't know (go to 3.7)

### 3.6. In your assessment, that participation is generally:

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Not sufficient
- 4  Doesn't know

### 3.7. In your opinion, having the granting of the benefit approved is generally:

#### 1. Very easy    2. Easy    3. Difficult    4. Very difficult    5. Doesn't know

- 1  For the BPC-LOAS for the elderly
- 2  For the BPC-LOAS for the disabled persons

### 3.8. Indicate to what extent you agree with the following statements: (MARK ALL THE ALTERNATIVES)

#### 1. Entirely agree    2. Partly agree    3. Don't agree    4. Doesn't know

- 1  The per capita family income criterion of  $\frac{1}{4}$  of a minimum salary to have the right to benefit is low.
- 2  The information available to the benefit user on the BPC-LOAS is insufficient.
- 3  The location of the INSS agencies makes access difficult for potential BPC-LOAS beneficiaries.
- 4  The existence of intermediaries makes relations between users and the INSS difficult.
- 5  There is a lot of bureaucracy in the administration of the BPC-LOAS process.
- 6  The public Social Assistance bodies do not give much support to service users when requesting the benefit.
- 7  The technical staff of INSS agencies are insufficiently trained for operationalizing the BPC-LOAS benefit.
- 8  The technical staff of INSS agencies are reluctant to attend to BPC-LOAS users because they are not regularly Insured under the Social Security scheme.
- 9  The criteria used by the medical examination boards to determine incapacity for independent life or for work for regular work are not clear.
- 10  The inspection board does not take into account the users social condition when making medical evaluation.

## Questionnaire for municipal secretariats

### IV. INTERGOVERNMENTAL AND INTERSECTORAL RELATIONS:

#### 4.1. In your opinion the degree of INSS acceptance of operationalizing the BPC-LOAS is:

- 1  High
- 2  Medium
- 3  Low
- 4  Non existent
- 5  Doesn't know

#### 4.2. Does your secretariat carry out any kind of joint work with the INSS related to the BPC-LOAS?

- 1  Yes.
- 2  No (go to 4.4)
- 3  Doesn't know (go to 4.4)

#### 4.3. In your opinion this work has generally been: (MARK ONE ALTERNATIVE ONLY)

- 1  Constant and cooperative
- 2  Constant and conflictive
- 3  Occasional and cooperative
- 4  Occasional and conflictive
- 5  Doesn't know

#### 4.4. In your opinion should your secretariat and the INSS work together in regard to the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

#### 4.5. In your opinion what are the difficulties that prevent greater integration between your secretariat and the INSS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Concentration of decision making on BPC-LOAS in the INSS
- 2  Lack of interest on the part of the INSS
- 3  Lack of interest of the social assistance body
- 4  Differences between the INSS objectives and those of the social assistance body in regard to BPC-LOAS
- 5  Resistance on the part of INSS professional staff
- 6  Resistance on the part of the social assistance body's professional staff
- 7  Others. Specify: \_\_\_\_\_
- 8  There are no difficulties

## Questionnaire for municipal secretariats

### 4.6 In your opinion, what should be the role of your secretariat in executing the BPC-LOAS? (MARK ALL ALTERNATIVES MENTIONED)

- 1  Orientate the user population in regard to the benefit and how to request it
- 2  Refer possible beneficiaries to the INSS
- 3  Participate in the analysis/evaluation of the processes requesting the granting of the benefit
- 4  Carry out studies on the conditions of vulnerability of those requesting the benefit
- 5  Accompany the administration of the processes for conceding the BPC-LOAS benefit
- 6  Coordinate the process of revision for the BPC-LOAS
- 7  Offer various social actions and services directed at BPC-LOAS beneficiaries
- 8  Other. Specify: \_\_\_\_\_
- 9  It should not interfere in the execution of the BPC-LOAS
- 10  Doesn't know

### 4.7. In your assessment, this role is being performed:

- 1  Completely
- 2  Partly
- 3  Not being performed
- 4  Doesn't know

### 4.8. Do you agree that the INSS should continue to be responsible for operationalizing the BPC-LOAS?

- 1  Yes
- 2  No
- 3  Doesn't know

### 4.9. Do you know of any initiatives in the form of supplying social services to BPC-LOAS beneficiaries in the municipality(ies) covered by your management unit?

- |                   |                                |   |   |
|-------------------|--------------------------------|---|---|
| 1 Elderly         | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no (go to 5.1) | 3 <input type="checkbox"/> doesn't know (go to 5.1) |
| 2 Disabled person | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no (go to 5.1) | 3 <input type="checkbox"/> doesn't know (go to 5.1) |

### 4.10. In your assessment, those initiatives are:

- 1  Entirely sufficient
- 2  Partly sufficient
- 3  Insufficient
- 4  Incipient
- 5  Doesn't know

## V. WORK PROCESS:

### 5.1. Does your secretariat problems in handling the BPC-LOAS?

- 1  Yes
- 2  No (go to 5.3)
- 3  Doesn't know (go to 5.3)

## Questionnaire for municipal secretariats

### 5.2. What are the main difficulties being faced? (MARK ALL ALTERNATIVES MENTIONED)

- 1  It is more difficult to deal with BPC-LOAS users than with other types of insured persons
- 2  Lack of training for employees in operationalizing the BPC-LOAS
- 3  Lack of material resources
- 4  Lack of staff
- 5  Unwillingness of staff to work with the BPC-LOAS
- 6  Difficulties associated to the evaluations of the medical inspection board
- 7  Difficulties in coordinating the various sectors in regard to BPC-LOAS procedures
- 8  Other difficulties. Specify: \_\_\_\_\_

### 5.3. How would you classify the resources available for your activities in regard to the BPC-LOAS?

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### 5.4. What degree of satisfaction do you feel when dealing with the BPC-LOAS?

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

### 5.5. Does your secretariat capacity-building activities for staff or contracted employees for working with BPC-LOAS?

- 1  Yes
- 2  No (go to 6.1)

### 5.6. In your assessment such capacity-building is generally:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know



## Questionnaire for municipal secretariats

### VI. MANAGEMENT:

#### 6.1. Does your secretariat make use of information on BPC-LOAS when planning its actions?

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Always        | 4 <input type="checkbox"/> Seldom       |
| 2 <input type="checkbox"/> Almost always | 5 <input type="checkbox"/> Never        |
| 3 <input type="checkbox"/> Sometimes     | 6 <input type="checkbox"/> Doesn't know |

#### 6.2. Is there any mechanism in your secretariat for evaluating/accompanying the BPC-LOAS?

- 1  Yes  
2  No (go to 6.5)  
3  Doesn't know (go to 6.5)

#### 6.3. What mechanism(s)?

---

#### 6.4. In your assessment such mechanisms are:

- 1  Entirely satisfactory  
2  Partly satisfactory  
3  Not satisfactory  
4  Doesn't know

#### 6.5. Does your secretariat have any formal mechanism for referring complaints and/or denunciations made by the populace in regard to the BPC-LOAS?

- 1  Yes  
2  No (go to 6.8)  
3  Doesn't know (go to 6.8)

#### 6.6. What mechanism(s)?

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#### 6.7. In your assessment such mechanisms are:

- 1  Entirely satisfactory  
2  Partly satisfactory  
3  Not satisfactory  
4  Doesn't know

#### 6.8. In your assessment, does the Social Welfare organization take all the necessary measures to find solutions for complaints and/or denunciations in regard to the BPC-LOAS?

- 1  Yes  
2  No (go to 6.10)  
3  Doesn't know (go to 6.10)

## Questionnaire for municipal secretariats

### 6.9. In your assessment the measures taken are:

- 1  Entirely satisfactory
- 2  Partly satisfactory
- 3  Not satisfactory
- 4  Doesn't know

### 6.10. Which are the commonest complaints/reasons for dissatisfaction in regard to the BPC-LOAS among users of the benefit? Do you agree with those complaints?

**1. Entirely agree      2. Partly agree      3. Don't agree      4. Doesn't know**

- 1  Delays in receiving the benefit
- 2  Delayed payments
- 3  Low amount of the benefit
- 4  Distance form the service user's residence to the INSS agencies
- 5  Lack of adequate guidance
- 6  Excessive bureaucracy
- 7  Lack of humanity in the manner of attending to users
- 8  Long queues
- 9  Delays in scheduling medical board examinations
- 10  Results of the medical board examinations
- 11  Others. Specify: \_\_\_\_\_

## VII. SOCIAL CONTROL:

### 7.1. In your municipality is there any body dedicated to discussing the BPC-LOAS?

- 1  Yes
- 2  No (go to 7.4)
- 3  Doesn't know (go to 7.4)

### 7.2. How would you evaluate the degree of interference of that body in the implementation of the BPC-LOAS?

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

### 7.3. Does civil society participate in that body?

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for municipal secretariats

**7.4. In your opinion what is the degree of involvement of the Municipal Social Assistance Council in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**7.5. Does your municipality have any association/organization representing elderly people?**

- 1  Yes. \_\_\_\_\_
- 2  No (go to 7.7)
- 3  Doesn't know (go to 7.7)

**7.6. In your opinion what is the degree of interference of that body in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**7.7. Does your municipality have any association/organization representing disabled persons?**

- 1  Yes. \_\_\_\_\_
- 2  No (go to 7.9)
- 3  Doesn't know (go to 7.9)

**7.8. In your opinion what is the degree of interference of that body in the implementation of the BPC-LOAS?**

- 1  A high degree
- 2  A reasonable degree
- 3  A low degree
- 4  None at all
- 5  Doesn't know

**VIII. PERCEPTION OF THE BPC:**

**8.1. Do you feel that the amount granted by the BPC-LOAS enables people to lead a decent life?**

- 1  Yes (go to 8.3)
- 2  No
- 3  Doesn't know (go to 8.3)

**8.2. Why not? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  The amount of the benefit is too low
- 2  The amount is enough but the elderly and disabled have other needs that are not met by the public authorities
- 3  Irrespective of the benefit amount, the elderly and disabled have other needs that are not met by the public authorities
- 4  Others. Specify: \_\_\_\_\_

**8.3. In your opinion the requests for the BPC-LOAS stem from: (MARK ALL ALTERNATIVES MENTIONED)**

- 1  Effective financial necessity
- 2  Backgrounds of personal dependence on State aid
- 3  A lack of will on the part of the requested to guarantee his/her upkeep by himself/herself
- 4  A tendency among families not to take on responsibility for their dependent elderly or disabled members
- 5  Others. Specify: \_\_\_\_\_
- 6  Doesn't know

**8.4. Do you perceive any difference between BPC-LOAS beneficiaries and those regular socially insured persons attended to by the INSS?**

- 1  Yes
- 2  No (go to 8.6)
- 3  Doesn't know (go to 8.6)

**8.5. In case of a "Yes", what are the main differences? (MARK ALL ALTERNATIVES MENTIONED)**

- 1  The BPC-LOAS beneficiary is poorer than the regular INSS socially insured client.
- 2  The BPC-LOAS beneficiary has greater difficulty in understanding how the benefit works than the regular INSS insured client.
- 3  The BPC-LOAS beneficiary does not contribute to the Social Welfare scheme and therefore should not be handled by the INSS.
- 4  The BPC-LOAS beneficiary is more critical/quizzical than the regular Social Welfare client.
- 5  The BPC-LOAS beneficiary feels that he/she is being done a favor by the Social Welfare scheme while the regular Social Welfare client feels that he or she is exercising a right.

**8.6. Do you agree with the ban on remunerated activities for any elderly person receiving the BPC-LOAS?**

- 1  Yes
- 2  No
- 3  Doesn't know

## Questionnaire for municipal secretariats

**8.7. Do you feel that only disabled persons effectively unable to work should receive the BPC-LOAS?**

- 1  Yes
- 2  No
- 3  Doesn't know

**8.8. How important do you consider the BPC-LOAS to be?**

- 1  Very important
- 2  Important
- 3  Of little importance
- 4  Not necessary

**8.9. In your opinion, what should be done to improve the living conditions of BPC-LOAS beneficiaries in your municipality?**

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**Questionnaire for municipal secretariats**

**Comments of the interviewee**

**(Record here any complementary comments or remarks)**

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**Comments of the interviewer**

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# RESEARCH

## Study of the Continuous Cash Benefit: demand, coverage and relations with the Brazilian Social Security System

**Executive Institutions:** Regional Planning Development Center of the Federal University of Minas Gerais (Cedeplar/UFMG) through the Research Development Foundation (FUNDEP/UFMG).

**Team Members:** Diana Oya Sawyer and José Alberto Magno de Carvalho (coordinators), Aloísio Joaquim de Freitas, Bernardo Lanza Queiroz, Cíntia Simões Agostinho and Geovane da Conceição Máximo.

**Period Undertaken:** October/2004 to October/2006.

### 1. Objectives

- to construct and forecast target population estimates for the Continuous Cash Benefit (BPC);
- to analyze the coverage and expansion of the program;
- to simulate possible impacts on budgeting of the alterations in the criterion of family per capita income for granting the benefit;
- to evaluate aspects of the relations of the program and the Brazilian security system.

### 2. Methodology

The work was based on an analysis of data from the Demographic Census-2000 of the National Household Sample Survey (PNADs), from the administrative bases of the Continuous Cash Benefit (BPC) and from the National Social Security Institute (INSS), with variations in the techniques applied to meet the requirements of each of the objectives.

Constructing the estimates of target public numbers for the program used the Method of Population Dynamics Components for Population Forecasting and it was done by State and Federal District for the years 2005 and 2010 using interpolation for the in-between years.

The forecasting of the program's potential target public involved population estimating by age group, by sex and by State/DF making use of program eligibility factors. In order to apply the program eligibility factors the following procedures were carried out:

- identification of eligible families according to the degree of kinship of their members with the head of the household;
- calculation of the per capita family income using the sum of the income variable for all persons of 10 years old or more;
- identification of elderly persons using the criterion of 65 years old or over;



- identification of each person with a disability, incapable of leading an independent life or working, using as a basis the questions to be found in the Demographic Census (Table 1. Highlighted categories);
- annual estimates of the number of persons eligible for the BPC calculated by State/DF for each year from 2004 to 2010 for the elderly and 1999 to 2010 for the disabled;

Coverage analysis was carried out separately for the elderly in the years 2004 and 2005 and for the disabled for the years 1999 to 2005

The variation in the eligibility criterion of a **per capita family income of less than 1/4 of the official minimum salary** amount was analyzed because of the expansion in the target public of the program and consequent impacts on budgeting and the following variation were considered:

- per capita family income below 1/2 a minimum salary;
- per capita family income below 3/4 of a minimum salary;
- per capita family income below 1 minimum salary;
- per capita family income below or equal to 1 minimum salary.

In the analysis of the relations of the BPC with the Brazilian Social Security System, significant dimensions and variables were selected to make up interactive models capable of assessing the possible relation, as for example:

- estimates of numbers of INSS contributors in the private sector, by age group and with per capita household income below 1/4 of a minimum salary;
- invalid mortality tables analyzed by the period of duration of the disability;
- indexes of participation in the labor market –hazard rate estimates;
- average length of retirement with a weighted average for life expectancy corresponding to each retirement age;
- Philips curve as adapted by Ball & Moffit (2000)<sup>1</sup>, for analyzing the main determinants of real salaries;
- interactive model proposed by Turra & Queiroz (2005)<sup>2</sup> for estimating the potential effect of the BPC on the Social Security System.

**Table 1 - Variables and categories for the identification of disabled persons based on the Demographic Census (2000) and adapted for the present study.**

Variables	Categories	
	Used for identification	Not used for identification
Permanent mental problems	Yes	No
Able to see	Not able	Great permanent difficulty Certain permanent difficulty No permanent difficulty Not known
Able to hear	Not able	Great permanent difficulty Certain permanent difficulty No permanent difficulty Not known
Able to walk/go up stairs	Not able	Great permanent difficulty Certain permanent difficulty No permanent difficulty Not known
Disabilities	Total permanent paralysis	None of those listed
	Permanent paralysis of the legs	
	Permanent paralysis-one side of the body	Not known
	Lack of an arm, leg, hand ,foot or thumb	

<sup>1</sup> BALL, Lawrence & ROBERT, Moffit (2000). Productivity Growth and Philips Curve.

<sup>2</sup> TURRA, C. & QUEIROZ, B. (2005). Before it's too late: Demographic Transition, Labor Supply, and Social Security Problems in Brazil. United Nations Expert Group Meeting on Social and Economic Implications of Changing Population Age Structure, Mexico City, United Nations.

# RESEARCH

## Special Social Assistance Supplement to the Survey of Basic Municipal Information

**Executive Institution:** Brazilian Institute of Geography and Statistics (IBGE).

**Team members:** Surveys Board / Population and Social Indicators Coordinating Body (IBGE/DPE/COPIS).

**Period of Survey:** December 2005 to December 2006.

### 1. Objectives

To delineate the structure of municipal social assistance public services producing data and information in regard to the following aspects:

- organizational structure of the body administering social assistance;
- legislation and instruments governing the administration of social assistance in the municipal sphere;
- structure and functioning of the municipalsocial assistance councils;
- human and financial resources available to the body administrating social assistance;
- types of services provided by the municipal social assistance network;
- size of the municipal social assistance network and its capacity to provide services.

### 2. Methodology

The Survey of Basic Municipal Information (Munic) is a detailed survey of information concerning the structure and functioning of Brazilian municipal administrations. This research is regularly undertaken by the IBGE and had its first edition published in 1999 with successive editions in 2001, 2002, 2004 and 2005. From the third edition on (2002), the survey has taken into the field a specific thematic questionnaire which is used to produce the Special Municipal Supplement in addition to the regular basic questionnaire that is the mainstay and that has historically produced the series of research data.


In 2005, on the initiative of the Ministry of Social Development and the Fight against Hunger, the special Supplement was directed at the theme of municipal public social assistance services. The survey which was both descriptive and in the nature of a census, took in the whole universe of 5,564 Brazilian municipalities that existed in the year 2005. The main informant is the Municipal Authority through its several specific bodies; however, the legislative and justice branches also answer blocks of questions concerning their activities. In the case of the Social Assistance Supplement, the main informant in each municipality is the body which is responsible for administering social assistance in the municipality (secretariat, department, coordinating body, advisory board or similar entity).

The survey questionnaire was developed jointly with the Secretariat for Evaluation and Information Management (SAGI/MDS), the National Secretariat for Social Assistance (SNAS) and the Brazilian Institute

of Geography and Statistics (IBGE). The entire field operation, including the training for the researchers, was conducted by the IBGE as was the digital registration of the data, tabulation, and data analysis.

The survey results were disseminated by means of the Special Social Assistance Supplement - Munic 2005, published by the IBGE. The publication comes with a CD-Rom containing the micro-data of the survey.

## Questionnaire

 <b>IBGE</b> <small>Instituto Brasileiro de Geografia e Estatística</small> <b>SURVEY OF BASIC MUNICIPAL INFORMATION – 2005</b> <b>SOCIAL ASSISTANCE SUPPLEMENT</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>BLOCK 01</b></td> <td colspan="2" style="text-align: center;"><b>PERSON COLLECTING DATA</b></td> </tr> <tr> <td colspan="3">1 - Name of the person responsible for data collecting:</td> </tr> <tr> <td>2 – SIAPE:</td> <td>3 - Date data collecting begun:</td> <td>4 - Date data collecting ended:</td> </tr> </table>	<b>BLOCK 01</b>	<b>PERSON COLLECTING DATA</b>		1 - Name of the person responsible for data collecting:			2 – SIAPE:	3 - Date data collecting begun:	4 - Date data collecting ended:
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1 - Name of the person responsible for data collecting:										
2 – SIAPE:	3 - Date data collecting begun:	4 - Date data collecting ended:								

<b>BLOCK 02</b>	<b>IDENTIFICATION OF THE MUNICIPALITY</b>	
1 - State/DF:	2 - Municipality:	3 - Name of the municipality:

**FILLING IN THE QUESTIONNAIRE**

1 - The concepts or expressions used in the questions which require an explanation can be found within the questionnaire itself. Additional clarification can be obtained from the IBGE technical staff member responsible for data gathering.

2 - The questionnaire should be filled out using a ball point pen with blue or black ink and in capital letters

3 - Abbreviations may only be used when there are not enough spaces in the form to accommodate the expression in full

4 - The boxes for registering numbers must be filled in as follows:  
 - From right to left.  
 Example:

- Using a 0 (zero) when the amount solicited in the respective question is null and void  
 Example:

5 - In some questions there are commands that determine their sequence. These are presented in the form of instructions beside the boxes to be filled in and indicate what should be the sequence used to fill them in.

<b>BLOCK 03</b>	<b>BODY MANAGING THE SOCIAL ASSISTANCE</b>													
1 - The body managing the social assistance is characterized as														
<b>Sector is that part of the organization of the municipal authority that does not have the status of a secretariat. E.g. department, directorate or similar body</b>														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <input type="checkbox"/> Exclusive municipal secretariat (<b>go to block 04</b>)</td> <td style="width: 50%;">2. <input type="checkbox"/> Municipal secretariat together with other sectoral policies</td> </tr> <tr> <td>3. <input type="checkbox"/> Public Foundation</td> <td>4. <input type="checkbox"/> Sector subordinated to another secretariat</td> </tr> <tr> <td>5. <input type="checkbox"/> Sector subordinated directly to the office of the executive (<b>go to block 04</b>)</td> <td>6. <input type="checkbox"/> There is no specific structure (<b>go to block 04</b>)</td> </tr> </table>			1. <input type="checkbox"/> Exclusive municipal secretariat ( <b>go to block 04</b> )	2. <input type="checkbox"/> Municipal secretariat together with other sectoral policies	3. <input type="checkbox"/> Public Foundation	4. <input type="checkbox"/> Sector subordinated to another secretariat	5. <input type="checkbox"/> Sector subordinated directly to the office of the executive ( <b>go to block 04</b> )	6. <input type="checkbox"/> There is no specific structure ( <b>go to block 04</b> )						
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2 - To which secretariat or social assistance sector is it subordinated or associated? ( <b>ALLOW MULTIPLE ANSWERS</b> )														
<table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">2.1. <input type="checkbox"/> Education</td> <td style="width: 16.6%;">2.2. <input type="checkbox"/> Planning</td> <td style="width: 16.6%;">2.3. <input type="checkbox"/> Health</td> <td style="width: 16.6%;">2.4. <input type="checkbox"/> Supply</td> <td style="width: 16.6%;">2.5. <input type="checkbox"/> Food Security</td> <td style="width: 16.6%;">2.6. <input type="checkbox"/> Labor</td> </tr> <tr> <td colspan="6">2.7. <input type="checkbox"/> Other      2.7.1 Specify: _____</td> </tr> </table>			2.1. <input type="checkbox"/> Education	2.2. <input type="checkbox"/> Planning	2.3. <input type="checkbox"/> Health	2.4. <input type="checkbox"/> Supply	2.5. <input type="checkbox"/> Food Security	2.6. <input type="checkbox"/> Labor	2.7. <input type="checkbox"/> Other      2.7.1 Specify: _____					
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2.7. <input type="checkbox"/> Other      2.7.1 Specify: _____														

<b>BLOCK 04</b>	<b>REGISTRATION INFORMATION</b>	
<b>A) Managing Body</b>		
1 - Managing Body:		
2 - Address:		
3 - Number:	4 - Complementary Info:	5 - Neighborhood:

## Questionnaire

<b>BLOCK 04</b>	<b>REGISTRATION INFORMATION</b>		(conclusion)
6 - Postal Code:	7 - Telephone:	8 - Fax:	
9 - Name of person responsible for the managing body:			
10 - E-mail of person responsible for the managing body:			
<b>B) Responsible for the information</b>			
11 - Is the person responsible for the information the person responsible for the managing body? 1 <input type="checkbox"/> Yes (go to item 16)                      2 <input type="checkbox"/> No		12 - Telephone of person responsible for the information:	
13 - Name of person responsible for the information:			
14 - Post held by person responsible for the information:			
15 - E-mail of person responsible for the information:		16 - Signature of person responsible for the information:	
<b>C) Unified Registry</b>			
17 - Is the Unified Registry for Federal Government Social Programs maintained by the body managing social assistance in the municipality? 1 <input type="checkbox"/> Yes (go to block 05)                      2 <input type="checkbox"/> No		18 - Mark the body responsible for the Unified Registry for Federal Government Social Programs: 1 <input type="checkbox"/> Education                      2 <input type="checkbox"/> Health                      3 <input type="checkbox"/> Other 3.1 - Specify _____	

<b>BLOCK 05</b>	<b>MANAGEMENT INSTRUMENTS AND LEGISLATION</b>		
1 - Does the organic law of the municipality set out provisions on social assistance? 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No		2 - Is there any other legal instrument that regulates social assistance? <b>Legal instrument</b> is relevant legislation which may include laws, decrees, resolutions 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No (go to item 4)	
3- Mark the object governed by legal instruments ( <b>MULTIPLE ANSWERS ALLOWED</b> ) Municipal Social Assistance Policy addresses the human needs for social protection and security with an integrated set of different forms of attention consisting of benefits, continuous services, projects and programs aimed at ensuring and guaranteeing the provisions of the Organic Act of Social Assistance - LOAS The Municipal Social Assistance Plan is a strategic planning instrument designed to consolidate the policy of the Unified Social Assistance System which organizes, regulates and orientates the way it functions.			
3.1 <input type="checkbox"/> Municipal Social Assistance Council		3.2 <input type="checkbox"/> Municipal Social Assistance Fund	
3.3 <input type="checkbox"/> Municipal Social Assistance Policy		3.4 <input type="checkbox"/> Standards and parameters for social services provided	
3.5 <input type="checkbox"/> Social assistance projects, programs and actions		3.6 <input type="checkbox"/> Concession of tax incentives for social assistance entities	
3.7 <input type="checkbox"/> Others			
4 - Does the municipality have a Municipal Social Assistance Plan? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to block 6)		5 - How often is the development of the Municipal Social Assistance Plan monitored and evaluated? 1 <input type="checkbox"/> Monthly                      2 <input type="checkbox"/> Half-yearly                      3 <input type="checkbox"/> Annually 4 <input type="checkbox"/> Other frequency                      5 <input type="checkbox"/> Not monitored or evaluated	

<b>BLOCK 06</b>	<b>MUNICIPAL COUNCILS</b>		
1 - Does the municipality have a Municipal Social Assistance Council? 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No (go to item 8)		2 - Is the Municipal Social Assistance Council a deliberative council? <b>Deliberative</b> means that which effectively has the power to decide on the implantation of policies and the administration of resources related to its field of activity. 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No	
3 Is there parity in the Municipal Social Assistance Council? <b>Parity</b> means it is made up of representatives of the municipal government and of the civil society in equal proportions. 1 <input type="checkbox"/> Yes (go to item 5)                      2 <input type="checkbox"/> No		1 What is the proportion of representation of the civil society on the council? <b>Civil Society</b> consists of those entities and associations that are not part of the government 1 <input type="checkbox"/> Less than 50%                      2 <input type="checkbox"/> More than 50%                      3 <input type="checkbox"/> No representation (go to item7)	



## Questionnaire

BLOCK 08	INFRASTRUCTURE OF ADMINISTRATING BODY	(conclusion)								
<p>9- Does the municipality use computerized systems to manage its social assistance policies (not including SUAS web):</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (go to Block 9)</p>	<p>10 - The system used allows for: <b>(MULTIPLE ANSWERS ALLOWED)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">10.1 <input type="checkbox"/> Registration and inclusion of entities</td> <td style="width: 50%;">10.2 <input type="checkbox"/> Description of user profile</td> </tr> <tr> <td>10.3 <input type="checkbox"/> Accompaniment of service provided to users</td> <td>10.4 <input type="checkbox"/> Accompaniment of programs</td> </tr> <tr> <td>10.5 <input type="checkbox"/> Integration of sectors with signed agreements, accounting, and payment of entities object of such agreements</td> <td>10.6 <input type="checkbox"/> Providing information on the care network</td> </tr> <tr> <td>10.7 <input type="checkbox"/> Other</td> <td></td> </tr> </table>		10.1 <input type="checkbox"/> Registration and inclusion of entities	10.2 <input type="checkbox"/> Description of user profile	10.3 <input type="checkbox"/> Accompaniment of service provided to users	10.4 <input type="checkbox"/> Accompaniment of programs	10.5 <input type="checkbox"/> Integration of sectors with signed agreements, accounting, and payment of entities object of such agreements	10.6 <input type="checkbox"/> Providing information on the care network	10.7 <input type="checkbox"/> Other	
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10.7 <input type="checkbox"/> Other										

BLOCK 09	SOCIAL ASSISTANCE HUMAN RESOURCES																																				
<p>1 - Schooling level of the head of the body administering social assistance</p> <table style="width: 100%;"> <tr> <td>1 <input type="checkbox"/> Basic education (years 1 to 8) incomplete</td> <td>2 <input type="checkbox"/> Basic education complete</td> <td>3 <input type="checkbox"/> Senior high incomplete</td> <td>4 <input type="checkbox"/> Senior high complete</td> </tr> <tr> <td>5 <input type="checkbox"/> Higher education incomplete</td> <td>6 <input type="checkbox"/> Higher education complete</td> <td>7 <input type="checkbox"/> Postgraduate studies</td> <td></td> </tr> </table>		1 <input type="checkbox"/> Basic education (years 1 to 8) incomplete	2 <input type="checkbox"/> Basic education complete	3 <input type="checkbox"/> Senior high incomplete	4 <input type="checkbox"/> Senior high complete	5 <input type="checkbox"/> Higher education incomplete	6 <input type="checkbox"/> Higher education complete	7 <input type="checkbox"/> Postgraduate studies																													
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<p>2 - Register the number of people working with Social Assistance according to the following categories:</p> <p><b>Attention: The requested information for column refer to the complete schooling level, except in the column of basic education that could be completed or not.</b></p> <p><b>Statutory staff</b> - Governed by specific Legislation - (R, JU)</p> <p><b>CLT staff</b> - Governed by the Consolidated Labor Laws - CLT</p> <p><b>Simple Appointees</b> - those having no permanent bond other than the appointment</p> <p><b>Non-permanent staff</b> - staff loaned by other bodies, service providers, volunteers, among others</p> <p><b>Post-graduation</b> is taken to be both <i>latu sensu</i> (specializations, perfecting graduation) and <i>strictu sensu</i> (masters, doctors and post-doctors)</p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>1 Basic Education</td> <td>2 Senior High Education</td> <td>3 Higher education</td> <td>4 Post graduation</td> <td>5 Total (1+2+3+4)</td> </tr> <tr> <td>1 Statutory staff</td> <td>2.1.1          </td> <td>2.1.2          </td> <td>2.1.3          </td> <td>2.1.4          </td> <td>2.1.5          </td> </tr> <tr> <td>2 CLT staff</td> <td>2.2.1          </td> <td>2.2.2          </td> <td>2.2.3          </td> <td>2.2.4          </td> <td>2.2.5          </td> </tr> <tr> <td>3 Simple Appointees</td> <td>2.3.1          </td> <td>2.3.2          </td> <td>2.3.3          </td> <td>2.3.4          </td> <td>2.3.5          </td> </tr> <tr> <td>4 Trainees</td> <td>2.4.1          </td> <td>2.4.2          </td> <td>2.4.3          </td> <td>2.4.4          </td> <td>2.4.5          </td> </tr> <tr> <td>5 Temporary staff</td> <td>2.5.1          </td> <td>2.5.2          </td> <td>2.5.3          </td> <td>2.5.4          </td> <td>2.5.5          </td> </tr> </table>			1 Basic Education	2 Senior High Education	3 Higher education	4 Post graduation	5 Total (1+2+3+4)	1 Statutory staff	2.1.1	2.1.2	2.1.3	2.1.4	2.1.5	2 CLT staff	2.2.1	2.2.2	2.2.3	2.2.4	2.2.5	3 Simple Appointees	2.3.1	2.3.2	2.3.3	2.3.4	2.3.5	4 Trainees	2.4.1	2.4.2	2.4.3	2.4.4	2.4.5	5 Temporary staff	2.5.1	2.5.2	2.5.3	2.5.4	2.5.5
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<p>3 - Register the number of postgraduates and graduates working in social assistance in the categories below:</p> <table style="width: 100%;"> <tr> <td>3.1           Social assistant</td> <td>3.2           Occupational therapist</td> <td>3.3           Psychologist</td> <td>3.4           Doctor</td> <td>3.5           Nurse</td> </tr> <tr> <td>3.6           Educator</td> <td>3.7           Sociologist</td> <td>3.8           Lawyer</td> <td>3.9           Journalist</td> <td>3.10           Nutritionist</td> </tr> </table>		3.1           Social assistant	3.2           Occupational therapist	3.3           Psychologist	3.4           Doctor	3.5           Nurse	3.6           Educator	3.7           Sociologist	3.8           Lawyer	3.9           Journalist	3.10           Nutritionist																										
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BLOCK 10	AGREEMENTS AND PARTNERSHIPS								
<p><b>All agreements and partnerships executed by the municipality or in which it participates should be considered</b></p>									
<p>1 - Is there any specific municipal legislation that addresses agreements and partnerships in the field of Social Assistance?</p> <p>1 <input type="checkbox"/> Yes →</p> <p style="margin-left: 40px;">1.1 Year of law          </p> <p style="margin-left: 40px;">1.2 Number of Law                  </p> <p style="margin-left: 400px;">2 <input type="checkbox"/> No</p>									
<p>2 - Does the municipal authority <b>execute</b> the terms of any agreement or partnership that are directed at actions in the field of social assistance?</p> <p><b>The municipal authority operates the service, action, project or program and the partner is a mere participant.</b></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (go to item 5)</p>	<p>3 - The agreement and/or partnership was signed with: <b>(MULTIPLE ANSWERS ALLOWED)</b></p> <table style="width: 100%;"> <tr> <td>3.1 <input type="checkbox"/> Public bodies/entities</td> <td>3.2 <input type="checkbox"/> Private enterprise</td> </tr> <tr> <td>3.3 <input type="checkbox"/> Non governmental organizational</td> <td>3.4 <input type="checkbox"/> International institution/organization</td> </tr> <tr> <td>3.5 <input type="checkbox"/> Others</td> <td></td> </tr> </table>	3.1 <input type="checkbox"/> Public bodies/entities	3.2 <input type="checkbox"/> Private enterprise	3.3 <input type="checkbox"/> Non governmental organizational	3.4 <input type="checkbox"/> International institution/organization	3.5 <input type="checkbox"/> Others			
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3.5 <input type="checkbox"/> Others									
<p>4 - The operation of such agreements and or partnerships provides for: <b>(MULTIPLE ANSWERS ALLOWED)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">4.1 <input type="checkbox"/> Financial support</td> <td style="width: 50%;">4.2 <input type="checkbox"/> Technical cooperation</td> </tr> <tr> <td>4.3 <input type="checkbox"/> Production of services, actions, projects and/or programs</td> <td>4.4 <input type="checkbox"/> Concession of installations/equipment</td> </tr> <tr> <td>4.5 <input type="checkbox"/> Supplying food</td> <td>4.6 <input type="checkbox"/> Supplying educational or educative material</td> </tr> <tr> <td>4.7 <input type="checkbox"/> Allocating staff</td> <td>4.8 <input type="checkbox"/> Others</td> </tr> </table>		4.1 <input type="checkbox"/> Financial support	4.2 <input type="checkbox"/> Technical cooperation	4.3 <input type="checkbox"/> Production of services, actions, projects and/or programs	4.4 <input type="checkbox"/> Concession of installations/equipment	4.5 <input type="checkbox"/> Supplying food	4.6 <input type="checkbox"/> Supplying educational or educative material	4.7 <input type="checkbox"/> Allocating staff	4.8 <input type="checkbox"/> Others
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4.5 <input type="checkbox"/> Supplying food	4.6 <input type="checkbox"/> Supplying educational or educative material								
4.7 <input type="checkbox"/> Allocating staff	4.8 <input type="checkbox"/> Others								

## Questionnaire

BLOCK 10	AGREEMENTS AND PARTNERSHIPS	(conclusion)												
<p>5 - Does the municipal authority <b>participate</b> the terms of any agreement or partnership that are directed at actions in the field of social assistance?  <b>The partner operates the service, action, project or program and the municipal authority is a mere participant.</b></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (go to Block 11)</p>	<p>6 - The agreement and/or partnership was signed with <b>(MULTIPLE ANSWERS ALLOWED)</b></p> <p>6.1 <input type="checkbox"/> Public bodies/entities      6.2 <input type="checkbox"/> Private enterprise</p> <p>6.3 <input type="checkbox"/> Non governmental organization      6.4 <input type="checkbox"/> International institution/organization</p> <p>6.5 <input type="checkbox"/> Others</p>													
<p>7 - The operation of such agreements and or partnerships provides for: <b>(MULTIPLE ANSWERS ALLOWED)</b></p> <p>7.1 <input type="checkbox"/> Financial support      7.2 <input type="checkbox"/> Technical cooperation</p> <p>7.3 <input type="checkbox"/> Production of services, actions, projects and/or programs      7.4 <input type="checkbox"/> Concession of installations/equipment</p> <p>7.5 <input type="checkbox"/> Supplying food      7.6 <input type="checkbox"/> Supplying educational or educative material</p> <p>7.7 <input type="checkbox"/> Allocating staff      7.8 <input type="checkbox"/> Others</p>														
BLOCK 11	SERVICES													
<p><b>All services provided by the municipality or in which it participates together with partners should be considered</b></p>														
<p>1 - Does the municipality supply services the field of social assistance?  <b>Services are operational structures organized to direct specific attention to certain segments of the population that make use of the Social Assistance network</b></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (go to Block 12)</p>														
<p>2 - Specify the services provided <b>(MULTIPLE ANSWERS ALLOWED)</b></p> <p>2.1 Social-family care      is the attention given to a family group in a vulnerable situation making it possible for families to construct social bonds and participate in collective projects.</p> <p>2.2 Psycho-social care      Provides and prioritizes professional sounding, making possible the construction of critical awareness permitting the group or individual to reflect and to socialize in daily life, thereby serving for the re-establishment of bonds and the construction of rules for living together socially.</p> <p>2.3 Socio-educative care      is an activity directed at a group of people with a view to developing abilities and understanding in regard to a certain theme of general or specific interest.</p> <p>2.4 Capacitating and rehabilitating      is the care given to disabled persons with a view to developing abilities for adapting to daily practical life, stimulating independent locomotion and the capacity to communicate and socialize.</p> <p>2.5 Defense of Rights      is the social and legal assistance given in regard to the social rights set out in social legislation such as the Children and Adolescents Statute and the Statute for the Elderly and the Unified Health System among others.</p> <p>2.6 Socio-educative measures      are determined by the courts with a view to offering protection and accompaniment to the adolescent or child involved in the cycle of violence that forms part of an offence.</p> <p>2.7 Shelter      is the form of care whereby safe shelter is guaranteed but does not attempt to substitute living with the family.</p> <p>2.8 Recreational, cultural and play activities      are activities related to potential abilities that involve leisure and culture and are to be found in the various forms of care that are part of social assistance.</p> <p>2.9 Street Approach      is a form of attention that seeks to establish direct contact between the social assistance team and people living or working on the street or that have previously done so, making it possible to effectively get to know the conditions in which they live, the relations they establish and their insertion in groups and institutions with the object of constructing a proposal for their permanent exit from street life.</p> <p>2.10 Material assistance      means the granting of material benefits to individuals or groups in situations of vulnerability in order to attend to their immediate basic needs.</p> <p>2.11 Work/income-related activities      are directed at creating alternatives to generate occupations and income thereby complementing public sector policies favoring professional qualification, capacity building and generating income.</p> <p>2.12 Household care      is a set of services that orientate the members of the family of the service user in the home itself so that they may care for the user whether he/she is elderly, disabled or a child.</p> <p>2.13 Socio-community activities      are those that promote the strengthening of community ties, the prevention of risk in the geographic area of the community and the strengthening of local social assistance services with a view to improving their quality.</p> <p>2.14 Others</p>														
<p>3 - What types of care are offered in the municipality and who is responsible for providing them? <b>(MULTIPLE ANSWERS ALLOWED)</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">City Hall</th> <th style="width: 15%; text-align: center;">Partners</th> </tr> </thead> <tbody> <tr> <td>1 Casa Lar (Home house)      is a residence run on a participative basis and made available to small groups of people in situations of vulnerability and social risk.</td> <td style="text-align: center;">3.1.1 <input type="checkbox"/></td> <td style="text-align: center;">3.1.2 <input type="checkbox"/></td> </tr> <tr> <td>2 Republic      is an alternative form of residence for independent elderly people or people living in situations of vulnerability and social risk.</td> <td style="text-align: center;">3.2.1 <input type="checkbox"/></td> <td style="text-align: center;">3.2.2 <input type="checkbox"/></td> </tr> <tr> <td>3 Provisional Dwelling      is a form of care offered to men and women and elderly people living on the streets or abandoned and who are capable of running the residence themselves.</td> <td style="text-align: center;">3.3.1 <input type="checkbox"/></td> <td style="text-align: center;">3.3.2 <input type="checkbox"/></td> </tr> </tbody> </table>				City Hall	Partners	1 Casa Lar (Home house)      is a residence run on a participative basis and made available to small groups of people in situations of vulnerability and social risk.	3.1.1 <input type="checkbox"/>	3.1.2 <input type="checkbox"/>	2 Republic      is an alternative form of residence for independent elderly people or people living in situations of vulnerability and social risk.	3.2.1 <input type="checkbox"/>	3.2.2 <input type="checkbox"/>	3 Provisional Dwelling      is a form of care offered to men and women and elderly people living on the streets or abandoned and who are capable of running the residence themselves.	3.3.1 <input type="checkbox"/>	3.3.2 <input type="checkbox"/>
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## Questionnaire

<b>BLOCK 11</b>	<b>SERVICES</b>	(conclusion)	
4 Shelter family	is a service offered by registered trained families that offer shelter to elderly people that have been abandoned, with no families or not in a condition to live with their families.	3.4.1 <input type="checkbox"/>	3.4.2 <input type="checkbox"/>
5 Shelter House (temporary)	is a shelter provided for purposes of case study, to people living on the street with family links severed of vulnerability and social risk.	3.5.1 <input type="checkbox"/>	3.5.2 <input type="checkbox"/>
6 Shelter	is accommodation offered to people in situations of social vulnerability and risk for the purpose of re-establishing and reconstituting autonomy and social bonds on a provisional basis.	3.6.1 <input type="checkbox"/>	3.6.2 <input type="checkbox"/>
7 Asylum	is care given on the basis of internment to the elderly with no family and incapable of providing for themselves.	3.7.1 <input type="checkbox"/>	3.7.2 <input type="checkbox"/>
8 Hostel	is provisional shelter for populations living on the streets or in conditions of social vulnerability and risk.	3.8.1 <input type="checkbox"/>	3.8.2 <input type="checkbox"/>
9 Care center for young offenders	is an entity responsible for planning and executing protective and socio-educational programs directed at adolescents subjected to a regime of socio-family support and orientation, shelter, assisted liberty, semi-liberty, or internment.	3.9.1 <input type="checkbox"/>	3.9.2 <input type="checkbox"/>
10 Living together center	is a place to be frequented during the day where physical, working, recreational, cultural, and associative and education for citizenship activities are carried out.	3.10.1 <input type="checkbox"/>	3.10.2 <input type="checkbox"/>
11 Center for generating work	is a location dedicated to developing activities with a view to professional training and qualification, seeking insertion into the labor, market thereby favoring the achievement of personal and family autonomy.	3.11.1 <input type="checkbox"/>	3.11.2 <input type="checkbox"/>
12 Day Center	is a form of care in specialized institutions where the service user can remain for 8 hours a day according to his or her needs and where health, dental, and physiotherapy services, psychological support, occupational activities and leisure activities, among others are available. The center usually functions during the day.	3.12.1 <input type="checkbox"/>	3.12.2 <input type="checkbox"/>
13 Multiple Use Center	is that social equipment that carries out various forms of social and community activities.	3.13.1 <input type="checkbox"/>	3.13.2 <input type="checkbox"/>
14 Care center for children and adolescents	provides care for children and adolescents particularly those in personal or social risk situations.	3.14.1 <input type="checkbox"/>	3.14.2 <input type="checkbox"/>
15 Care center for the disabled person	provides care for the disabled person in a systematized and continuous manner in community centers where he or she can receive specialized attention according to his/her needs.	3.15.1 <input type="checkbox"/>	3.15.2 <input type="checkbox"/>
16 Social Standby or similar body	is one of the forms of organizing care for populations with subsistence problems, isolated families or individuals in personal or social risk situations.	3.16.1 <input type="checkbox"/>	3.16.2 <input type="checkbox"/>
17 Youth Center	reference and information center for young people from 15 to 24 years old designed to promote young people socially and integrate them with their peers and into social and family living.	3.17.1 <input type="checkbox"/>	3.17.2 <input type="checkbox"/>
18 Family Care Center	is a place where families are attended in a systematized and inter-sectoral manner within the context of their communities with a view to offering guidance and family living-together.	3.18.1 <input type="checkbox"/>	3.18.2 <input type="checkbox"/>
18 Others		3.19.1 <input type="checkbox"/>	3.19.2 <input type="checkbox"/>

<b>BLOCK 12</b>	<b>PUBLIC MUNICIPAL SOCIAL ASSISTANCE ENTITIES</b>		
<b>Public municipal social assistance entities are those entities or organizations created by and managed by the public authorities that provide care and advice to beneficiaries of the Organic Act of Social Assistance n° 8742 dated December 7<sup>th</sup>, 1993 as well as those that are active in the defense and guaranteeing of their rights.</b>			
1 - Total number of public municipal social assistance entities: <span style="float: right;"> _ _ _ _  Entities</span>			
2 - Register the public municipal social assistance entities indicating the main type of care provided (consider the main type to be that which is used the most) according to the list below. Should there be a greater number of entities than available items list the 20 entities most used.			
1 Casa Lar (Home house)	6 Shelter	11 Center for generating work	16 Social Standby or similar body
2 Republic	7 Asylum	12 Day Center	17 Youth Center
3 Provisional Dwelling	8 Hostel	13 Multiple Use Center	18 Family Care Center
4 Shelter family	9 Care center for young offenders	14 Care center for Children and adolescents	19 Other
5 Shelter House	10 Living together center	15 Care Center for Disabled persons	

## Questionnaire

<b>BLOCK 12</b>	<b>PUBLIC MUNICIPAL SOCIAL ASSISTANCE ENTITIES</b>	(conclusion)
1	2.1.1 Entity  2.1.2 Address	2.1.3 Care Category
2	2.2.1 Entity  2.2.2 Address	2.2.3 Care Category
3	2.3.1 Entity  2.3.2 Address	2.3.3 Care Category
4	2.4.1 Entity  2.4.2 Address	2.4.3 Care Category
5	2.5.1 Entity  2.5.2 Address	2.5.3 Care Category
6	2.6.1 Entity  2.6.2 Address	2.6.3 Care Category
7	2.7.1 Entity  2.7.2 Address	2.7.3 Care Category
8	2.8.1 Entity  2.8.2 Address	2.8.3 Care Category
9	2.9.1 Entity  2.9.2 Address	2.9.3 Care Category
10	2.10.1 Entity  2.10.2 Address	2.10.3 Care Category

## Questionnaire

<b>BLOCK 12</b>	<b>PUBLIC MUNICIPAL SOCIAL ASSISTANCE ENTITIES</b>	(conclusion)
11	2.11.1 Entity  2.11.2 Address	2.11.3 Care Category
12	2.12.1 Entity  2.12.2 Address	2.12.3 Care Category
13	2.13.1 Entity  2.13.2 Address	2.13.3 Care Category
14	2.14.1 Entity  2.14.2 Address	2.14.3 Care Category
15	2.15.1 Entity  2.15.2 Address	2.15.3 Care Category
16	2.16.1 Entity  2.16.2 Address	2.16.3 Care Category
17	2.17.1 Entity  2.17.2 Address	2.17.3 Care Category
18	2.18.1 Entity  2.18.2 Address	2.18.3 Care Category
19	2.19.1 Entity  2.19.2 Address	2.19.3 Care Category
20	2.20.1 Entity  2.20.2 Address	2.20.3 Care Category

# RESEARCH

## Survey of Private Non-Profit Social Assistance Entities

**Executive Institution:** Brazilian Institute of Geography and Statistics (IBGE).

**Team in charge:** Research Department / Technical Management of Demographic Censuses (IBGE/DPE/GTD).

**Period Undertaken:** August 2006 to July 2007.

### 1. Objectives

To produce information on the structure and functioning of private non-profit organizations that carry out social assistance work with special attention to the following aspects:

- human resources being made use of taking into account, quantity, professional qualification, and the type of links with the organization
- sources of financing and the volume of financial resources
- types of assistance services offered and being provided and the volume of services being made use of
- infrastructure available for offering services and supporting activities

### 2. Methodology

The first methodological step towards carrying out the Survey of Private Non-Profit Social Assistance Entities (PEAS) was to make a register that would reflect as closely as possible, the universe of entities to be researched into.

To that end the Brazilian Institute of Geography and Statistics (IBGE) undertook the cross referencing and revision of the data in two previous registers. The first and more important one stems from the survey “Private Non-Profit Foundations and Associations in Brazil– FASFIL 2002”; a study based on secondary data collected by the IBGE with the participation of the Institute for Applied Economics Research (IPEA) and the Brazilian Association of Non Governmental Organizations (ABONG). The FAFIL register was put together using data from the 2002 Central Company Register (CEMPRE), which covers the entire set of institutions registered in the Corporate Tax Payer Registry (CNPJ). In regard to the concept of Non-profit Institutions to be used, the definition adopted was the one set out in the Handbook on Non-profit Institutions in the System of National Accounts, jointly elaborated by the Statistics Division of the United Nations Organization and the John Hopkins University.

The second Register made use of was supplied by the National Secretariat for Social Assistance of the Ministry of Social Development and the Fight against Hunger (SNAS/MDS) and embraces the set of private social assistance organizations that receive resources passed on to them by the MDS.

The Register that was set up to carry out the PEAS incorporated entities (local units) classified in Group 5 (Social Assistance) of the FASFIL and to a lesser extent a set of entities that are only registered in the MDS Register. The cross-referencing and revision of these two pre-existing registers resulted in a new one with approximately 33 thousand entries which represents the sphere of the entities that were surveyed in the PEAS. Bearing in mind that the Single Registry System had never been submitted to verification in the field, it was estimated on the basis of a pre-test that the number of entities that could effectively be characterized as social assistance entities in activity (that is to say, eligible for survey purposes) would be roughly half of the total number registered. This estimate was confirmed during the process of collecting the data.

The survey which was in the nature of a census - directed at the universe delineated by the register - and the data collecting was done by means of a structured questionnaire used in a live interview. The entire field operation including the training for the researchers, was conducted by the IBGE as was the digital registration of the data, critical analysis and tabulation.



## Questionnaire

3 CHARACTERIZATION AND SUPERVISION OF THE ENTITY		
3.01 - In which sphere is the institution the entity belongs to active in? 1 <input type="checkbox"/> Municipal 2 <input type="checkbox"/> State 3 <input type="checkbox"/> Regional 4 <input type="checkbox"/> National	3.02 - Is the entity registered with the Municipal Social Assistance Council? 1 <input type="checkbox"/> Yes (go to item 3.05)      2 <input type="checkbox"/> Being processed 3 <input type="checkbox"/> No	
3.03 - Does the entity have a statute? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.04 - Does the entity have internal regulations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.05 - Is the entity registered with the State Social Assistance Council? 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> Being processed      3 <input type="checkbox"/> No
3.06 - Is the entity registered with the National Social Assistance Council? 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> Being processed ( <b>go to item 3.11</b> ) 3 <input type="checkbox"/> No ( <b>go to item 3.11</b> )		3.07 - Is the entity certified as Social Assistance charity? 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> Being processed ( <b>go to item 3.09</b> ) 3 <input type="checkbox"/> No ( <b>go to item 3.09</b> )
3.08 - Is there a signboard fixed in a visible spot? (CNAS Res. n° 178 dated August 10, 2000) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.09 - Is the entity qualified as a Civil Society Organization of Public Interest? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.10 - Is the entity qualified as a Social Organization? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3.11 - Does the entity have the title of Federal Public Utility? (Law n° 91/35) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.12 - Does the entity have the title of State Public Utility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.13 - Does the entity have the title of Municipal Public Utility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3.14 - Is the entity accredited by the Council for the Rights of Children and Adolescents? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.15 - Is the entity accredited by the Council for the Rights of the Elderly? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3.16 - Supervision of the Municipal Social Assistance Council is carried out: 1 <input type="checkbox"/> Once a year      3 <input type="checkbox"/> When registration is renewed 2 <input type="checkbox"/> More than once a year      0 <input type="checkbox"/> Not once a year ( <b>go to item 3.18</b> )
3.17 - What is the means used to carry out supervision? 1 <input type="checkbox"/> Visits 2 <input type="checkbox"/> Handwritten reports 3 <input type="checkbox"/> Computerized systems 4 <input type="checkbox"/> Other	3.18 - Supervision carried out by the Municipal Social Assistance Managing body takes place: 1 <input type="checkbox"/> Once a year 2 <input type="checkbox"/> More than once a year 0 <input type="checkbox"/> Not once a year ( <b>go to Block 4</b> )	3.19 - What is the means used to carry out supervision? 1 <input type="checkbox"/> Visits 2 <input type="checkbox"/> Handwritten reports 3 <input type="checkbox"/> Computerized systems 4 <input type="checkbox"/> Other





## Questionnaire

5	<b>CHARACTERIZATION OF THE TARGET PUBLIC AND THE MAIN ACTIVITY</b>
5.01 - What is the age group of the target public being served by the entity? (up to 3 alternatives allowed)	
1 <input type="checkbox"/> from 0 to 6 years old	4 <input type="checkbox"/> from 25 to 59 years old
2 <input type="checkbox"/> from 7 to 14 years old	5 <input type="checkbox"/> 60 years old or over
3 <input type="checkbox"/> from 15 to 24 years old	
5.02 - What are the characteristics of the target public being served by the entity? (up to 3 alternatives allowed)	
1 <input type="checkbox"/> People in situations of vulnerability or social risk	7 <input type="checkbox"/> Drug addicts
2 <input type="checkbox"/> People with special needs	8 <input type="checkbox"/> Released detainees
3 <input type="checkbox"/> Populations of street dwellers	9 <input type="checkbox"/> Pregnant/breastfeeding women
4 <input type="checkbox"/> Victims of violence	10 <input type="checkbox"/> Author of legal offence
5 <input type="checkbox"/> Children and adolescents in work situations	11 <input type="checkbox"/> Other
6 <input type="checkbox"/> Ethnic minorities	
5.03 - Care and attention are offered:	
1 <input type="checkbox"/> Individually	
2 <input type="checkbox"/> In groups	
3 <input type="checkbox"/> Both	
5.04 - What kind of an entity is it?	
1 <input type="checkbox"/> Casa Lar (Home house)	11 <input type="checkbox"/> Center for generating work
2 <input type="checkbox"/> Republic	12 <input type="checkbox"/> Day center
3 <input type="checkbox"/> Provisional dwelling	13 <input type="checkbox"/> Multiple use center
4 <input type="checkbox"/> Shelter family	14 <input type="checkbox"/> Care center for children
5 <input type="checkbox"/> Shelter house	15 <input type="checkbox"/> Care center for disabled persons
6 <input type="checkbox"/> Shelter	16 <input type="checkbox"/> Social standby or similar body
7 <input type="checkbox"/> Asylum	17 <input type="checkbox"/> Youth center
8 <input type="checkbox"/> Hostel	18 <input type="checkbox"/> Family care center
9 <input type="checkbox"/> Care center for young offenders	19 <input type="checkbox"/> Other
10 <input type="checkbox"/> Living together center	
5.05 - What are the main services offered by the entity? (allow up to 3 alternatives)	
1 <input type="checkbox"/> Socio-family care	8 <input type="checkbox"/> Recreational/cultural activities, play
2 <input type="checkbox"/> Psycho-social care	9 <input type="checkbox"/> Approach made on the street.
3 <input type="checkbox"/> Socio-educational care	10 <input type="checkbox"/> Material assistance, assistance in kind
4 <input type="checkbox"/> Qualification and rehabilitation	11 <input type="checkbox"/> Work/income related activities
5 <input type="checkbox"/> Defense of Rights	12 <input type="checkbox"/> Household care
6 <input type="checkbox"/> Execution of socio-educative measures	13 <input type="checkbox"/> Social-community activities
7 <input type="checkbox"/> Forms of shelter	14 <input type="checkbox"/> Others

## Questionnaire

6	INSTALLATIONS AND EQUIPMENT					
6.01 - In regard to the situation of the building being used by the entity, it is:			6.02 - What is the building made of?			
1 <input type="checkbox"/> Owned by entity		3 <input type="checkbox"/> Loaned	1 <input type="checkbox"/> Brick		3 <input type="checkbox"/> Mixed	
2 <input type="checkbox"/> Rented		4 <input type="checkbox"/> Other	2 <input type="checkbox"/> Wood		4 <input type="checkbox"/> Other	
In regard to available physical spaces, the entity has :						
6.03 - A library		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.13 - A park		
6.04 - A theater		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.14 - A room to rest in		
6.05 - A laundry		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.15 - Offices		
6.06 - Studies		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.16 - An auditorium		
6.07 - Sports courts		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.17 - Individual bedrooms		
6.08 - Consulting rooms		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.18 - Collective bedrooms		
6.09 - A projection room		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.19 - A kitchen		
6.10 - A garden		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.20 - A bathroom/toilet		
6.11 - Socializing rooms		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.21 - A refectory		
6.12 - Toy room		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.22 - A pantry		
What equipment is available in the entity?						
6.23 - Fridge		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.32 - Computer		
6.24 - Stove		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.33 - Data show equipment		
6.25 - Microwave		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.34 - Retro-projector		
6.26 - Television		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.35 - Blackboard		
6.27 - Telephone		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.36 - Washing machine		
6.28 - Fax		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.37 - Leisure equipment (misc.)		
6.29 - Audio equip.		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.38 - Apparatus for treatments		
6.30 - Videocassette plyr.		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.39 - Beds		
6.31 - DVD player		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6.40 - Toys		
6.41 - The availability of permanent material necessary for the entity's activities is:		6.42 - The availability of non-permanent material necessary for the entity's activities is:		6.43 - Has the entity been adapted to give access to elderly or disabled people?		
1 <input type="checkbox"/> Sufficient		1 <input type="checkbox"/> Sufficient		1 <input type="checkbox"/> Totally		
2 <input type="checkbox"/> Not sufficient		2 <input type="checkbox"/> Not sufficient		2 <input type="checkbox"/> Partially		
				3 <input type="checkbox"/> Not adapted		

## Questionnaire

7	HUMAN RESOURCES																																														
<p>How many people are there collaborating in the entity classified by schooling level and form of work contract?</p> <p>7.01 - Collaborators with higher education:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 20%;">11 - Employees</th> <th style="width: 20%;">12 - Service providers</th> <th style="width: 20%;">13 - Volunteers</th> <th style="width: 20%;">14 - Loaned employees</th> <th style="width: 20%;">15 - Trainees</th> </tr> <tr> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> </tr> </table> <p>7.02 - Collaborators with senior high school education:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 20%;">11 - Employees</th> <th style="width: 20%;">12 - Service providers</th> <th style="width: 20%;">13 - Volunteers</th> <th style="width: 20%;">14 - Loaned employees</th> <th style="width: 20%;">15 - Trainees</th> </tr> <tr> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> </tr> </table> <p>7.03 - Collaborators with basic education (year 8):</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 20%;">11 - Employees</th> <th style="width: 20%;">12 - Service providers</th> <th style="width: 20%;">13 - Volunteers</th> <th style="width: 20%;">14 - Loaned employees</th> <th style="width: 20%;">15 - Trainees</th> </tr> <tr> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> <td> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </td> </tr> </table> <p>7.04 - Register numbers according to the area of qualification of the professionals working in the entity with graduation or higher schooling (employees, service providers, or loaned employees):</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">1 <input type="text"/> Social Assistant(s)</td> <td style="width: 50%;">6 <input type="text"/> Journalist(s)</td> </tr> <tr> <td>2 <input type="text"/> Sociologist(s)</td> <td>7 <input type="text"/> Doctor(s)</td> </tr> <tr> <td>3 <input type="text"/> Lawyer(s)</td> <td>8 <input type="text"/> Psychologist(s)</td> </tr> <tr> <td>4 <input type="text"/> Educator(s)</td> <td>9 <input type="text"/> Nurse(s)</td> </tr> <tr> <td>5 <input type="text"/> Occupational Therapist(s)</td> <td>10 <input type="text"/> Other(s)</td> </tr> </table> <p>7.05 - In regard to qualifying and capacity building, how often does the entity provide directly or by means of partnership agreements, capacity building opportunities for its human resources?</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">1 <input type="text"/> Monthly</td> <td style="width: 50%;">4 <input type="text"/> Other</td> </tr> <tr> <td>2 <input type="text"/> Half-yearly</td> <td>5 <input type="text"/> Does not provide them</td> </tr> <tr> <td>3 <input type="text"/> Annually</td> <td></td> </tr> </table>		11 - 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## Questionnaire

8	FINANCING AND PARTNERSHIPS			
8.01 - What are the entity's sources of financing? (up to 3 alternatives allowed)				
1 <input type="checkbox"/>	Own	5 <input type="checkbox"/>	Municipal government	
2 <input type="checkbox"/>	Private	6 <input type="checkbox"/>	Voluntary Contributions	
3 <input type="checkbox"/>	Federal government	7 <input type="checkbox"/>	International	
4 <input type="checkbox"/>	State government	8 <input type="checkbox"/>	Others	
8.02 - In regard to sources of financing mentioned in the previous item which one of them is responsible for the greatest volume of resources?				Register code only
The entity enjoys exemption/immunity due to what kind of regulations?				
8.03 - Municipal	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
8.04 - State	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
8.05 - Federal	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
8.06 - Where is the main point of application of the exemption or immunity benefit?				
1 <input type="checkbox"/>	Proprietors dues	2 <input type="checkbox"/>	Importation tax	3 <input type="checkbox"/>
				Taxes
			4 <input type="checkbox"/>	Other dues
			0 <input type="checkbox"/>	Not applicable
8.07 - Register those areas in which the entity is benefited by agreements and the name of the body conceding the benefit (multiple answers allowed)				
00 <input type="checkbox"/> No benefit received				
	<b>Municipal Government</b>	<b>State Government</b>	<b>Federal Government</b>	<b>Others</b>
Water supply/payment	10 <input type="checkbox"/>	21 <input type="checkbox"/>	32 <input type="checkbox"/>	43 <input type="checkbox"/>
Electricity supply/payment	11 <input type="checkbox"/>	22 <input type="checkbox"/>	33 <input type="checkbox"/>	44 <input type="checkbox"/>
Telephone line/payment	12 <input type="checkbox"/>	23 <input type="checkbox"/>	34 <input type="checkbox"/>	45 <input type="checkbox"/>
Payment of rent	13 <input type="checkbox"/>	24 <input type="checkbox"/>	35 <input type="checkbox"/>	46 <input type="checkbox"/>
Concession of buildings	14 <input type="checkbox"/>	25 <input type="checkbox"/>	36 <input type="checkbox"/>	47 <input type="checkbox"/>
Donation/concession of furniture	15 <input type="checkbox"/>	26 <input type="checkbox"/>	37 <input type="checkbox"/>	48 <input type="checkbox"/>
Concession of human resources	16 <input type="checkbox"/>	27 <input type="checkbox"/>	38 <input type="checkbox"/>	49 <input type="checkbox"/>
Supply of teaching material	17 <input type="checkbox"/>	28 <input type="checkbox"/>	39 <input type="checkbox"/>	50 <input type="checkbox"/>
Supply of food	18 <input type="checkbox"/>	29 <input type="checkbox"/>	40 <input type="checkbox"/>	51 <input type="checkbox"/>
Training/capacity building	19 <input type="checkbox"/>	30 <input type="checkbox"/>	41 <input type="checkbox"/>	52 <input type="checkbox"/>
Others	20 <input type="checkbox"/>	31 <input type="checkbox"/>	42 <input type="checkbox"/>	53 <input type="checkbox"/>
8.08 - In what way does the entity do its accounting? (multiple answers allowed)				
1 <input type="checkbox"/>	Annual report to Municipal Social Assistance Managing Body		4 <input type="checkbox"/>	Monthly balance statement
2 <input type="checkbox"/>	Annual report to Municipal Social Assistance Council		5 <input type="checkbox"/>	Annual balance statement
3 <input type="checkbox"/>	Annual report to supporting body		6 <input type="checkbox"/>	Other
8.09 - Which are the main organizations with which the entity articulate partnerships to complement the services it offers? (multiple answers allowed)				
1 <input type="checkbox"/>	Bodies of the executive sphere		5 <input type="checkbox"/>	Private companies
2 <input type="checkbox"/>	Bodies of the legislative sphere		6 <input type="checkbox"/>	Higher education institutions
3 <input type="checkbox"/>	Bodies of the legal sphere		7 <input type="checkbox"/>	Others
4 <input type="checkbox"/>	International bodies		0 <input type="checkbox"/>	No articulation done

Questionnaire

8	REMARKS

## ■ Part III - Food and Nutrition Security

- Comparative Study of the Effectiveness of Different Modalities of the Food Acquisition Program in the Northeast Region
- Comparative Study of Local Economic Agents of the Food Acquisition Program in the Regions Northeast and South
- Evaluation of the Food Acquisition Program - Milk
- Profile Survey of Low-Income Restaurant Users
- Environmental Assessment of the Performance of the Cisterns Program of the MDS in Partnership with the ASA: Environmental Sustainability Index
- Evaluation of the Social Impact of the Selecting and Capacity Building Processes of the Cisterns Program of the MDS/PIMC-ASA
- Health and Nutrition Day for Children under Five Living in the Semi-arid Regions and in Agrarian Reform Settlements
- Food Insecurity Supplement of the National Household Sample Survey - PNAD 2004



# RESEARCH

## Comparative Study of the Effectiveness of Different Modalities of the Food Acquisition Program in the Northeast Region

**Executive Institution:** College of Agronomy Luiz de Queiroz of São Paulo University through Luiz de Queiroz Agrarian Studies Foundation (Fealq), São Paulo University (USP).

**Team Members:** Gerd Sparovek (coordinator), Ludwig A. E. Plata, Rodrigo Fernando Maule, Fábio Eduardo Maule, Filipe S. F. Klug, Israel L. F. Klug, Rafael Goldszmidt, Ricardo Lopes Fernandes, Roger A. de Camargo and Sérgio Paganini Martins.

**Period Undertaken:** May 2005 to March 2006.

### 1. Objectives

To compare the effectiveness of different operational models of the Food Acquisition Program in the Northeast Region with a focus on the following aspects:

- the implementation chain of the different operational models including the flow at all stages of their implementation (publicizing, registering farmers, selecting beneficiaries, acquisition of food production, delivery of products etc.);
- the beneficiary and non beneficiary farmers' perceptions of the program.

### 2. Methodology

A comparative study of the implementation processes of the four different operational models of the Food Acquisition Program in the Northeast Region<sup>1</sup>. The research mapped out the flows existing in each version of the program right from the moment when the program was announced, taking in the process for selecting farmers, through to the final handing over of products to the beneficiary institutions. The flows were compared and special attention given both to bottlenecks and to good practices that could be replicated. The study also investigated groups of farmers benefited by the program and groups of non beneficiary farmers in order to identify their perceptions of: the process of publicizing the program, registering farmers and the selection process, the relations with the bank involved (in the case of pre-purchasing) and relations with the National Company for Food Supply (Conab) and the municipal and state governments (depending on the version being analyzed) positive aspects, obstacles to participation, price levels and incentives that were created, as well as any suggestions for changes.

<sup>1</sup> The PAA is operated in four different versions: Direct Purchases from Family Agriculture (CDAF), Anticipated Purchases from Family Agriculture (CAAF), Special Anticipated Purchases from Family Agriculture (CAEAF), and Local Direct Purchases from Family Agriculture (CDLAF).



The study used both qualitative and quantitative investigating techniques. Interviews were held with: a) benefited family agriculture farmers; b) non benefited family agriculture farmers (control population); c) municipal program managers; d) state program managers; e) Conab administrators; f) beneficiary entities and g) farmers associations.

Three of these groups (beneficiary and non beneficiary farmers and farmers' associations) answered structured questionnaires and the results were used to construct a database. The rest of the interviews were transcribed electronically in a summarized form. The researchers also made qualitative records of the different contexts in which fieldwork was carried out.

### 1. The sample

In defining the sample, those states with the greatest degree of participation in the Food Acquisition Program were selected along with the municipalities where program operations were most intense. Based on those criteria six of the nine Federal Units (states and federal district) concerned were selected and 41 municipalities from a group of 316 in which the versions of the program Direct Purchases from Family Agriculture (CDAF), and Anticipated Purchases from Family Agriculture (CAAF) were being operated.

The municipalities selected had one aspect in common, the probability of locating farmers involved in the CDAF and CAAF operations was highest in them due to the intensity of transactions registered, even if the farmers' names and addresses were not readily available. In these same municipalities, during the attempts to locate beneficiaries, the occurrence of other versions of the program was registered, namely: Special Anticipated Purchases from Family Agriculture (CAEAF), and Local Direct Purchases from Family Agriculture (CDLAF).

The comparison group (farmers not benefited by the PAA but who were apt for inclusion in the program) was chosen whenever possible from within the community of the beneficiary group or in nearby communities (villages, settlements or neighborhoods).

A non probabilistic stratified sampling plan was designed to include benefited farmers and associations and a set of non benefited farmers. However, the statistical results obtained only describe the universe that was sampled for the fieldwork of collecting data and they cannot be used as a quantitative basis for characterizing the universal group of beneficiaries and other actors involved in the program as a whole.

Altogether 398 questionnaires were answered of which 250 were applied to beneficiary farmers, 25 to beneficiary associations, 62 to non beneficiary farmers, 38 to beneficiary entities, 17 to local management personal working with the CDLAF, 7 to Conab managers and 2 to MDS administrators at state level as can be seen in Table 1 below.

**Table 1 - Distribution of numbers of interviewees by questionnaire type**

Family agriculture beneficiaries by program type	Number	Family agriculture non beneficiaries, beneficiary associations and entities and Program managers	Number
CDAF	57	Beneficiary associations	25
CDLAF	31	Non beneficiaries	62
CAAF	115	Beneficiary entities	38
CAEAF-DS	21	Local managers (municipal - CDLAF)	14
CAEAF-FE	20	Conab managers	7
More than 1 program modality	6	MDS state administrators	2
<b>Total</b>	<b>250</b>	<b>Total</b>	<b>148</b>

Source: Fealq/USP.



## Questionnaire - interview with beneficiary

Type of abode	
Your house is:	
( ) Own    ( ) Rented    ( ) Loaned    ( ) Conceded    ( ) Other	
How many rooms does your house have? [       ]	
How many bathrooms/toilets does your house have? [       ]	
Latrine ( ) Yes    ( ) No	
What is the constructed area of your house? [       ] m <sup>2</sup>	
What material is your house made of?	
<input type="checkbox"/> <b>Brickwork*</b> <input type="checkbox"/> *complete <input type="checkbox"/> *half complete <input type="checkbox"/> *being built	<input type="checkbox"/> <b>Wood</b>  <input type="checkbox"/> <b>Mud and lathes</b>
<input type="checkbox"/> <b>Adobe</b>  <input type="checkbox"/> <b>Canvas hut</b>	
<b>Does your residence have electricity?</b> <input type="checkbox"/> *Public electricity grid <input type="checkbox"/> *Generator <input type="checkbox"/> *Solar energy	



Water and Sewage
Where does the water supply in your home come from?
<input type="checkbox"/> Public water mains <input type="checkbox"/> Well or spring <input type="checkbox"/> Pre-cast section cistern <input type="checkbox"/> Surface rainwater barriers <input type="checkbox"/> Dam <input type="checkbox"/> Other. Which?
What is the destination of the sewage produced in your residence?
<input type="checkbox"/> Public sewage mains <input type="checkbox"/> Latrine pit <input type="checkbox"/> Runs off in uncovered ditch <input type="checkbox"/> River or stream <input type="checkbox"/> Septic tank <input type="checkbox"/> Other. Which?



Do you presently participate in any kind of social movement or organization?	
( ) No	( ) Yes*
*Which one?	
<input type="checkbox"/> Farmers and farm workers association	
<input type="checkbox"/> Trade union movement of rural workers	
<input type="checkbox"/> MST (Landless peoples movement)	
<input type="checkbox"/> Pastoral / religious group	
<input type="checkbox"/> Other. Which? _____	
<input type="checkbox"/> Merely belong to union	

## Questionnaire - interview with beneficiary

Durable goods in the household				
In your home is there:			Were they acquired after you entered the PAA?	
Fixed telephone?	Y	N	Y	N
Mobile telephone?	Y	N	Y	N
Television?	Y	N	Y	N
Microcomputer?	Y	N	Y	N
Access to the Internet?	Y	N	Y	N
Radio?	Y	N	Y	N
Refrigerator?	Y	N	Y	N
Parabolic antenna?	Y	N	Y	N
How many of the following items are there in your home? ( Mark 0 for not one)			How many were acquired after you entered the PAA?	
Car	<input type="text"/>		<input type="text"/>	
Motorcycle	<input type="text"/>		<input type="text"/>	
Truck	<input type="text"/>		<input type="text"/>	
Tractor	<input type="text"/>		<input type="text"/>	
Micro-tractor	<input type="text"/>		<input type="text"/>	
Harrow	<input type="text"/>		<input type="text"/>	
Plow	<input type="text"/>		<input type="text"/>	
Slasher	<input type="text"/>		<input type="text"/>	
Planter	<input type="text"/>		<input type="text"/>	
Sprayer	<input type="text"/>		<input type="text"/>	
Trailer	<input type="text"/>		<input type="text"/>	
Others:	<input type="text"/>		<input type="text"/>	

## Questionnaire - interview with beneficiary

Name	Sex (M) (F)	Age	Relationship	Marital Status	Schooling	Are you studying now?		Do you work:		Income R\$/month
						Y	N	On the property?	Off the property?	
1	M F		Beneficiary	S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
2.	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
3	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
4	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
5	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
6	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
7	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
8	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
9	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HghSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	

## Questionnaire - interview with beneficiary

Do you receive any benefit from government or municipal authority? ( ) Yes * ( ) No		*What program and amount?	
Don't know	R\$	Bolsa Família (Family Grant)	R\$
Cartão Alimentação (Food Card)	R\$	Bolsa Escola (School Grant)	R\$
Pension	R\$	Gas voucher	R\$
	R\$	State program	R\$
Bolsa Cidadã (Citizenship Grant)	R\$	Other	R\$

### Reference amounts for the benefits received

*Bolsa Família:* R\$ 15 to R\$ 95  
*Bolsa Escola:* R\$ 15 to R\$ 45  
*Cartão Alimentação:* R\$ 50  
 Gas voucher: R\$ 15 every two months  
 BPC: 1 minimum salary (R\$ 300/month)  
*Bolsa Cidadã (Ceará):* R\$ 5 to R\$ 85  
 PETI: R\$ 25 for each rural child up to 2 children;  
 R\$ 40 for each urban child up to 2 children

### What is the average monthly income stemming from agricultural production on the property?

R\$ / month

### Has there been any increase since participating in the PAA?

( ) Yes\* ( ) No \* By how much? R\$ /month

## Questionnaire - interview with beneficiary

Access to the Pronaf and to the PAA				
Have you ever received financing from the Pronaf?	( ) Yes*	( ) No	➔	*What is your classification in the Pronaf?
				( ) A      ( ) B      ( ) C      ( ) D

In the year:	Participated in the:
2003	<input type="checkbox"/> CDAF <input type="checkbox"/> CAAF <input type="checkbox"/> CAEAF- Forming stocks <input type="checkbox"/> CAEAF- Simultaneous Donation <input type="checkbox"/> CDLAF
2004	<input type="checkbox"/> CDAF <input type="checkbox"/> CAAF <input type="checkbox"/> CAEAF- Forming stocks <input type="checkbox"/> CAEAF- Simultaneous Donation <input type="checkbox"/> CDLAF
2005	<input type="checkbox"/> CDAF <input type="checkbox"/> CAAF <input type="checkbox"/> CAEAF- Forming stocks <input type="checkbox"/> CAEAF- Simultaneous Donation <input type="checkbox"/> CDLAF

Registration		
Registration was:	( ) Individual	( ) Collective *

Collective*		
( ) Association	( ) Existed prior to the PAA	( ) Was organized for the PAA
( ) Cooperative	( ) Existed prior to the PAA	( ) Was organized for the PAA
( ) Informal group	( ) Existed prior to the PAA	( ) Was organized for the PAA

Documentation for the PAA											
Documents	Was required		Already had		How difficult to obtain			Help in obtaining		Now has	
CPF (Taxpayers Reg. N°)	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
ID Card	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Bank account	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
DAPAA (camp dwellers)	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Participation proposal	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
DAP	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Other:	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N

## Questionnaire - interview with beneficiary

Publicizing and perception of the program			
How did you get to know about the PAA for the first time?			
<input type="checkbox"/> Local leader	<input type="checkbox"/> State government	<input type="checkbox"/> Media	<input type="checkbox"/> Secretariat of agriculture
<input type="checkbox"/> Municipal authority	<input type="checkbox"/> Federal government	<input type="checkbox"/> Conab	<input type="checkbox"/> Emater
<input type="checkbox"/> Others:			
Why did the association decide to participate in the PAA? What was the strongest motive?			
( ) Selling is easy      ( ) Price paid by the PAA      ( ) Invited      ( ) Other. What?			
Did you understand the working of the PAA?			
( ) Well                                      ( ) Reasonably well                                      ( ) A little			
What is the main obstacle to participating in the PAA?			
( ) Documentation      ( ) Quality of the products                      ( ) Quantity produced                      ( ) Others:			
In your opinion, the PAA as a program can be considered			
( ) Very good                      ( ) Good                                      ( ) Bad                                      ( ) Very bad			
What do you think could be done to improve the PAA?			
Do you know of any farmers/people that heard about the PAA but that are not participating? What were their reasons?			
<input type="checkbox"/> Too complicated <input type="checkbox"/> Lacked documents <input type="checkbox"/> Did not belong to the farmers association			
<input type="checkbox"/> Others:			
Is there a municipal council (group of people) responsible for accompanying the program?			
( ) No                      ( ) Yes*			
*Do you know what that council does?			
( ) Yes                      ( ) No			
Have you ever heard of the Zero Hunger Program?      ( ) Yes                      ( ) No			
Is the PAA part of the Zero Hunger Program?      ( ) Yes                      ( ) No			



## Questionnaire - interview with beneficiary

Characterizing the land	
What is the area of your land?	[            ] ha
What is the area that you use for planting?	[            ] ha
Are you the owner of the land you produce on?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
* In what situation do you exploit the land?	<input type="checkbox"/> Tenant <input type="checkbox"/> Share cropper <input type="checkbox"/> Partner <input type="checkbox"/> Title of right to use (settlement) <input type="checkbox"/> Squatter

Changes in production and commercialization	
Because of the PAA:	
Have you started to produce new products? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which products?
Have you increased the area of production? <input type="checkbox"/> Yes <input type="checkbox"/> No	For which products?
Have you used more technology?	<input type="checkbox"/> Technical assistance <input type="checkbox"/> Fertilizers <input type="checkbox"/> Machines/implements <input type="checkbox"/> Irrigation <input type="checkbox"/> Organic agriculture
<input type="checkbox"/> Others:	
Have you left off consuming any product in order to sell to the PAA <input type="checkbox"/> Yes <input type="checkbox"/> No	
And if the PAA were to end?	
Production	Commercialization
<input type="checkbox"/> Maintain <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decrease total	<input type="checkbox"/> Maintain <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decrease total
Will you maintain commercialization with the entities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has entering the PAA changed your relations with traders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why?	
In addition to commercializing/delivering the products, do you carry out any activities with the:	
Farmers association/cooperative	What?
Beneficiary entity	What?
NGO	What?
Conab	What?
Incra	What?
Municipal authority	What?
State government	What?

## Questionnaire - interview with beneficiary

IF PARTICIPATED IN THE CAAF									
In regard to the CPR signed					Planting				
N	Year	Product	Amount of CPR	Date due	Production foreseen	CPR planting?		*What is the substitute?	Area planted in ha
1	(03) (04)					Y	N*		
2	(03) (04)					Y	N*		
3	(03) (04)					Y	N*		
4	(03) (04)					Y	N*		
5	(03) (04)					Y	N*		

N	Already harvested?		*Amount harvested
1	Y*	N	
2	Y*	N	
3	Y*	N	
4	Y*	N	
5	Y*	N	

## Questionnaire - interview with beneficiary

Harvest and sales												
*Destination of the production												
N	PAA Org.		R\$		/UN		Intern. Com.		R\$		/UN	
1	PAA Org.		R\$		/UN		Intern. Com.		R\$		/UN	
2	PAA Org.		R\$		/UN		Intern. Com.		R\$		/UN	
3	PAA Org.		R\$		/UN		Intern. Com.		R\$		/UN	
4	PAA Org.		R\$		/UN		Intern. Com.		R\$		/UN	
5	PAA Org.		R\$		/UN		Intern. Com.		R\$		/UN	
			Cons. Subs.		R\$		/UN		Cons. Subs.		R\$	
			Storage Exchange		% R\$		/UN		Storage Exchange		% R\$	

N	Had losses	*Reason	*Activated Proagro	*Obtained response	**% received	Received CPR charges	Paid CPR	Had payment difficulties in Banco do Brasil
1	( ) N ( ) Part.* ( ) Tot.*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y N	Y N DK	%	Y N	( ) N* ( ) Tot. ( ) Partial R\$.	Y N
2	( ) N ( ) Part.* ( ) Tot.*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y N	Y N DK	%	Y N	( ) N* ( ) Tot. ( ) Partial R\$.	
3	( ) N ( ) Part.* ( ) Tot.*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y N	Y N DK	%	Y N	( ) N* ( ) Tot. ( ) Partial R\$.	
4	( ) N ( ) Part.* ( ) Tot.*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y N	Y N DK	%	Y N	( ) N* ( ) Tot. ( ) Partial R\$.	
5	( ) N ( ) Part.* ( ) Tot.*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y N	Y N DK	%	Y N	( ) N* ( ) Tot. ( ) Partial R\$.	

*Why was payment not made to CPR?			
Production insufficient	Y N	Waiting for amnesty	Y N
Being negotiated	Y N	Instructed not to pay	Y N
Proagro has to cover	Y N		Y N

Questionnaire - interview with beneficiary

CPR production																		
N	Yr.	Product quant./un	ha	Animals	Destination of the production													
					%	R\$	/un	%	R\$	/un	%	R\$	/un	%	R\$	/un		
1	03				PAA				Interm.				Cons.				Storage	
	04				Org.				SUB				Subs.				Exchange	
	05	/			PAA				Interm.				Cons.				Storage	
2	03				Org.				SUB				Subs.				Exchange	
	04				PAA				Interm.				Cons.				Storage	
	05	/			Org.				SUB				Subs.				Exchange	
3	03				PAA				Interm.				Cons.				Storage	
	04				Org.				SUB				Subs.				Exchange	
	05	/			PAA				Interm.				Cons.				Storage	
4	03				Org.				Commer.				Subs.				Exchange	
	04				PAA				Interm.				Cons.				Storage	
	05	/			Org.				SUB				Subs.				Exchange	
5	03				PAA				Interm.				Cons.				Storage	
	04				Org.				SUB				Subs.				Exchange	
	05	/			PAA				Interm.				Cons.				Storage	
6	03				Org.				SUB				Subs.				Exchange	
	04				PAA				Interm.				Cons.				Storage	
	05	/			Org.				SUB				Subs.				Exchange	
7	03				PAA				Interm.				Cons.				Storage	
	04				Org.				SUB				Subs.				Exchange	
	05	/			PAA				Interm.				Cons.				Storage	
8	03				Org.				SUB				Subs.				Exchange	
	04				PAA				Interm.				Cons.				Storage	
	05	/			Org.				SUB				Subs.				Exchange	
9	03				PAA				Interm.				Cons.				Storage	
	04				Org.				SUB				Subs.				Exchange	
	05	/			PAA				Interm.				Cons.				Storage	
10	03				Org.				SUB				Subs.				Exchange	
	04				PAA				Interm.				Cons.				Storage	
	05	/			Org.				SUB				Subs.				Exchange	

## Questionnaire - interview with beneficiary

Price/production costs										
N	Did PAA price cover production costs?					Do other prices cover production costs?				
	1	2	3	4	5	6	7	8	9	10
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	N	N	N	N	N	N	N	N	N	N

PAA payment for last shipment made					
N	Payment	Days: up to	N	Payment	Days: up to
1	( ) Payment order ( ) CC ( ) Cash	(5) (10) (>10)	6	( ) Payment Order ( ) CC ( ) Cash	(5) (10) (>10)
2	( ) Payment order ( ) CC ( ) Cash	(5) (10) (>10)	7	( ) Payment Order ( ) CC ( ) Cash	(5) (10) (>10)
3	( ) Payment order ( ) CC ( ) Cash	(5) (10) (>10)	8	( ) Payment Order ( ) CC ( ) Cash	(5) (10) (>10)
4	( ) Payment order ( ) CC ( ) Cash	(5) (10) (>10)	9	( ) Payment Order ( ) CC ( ) Cash	(5) (10) (>10)
5	( ) Payment order ( ) CC ( ) Cash	(5) (10) (>10)	10	( ) Payment Order ( ) CC ( ) Cash	(5) (10) (>10)

If 100 % sold to the PAA.					
To others: (To whom? = Storage or Subs., R\$ = 0)					
N	Would sell for?	To whom?	N	Would sell for?	To whom?
1	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)	6	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)
2	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)	7	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)
3	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)	8	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)
4	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)	9	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)
5	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)	10	R\$	(Org.) (Inter.) (Com.) (Cons.) (Exchange)

Packaging (only for products delivered to the PAA) - Presently = last delivery													
Product	Use		Own	Amount. R\$/unit.	Who donated/conceded (%)				Available at ideal moment				
	Y	N			Conab	Munic.	Gov.	PAA			Other		
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N
	Y	N	Y	/						Y		N	N

Transport of product last month											
Individual %	Own			Contracted %	Conceded				Other %	Which?	
	R\$	%	Collective R\$		Municip. authority %	State gov. %	Federal gov. %	R\$			

## Questionnaire - interview with beneficiary

Product flow (products delivered to PAA only) - last delivery																
Product	Delivery					Verification			Classif.		Adequate		Rejected			
	Farmers ass.	Conab	Munic.	Cons.	DK	Other	Quant.	Quality	Y	N	Y	N	Y	N	%	
																Y
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%
							Y	Y	N	Y	N	Y	N	Y	N	%

What did you think about the actions of those who worked together with you?					
Institution	Very good	Good	Bad	Very bad	What should be improved?
Conab	Very good	Good	Bad	Very bad	
Incra	Very good	Good	Bad	Very bad	
State government	Very good	Good	Bad	Very bad	
Munic. authority	Very good	Good	Bad	Very bad	
NGO	Very good	Good	Bad	Very bad	
Association/cooperative	Very good	Good	Bad	Very bad	
Banco do Brasil (Bank of Brazil)	Very good	Good	Bad	Very bad	
( ):	Very good	Good	Bad	Very bad	
( ):	Very good	Good	Bad	Very bad	

End of interview: \_\_\_\_h\_\_\_\_m

Interviewer's evaluation of the interview

	Very good
	Good
	Regular
	Bad
	Discard





## Questionnaire - interview with non-beneficiary

Do you presently participate in any kind of social movement or organization?
( ) No ( ) Yes*
*Which one?
<input type="checkbox"/> Farmers and farm workers association
<input type="checkbox"/> Trade union movement of rural workers
<input type="checkbox"/> MST (Landless peoples movement)
<input type="checkbox"/> Pastoral / religious group
<input type="checkbox"/> Other. Which? _____
<input type="checkbox"/> Merely belong to union

Documentation							
Documents	Has		Difficulty obtaining			Help in obtaining	
CPF (Taxpayers Reg. N°)	Y	N	Great	Medium	Little	Y	N
ID card	Y	N	Great	Medium	Little	Y	N
Bank account	Y	N	Great	Medium	Little	Y	N
DAPAA (camp dwellers)	Y	N	Great	Medium	Little	Y	N
Participation proposal	Y	N	Great	Medium	Little	Y	N
DAP	Y	N	Great	Medium	Little	Y	N
Other:	Y	N	Great	Medium	Little	Y	N

Type of abode		
Your house is:		
( ) Own ( ) Rented ( ) Loaned ( ) Conceded ( ) Other		
How many rooms does your house have? [ ]		
How many bathrooms/toilets does your house have? [ ]		
Latrine ( ) Yes ( ) No		
What is the constructed area of your house? [ ] m <sup>2</sup>		
What material is your house made of?		
( ) <b>Brickwork*</b> ( ) *complete ( ) *half complete ( ) *being built	( ) <b>Wood</b> ( ) <b>Mud and lathes</b>	( ) <b>Adobe</b> ( ) <b>Canvas hut</b>
<b>Does your residence have electricity?</b>	( ) Yes* ( ) No	
( ) *Public electricity grid ( ) *Generator ( ) *Solar energy		

Water and sewage
Where does the water supply in your home come from?
( ) Public water mains ( ) Well or spring ( ) Pre-cast section cistern ( ) Surface rainwater barriers ( ) Dam Other. Which?
What is the destination of the sewage produced in your residence?
( ) Public sewage mains ( ) Latrine pit ( ) Runs off in uncovered ditch ( ) River or stream ( ) Septic tank

## Questionnaire - interview with non-beneficiary

### Durable goods in the household

In your home is there:		
Fixed telephone?	Yes	No
Mobile telephone?	Yes	No
Television?	Yes	No
Microcomputer?	Yes	No
Access to the Internet?	Yes	No
Radio?	Yes	No
Refrigerator?	Yes	No
Parabolic antenna?	Yes	No



How many of the following items are there in your home? (Mark 0 for none)	
Car	<input type="text"/>
Motorcycle	<input type="text"/>
Truck	<input type="text"/>
Tractor	<input type="text"/>
Micro-tractor	<input type="text"/>
Harrow	<input type="text"/>
Plow	<input type="text"/>
Slasher	<input type="text"/>
Planter	<input type="text"/>
Sprayer	<input type="text"/>
Trailer	<input type="text"/>
Others:	<input type="text"/>

Questionnaire - interview with non-beneficiary

Name	Sex (M) (F)	Age	Relationship	Marital Status	Schooling	Are you studying now?		Do you work:		Income R\$/month
						Y	N	On the property?	Off the property?	
1	M F		Beneficiary	S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
2.	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
3	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
4	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
5	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
6	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
7	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
8	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	
9	M F			S( ) M( ) Y( )	( ) Illit. ( ) Lit. ( ) Year 4 ( ) Year 8 ( ) HighSc. ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adult ( ) EYA	Y	N	Y	N	

What is the average monthly income from agricultural production on the property?  
 R\$ \_\_\_\_\_ / month

## Questionnaire - interview with non-beneficiary

Do you receive any benefit form government or municipal authority? ( ) Yes * ( ) No		*What program and amount?	
Don't know	R\$	<i>Bolsa Família</i> (Family Grant)	R\$
<i>Cartão Alimentação</i> (Food Card)	R\$	Pension	R\$
Pension	R\$	BPC	R\$
<i>Bolsa Cidadã</i> (Citizenship Grant)	R\$	PETI	R\$
		<i>Bolsa Escola</i> (School Grant)	R\$
		Gas voucher	R\$
		State program	R\$
		Other	R\$

### Reference amounts for the benefits received

*Bolsa Família*: R\$ 15 to R\$ 95  
*Bolsa Escola*: R\$ 15 to R\$ 45  
*Cartão Alimentação*: R\$ 50  
 Gas voucher: R\$ 15 every two months  
 BPC: 1 minimum salary (R\$ 300/month)  
*Bolsa Cidadã* (Ceará): R\$ 5 to R\$ 85  
 PETI: R\$ 25 for each rural child up to 2 children;  
       R\$ 40 for each urban child up to 2 children

Characterizing the land	
What is the area of your land?	[ ] ha
What is the area that you use for planting?	[ ] ha
Are you the owner of the land you produce on?	( ) Yes ( ) No*
* In what situation do you exploit the land?	( ) Tenant ( ) Share-cropper ( ) Partner ( ) Title of right to use (settlement) ( ) Squatter

Access to the Pronaf and to the PAA	
Have you ever received financing from the Pronaf? ( ) Yes* ( ) No	<div style="text-align: center;">➔</div> What is your classification in the Pronaf? ( ) A ( ) B ( ) C ( ) D
Do you know about the Proagro? ( ) Yes ( ) No	Have you ever contracted the Proagro? ( ) Yes ( ) No*
* Would you contract it? ( ) Yes ( ) No	
Why?	

Questionnaire - interview with non-beneficiary

CPR production															
N	Yr.	Product quant./unit	ha	Animals	Destination of production										
					%	R\$	/unit	%	R\$	/unit					
1	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	
2	03				Org.			Commer.			Subs.			Exchange	
	04	/			Org.			Intern.			Cons.			Storage	
	05				Org.			Commer.			Subs.			Exchange	
3	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	
4	03				Org.			Commer.			Subs.			Exchange	
	04	/			Org.			Intern.			Cons.			Storage	
	05				Org.			Commer.			Subs.			Exchange	
5	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	
6	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	
7	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	
8	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	
9	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	
10	03				Org.			Intern.			Cons.			Storage	
	04	/			Org.			Commer.			Subs.			Exchange	
	05				Org.			Intern.			Cons.			Storage	

## Questionnaire - interview with non-beneficiary

Price / cost of production					
N	Do the prices pay for the production?				
1	Y	N	6	Y	N
2	Y	N	7	Y	N
3	Y	N	8	Y	N
4	Y	N	9	Y	N
5	Y	N	10	Y	N
Publicizing and perception of the program					
Have you ever heard of the PAA?					
<input type="radio"/> <b>Y</b> <input type="radio"/> Yes			<input type="radio"/> No (explain about the PAA)		
*How did you get to know about the PAA for the first time?				<input type="radio"/> <b>N</b>	
<input type="checkbox"/> Local leader <input type="checkbox"/> State government <input type="checkbox"/> Media <input type="checkbox"/> Secretariat of agriculture <input type="checkbox"/> Municipal authority <input type="checkbox"/> Federal government <input type="checkbox"/> Conab <input type="checkbox"/> Emater					
<input type="checkbox"/> Others:					
Why haven't you participated? (Main reason)			What makes it difficult to participate?		
<input type="checkbox"/> Too complicated		<input type="checkbox"/> Lack the documents		<input type="checkbox"/> Do not belong to the farmers association	
<input type="radio"/> Other:					
What do you think about it?					
<input type="radio"/> Very good		<input type="radio"/> Good		<input type="radio"/> Bad	
				<input type="radio"/> Very bad	
Did you understand the working of the PAA?					
<input type="radio"/> Well		<input type="radio"/> Reasonably well		<input type="radio"/> A little	
Would you like to participate?					
<input type="radio"/> Yes*		<input type="radio"/> No. Why not?			
*What is your motive for participating in the PAA?					
<input type="radio"/> Selling is easy		<input type="radio"/> Price paid by the PAA		<input type="radio"/> Invited <input type="radio"/> Other. What?	
What is the main obstacle to participating in the PAA?					
<input type="radio"/> Documentation		<input type="radio"/> No production		<input type="radio"/> Quality or quantity produced	
<input type="radio"/> Others:					

## Questionnaire - interview with non-beneficiary

Have you already sought/would you seek more information about the PAA?	( ) Yes	( ) No
Where did/would you seek it?		
<input type="checkbox"/> Union	<input type="checkbox"/> City hall	<input type="checkbox"/> Other:
If you already sought it, were you left in any doubt?	( ) Yes	( ) No
Do you know anywhere else where you can clarify doubts or get further information?	( ) Yes*	( ) No
What places?		
If you were to participate in the program, what would improve?		
<input type="checkbox"/> Commercialization	<input type="checkbox"/> Price	<input type="checkbox"/> Other :
What is your main difficulty in regard to participating in the PAA?		
Have you ever heard of the Zero Hunger Program?	( ) Yes	( ) No
Do you know if the PAA is part of the Zero Hunger Program?	( ) Yes	( ) No

<b>Interview ended at:</b> ____ h ____ m	<b>Evaluation of the Interview</b>
	<b>Interview</b>
	<input type="checkbox"/> Very good
	<input type="checkbox"/> Good
	<input type="checkbox"/> Regular
	<input type="checkbox"/> Bad
	<input type="checkbox"/> Discard

## Questionnaire - interview with beneficiary entity

### Questionnaire

Recorded ( ) Yes ( ) No

### Interview with Beneficiary Entity

Tape/File: \_\_\_\_\_

Questionnaire													E	B	
	IBGE code for municipality						DD	MM	Seq.	Ent.	Type				

Direct Local Purchasing:  2003  2004  2005

Special Pre-purchasing with Simultaneous Donation:  2003  2004  2005

Date \_\_\_/\_\_\_/ 2005 Interview begun at \_\_\_:\_\_\_HH:MM

Interviewee 1:
Name: _____
Time served in entity: _____
Post held in entity: _____
Time occupying the post: _____
E-mail: _____ Tel.: _____

Interviewee 2:
Name: _____
Time served in entity: _____
Post held in entity: _____
Time occupying the post: _____
E-mail: _____ Tel.: _____

Interviewee 3:
Name: _____
Time served in entity: _____
Post held in entity: _____
Time occupying the post: _____
E-mail: _____ Tel.: _____

Entity
Name of Entity: _____
Locality: _____
Municipality: _____ State/DF:___ IBGE Code: [ ][ ][ ][ ][ ][ ][ ][ ][ ]
Location: _____
Name of the area _____
Type: ( ) Avenue ( ) Street ( ) Road ( ) Highway ( ) Farm ( ) Plot
Neighborhood _____ Number _____
CEP: [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ]



## Questionnaire - interview with beneficiary entity

The entity and its main activity:							
Municipal	State	Public utility	Federal	Assistance	Philanthropic	Beneficiaries pay	
Asylum	Asylum	Asylum	Asylum	Asylum	Asylum	Y	N
Crèche	Crèche	Crèche	Crèche	Crèche	Crèche	Y	N
Rehabilitation center	Rehabilitation center	Rehabilitation center	Rehabilitation center	Rehabilitation center	Rehabilitation center	Y	N
School	School	School	School	School	School	Y	N
Hospital	Hospital	Hospital	Hospital	Hospital	Hospital	Y	N

People presently served:	T o t a l			People with special needs		
	Sex		Total	Sex		Total
	♀	♂	♀+♂	♀	♂	♀+♂
Children up to 1 year old						
Children from 1 to 6 years old						
Children from 7 to 14 years old						
Youngsters from 14 to 18 years old						
Adults (over 18 years old)						
Elderly people						

How much was spent during last month:

Total spending \_\_\_\_\_ R\$

Spending on food \_\_\_\_\_ R\$

Present number of employees and/or voluntary workers:

Present number of employees and/or voluntary workers:			
Nature	Fixed full-time	Temporary / daily worker	Volunteer
Employees	Total	Total	Total
Food	Food	Food	Food

### Kitchen infrastructure and organization

Number of meals served last week

Meal number	Breakfast	Morning snack	Lunch	Afternoon snack	Dinner	Special meals
						Salt free, High calorie, For diabetics,

### Formulation of the menu:

Responsible	Cook	Dinner lady	Nutritionist	Nutrition technician	Other
Link with the entity.					
Staff member	On loan	Volunteer	Other		

Is the nutritional state of the beneficiaries monitored? ( ) YES ( ) NO
How is that done for children: Weight X Height. Other:
How is it done for adults:

Who supplies the food and/or where the food is purchased			Weekly spending R\$	
Type of food	Main supplier	Purchasing frequency	Weekly spending R\$	
Meats and products of animal origin	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Supermarket <input type="checkbox"/> Butchers <input type="checkbox"/> Direct from producer	<input type="checkbox"/> Daily <input type="checkbox"/> 2 or more times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly or more		
Cereals and canned food	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Supermarket <input type="checkbox"/> Retailer <input type="checkbox"/> Direct from producer	<input type="checkbox"/> Daily <input type="checkbox"/> 2 or more times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly or more		
Fruits, greens and vegetables	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Supermarket <input type="checkbox"/> Market <input type="checkbox"/> Direct from producer <input type="checkbox"/> Retailer	<input type="checkbox"/> Daily <input type="checkbox"/> 2 or more times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly or more		
Bread, cakes and sweetmeats	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Supermarket <input type="checkbox"/> Retailer <input type="checkbox"/> Bakery	<input type="checkbox"/> Daily <input type="checkbox"/> 2 or more times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly or more		

What did you use to make meals in the last delivery? (do not include seasoning or products used in very small amounts)													
Food	Purchased		PAA		Quantity	Unit	Food	Purchased		PAA		Quantity	Unit
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		
	Y	N	Y	N				Y	N	Y	N		

## Questionnaire - interview with beneficiary entity

<b>Products supplied by the PAA:</b>			
Cereals	Fruits /pulps	Greens	Animal origin

## Questionnaire - interview with beneficiary entity

Kitchen (place where meals are prepared)					
Area	Industrial stove	Conventional stove	Oven	Blender	Others

Food storage						
In Kitchen	Separate	Area m²	Fridge	Freezer	Cold Storeroom M³	Others

PAA in the entity			
Have you ever heard of the Zero Hunger Program?	Yes	No	Doesn't know of it
Is the PAA connected to Zero Hunger Program?	Yes	No	Don't know

Publicizing of the program	
How did you hear about the PAA for the first time?	
<input type="checkbox"/> Local leader	<input type="checkbox"/> State government
<input type="checkbox"/> Municipal authority	<input type="checkbox"/> Federal government
<input type="checkbox"/> Media (TV, radio, newspaper, magazine)	
<input type="checkbox"/> Others: _____	

How did your entity come to take part in this donation program?	
The entity approached or was approached by:	
<input type="checkbox"/> Conab	<input type="checkbox"/> State government
<input type="checkbox"/> City hall	<input type="checkbox"/> NGO (Agri.)
<input type="checkbox"/> Others: _____	

How often do you receive food from the PAA:													
Daily	2 X or +/wk.	Weekly	Fortnightly	Monthly/<	Satisfactory	Y	N	Increase	Y	N	Reduce	Y	N

Alterations to the menu produced by the donations:									
Diversity	Increase	Y	N	Reduction	Y	N	No change	Y	N
Quantity	Increase	Y	N	Reduction	Y	N	No change	Y	N
Quality	Increase	Y	N	Reduction	Y	N	No change	Y	N

Were there any savings consequent to the PAA donations? ( ) Y* ( ) N *Estimated savings (R\$/month)							
*Money used	Food	Medicines	Cleaning material	Installations	Contracted Services	H.R.	Clothing
							Others: _____

## Questionnaire - interview with beneficiary entity

Verification of PAA products									
Verify	Quantity	Y	N	Quality	Y	N	Ever rejected	Y	N

Relations between the family agriculture people and the entity and persons being served:									
AF delivers here	Y	N	City hall delivers	Y	N	The entity goes for the goods:			
Other:									

Do the family agriculture people carry out any activities in the entity apart from delivery?							
	Y	N					
What kind of activity:							

What would the entity do if donations ceased?			
Purchase from family agriculture?	Y	N	Which products:

<b>Stop purchasing</b>	<input type="checkbox"/> Clothes	<input type="checkbox"/> Medicines	<input type="checkbox"/> Cleaning products	<input type="checkbox"/> Stop improving installations	<input type="checkbox"/> Reduce services	<input type="checkbox"/> Others
------------------------	----------------------------------	------------------------------------	--	---	--	---------------------------------

What benefits can you see stemming from the PAA in regard to purchasing?						
<input type="checkbox"/> Clothes	<input type="checkbox"/> Medicines	<input type="checkbox"/> Cleaning products	<input type="checkbox"/> Improved installations	<input type="checkbox"/> Increased services	<input type="checkbox"/> Improved nutrition	<input type="checkbox"/> Others

Interview ended at: \_\_\_\_\_ HH \_\_\_\_\_ MM

Interviewee: ( ) VG, ( ) G, ( ) R, ( ) B; Interview: ( ) VG, ( ) G, ( ) R, ( ) B, ( ) Discard

## Semi-structured questionnaire - interview with municipal administrator

### Semi-structured Questionnaire

**Interview- Municipal Administrator**      Municipality \_\_\_\_\_ /State/DF \_\_\_\_\_

Date ____ / ____ / ____	Venue: _____	Interview begun at ____ : ____ hs	
<b>Identification of the interviewee:</b>			
Name:		Recorded: ( ) yes ( ) no Name of file: _____	
Post:			
Time in post:			
Attributes and connection with PAA:			
E-mail:		Tel.:	
<b>Identification of the interviewee:</b>			
Name:			
Post:			
Time in post:			
Attributes and connection with PAA:			
E-mail:		Tel.:	
<b>Identification of the interviewee:</b>			
Name:			
Post:			
Time in post:			
Attributes and connection with PAA:			
E-mail:		Tel.:	

**Request management information available by program mode and by municipality:**

Was information supplied: ( ) yes ( ) no

File: \_\_\_\_\_

**Initial reason for PAA implantation**

**What motivated the municipality to adhere to the PAA?**

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**What is the relationship between the PAA and other municipal programs directed at food and nutrition security?**

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Budget resources? Total amount: R\$			
Counterparts		Logistics	
Packaging	R\$ /	Collecting from farm /association	R\$ /
Transport	R\$ /	Delivery to entities	R\$ /
Technical Assistance	R\$ /	Delivery to municipal schools	R\$ /
Conab/Emater partnership	R\$ /	Delivery to crèches	R\$ /
Nutritionist	R\$ /	Delivery to hospitals	R\$ /
Storage	R\$ /	Others:	
Others:			

## Semi-structured questionnaire - interview with municipal administrator

**Publicizing the program:**

**Institutional**

How was the program publicized in the institutional sphere?	
<input type="checkbox"/> Meetings with entities	Others:
<input type="checkbox"/> City hall bodies	

**General public**

How was the program made known to the general public?					
<input type="checkbox"/> Vehicle –mounted loudspeakers	<input type="checkbox"/> Radios	<input type="checkbox"/> Meetings with community leaders	<input type="checkbox"/> TVs	<input type="checkbox"/> Folders	<input type="checkbox"/> Cordel booklets
<input type="checkbox"/> Newspapers	<input type="checkbox"/> Other:				

**Farmers**

How was the program made known to the farmers?	
<input type="checkbox"/> Meetings with leaders	<input type="checkbox"/> Visits to rural neighborhoods
<input type="checkbox"/> Visits to the settlements	<input type="checkbox"/> Others:

**Other actors**

Was the program made known to other actors?	
<input type="checkbox"/> Traders	<input type="checkbox"/> Municipal authorities
<input type="checkbox"/> Other:	

**Was special publicity material elaborated? (request samples)**

<input type="checkbox"/> Folder	<input type="checkbox"/> On the radios	<input type="checkbox"/> TVs
<input type="checkbox"/> In newspapers		
<input type="checkbox"/> Other:		

## Semi-structured questionnaire - interview with municipal administrator

### Institutional relations

How was the participation of the following actors and what were their roles?			
	Participation	Role	Positive aspects
Conab			
MDS			
Incra			
Government bodies			
City halls			
<i>Banco do Brasil</i> (Bank of Brazil)			
Social movements			
Other:			
<b>What is your appraisal of the institutional arrangements of the PAA?</b>			
<b>What could be done to improve them?</b>			



## Semi-structured questionnaire - interview with municipal administrator

### Territorial outreach

What was the territorial distribution made?

Why was that the format used for the distribution of regions active in the program?

What would be the ideal territorial outreach of the PAA?

Important areas that could be benefited
Included
Was any important area left out? Why?

**Products:**

**Products acquired**

What were the main products acquired by the program version, in order of importance and classified as organic or not?			
Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local Purchasing

## Semi-structured questionnaire - interview with municipal administrator

What were the main reasons for acquiring those products?

Which products have potential for the program but have not been included?

Packaging supply		
There was supply for what percentage?	(    ) YES	(    ) NO
Was there adaptation of the packaging used by farmers?	(    ) YES	(    ) NO

**Transport:**

How was product transportation carried out?		
From producer to acquisition centers	From acquisition centers to warehouse	From producer to other delivery points

**Storage:**

How was the storage of the products done?		
From producer to acquisition centers	From acquisition centers to warehouse	From producer to other delivery points

**Destination of the production:**

Prior to the program					
Middleman	Market	Cooperative	Association	Street vendor	Other:

## Semi-structured questionnaire - interview with municipal administrator

### Destination of the products and criteria for defining destination

Where were the products acquired by the program directed to and what criteria were used to decide on the destinations?	
Criterion	Destination

### Quality control:

Mechanism				
Classification	Y	N	Laboratory analysis	Y N
Others:				

Acceptability		
Term of acceptability	( ) YES	( ) NO
Others:		

How is quantity control undertaken in the beneficiary entities?		
Certificate of receipt	( ) YES	( ) NO
Other:		

### Social benefits:

State the main transformations detected among the PAA participants:
<b>Family agriculture</b>
<b>Middlemen</b>
<b>Local traders</b>
<b>Which entities received products?</b>

## Semi-structured questionnaire - interview with municipal administrator

Difficulties:

Operational:			
Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local purchasing

Institutional:

Specify difficulties in relations:
City hall → Family agriculture

Outstanding examples:
Good ones
Bad ones

State administrator's perceptions:

Positive aspects
Negative aspects

PAA potential:

Action of the State in the PAA:

How was the work in regard to the opening up of new working possibilities and the quality of execution of your responsibilities and functions?

Satisfaction with the program:

How satisfied in regard to the PAA is/are the:
Administration body:
Staff:

## Semi-structured questionnaire - interview with municipal administrator

<b>Is there any interest on the part of the municipal authority in amplifying the PAA using its own resources?</b>

### General Execution of the Program

**PAA versions:**

Which versions of the PAA implemented in the Municipality did the institution participate in?							
CDAF	2003	2004	2005	CAAF	2003	2004	2005
				CDLAF	2003	2004	2005
CAEAF with simultaneous distribution	2003	2004	2005	In partnership with:			
Stockpiling	2003	2004	2005				

**Registration of operations:**

**Description of the operational system adopted**

How is the registration of operations made for each program version (are they available)?		
Was any registration made?	( ) Yes	( ) No
Is there any monitoring system?	( ) Yes	( ) No

If no registration, record other control mechanisms:			
Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local purchasing
( ) Paper/notes	( ) Paper/notes	( ) Paper/notes	( ) Paper/notes
( ) Accounting proceeds.	( ) Accounting proceeds.	( ) Accounting proceeds.	( ) Accounting proceeds.
( ) Electronic means	( ) Electronic means	( ) Electronic means	( ) Electronic means
( ) Other*	( ) Other*	( ) Other*	( ) Other*
*	*	*	*

**Information flow:**

To whom is the information on operations carried out forwarded?		
To the Conab	( ) Local office	( ) Head office
To the MDS	Authority:	Name:
Other:		

**Information Format:**

In what format is information forwarded?			
( ) List of each operation carried out per program version			
( ) Management reports organized by	( ) Producers	( ) Products	( ) Entities
( ) Others:			

**Income and prices:**

What criteria are used to define market prices for the respective program versions?

## Semi-structured questionnaire - interview with municipal administrator

Price in relation to those being operated on the market			
Very good ( )	Good ( )	Bad ( )	Very bad ( )

Situation of prices in relation to the costs of production								
Cover costs	Y	N	Equal costs	Y	N	Below costs (losses)	Y	N

**Payment flow:**

How has the payment flow been in regard to effectiveness, punctuality, amounts and forms of control?

**Social control:**

Social Control Council ( ) Meeting
<b>Describe the social control mechanisms in place in the PAA:</b>
<b>Council responsible:</b>
Name:
Members:
<b>Manner of accounting:</b>

What role does the Consad play in the organization of the PAA?

**Beneficiaries:**

Focusing on the PAA target public:
Criteria used to select the PAA public:

Has it reached those family agriculture producers that are less well-structured and more excluded from the market in regard to ... ?											
Capital	Y	N	Technology	Y	N	Property	Y	N	Nearness to markets	Y	N

What was the percentage of participation?															
Agrarian reform: %				family agriculture: %				Associations: %				Cooperatives: %			
PERCENTAGE OF PRONAF BENEFICIARIES															
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D

## Semi-structured questionnaire - interview with municipal administrator

<b>What was the profile of the public included in the program?</b>

Document	Difficult	Very Difficult	Easy
ID card			
CPF (Taxpayer Reg. N°)			
Declaration of eligibility from the Pronaf – DAP			
Declaration of eligibility – DAPAA for Agrarian Reform squatters in camps			
Participation proposal			
Adhering to the Proagro			
Special participation proposal			
Various kinds of negative certificates (INSS, FGTS, others)			
Other			

<b>What was the profile of the public excluded from the program?</b>

**Organization of the participating farmers:**

<b>Form of organization:</b>	
<input type="checkbox"/> Individual	<input type="checkbox"/> Formal specifically for this program
<input type="checkbox"/> Formal with background of prior activities	<input type="checkbox"/> Other:

<b>Links to social movements?</b>	
<input type="checkbox"/> Church	<input type="checkbox"/> Linked to trade union movement
<input type="checkbox"/> Groups linked to the MST (Landless)	<input type="checkbox"/> Other:

**Obligatory documentation**

Facility and difficulty faced by family agriculture farmers in obtaining the necessary documentation for each program version?

<b>What kind of document does family agriculture issue when delivering product?</b>						
<b>Invoice</b>	Y	N	<b>Receipt</b>	Y	N	<b>Other :</b>

<b>Banking Information:</b>		
Did the farmers have bank accounts before the PAA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has that situation changed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Suggestions for an itinerary:**

<b>What should be visited in the municipality?</b>
<b>Location of the most important actors and groups within the municipality</b>

Interview ended at \_\_\_\_ h. \_\_\_\_ m.

## Semi-structured questionnaire - interview with state administrator

### Semi-structured Questionnaire

Interview - State Administrator

State/DF \_\_\_\_\_

Date ___/___/___	Venue: _____	Interview begun at ___:___hs
<b>Identification of the interviewee:</b>		
Name:		Recorded ( ) Yes ( ) No Name of file: _____
Post:		
Time in post:		
Attributes and connection with PAA:		
E-mail:		Tel.:
<b>Identification of the interviewee:</b>		
Name:		
Post:		
Time in post:		
Attributes and connection with PAA:		
E-mail:		Tel.:
<b>Identification of the interviewee:</b>		
Name:		
Post:		
Time in post:		
Attributes and connection with PAA:		
E-mail:		Tel.:

#### 1. Initial reason for PAA implantation

1.1 What motivated the state to adhere to the PAA?

1.2 What is the relationship between the PAA and other state government programs?

1.3 What are the resources and counterpart amounts allocated by the state in order to develop the PAA?



## Semi-structured questionnaire - interview with state administrator

### 2. Overall execution of the program

#### 2.1 Versions of the PAA

##### 2.1.1 Which versions of the PAA have been implemented in the state in which institutions?

<input type="checkbox"/> Direct Purchasing ( ) 2003 ( ) 2004 ( ) 2005	<input type="checkbox"/> Pre-purchasing ( ) 2003 ( ) 2004 ( ) 2005
<input type="checkbox"/> Special Pre-purchasing with: <input type="checkbox"/> Simultaneous distribution ( ) 2003 ( ) 2004 ( ) 2005 <input type="checkbox"/> Stockpiling ( ) 2003 ( ) 2004 ( ) 2005	<input type="checkbox"/> Local Purchasing ( ) 2003 ( ) 2004 ( ) 2005 Partnerships with:

##### 2.1.2 Request general information available by program version and municipality:

Was such information supplied? ( ) yes ( ) no. File: \_\_\_\_\_

#### 2.2 Registration of operations:

Brief description of the operational method adopted:

##### 2.2.1 How was the registration of operations made for each program version (are they available)?

Was the registration made? ( ) Yes ( ) No

Is there a monitoring system? ( ) Yes ( ) No

If not, record other mechanisms used

Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local purchasing
<input type="checkbox"/> Paper/notes	<input type="checkbox"/> Paper/notes	<input type="checkbox"/> Paper/notes	<input type="checkbox"/> Paper/notes
<input type="checkbox"/> Accounting pcdrs.	<input type="checkbox"/> Accounting pcdrs.	<input type="checkbox"/> Accounting pcdrs.	<input type="checkbox"/> Accounting pcdrs.
<input type="checkbox"/> Electronic means	<input type="checkbox"/> Electronic means	<input type="checkbox"/> Electronic means	<input type="checkbox"/> Electronic means
<input type="checkbox"/> Other*	<input type="checkbox"/> Other*	<input type="checkbox"/> Other*	<input type="checkbox"/> Other*
*	*	*	*

##### 2.2.2 Flow of information:

###### Where was the information on operations carried out forwarded to?

- ( ) To the Conab ( ) Local office ( ) Head office  
 ( ) To the MDS Body \_\_\_\_\_ Name \_\_\_\_\_  
 ( ) Other

##### 2.2.3 Format of the information:

###### In what format was information forwarded?

- ( ) List of each operations carried out per program version  
 ( ) Management reports organized by: ( ) Municipality ( ) Group of municipalities ( ) Products  
 ( ) Other: \_\_\_\_\_

## Semi-structured questionnaire - interview with state administrator

### 2.3 Publicizing the program:

#### 2.3.1 Institutional

How was the program publicized in the institutional sphere?

<input type="checkbox"/> meetings with government bodies	<input type="checkbox"/> Others _____
<input type="checkbox"/> Municipal bodies	

#### 2.3.2 The general public

How was the program made known to the general public?

<input type="checkbox"/> Interviews	<input type="checkbox"/> Radios	<input type="checkbox"/> TVs
<input type="checkbox"/> Newspapers	<input type="checkbox"/> Other	

#### 2.3.3 Farmers

How was the program made known to the farmers?

<input type="checkbox"/> Meetings with leaders	<input type="checkbox"/> Visits to rural neighborhoods
<input type="checkbox"/> Visits to the settlements	<input type="checkbox"/> Others

#### 2.3.4 Other actors

Was the program made known to other actors?

<input type="checkbox"/> Traders	<input type="checkbox"/> Municipal authorities
<input type="checkbox"/> Other:	

#### 2.3.5 Was special publicity material elaborated? (request samples)

## Semi-structured questionnaire - interview with state administrator

### 3. Institutional Relations

#### 3.1 How did the participation of the following actors take place and what were their roles

	Participation	Role
1. Conab		
2. MDS		
3. Incra		
4. Government bodies		
5. City halls		
6. <i>Banco do Brasil</i> (Bank of Brazil)		
7. Social movements		
8. Other:		

#### 3.2 Institutional arrangements

What is your evaluation?

What could be done to improve them?

## Semi-structured questionnaire - interview with state administrator

### 4. Territorial outreach (use maps for registration)

4.1 What was the territorial distribution made in the state for the execution of the program versions?

4.2 Why did the distribution of regions for activating the program have this configuration?

4.3 Important areas of the State that could be benefited (mark them on the map)

Which regions were excluded from PAA/version and why?

4.4 What would be the ideal territorial outreach of the PAA? (mark it on the map)

## Semi-structured questionnaire - interview with state administrator

### 5. Beneficiaries

#### 5.1 Focusing on the PAA target public

##### 5.1.1 Criteria used to select the PAA public

--

##### 5.1.2 Has it reached those family agriculture producers that are less well-structured and more excluded from the market?

--

##### 5.1.3 What was the percentage of participation?

Agrarian reform beneficiaries:

Family agriculture:

Associations:

Cooperatives:

Those encompassed by the Pronaf: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

##### 5.1.4 What was the profile of the public participating in the program?

Included:

Excluded:

### 5.2 Organization of participating farmers

#### 5.2.1 Form of organization:

<input type="checkbox"/> Individual	<input type="checkbox"/> Formal specifically for this program
<input type="checkbox"/> Formal with background of prior activity	<input type="checkbox"/> Others

#### 5.2.2 Links with social movement

<input type="checkbox"/> Church	<input type="checkbox"/> Linked to trade union movement
<input type="checkbox"/> Group linked to MST	<input type="checkbox"/> Other

## Semi-structured questionnaire - interview with state administrator

### 5.2.3 Obligatory documentation

Facility and difficulty faced by family agriculture farmers in obtaining the necessary documentation for each program version?

Document	D	MD	E
ID Card			
CPF (Taxpayer Reg. N°)			
Declaration of eligibility from the Pronaf – DAP			
Declaration of eligibility -DAPAA for agrarian reform squatters in camps			
Participation proposal			
Adhering to the Proagro			
Special participation proposal			
Various kinds of negative certificates (INSS, FGTS, others)			
Other			

**D = Difficult, MD = Moderately difficult, E = Easy**

### 5.2.4 What kind of document does family agriculture issue when delivering product?

Invoice Receipt Other
-----------------------------

### Banking information

Did the farmers have bank accounts before PAA?

Yes                       No

Has the situation changed?

Yes                       No

## 6. Products

### 6.1 Products acquired

What were the main products acquired by the program versions in order of importance?

Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local purchasing

## Semi-structured questionnaire - interview with state administrator

**6.2 What were the main reasons for acquiring those products?**

**6.3 Which products have potential for the program but have not been included?**

**6.4 Packaging supply**

Yes ( ) No ( ) \_\_\_\_\_ % of acquisitions  
Was packaging supplied by the family agriculture adequately adapted?

**6.4.1 Transport**

How was product transportation carried out?

From producer to acquisition centers	From acquisition centers to warehouse	From producer to other delivery points

**6.4.2 Storage**

How was storage of the products done?

**6.5 Destination of the production**

**6.5.1 Prior to the program**

**6.5.2 Destination of the products and criteria for defining destination**

Where were the products acquired by the program directed to and what criteria were used to decide on the destinations?

Product	Destination	Criterion

## Semi-structured questionnaire - interview with state administrator

### 7. Income and prices

7.1.1 What criteria are used to define market prices for the respective program versions?

7.1.2 Price in relation to those being operated on the market

7.1.3 Price in relation to production costs

7.1.4 What do the beneficiaries think about the prices being operated?

### 7.2 Payment flow

How has the payment flow been in regard to effectiveness, punctuality, amounts and forms of control in the following directions:

To the family agriculture producer

From the family agriculture producer

Payment defaulting



## Semi-structured questionnaire - interview with state administrator

### 8. Social control

Describe the social control mechanisms in place in the PAA

In the state

In the municipalities

### 9. Quality control

#### 9.1 For grains

Classification  Yes  No

Laboratory analysis  Yes  No

Others: \_\_\_\_\_

#### 9.2 For all other products

Term of acceptability  Yes  No

Others: \_\_\_\_\_

#### 9.3 How is control exercised over quantities of goods received in the case of donation?

Certificate of receipt issued by entity  Yes  No

Other: \_\_\_\_\_

### 10. Social benefits

10.1 State the main transformations detected among the PAA participants:

Family agriculture

Middlemen

Local traders

Which entities received products?

## Semi-structured questionnaire - interview with state administrator

### 10.2 What is the opinion of the participants in regard to the PAA?

Family agriculture

Middlemen

Local traders

Who received the production?

### 11. Difficulties

#### 11.1 Operational difficulties

Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local Purchasing

#### 11.2 Institutional difficulties

--

#### 11.3 Specify difficulties in the following relations:

Conab → State	Farmer → State
State → Farmer	

### 12. Outstanding examples

#### 12.1 Good ones

--

#### 12.2 Bad ones

--

## Semi-structured questionnaire - interview with state administrator

### 13. Perceptions of the state administrator

#### 13.1 Positive aspects

--

#### 13.2 Negative aspects

--

#### 13.3 PAA Potential

--

### 14. Action of the State within the PAA

#### 14.1 How was the work in regard to the opening up of new working possibilities and the quality of execution of your responsibilities and functions?

--

#### 14.2 Satisfaction with the program

How satisfied in regard to the PAA are the?	
Directors	Staff

#### 14.3 How do you intend to continue with the PAA? Will new resources be invested in the acquisition of products?

--

### 15. Suggestions for the itinerary

What should be visited in the suggested itinerary (use the maps)
How representative is the itinerary of the state/DF
Important situations not included in the itinerary
Locations of groups of important actors along the itinerary

Interview ended at \_\_\_\_ h. \_\_\_\_ m.

## PAA evaluation questionnaire - interview with Conab administrator

### PAA Evaluation Questionnaire

Interview - Conab Administrator

State/DF \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Venue: \_\_\_\_\_ number \_\_\_\_\_ Interview begun at \_\_\_:\_\_\_hs

**Identification of the interviewee:**

Name:

Post:

Time in Post:

Function and link with PAA:

E-mail:

Tel.:

Recorded ( ) Yes ( ) No

Name of file:

**Identification of the interviewee:**

Name:

Post:

Time in Post:

Function and link with PAA:

E-mail:

Tel.:

**Identification of the interviewee:**

Name:

Post:

Time in Post:

Function and link with PAA:

E-mail:

Tel.:

## PAA evaluation questionnaire - interview with Conab administrator

### 1. Overall execution of the program

#### 1.1 Versions of the PAA

##### 1.1.1 Which versions of the PAA have been implemented in the state?

<input type="checkbox"/> Direct Purchasing <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005	<input type="checkbox"/> Pre-purchasing <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005
<input type="checkbox"/> Special Pre-purchasing with: <input type="checkbox"/> Simultaneous distribution <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> Stockpiling <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005	<input type="checkbox"/> Local Purchasing <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 Partnerships with:

##### 1.1.2 Quantities and amounts in each version:

Was such information supplied:  Yes  No      File: paper

##### 1.2 Registration of operations:

Brief description of the operational method adopted

Were purchasing centers established?

##### 1.2.1 How was the registration of operations made for each program version (are they available)?

Was any registration made in the SINTEG? <input type="checkbox"/> yes <input type="checkbox"/> no
Indicate any other form of registration that was used:

## PAA evaluation questionnaire - interview with Conab administrator

If no, record other mechanisms used

Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local Purchasing
<input type="checkbox"/> Paper/notes	<input type="checkbox"/> Paper/notes	<input type="checkbox"/> Paper/notes	<input type="checkbox"/> Paper/notes
<input type="checkbox"/> Accounting pcdrs.	<input type="checkbox"/> Accounting pcdrs.	<input type="checkbox"/> Accounting pcdrs.	<input type="checkbox"/> Accounting pcdrs.
<input type="checkbox"/> Electronic means	<input type="checkbox"/> Electronic means	<input type="checkbox"/> Electronic means	<input type="checkbox"/> Electronic means
<input type="checkbox"/> Other*	<input type="checkbox"/> Other*	<input type="checkbox"/> Other*	<input type="checkbox"/> Other*
*	*	*	*

### 1.2.2 Information Flow:

**Where was the information on operations carried out forwarded to?**

From the SUREG to the directorate of the Conab in Brasília

To the MDS Authority: \_\_\_\_\_ Name: \_\_\_\_\_

Other \_\_\_\_\_

### 1.2.3 Format of the information:

**In what format is information forwarded?**

List of each operations carried out per program version (SINTEG)

Management reports organized by:  Municipality  Group of municipalities  UF

Other \_\_\_\_\_

### 1.3 Publicizing the program:

#### 1.3.1 Institutional

**How was the program publicized in the institutional sphere?**

Meetings with government bodies |  Others \_\_\_\_\_

#### 1.3.2 The general public

**How was the program made known to the general public?**

Interviews |  Radios |  TVs

Newspapers |  Other \_\_\_\_\_

#### 1.3.3 Farmers

**How was the program made known to the farmers?**

Meetings with leaders |  Visits to rural neighborhoods

Visits to the settlements

#### 1.3.4 Other actors

**Was the Program made known to other actors?**

Traders |  Municipal authorities

Other: \_\_\_\_\_

#### Observations:

Was there any kind of process for registering and selecting farmers?

## PAA evaluation questionnaire - interview with Conab administrator

### 2. Institutional Relations

#### 2.1 How was the participation of the following actors and what were their roles?

	Participation	Role
1. Conab Head office		
2. MDS		
3. Incra		
4. State government		
5. Municipal authorities		
6. <i>Banco do Brasil</i> (Bank of Brazil)		
7. Social movements		
8. Other: NGO already mentioned and Fisheries Secretariat		

## PAA evaluation questionnaire - interview with Conab administrator

### 2.2 Institutional arrangements

How did the relationships between institutions involved in the PAA work?
What could be done to improve institutional relations?

### 3. Territorial outreach (use the maps for registration)

#### 3.1 How was the distribution of execution of program versions carried out in the state?

--

#### 3.2 Why does the distribution of regions active in the program have that format?

--

#### 3.3 Important areas that could be benefited (mark on the map)

Included
Excluded

#### 3.4 What would be the ideal outreach of the PAA for the state (mark on the map)?

--



## PAA evaluation questionnaire - interview with Conab administrator

### 4. Beneficiaries

#### 4.1 Focusing on the PAA target public

##### 4.1.1 Criteria used to select the PAA public

--

##### 4.1.2 Has it reached those family agriculture producers that are less well-structured and more excluded from the market?

--

##### 4.1.3. What was the percentage of participation?

Agrarian Reform beneficiaries:

family agriculture:

Associations:

Cooperatives:

Those encompassed by the Pronaf: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

##### 4.1.4 What was the profile of the public participating in the program?

Included:

Excluded:

--

### 4.2 Organization of participating farmers

#### 4.2.1 Form of organization:

<input type="checkbox"/> Individual Direct Purchasing	<input type="checkbox"/> Formal specifically for this program = improve interaction of entities
<input type="checkbox"/> Formal with background of prior activity	<input type="checkbox"/> Others

#### 4.2.2 Links

<input type="checkbox"/> Linked to trade union movement CAESP	<input type="checkbox"/> Can't say
<input type="checkbox"/> Group linked to MST or other social movement	
<input type="checkbox"/> Church	
<input type="checkbox"/> Other	

## PAA evaluation questionnaire - interview with Conab administrator

### 4.2.3 Obligatory documentation

Facility and difficulty encountered by family agriculture farmers in obtaining the necessary documentation for each program version?

Document	D	MD	E
ID Card			
CPF (Taxpayer Reg. N°)			
Declaration of eligibility from the Pronaf – DAP			
Declaration of eligibility - DAPAA for Agrarian Reform squatters in camps			
Participation proposal			
Adhering to the Proagro			
Special participation proposal			
Various kinds of negative certificates (INSS, FGTS, others)			
Other			

**D = Difficult, MD = Moderately difficult, E = Easy**

### 4.2.3 What kind of document does family agriculture issue when delivering product?

### 4.2.4 Banking information

Did the farmers have bank accounts before?

( ) Yes                      ( ) No

## 5. Products

### 5.1 Products acquired

What were the main products acquired by program version, in order of importance?

Direct Purchasing	Pre-purchasing	Special Pre-purchasing	Local Purchasing

### 5.2 What were the main reasons for acquiring those products?

### 5.3 Which products have potential for the program but have not been included?

### 5.4 Packaging supply

100% of acquisitions Yes ( ) No ( )	Special Pre-purchase NO
Other situation: _____	

## PAA evaluation questionnaire - interview with Conab administrator

### 5.4.1 Transport

How was product transportation carried out?

From producer to acquisition centers	From acquisition centers to warehouse	From producer to other delivery points

### 5.4.2 How was storage of the products done?

### 5.5 Destination of the production

#### 5.5.1 Prior to the program

#### 5.5.2 Destination of the products and criteria for defining destination

Where were the products acquired by the program directed to and what criteria were used to decide on the destinations?

Product	Destination	Criterion

### 6. Income and prices

#### 6.1.1 What criteria are used to define market prices for the respective program versions?

#### 6.1.2 Price in relation to those being operated on the market

## PAA evaluation questionnaire - interview with Conab administrator

### 6.1.3 Price in relation to production costs

### 6.1.4 What do the beneficiaries think about the prices being operated?

### 6.2 Payment flow

How has the payment flow been in regard to effectiveness, punctuality, amounts and forms of control in the following directions:

Conab

Farmer → Bank → Conab

Payment defaulting

### 7. Social control

Describe the social control mechanisms in place in the PAA

In the state

In the municipalities

### 8. Quality control

#### 8.1 For commodities

#### 8.2 For all other products

#### 8.3 How is control exercised over quantities of goods received in the case of donation

## PAA evaluation questionnaire - interview with Conab administrator

### 9. Social benefits

#### 9.1 State the main transformations detected among the PAA participants:

Family agriculture farmers

Middlemen

Local traders

The entities receiving products

#### 9.2 What is the opinion of the participants in regard to the PAA?

Family agriculture farmers

Middlemen

Local traders

Who received the production?

## PAA evaluation questionnaire - interview with Conab administrator

### 10. Difficulties

#### 10.1 Operational difficulties

Direct Purchasing	Special Pre-purchasing

#### 10.2 Institutional difficulties

--

#### 10.3 Specify difficulties in the following relations:

Conab → Farmer	Farmer → Conab

### 11. Outstanding examples

#### 11.1 Good ones

--

#### 11.2 Bad ones

--

### 12. Conab's perceptions

#### 12.1 Positive aspects

--

#### 12.2 Negative aspects

--

#### 12.3 PAA potential

--

## PAA evaluation questionnaire - interview with Conab administrator

### 13. Action of the Conab within the PAA

13.1 How was the work in regard to the opening up of new working possibilities and the quality of execution of your responsibilities and functions?

--

### 13.2 Conab satisfaction with the program

How satisfied in regard to the PAA are the Conab directorate and staff?

Directorate	Staff

### 14. Suggestions for the itinerary

What should be visited in the suggested itinerary? (use the maps)

How representative is the itinerary of the state/DF?

Important situations not included in the itinerary

Locations of groups of important actors along the itinerary

Suggested itinerary

Interview ended at \_\_\_\_ h. \_\_\_\_ m.

## Questionnaire - interview with farmers association

### Questionnaire Interview- Farmers Association

Interview begun at \_\_\_\_\_ : \_\_\_\_\_  
Recorded - File

Questionnaire																			
	IBGE code for municipality							DD	MM	Seq.	Interv.	Type							

Preliminary information	
Name of the interviewee:	
Post:	
Time occupying the post:	Tel: ( )

Name of the interviewee:	
Post:	
Time occupying the post:	Tel: ( )

Name of the interviewee:	
Post:	
Time occupying the post:	Tel: ( )

Location of the association	
Geographical coordinates <b>DATUM: WGS 84</b>	Latitude [ ][ ]° [ ][ ]' [ ][ ]"
	Longitude [ ][ ]° [ ][ ]' [ ][ ]"
Municipality: _____	State/DF [ ][ ] IBGE Code: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Is the location an agrarian reform settlement?	( ) Yes* ( ) No
*What is the name of the settlement?	
*How many families are there in the settlement?	
*Which official body is responsible for the settlement?	
( ) Inca ( ) <i>Cédula da Terra</i> ( ) São José Project ( ) <i>Crédito Fundiário</i> ( ) State government settlement ( ) Others	
Location (neighborhood, district, village, hamlet): _____	
Name of the location _____	
Type: ( ) Street ( ) Road ( ) Highway ( ) Farm ( ) Plot ( ) Other	



## Questionnaire - interview with farmers association

Constitution of the institution		
When was it founded?     /     /	How many founder members were there?	How many members are there now?
Was it founded because of the PAA                    ( ) Yes                    ( ) No		
What is the purpose of the association?		
<input type="checkbox"/> Commercialization <input type="checkbox"/> Purchase of goods <input type="checkbox"/> Stockpiling <input type="checkbox"/> Collective production <input type="checkbox"/> Technical assistance		
Other:		
Does the association have other aims beyond agricultural activities?		
<input type="checkbox"/> Medical/Dental assistance <input type="checkbox"/> Transport <input type="checkbox"/> Consumption <input type="checkbox"/> Courses <input type="checkbox"/> Others:		
Maintains partnerships with:		
Farmers association/cooperative	Which one?	
Beneficent entity	Which one?	
NGO	Which one?	
Conab	Which one?	
Incra	Which one?	
City hall	Which one?	
State government	Which one?	
What is the average cash flow?		R\$                    / month

Is it linked to any social movement or organization?
<div style="display: flex; justify-content: space-between;"> <span>( ) Yes*</span> <span>( ) No</span> </div>
*Which one?
<input type="checkbox"/> Trade union movement of rural workers
<input type="checkbox"/> MST
<input type="checkbox"/> Other movement engaged in struggling for land
<input type="checkbox"/> Pastoral/religious group
<input type="checkbox"/> Other. Which? _____
<input type="checkbox"/> Only registered in the union

## Questionnaire - interview with farmers association

Installations				
	Own	Loaned	Rented	
Head office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Processing shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m <sup>2</sup>
Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m <sup>2</sup>

The association's durable assets				
Is there or are there in the association a:			Acquired after entering PAA?	
Conventional fixed telephone?	Y	N	S	Y
Microcomputer?	Y	N	S	Y
Access to the Internet?	Y	N	S	Y
Fridge?	Y	N	S	Y
Freezer?	Y	N	S	Y
Processing machines:	Y	N	S	Y
How many of these items are there in the association? (if none register 0)			Acquired after entering PAA?	
Car	[ ]		[ ]	
Motorcycle	[ ]		[ ]	
Truck	[ ]		[ ]	
Tractor	[ ]		[ ]	
Micro-tractor	[ ]		[ ]	
Harrow	[ ]		[ ]	
Plow	[ ]		[ ]	
Slasher	[ ]		[ ]	
Planter	[ ]		[ ]	
Sprayer	[ ]		[ ]	
Trailer	[ ]		[ ]	
Others:	[ ]		[ ]	

Characterization of members' lands	
What is the average area of the land?	[ ] ha
What is the average area used for crops?	[ ] ha
Are they the owners of the land they produce in?	( ) Yes ( ) No*
* What s the predominant situation of exploitation?	( ) Tenant ( ) Share cropper ( ) Partner ( ) Right to use (settlement) ( ) Squatter

## Questionnaire - interview with farmers association

Characterization of the members											
Average schooling level	<input type="checkbox"/> Illiterate		<input type="checkbox"/> Literate		<input type="checkbox"/> Year 4		<input type="checkbox"/> Year 8		<input type="checkbox"/> Senior high		
	<input type="checkbox"/> Prof.		<input type="checkbox"/> Technical		<input type="checkbox"/> Higher ed.		<input type="checkbox"/> Adult lit. prog		<input type="checkbox"/> EYA		
What is the members' average income?		R\$		/ month							
Has income gone up since participating in PAA?						<input type="checkbox"/> Y* <input type="checkbox"/> N		How much?		R\$ / month	
Do members receive benefits from government, city hall?						<input type="checkbox"/> Yes * <input type="checkbox"/> No		*Which programs and how much?			
Don't know	R\$	<i>Bolsa Família</i> (Family Grant)	R\$	<i>Bolsa Escola</i> (School Grant)	R\$						
<i>Cartão Alimentação</i> (Food Card)	R\$	Pension	R\$	Gas voucher	R\$						
Retirement pension	R\$	BPC	R\$	State program	R\$						
<i>Bolsa Cidadã</i> (Citizenship Grant)	R\$	PETI	R\$	Other	R\$						

Access to the Pronaf and the PAA						
Have you ever been financed by the Pronaf?		<input type="checkbox"/> Yes* <input type="checkbox"/> No		➔	*In which Pronaf categories?	
					<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
In the year:	Participated in the:					
2003	<input type="checkbox"/> CDAF	<input type="checkbox"/> CAAF	<input type="checkbox"/> CAEAF - Stockpiling	<input type="checkbox"/> CAEAF - Simultaneous donation	<input type="checkbox"/> CDLAF	
2004	<input type="checkbox"/> CDAF	<input type="checkbox"/> CAAF	<input type="checkbox"/> CAEAF - Stockpiling	<input type="checkbox"/> CAEAF - Simultaneous donation	<input type="checkbox"/> CDLAF	
2005	<input type="checkbox"/> CDAF	<input type="checkbox"/> CAAF	<input type="checkbox"/> CAEAF - Stockpiling	<input type="checkbox"/> CAEAF - Simultaneous donation	<input type="checkbox"/> CDLAF	
Registration in the PAA						
Registration was:		<input type="checkbox"/> Individual		<input type="checkbox"/> Collective (in the name of the association)		

## Questionnaire - interview with farmers association

Essential documents											
Documents	Required		Already have		How difficult to obtain			Helped to obtain		Now have	
	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
CPF	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
ID card	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
DAP	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
DAPAA (camp dwellers)	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Participation proposal	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Bank account	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
CNPJ	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Invoice	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Statute	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Ownership doc.	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
INSS neg. cert.	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
FGTS neg. cert,	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
IR neg. cert	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
State gov. neg. cert	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Mun. gov. neg. cert	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Other:	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N

## Questionnaire - interview with farmers association

Publicizing and perception of the program
How did you get to know about the PAA for the first time?
<input type="checkbox"/> Conab <input type="checkbox"/> State government <input type="checkbox"/> Media (TV, radio, newspaper, magazines etc.) <input type="checkbox"/> City hall <input type="checkbox"/> Federal government <input type="checkbox"/> Other: _____ <input type="checkbox"/> Secretariat of agriculture <input type="checkbox"/> Emater
Why did the association decide to participate in the PAA? What was the strongest motive?
<input type="checkbox"/> Selling is easy <input type="checkbox"/> Price paid by the PAA <input type="checkbox"/> Invited <input type="checkbox"/> Other. What?
Did you understand the working of the PAA?
<input type="checkbox"/> Well <input type="checkbox"/> Reasonably well <input type="checkbox"/> A little
What is the main obstacle to participating in the PAA?
<input type="checkbox"/> Documentation <input type="checkbox"/> Quality of the products <input type="checkbox"/> Quantity produced <input type="checkbox"/> Others:
In you opinion, the PAA as a program can be considered
<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Very bad
What do you think could be done to improve the PAA?
Do you know of any farmers/people that heard about the PAA but that are not participating? What were their reasons?
<input type="checkbox"/> Too complicated <input type="checkbox"/> Lacked documents <input type="checkbox"/> Did not belong to the farmers association <input type="checkbox"/> Others:
Is there a municipal council (group of people) responsible for accompanying the program?
<input type="checkbox"/> No <input type="checkbox"/> Yes*
*Do you know what that council does?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever heard of the Zero Hunger Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the PAA part of the Zero Hunger Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Questionnaire - interview with farmers association

Changes in production and commercialization							
Because of the PAA:							
Have you started to produce new products? ( ) Yes ( ) No Which products?							
Have you increased the area of production? ( ) Yes ( ) No Which products?							
Have you used more technology? <input type="checkbox"/> Technical assistance <input type="checkbox"/> Fertilizers <input type="checkbox"/> Machines/ implements <input type="checkbox"/> Irrigation <input type="checkbox"/> Organic agriculture							
<input type="checkbox"/> Others:							
Have you left off consuming any product in order to sell to the PAA ( ) Yes ( ) No							
And if the PAA were to end?							
Production				Commercialization			
<input type="checkbox"/> Maintain	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Decrease total	<input type="checkbox"/> Maintain	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Decrease total
Will you maintain commercialization with the entities? ( ) Yes ( ) No							
Will the association have any difficulties? ( ) Yes ( ) No							
What difficulties?							
Products processed				Processed prior to the PAA?		If PAA ends, will any product stop being produced?	
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N
				Y	N	Y	N

## Questionnaire - interview with farmers association

Has entering the PAA changed your relations with traders?		( ) Yes	( ) No
Why?			
In addition to commercializing/delivering the products, do you carry out any activities with the:			
Farmers association/cooperative	What?		
Beneficiary entity	What?		
NGO	What?		
Conab	What?		
Incra	What?		
Municipal authority	What?		
State government	What?		

In regard to the CPR that was signed (CAEAF e CAAF)						
CPR N°	Yr.	Product / planned production			Amount of CPR	Due date
1	(03)	/	/	/	/	
	(04)	/	/	/	/	
2	(03)	/	/	/	/	
	(04)	/	/	/	/	
3	(03)	/	/	/	/	
	(04)	/	/	/	/	
4	(03)	/	/	/	/	
	(04)	/	/	/	/	
5	(03)	/	/	/	/	
	(04)	/	/	/	/	

CPR N°	Produced with the CPR?	Planned or *substitute / production				
1	Y	/	/	/	/	/
	N*	/	/	/	/	/
2	Y	/	/	/	/	/
	N*	/	/	/	/	/
3	Y	/	/	/	/	/
	N*	/	/	/	/	/
4	Y	/	/	/	/	/
	N*	/	/	/	/	/
5	Y	/	/	/	/	/
	N*	/	/	/	/	/

CPR N°	Destination of the production															
1	PAA	[ ] % Peri.	R\$ [ ]	/UN	Intern.	[ ] % Peri.	R\$ [ ]	/UN	Cons.	[ ] % Peri.	R\$ [ ]	/UN	Storage	[ ] % Peri.	R\$ [ ]	/UN
	Org.	[ ] % Peri.	R\$ [ ]	/UN	Com.	[ ] % Peri.	R\$ [ ]	/UN	Subs.	[ ] % Peri.	R\$ [ ]	/UN	Exch.	[ ] % Peri.	R\$ [ ]	/UN
2	PAA	[ ] % Peri.	R\$ [ ]	/UN	Intern.	[ ] % Peri.	R\$ [ ]	/UN	Cons.	[ ] % Peri.	R\$ [ ]	/UN	Storage	[ ] % Peri.	R\$ [ ]	/UN
	Org.	[ ] % Peri.	R\$ [ ]	/UN	Com.	[ ] % Peri.	R\$ [ ]	/UN	Subs.	[ ] % Peri.	R\$ [ ]	/UN	Exch.	[ ] % Peri.	R\$ [ ]	/UN
3	PAA	[ ] % Peri.	R\$ [ ]	/UN	Intern.	[ ] % Peri.	R\$ [ ]	/UN	Cons.	[ ] % Peri.	R\$ [ ]	/UN	Storage	[ ] % Peri.	R\$ [ ]	/UN
	Org.	[ ] % Peri.	R\$ [ ]	/UN	Com.	[ ] % Peri.	R\$ [ ]	/UN	Subs.	[ ] % Peri.	R\$ [ ]	/UN	Exch.	[ ] % Peri.	R\$ [ ]	/UN
4	PAA	[ ] % Peri.	R\$ [ ]	/UN	Intern.	[ ] % Peri.	R\$ [ ]	/UN	Cons.	[ ] % Peri.	R\$ [ ]	/UN	Storage	[ ] % Peri.	R\$ [ ]	/UN
	Org.	[ ] % Peri.	R\$ [ ]	/UN	Com.	[ ] % Peri.	R\$ [ ]	/UN	Subs.	[ ] % Peri.	R\$ [ ]	/UN	Exch.	[ ] % Peri.	R\$ [ ]	/UN
5	PAA	[ ] % Peri.	R\$ [ ]	/UN	Intern.	[ ] % Peri.	R\$ [ ]	/UN	Cons.	[ ] % Peri.	R\$ [ ]	/UN	Storage	[ ] % Peri.	R\$ [ ]	/UN
	Org.	[ ] % Peri.	R\$ [ ]	/UN	Com.	[ ] % Peri.	R\$ [ ]	/UN	Subs.	[ ] % Peri.	R\$ [ ]	/UN	Exch.	[ ] % Peri.	R\$ [ ]	/UN



Questionnaire - interview with farmers association

CAAF

CPR N°	Were called on to pay by the CPR		Paid the CPR		Any difficulty in making payments in the Banco do Brasil?	
	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	( ) N* ( ) Tot ( ) Partial R\$:	Y	N
1	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	( ) N* ( ) Tot ( ) Partial R\$:	Y	N
2	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	( ) N* ( ) Tot ( ) Partial R\$:	<b>CAEAF</b>	
3	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	( ) N* ( ) Tot ( ) Partial R\$:	Did Conab deposit whole amount and freeze it?	
4	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	( ) N* ( ) Tot ( ) Partial R\$:	Y	N
5	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	( ) N* ( ) Tot ( ) Partial R\$:		

*Why was the CPR not paid?	( ) YES	( ) NO
Insufficient production	( ) YES	( ) NO
Payment being negotiated	( ) YES	( ) NO
Proagro has to cover it	( ) YES	( ) NO
Waiting for amnesty	( ) YES	( ) NO
Received instructions not to pay	( ) YES	( ) NO

Price/production costs						
CPR N°	Does PAA price cover production costs?		CPR N°	Do other prices cover production costs?		
	Y	N		Y	N	*For which product?
1	Y	N*	1	Y	N*	
2	Y	N*	2	Y	N*	
3	Y	N*	3	Y	N*	
4	Y	N*	4	Y	N*	
5	Y	N*	5	Y	N*	

Questionnaire - interview with farmers association

Production outside the CPR															
N	Year	Product quant./un	ha	Animals	Product destination				Product destination						
					%	R\$	/un	Interm.	%	R\$	/un	Cons.	%	R\$	/un
1	03				PAA			Interm.				Cons.			Storage
	04				Org.			SUB				Subs.			Exchange
	05	/			PAA			Interm.				Cons.			Storage
2	03				Org.			Commer.				Subs.			Exchange
	04				PAA			Interm.				Cons.			Storage
	05	/			Org.			SUB				Subs.			Exchange
3	03				PAA			Interm.				Cons.			Storage
	04				Org.			SUB				Subs.			Exchange
	05	/			PAA			Interm.				Cons.			Storage
4	03				Org.			Commer.				Subs.			Exchange
	04				PAA			Interm.				Cons.			Storage
	05	/			Org.			SUB				Subs.			Exchange
5	03				PAA			Interm.				Cons.			Storage
	04				Org.			SUB				Subs.			Exchange
	05	/			PAA			Interm.				Cons.			Storage
6	03				Org.			Commer.				Subs.			Exchange
	04				PAA			Interm.				Cons.			Storage
	05	/			Org.			SUB				Subs.			Exchange
7	03				PAA			Interm.				Cons.			Storage
	04				Org.			SUB				Subs.			Exchange
	05	/			PAA			Interm.				Cons.			Storage
8	03				Org.			Commer.				Subs.			Exchange
	04				PAA			Interm.				Cons.			Storage
	05	/			Org.			SUB				Subs.			Exchange
9	03				PAA			Interm.				Cons.			Storage
	04				Org.			Commer.				Subs.			Exchange
	05	/			PAA			Interm.				Cons.			Storage
10	03				Org.			SUB				Subs.			Exchange
	04				PAA			Interm.				Cons.			Storage
	05	/			Org.			Commer.				Subs.			Exchange

## Questionnaire - interview with farmers association

Price/production costs											
Does PAA price cover production costs?					Do other prices cover production costs?						
N						N					
1	Y	N	6	Y	N	1	Y	N	6	Y	N
2	Y	N	7	Y	N	2	Y	N	7	Y	N
3	Y	N	8	Y	N	3	Y	N	8	Y	N
4	Y	N	9	Y	N	4	Y	N	9	Y	N
5	Y	N	10	Y	N	5	Y	N	10	Y	N

PAA payment for last delivery										
CPR N°	Payment		Days: up to		N		Payment		Days: up to	
1	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	6	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	
2	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	7	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	
3	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	8	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	
4	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	9	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	
5	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	10	( )	Payment order ( ) CC ( ) Cash	(5)	(10) (>10)	
How is payment made to the farmer ( ) Payment order ( ) CC ( ) Cash ( ) Check										

If 100 % is sold to PAA.										
To others: (To whom?) = Storage or Subs., R\$ = 0)										
N	Would sell for?		To whom?		N		Would sell for?		To whom?	
1	R\$		(Org.)	(Inter.) (Com.) (Exch.)	6	R\$		(Org.)	(Inter.) (Com.) (Exch.)	
2	R\$		(Org.)	(Inter.) (Com.) (Exch.)	7	R\$		(Org.)	(Inter.) (Com.) (Exch.)	
3	R\$		(Org.)	(Inter.) (Com.) (Exch.)	8	R\$		(Org.)	(Inter.) (Com.) (Exch.)	
4	R\$		(Org.)	(Inter.) (Com.) (Exch.)	9	R\$		(Org.)	(Inter.) (Com.) (Exch.)	
5	R\$		(Org.)	(Inter.) (Com.) (Exch.)	10	R\$		(Org.)	(Inter.) (Com.) (Exch.)	

Questionnaire - interview with farmers association

Packaging (only for products delivered to the PAA) - presently = last delivery											
Product	Use		Own	Amount. R\$/unit.	Who donated/conceded (%)				Available at ideal moment		
	Y	N			Conab	Munic.	Gov.	PAA	Other	Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N
	Y	N	Y	/						Y	N

Transport of product last month											
Individual	Own		Contracted	Conceded				Other	Which?		
	R\$	%		Municip. authority		State gov.				Federal gov.	
				R\$	%	R\$	%			R\$	%
%											

Questionnaire - interview with farmers association

Product flow (products delivered to PAA only) - last delivery																	
Product	Famers Ass.	Delivery					Verification			Classif.		Adequate		Rejected			
		Conab	Munic.	Cons.	D/K	Other	Quantity	Quality	Y	N	Y	N	Y	N	Y	N	
							Y	N	Y	N	Y	N	Y	N	Y	N	
																	%
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What did you think about the actions of those that worked together with you?					
Institution	Very good	Good	Bad	Very bad	What should be improved?
Conab	Very good	Good	Bad	Very bad	
Incra	Very good	Good	Bad	Very bad	
State government	Very good	Good	Bad	Very bad	
Munic. authority	Very good	Good	Bad	Very bad	
NGO	Very good	Good	Bad	Very bad	
Association/cooperative	Very good	Good	Bad	Very bad	
Banco do Brasil/ (Bank of Brazil)	Very good	Good	Bad	Very bad	
( ):	Very good	Good	Bad	Very bad	

Interview ended at: \_\_\_H\_\_\_M Interview was  VERY GOOD  GOOD  REGULAR  BAD  DISCARD

# RESEARCH

## Comparative Study of Local Economic Agents of the Food Acquisition Program in the Regions Northeast and South

**Executive Institution:** University of Brasília through University of Brasília Foundation (FUBRA).

**Team Members:** Flávio Borges Botelho Filho and Amauri Daros Carvalho (coordinators), Sergio Schneider, Marco Antonio Fialho, Ana Luiza Muller, Lauro Mattei, Moacyr Doretto, Ednaldo Michelin, Patrícia da S. Cerqueira, Ana Georgina Peixoto Rocha, Sergio Paganini Martins, Lita Isabel C. de Moraes, Fernando Bastos Costa and Aldenor Gomes da Silva.

**Period Undertaken:** July 2005 to April 2006.

### 1. Objectives

To compare the implementation and sustainability of the Food Acquisition Program in the regions South and Northeast with a focus on the following aspects:

- market potential generated by the public purchasing done by the PAA;
- effects stemming from the PAA on the actors involved in commercializing Family Agriculture products;
- institutional design of the program with a focus on the optimizing of access of family agriculture farmers to local markets;
- results of the PAA in the local market.

### 2. Methodology

In the northeastern and southern regions the survey defined a non random sample of the social actors involved in the Food Acquisition Program. Based on the locations where the program had been installed, a selection was made of Family Agriculture farmers who are the program's target public, representatives of associations and cooperatives, traders, public bodies on the demand side of Family Agriculture products and others.

The study combined qualitative and quantitative techniques. Secondary information was gathered from local social organizations and executive bodies involved with the PAA and primary information was obtained using questionnaires with some local social actors involved in the program and semi-structured interviews with others.

### Qualitative study

Various social actors involved in the program were interviewed: federal, state and municipal administrators and managers, direct beneficiaries (producers and members of those institutions that receive program food),

indirect beneficiaries (traders, staff from branches of official banks, crèches and hospitals), members of the local bodies exercising social control over the program in the municipalities, official technical assistance and rural extension bodies and financial institutions.

### Quantitative study

The evaluation of the impact of the Food Acquisition Program in the states of the South and Northeast was made using the following criteria:

- For the South:  
The three states that make up the region were selected (Paraná, Santa Catarina and Rio Grande do Sul);
- For the Northeast:  
Bahia – The state with the highest number of beneficiary families for the period 2003 - 2004;  
Pernambuco – The state with the second highest number of beneficiary families for the period 2003 - 2004;  
Rio Grande do Norte – Is the state with the highest proportion of Family Agriculture farmers being served.

The definition of municipalities was done on the basis of the ratio between the number of families being supplied by the PAA in its various versions and the number of Family Agriculture farmers in the municipalities benefited by the program. From that list, the 5 to 10 municipalities with the highest numbers of program users were defined and among these last, 3 municipalities were identified using the following criteria: 1) Number of program versions directed at the municipality and 2) The existence of prior studies related to the same issue.

Farmers not benefited by the PAA were chosen preferentially from the same communities as the benefited ones or from nearby areas. In the case of Rio Grande do Sul, interviews were carried out in 4 municipalities. Given that in the municipality of São Lourenço do Sul the organizational functions of the program were shared with the neighboring municipality of Pelotas, the latter was included in the analysis. To operate the criteria, information on the total numbers of beneficiaries was gathered from the study “*Novo Retrato da Agricultura Familiar – o Brasil Redescoberto*”<sup>1</sup> (A new portrait of family agriculture - the rediscovery of Brazil).

A list of states with the numbers of municipalities where interviewing was done, and the numbers of beneficiaries and non beneficiaries is set out in Table 1 below:

**Table 1 - States where questionnaires were used according to numbers of municipalities, beneficiaries and non beneficiaries**

State	Number of municipalities where interviews were done	Number of beneficiaries interviewed	Number of non beneficiaries interviewed
Bahia	10	42	15
Pernambuco	12	61	17
Rio Grande do Norte	8	45	5
Paraná	3	85	38
Santa Catarina	3	61	15
Rio Grande do Sul	4	43	12
<b>Total</b>	<b>40</b>	<b>337</b>	<b>102</b>

Source: FUBRA.

In both the Northeast and the South, after the program beneficiaries had been identified, non beneficiaries with a profile making them potential beneficiaries were sought out to be interviewed.

The criteria that were used to define the sample imply that it is not statistically representative for the municipalities where the questionnaires were used nor for the universe of beneficiary and non beneficiary farmers that could eventually be served by the program.

<sup>1</sup> INCRA/FAO. *Novo retrato da agricultura familiar*. Brasília: INCRA/FAO, 2000.





## Questionnaire - interview with beneficiary

Type of dwelling	
Your house is:	
<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Loaned <input type="checkbox"/> Conceded <input type="checkbox"/> Other	
How many rooms does your house have? [      ]	
How many bathrooms/toilets does your house have? [      ]	
Latrine <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
What is the constructed area of your house? [      ] m <sup>2</sup>	
What material is your house made of?	
<input type="checkbox"/> <b>Brickwork*</b> <input type="checkbox"/> *complete <input type="checkbox"/> *half complete <input type="checkbox"/> *being built	<input type="checkbox"/> <b>Wood</b>  <input type="checkbox"/> <b>Mud and lathes</b>
<input type="checkbox"/> <b>Adobe</b>  <input type="checkbox"/> <b>Canvas hut</b>	
<b>Does your residence have electricity?</b> <input type="checkbox"/> *Public Electricity grid <input type="checkbox"/> *Generator <input type="checkbox"/> *Solar energy	



Water and Sewage
Where does the water supply in your home come from?
<input type="checkbox"/> Public water mains <input type="checkbox"/> Well or spring <input type="checkbox"/> Pre-cast section cistern <input type="checkbox"/> Surface rainwater barriers <input type="checkbox"/> Dam Other. Which?
What is the destination of the sewage produced in your residence?
<input type="checkbox"/> Public sewage mains <input type="checkbox"/> Latrine pit <input type="checkbox"/> Runs off in uncovered ditch <input type="checkbox"/> River or stream <input type="checkbox"/> Septic tank



Do you presently participate in any kind of social movement or organization?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes*
*Which one?	
<input type="checkbox"/> Farmers and farm workers association	
<input type="checkbox"/> Trade union movement of rural workers	
<input type="checkbox"/> MST (Landless peoples movement)	
<input type="checkbox"/> Pastoral/religious group	
<input type="checkbox"/> Other. Which? _____	
<input type="checkbox"/> Merely belong to union	

## Questionnaire - interview with beneficiary

Durable goods in the household				
In your home is there:			Were they acquired after you entered the PAA?	
Fixed telephone?	Y	N	Y	N
Mobile telephone?	Y	N	Y	N
Television?	Y	N	Y	N
Microcomputer?	Y	N	Y	N
Access to the Internet?	Y	N	Y	N
Radio?	Y	N	Y	N
Refrigerator?	Y	N	Y	N
Parabolic antenna?	Y	N	Y	N
How many of the following items are there in your home? ( Mark 0 for none)			How many were acquired after you entered the PAA?	
Car		<input type="text"/>		<input type="text"/>
Motorcycle		<input type="text"/>		<input type="text"/>
Truck		<input type="text"/>		<input type="text"/>
Tractor		<input type="text"/>		<input type="text"/>
Micro-tractor		<input type="text"/>		<input type="text"/>
Harrow		<input type="text"/>		<input type="text"/>
Plow		<input type="text"/>		<input type="text"/>
Slasher		<input type="text"/>		<input type="text"/>
Planter		<input type="text"/>		<input type="text"/>
Sprayer		<input type="text"/>		<input type="text"/>
Trailer		<input type="text"/>		<input type="text"/>
Others:		<input type="text"/>		<input type="text"/>

## Questionnaire - interview with beneficiary

Name	Sex (M) (F)	Age	Relationship	Marital Status	Schooling	Are you studying now?		Do you work:		Income R\$/month	
						Y	N	On the property?	Off the property?		
1	M F		Beneficiary	S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
2.	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
3	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
4	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
5	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
6	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
7	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
8	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N
9	M F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	Y	N	Y	N	Y*	N

## Questionnaire - interview with beneficiary

Do you receive any benefit from government or municipal authority? ( ) Yes * ( ) No		*What program and amount?	
Don't know	R\$	Bolsa Família (Family Grant)	R\$
Cartão Alimentação (Food Card)	R\$	Pension	R\$
Pension	R\$	BPC	R\$
Bolsa Cidadã (Citizenship Grant)	R\$	PETI	R\$
		Bolsa Escola (School grant)	R\$
		Gas voucher	R\$
		State program	R\$
		Other	R\$

### Reference amounts for the benefits received

*Bolsa Família*: R\$ 15 to R\$ 95  
*Bolsa Escola*: R\$ 15 to R\$ 45  
*Cartão Alimentação*: R\$ 50  
 Gas voucher: R\$ 15 every two months  
 BPC: 1 minimum salary (R\$ 300/month)  
*Bolsa Cidadã* (Ceará): R\$ 5 to R\$ 85  
 PETI: R\$ 25 for each rural child up to 2 children  
 R\$ 40 for each urban child up to 2 children

What's the average monthly income stemming from agricultural production on the property?	
R\$	/ month
Has there been any increase since participating in the PAA?	
( ) Yes* ( ) No	* By how much? R\$ /month

## Questionnaire - interview with beneficiary

Access to the Pronaf and to the PAA				
Have you ever received financing from the Pronaf?	( ) Yes*	( ) No	➔	*What is your classification in the Pronaf?
				( ) A      ( ) B      ( ) C      ( ) D

In the year:	Participated in the:
2003	<input type="checkbox"/> CDAF <input type="checkbox"/> CAAF <input type="checkbox"/> CAEAF- Forming stocks <input type="checkbox"/> CAEAF- Simultaneous Donation <input type="checkbox"/> CDLAF
2004	<input type="checkbox"/> CDAF <input type="checkbox"/> CAAF <input type="checkbox"/> CAEAF- Forming stocks <input type="checkbox"/> CAEAF- Simultaneous Donation <input type="checkbox"/> CDLAF
2005	<input type="checkbox"/> CDAF <input type="checkbox"/> CAAF <input type="checkbox"/> CAEAF- Forming stocks <input type="checkbox"/> CAEAF- Simultaneous Donation <input type="checkbox"/> CDLAF

Registration		
Registration was:	( ) Individual	( ) Collective*

Collective*		
( ) Association	( ) Existed prior to the PAA	( ) Was organized for the PAA
( ) Cooperative	( ) Existed prior to the PAA	( ) Was organized for the PAA
( ) Informal group	( ) Existed prior to the PAA	( ) Was organized for the PAA

Documentation for the PAA											
Documents	Was required		Already had		How difficult to obtain			Help in obtaining		Now has	
CPF (Taxpayers reg. n°)	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
ID card	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Bank account	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
DAPAA (camp dwellers)	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Participation proposal	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
DAP	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N
Other:	Y	N	Y	N	Very	Quite	Not very	Y	N	Y	N

## Questionnaire - interview with beneficiary

Publicizing and perception of the program			
How did you get to know about the PAA for the first time?			
<input type="checkbox"/> Local leader	<input type="checkbox"/> State government	<input type="checkbox"/> Media	<input type="checkbox"/> Secretariat of agriculture
<input type="checkbox"/> Municipal authority	<input type="checkbox"/> Federal government	<input type="checkbox"/> Conab	<input type="checkbox"/> Emater
<input type="checkbox"/> Others:			
Why did the association decide to participate in the PAA? What was the strongest motive?			
( ) Selling is easy      ( ) Price paid by the PAA      ( ) Invited      ( ) Other. What?			
Did you understand the working of the PAA?			
( ) Well                                      ( ) Reasonable well                                      ( ) A little			
What is the main obstacle to participating in the PAA?			
( ) Documentation      ( ) Quality of the products      ( ) Quantity produced      ( ) Others:			
In your opinion, the PAA as a program can be considered			
( ) Very good                      ( ) Good                                      ( ) Bad                                      ( ) Very bad			
What do you think could be done to improve the PAA?			
Do you know of any farmers/people that heard about the PAA but that are not participating? What were their reasons?			
<input type="checkbox"/> Too complicated	<input type="checkbox"/> Lacked documents	<input type="checkbox"/> Did not belong to the farmers association	
<input type="checkbox"/> Others:			
Is there a municipal council (group of people) responsible for accompanying the program?			
( ) No                      ( ) Yes*			
*Do you know what that council does?			
( ) Yes                      ( ) No			
Have you ever heard of the Zero Hunger Program?      ( ) Yes      ( ) No			
Is the PAA part of the Zero Hunger Program?      ( ) Yes      ( ) No			

## Questionnaire - interview with beneficiary

Characterizing the land	
What is the area of your land?	[ ] ha
What is the area that you use for planting?	[ ] ha
Are you the owner of the land you produce on?	( ) Yes ( ) No*
* In what situation do you exploit the land?	( ) Tenant ( ) Share cropper ( ) Partner ( ) Title of right to use (settlement) ( ) squatter

Changes in production and commercialization	
Because of the PAA:	
Have you started to produce new products? ( ) Yes ( ) No	Which products?
Have you increased the area of production? ( ) Yes ( ) No	For which products?
Have you used more technology? <input type="checkbox"/> Technical assistance <input type="checkbox"/> Fertilizers <input type="checkbox"/> Machines/ implements <input type="checkbox"/> Irrigation <input type="checkbox"/> Organic agriculture	
<input type="checkbox"/> Others:	
Have you left off consuming any product in order to sell to the PAA? ( ) Yes ( ) No	
And if the PAA were to end?	
Production	Commercialization
<input type="checkbox"/> Maintain <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	<input type="checkbox"/> Maintain <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decrease total
Will you maintain commercialization with the entities? ( ) Yes ( ) No	
Has entering the PAA changed your relations with traders? ( ) Yes ( ) No	
Why?	
In addition to commercializing/delivering the products, do you carry out any activities with the:	
Farmers association/cooperative	What?
Beneficiary entity	What?
NGO	What?
Conab	What?
Incra	What?
Municipal authority	What?
State government	What?

## Questionnaire - interview with beneficiary

IF PARTICIPATED IN THE CAAF									
In regard to the CPR signed									
N	Year	Product	Amount of CPR	Date due	Production foreseen	Planting		*What is the substitute?	Area planted in ha
						CPR planting?			
1	(03) (04)					Y	N*		
2	(03) (04)					Y	N*		
3	(03) (04)					Y	N*		
4	(03) (04)					Y	N*		
5	(03) (04)					Y	N*		

N	Already harvested?	* Amount harvested
1	Y*	N
2	Y*	N
3	Y*	N
4	Y*	N
5	Y*	N



Questionnaire - interview with beneficiary

Harvest and sales												
*Destination of the production												
N	PAA Org.		PAA Org.		PAA Org.		PAA Org.		PAA Org.		PAA Org.	
1	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	Interm. Com.	[ ]% R\$[ ]/UN	Cons. Subs.	[ ]% R\$[ ]/UN	Storage. Exchange	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN
2	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	Interm. Com.	[ ]% R\$[ ]/UN	Cons. Subs.	[ ]% R\$[ ]/UN	Storage. Exchange	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN
3	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	Interm. Com.	[ ]% R\$[ ]/UN	Cons. Subs.	[ ]% R\$[ ]/UN	Storage. Exchange	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN
4	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	Interm. Com.	[ ]% R\$[ ]/UN	Cons. Subs.	[ ]% R\$[ ]/UN	Storage. Exchange	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN
5	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	Interm. Com.	[ ]% R\$[ ]/UN	Cons. Subs.	[ ]% R\$[ ]/UN	Storage. Exchange	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN	[ ]% R\$[ ]/UN

Had payment difficulties in Bank of Brazil	
Y	N

N	Had losses	*Reason	*Activated Proagro	Obtained response		% received	Received CPR charges		Paid CPR	
1	( ) N ( ) Part* ( ) Tot*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y	Y	N	%	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	
2	( ) N ( ) Part* ( ) Tot*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y	Y	N	%	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	
3	( ) N ( ) Part* ( ) Tot*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y	Y	N	%	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	
4	( ) N ( ) Part* ( ) Tot*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y	Y	N	%	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	
5	( ) N ( ) Part* ( ) Tot*	( ) Rain ( ) Drought ( ) Pest ( ) Fire	Y	Y	N	%	Y	N	( ) N* ( ) Tot ( ) Partial R\$:	

*Why was payment not made to CPR?			
Production insufficient	Y	N	Waiting for amnesty
Being negotiated	Y	N	Instructed not to pay
Proagro has to cover	Y	N	

## Questionnaire - interview with beneficiary

CPR production																
N	Yr.	Product quant./un	ha	Animals	Destination of the production						Destination of the production					
					%	R\$	/un	Intern.	%	R\$	/un	Cons	%	R\$	/un	Storage
1	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			Commer.				Subs			Exchange	
	05															
2	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			Commer.				Subs			Exchange	
	05															
3	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			Commer.				Subs			Exchange	
	05															
4	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			Commer.				Subs			Exchange	
	05															
5	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			Commer.				Subs			Exchange	
	05															
6	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			Commer.				Subs			Exchange	
	05															
7	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			Commer.				Subs			Exchange	
	05															
8	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			SUB				Subs			Exchange	
	05															
9	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			SUB				Subs			Exchange	
	05															
10	03				PAA			Intern.				Cons			Storage	
	04	/			Org.			SUB				Subs			Exchange	
	05															

## Questionnaire - interview with beneficiary

Price / Production costs										
Did PAA price cover production costs?					Do other cover production costs?					
N	1	2	3	4	5	6	7	8	9	10
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	N	N	N	N	N	N	N	N	N	N

PAA payment for last shipment made										
N	1	2	3	4	5	6	7	8	9	10
	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash	( ) Payment Order ( ) CC ( ) Cash
	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)	(5) (10) (>10)

If 100 % sold to the PAA.										
To others: (To whom? = Storage or Subs., R\$ = 0)										
N	1	2	3	4	5	6	7	8	9	10
	Would sell for?	Would sell for?	Would sell for?	Would sell for?	Would sell for?	Would sell for?	Would sell for?	Would sell for?	Would sell for?	Would sell for?
	R\$	R\$	R\$	R\$	R\$	R\$	R\$	R\$	R\$	R\$
	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)	(Org.) (Inter.) (Com.) (Exchange)
	To whom?	To whom?	To whom?	To whom?	To whom?	To whom?	To whom?	To whom?	To whom?	To whom?

Packaging (only for products delivered to the PAA) - Presently = last delivery												
Product	Use		Own	Amount. R\$/unit.	Who donated/conceded (%)				Available at ideal moment			
	Y	N			Conab	Munic.	Gov.	PAA	Other	Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	
	Y	N	N	/						Y	N	

Transport of product last month											
Individual	Own				Conceded				Which?		
	R\$	%	Collective	Contracted	R\$	%	Municip. authority	State gov.		Federal gov.	Other
%	R\$	%	R\$	%	R\$	%	R\$	%	R\$	%	R\$

### Questionnaire - interview with beneficiary

Product flow (products delivered to PAA only) - last delivery													
Product	Delivery					Verification		Classif.	Adequate		Rejected		
	Farmers ass.	Conab	Munic.	Cons.	DK	Other	Quant.		Quality	Y	N	Y	N
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%
							Y	N	Y	N	Y	N	%

What did you think about the actions of those who worked together with you?					
Institution	Very good	Good	Bad	Very bad	What should be improved?
Conab	Very good	Good	Bad	Very bad	
Incra	Very good	Good	Bad	Very bad	
State government	Very good	Good	Bad	Very bad	
Munic. authority	Very good	Good	Bad	Very bad	
NGO	Very good	Good	Bad	Very bad	
Association/cooperative	Very good	Good	Bad	Very bad	
Banco do Brasil	Very good	Good	Bad	Very bad	
( ):	Very good	Good	Bad	Very bad	
( ):	Very good	Good	Bad	Very bad	

End of interview : \_\_\_\_ h \_\_\_\_ m

Interviewer's evaluation of the interview

<input type="checkbox"/>	Very good
<input type="checkbox"/>	Good
<input type="checkbox"/>	Regular
<input type="checkbox"/>	Bad
<input type="checkbox"/>	Discard



## Questionnaire - interview with non-beneficiary

Do you presently participate in any kind of social movement or organization?
( ) No ( ) Yes*
*Which one?
<input type="checkbox"/> Farmers and farm workers association
<input type="checkbox"/> Trade union movement of rural workers
<input type="checkbox"/> MST (Landless peoples movement)
<input type="checkbox"/> Pastoral/religious group
<input type="checkbox"/> Other. Which? _____
<input type="checkbox"/> Merely belong to union

Documentation							
Documents	Has		Difficulty obtaining			Help in obtaining	
CPF (Taxpayers reg. n°)	Y	N	Great	Medium	Little	Y	N
ID card	Y	N	Great	Medium	Little	Y	N
Bank account	Y	N	Great	Medium	Little	Y	N
DAPAA (camp dwellers)	Y	N	Great	Medium	Little	Y	N
Participation proposal	Y	N	Great	Medium	Little	Y	N
DAP	Y	N	Great	Medium	Little	Y	N
Other:	Y	N	Great	Medium	Little	Y	N

Type of dwelling		
Your house is:		
( ) Own ( ) Rented ( ) Loaned ( ) Conceded ( ) Other		
How many rooms does your house have?		[ ]
How many bathrooms/toilets does your house have?		[ ]
Latrine		( ) Yes ( ) No
What is the constructed area of your house?		[ ] m <sup>2</sup>
What material is your house made of?		
( ) <b>Brickwork*</b>	( ) <b>Wood</b>	( ) <b>Adobe</b>
( ) *complete		
( ) *half complete	( ) <b>Mud and lathes</b>	( ) <b>Canvas hut</b>
( ) *being built		
<b>Does your residence have electricity?</b>	( ) Yes* ( ) No	
( ) *Public electricity grid		
( ) *Generator		
( ) *Solar energy		

Water and sewage
Where does the water supply in your home come from?
( ) Public water mains
( ) Well or spring
( ) Pre-cast section cistern
( ) Surface rainwater barriers
( ) Dam
Other. Which?
What is the destination of the sewage produced in your residence?
( ) Public sewage mains
( ) Latrine pit
( ) Runs off in uncovered ditch
( ) River or stream
( ) Septic tank

## Questionnaire - interview with non-beneficiary

### Durable goods in the household

In your home is there:		
Fixed telephone?	( ) Yes	( ) No
Mobile telephone?	( ) Yes	( ) No
Television?	( ) Yes	( ) No
Microcomputer?	( ) Yes	( ) No
Access to the Internet?	( ) Yes	( ) No
Radio?	( ) Yes	( ) No
Refrigerator?	( ) Yes	( ) No
Parabolic antenna?	( ) Yes	( ) No



How many of the following items are there in your home? (Mark 0 for none)	
Car	[ ]
Motorcycle	[ ]
Truck	[ ]
Tractor	[ ]
Micro-tractor	[ ]
Harrow	[ ]
Plow	[ ]
Slasher	[ ]
Planter	[ ]
Sprayer	[ ]
Trailer	[ ]
Others:	[ ]



## Questionnaire - interview with non-beneficiary

Name	Sex (M) (F)		Age	Relationship	Marital Status	Schooling	Are you studying now?		Do you work:				
	M	F					S	N	On the property?	Off the property?	Income R\$/month		
1		F		Beneficiary	S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
2.		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
3		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
4		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
5		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
6		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
7		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
8		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	
9		F			S ( ) M ( ) Y ( )	( ) Illit. ( ) Lit. ( ) year 4 ( ) year 8 ( ) HighSc ( ) Prof. ( ) Tech. ( ) Sup. ( ) P. lit. adul. ( ) EYA	S	N	S	N	S*	N	

What is the average monthly income from agricultural production on the property?

R\$ \_\_\_\_\_ / month

## Questionnaire - interview with non-beneficiary

Do you receive any benefit form government or municipal authority? ( ) Yes * ( ) No		*What program and amount?	
Don't know R\$	<i>Bolsa Família</i> (Family Grant) R\$	<i>Bolsa Escola</i> (School grant) R\$	
<i>Cartão Alimentação</i> (Food Card) R\$	Pension R\$	Gas voucher R\$	
Pension R\$	BPC R\$	State program R\$	
<i>Bolsa Cidadã</i> (Citizenship Grant) R\$	PETI R\$	Other R\$	

### Reference amounts for the benefits received

*Bolsa Família*: R\$ 15 to R\$ 95  
*Bolsa Escola*: R\$ 15 to R\$ 45  
*Cartão Alimentação*: R\$ 50  
 Gas voucher: R\$ 15 every two months  
 BPC: 1 minimum salary (R\$ 300/month)  
*Bolsa Cidadã* (Ceará): R\$ 5 to R\$ 85  
 PETI: R\$ 25 for each rural child up to 2 children  
       R\$ 40 for each urban child up to 2 children

Characterizing the land	
What is the area of your land?	[ ] ha
What is the area that you use for planting?	[ ] ha
Are you the owner of the land you produce on?	( ) Yes ( ) No*
* In what situation do you exploit the land?	( ) Tenant ( ) Share-cropper ( ) Partner ( ) Title of right to use (settlement) ( ) Squatter

Access to the Pronaf and to the PAA	
Have you ever received financing from the Pronaf? ( ) Yes* ( ) No	<div style="text-align: center;">➔</div> What is your classification in the Pronaf? ( ) A ( ) B ( ) C ( ) D
Do you know about the Proagro? ( ) Yes ( ) No	Have you ever contracted the Proagro? ( ) Yes ( ) No*
* Would you contract it? ( ) Yes ( ) No	
Why?	

Questionnaire - interview with non-beneficiary

CPR Production																	
N	Yr.	Product quant./unit	ha	Animals	Destination of production												
					%	R\$	/unit	Interm.	Commer.	Cons.	%	R\$	/unit	Storage	Exchange	R\$	/unit
1	03				Org.			Interm.		Cons.				Storage			
	04	/			Org.		Commer.		Subs.				Exchange				
	05				Org.		Interm.		Cons.				Storage				
2	03				Org.		Commer.		Subs.				Exchange				
	04	/			Org.		Interm.		Cons.				Storage				
	05				Org.		Commer.		Subs.				Exchange				
3	03				Org.		Interm.		Cons.				Storage				
	04	/			Org.		Commer.		Subs.				Exchange				
	05				Org.		Interm.		Cons.				Storage				
4	03				Org.		Commer.		Subs.				Exchange				
	04	/			Org.		Interm.		Cons.				Storage				
	05				Org.		Commer.		Subs.				Exchange				
5	03				Org.		Interm.		Cons.				Storage				
	04	/			Org.		Commer.		Subs.				Exchange				
	05				Org.		Interm.		Cons.				Storage				
6	03				Org.		Commer.		Subs.				Exchange				
	04	/			Org.		Interm.		Cons.				Storage				
	05				Org.		Commer.		Subs.				Exchange				
7	03				Org.		Interm.		Cons.				Storage				
	04	/			Org.		Commer.		Subs.				Exchange				
	05				Org.		Interm.		Cons.				Storage				
8	03				Org.		Commer.		Subs.				Exchange				
	04	/			Org.		Interm.		Cons.				Storage				
	05				Org.		Commer.		Subs.				Exchange				
9	03				Org.		Interm.		Cons.				Storage				
	04	/			Org.		Commer.		Subs.				Exchange				
	05				Org.		Interm.		Cons.				Storage				
10	03				Org.		Commer.		Subs.				Exchange				
	04	/			Org.		Interm.		Cons.				Storage				
	05				Org.		Commer.		Subs.				Exchange				

## Questionnaire - interview with non-beneficiary

Price / Cost of production					
N	Do the prices pay for the production?				
1	Y	N	6	Y	N
2	Y	N	7	Y	N
3	Y	N	8	Y	N
4	Y	N	9	Y	N
5	Y	N	10	Y	N
Publicizing and perception of the program					
Have you ever heard of the PPA?					
<input checked="" type="checkbox"/> Y ( ) Yes 			<input type="checkbox"/> No ( explain about the PPA)		
*How did you get to know about the PAA for the first time?				N	
<input type="checkbox"/> Local leader <input type="checkbox"/> State government <input type="checkbox"/> Media <input type="checkbox"/> Secretariat of agriculture <input type="checkbox"/> Municipal authority <input type="checkbox"/> Federal government <input type="checkbox"/> Conab <input type="checkbox"/> Emater					
<input type="checkbox"/> Others:					
Why haven't you participated? (Main reason)			What makes it difficult to participate?		
<input type="checkbox"/> Too complicated <input type="checkbox"/> Lack the documents			<input type="checkbox"/> Do not belong to the farmers association		
<input type="checkbox"/> Other:					
What do you think about it?					
<input type="checkbox"/> Very good		<input type="checkbox"/> Good		<input type="checkbox"/> Bad	
				<input type="checkbox"/> Very Bad	
Did you understand the working of the PAA?					
<input type="checkbox"/> Well		<input type="checkbox"/> Reasonably well		<input type="checkbox"/> A little	
Would you like to participate?					
<input type="checkbox"/> Yes*		<input type="checkbox"/> No. Why not?			
*What is your motive for participating in the PAA?					
<input type="checkbox"/> Selling is easy		<input type="checkbox"/> Price paid by the PAA		<input type="checkbox"/> Invited <input type="checkbox"/> Other. What?	
What is the main obstacle to participating in the PAA?					
<input type="checkbox"/> Documentation		<input type="checkbox"/> Quality of the products		<input type="checkbox"/> Quantity produced	
<input type="checkbox"/> Others:					

## Questionnaire - interview with non-beneficiary

Have already sought/would you seek more information about the PAA?	( ) Yes	( ) No
Where did/would you seek it?		
<input type="checkbox"/> Union	<input type="checkbox"/> City hall	<input type="checkbox"/> Other:
If you already sought it were you left in any doubt?	( ) Yes	( ) No
Do you know anywhere else where you can clarify doubts or get further information?	( ) Yes*	( ) No
What places?		
If you were to participate in the program, what would improve?		
<input type="checkbox"/> Commercialization	<input type="checkbox"/> Price	<input type="checkbox"/> Other :
What is your main difficulty in regard to participating in the PAA?		
Have you ever heard of the Zero Hunger Program?	( ) Yes	( ) No
Do you know if the PAA part of the Zero Hunger Program?	( ) Yes	( ) No

<b>Interview ended at:</b> ____h ____m	Evaluation of the interview <b>Interview</b> <table style="margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Very good</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Good</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Regular</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Bad</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Discard</td></tr> </table>		Very good		Good		Regular		Bad		Discard
	Very good										
	Good										
	Regular										
	Bad										
	Discard										

# RESEARCH

## Evaluation of the Food Acquisition Program - Milk

**Executive Institution:** Applied Social Sciences Center of Federal University of Pernambuco through the Development Support Foundation (FADE/UFPE).

**Team Members:** Alfredo Soares (coordinator), André Matos Magalhães and Alexandre Rands Barros.

**Period Undertaken:** June/2005 to March/2006.

### 1. Objectives

The purpose of the research was to make a general assessment of the implementation process of the Food Acquisition Program - Milk (PAA-Leite) and its results, from the standpoint of the producers and receivers of the milk and the milk market. The study sought: 1) to analyze the process for selecting farmers to be benefited by the program and any changes observed in the means of production being used; 2) to analyze the levels of production of the milk plants in regard to their installed production capacity, suppliers (analyzing the participation of family agriculture farmers) and the main purchasers of the milk (analyzing the role of the state administrations); 3) to analyze the perceptions of the program of benefited and non benefited producing farmers and benefited families receiving milk and others not receiving it; 4) to evaluate the impact of government acquisitions on the regional milk markets.

### 2. Methodology

In order to evaluate the implementation process and the results of the program, the study combined qualitative and quantitative methods. The qualitative part took the form of interviews with local and state administrators and representatives of the milk plants and focal group sessions with beneficiaries and non beneficiaries from both the milk producing side and the consuming side of the program. In the quantitative aspect questionnaires were used directed at milk producers benefited by the program and those not benefited as well as an econometric study of the program's impact on prices and volumes in the milk market and the earnings of the milk producers.

Among the aspects investigated by these two methods were the perceptions those involved had of the extent of awareness of the program, its publicizing, the registration and selection processes, relations with state governments, results, positive aspects and obstacles to its implementation

The interviews with the managers and representatives of the milk plants, the interviews using questionnaires and the econometric study were carried out in the 10 states where the program has been implemented<sup>1</sup>. The focal group sessions held with beneficiary and non beneficiary milk producers and with those receiving milk or potential receivers of milk, needy people in situations of high nutritional risk, took place in 5 of the 10 states.

<sup>1</sup> In the case of the econometric study, due to the unavailability of data it was not possible to obtain results for the states of Alagoas, Piauí or Maranhão.

All the non-beneficiary persons that were surveyed had profiles that made them eligible to receive the benefit but for one reason or another were not participating in the program.

In each of the states where the focal group sessions were held the survey worked with two communities, one of producers and the other of consumers. The communities were selected at random from a list of medium-sized cities located outside great metropolitan areas and at distances of no more than 100 or 150 km from the state capital. Thus an effort was made, not only to avoid large metropolitan areas but also smaller cities located in remote regions. Two groups were obtained for each community: one of beneficiaries, and the other of non beneficiaries.

For the interviews with questionnaires, in each of the 10 states the sample was made up of 200 milk producers from which 120 were randomly selected from the official lists of suppliers of the milk processing plants and the remaining 80 (non suppliers) were identified in the surrounding region using information offered by the selected producers.

Given the considerable scope of the program, it was to be expected that there would be a strong impact on existing prices in the milk market as well as on the volume of milk being produced, which could possibly raise prices that were excessively low due to certain conditions peculiar to the said market. Raising the price of milk would bring a series of consequences for the entire productive chain of the product affecting both the volume being produced and the earnings generated for the milk producers. These latter impacts were measured by means of a temporal series of econometric studies that made use of secondary data on quantities of milk produced in each of the states where the program has been implemented. Various levels of intervention of the program in the demand for milk were analyzed including a simulation wherein the volume of milk purchased by the program was projected as zero so as to obtain the price that would exist if there were no program in place.

### **Econometric model used to calculate the program's impact on prices, production and income**

The Food Acquisition Program - Milk consists of the systematic purchasing of a significant portion of the milk being produced in the states of the Northeast and in the north of Minas Gerais at a higher price than the previously prevailing market price. The program interferes in the market withdrawing from the offer side a volume of milk equivalent to the government purchase. As the milk acquired by the program is distributed to poor individuals that do not normally form part of the demand side for this product there is no retraction of clients from the milk market. It can consequently be expected that there will be an immediate increase in the price of milk and consequently an increase in the liquid earnings of milk producers.

At a later moment, the increase in earnings tends to induce new investments in the sector thereby leading to an accelerated increase in the offer of the product. This impact varies from one state to another due to factors like the volume of milk acquired by the program (measured as the proportion of the total production in the state) among others. To evaluate the impact, an equation based on a supply and demand model was used that included the quantity of milk purchased by the program as an explicative variable factor.

The econometric model used monthly data supplied by the Getulio Vargas Foundation (FGV) for the period from January 1997 to June 2005. However the FGV did not collect information in the states of Piauí or Alagoas so that those two states were excluded from the analysis. The state of Maranhão, where the program was only initiated in 2005 was also excluded. On the other hand, the states of Pernambuco, Paraíba and Rio Grande do Norte have had state programs for milk acquisition in existence ever since the year 2000 so the analysis for those states is based on figures for the corresponding period.

The estimated price equation is based on the following model:

$$S_t = f(P_0, \Delta r, \Delta c, S_{t-1}, S_{t-2}) \quad (1)$$

$$D = D(P_C, \Delta r, \Delta Y, L) \quad (2)$$

$$P_C = \alpha_0 + \alpha_1 P_{O_t} + \alpha_2 \Delta O_t + \alpha_3 \Delta r_t + \alpha_4 \Delta E_t \quad (3)$$

Where:

S = Milk offer;

D = Milk demand;

$P_0$  = Price paid to the producer;

$P_c$  = Price paid by the consumer;

L = Volume of purchasing done by the milk program in the state;

r = Bank rate;

y = Income (represented by the industrial production and retail sales);

c = The monthly rainfall in the milk producing areas;

O = The price of diesel fuel;

E = The exchange rate;

$\Delta$  = variation measured in the variable factor.

The first equation represents the supply side of the state market. The offer depends on the price being paid to the producer and consequently it reflects the greater effort producers are inclined to make when the compensation (sale price) is greater. It is also a mathematical function of the bank rate which, when it goes up, raises production costs and obliges some producers to decrease their production. The milk supply side also depends on production levels in the preceding period and the variation in monthly rainfall in the milk producing region.

The second equation is a standard one for demand which appears as a function of income, bank rate, volume of milk purchased by the program and the price of milk paid by the consumer.

The third equation takes into account the cost of transport. The price of milk paid by the consumer tends to establish a stable equilibrium with the price paid to the producer. The relation between the two may vary due to variations in fuel prices, costs of loading and unloading stocks, represented by the bank rate and the exchange rate which represents the variation in competitiveness in regard to the imported product.

A linear version of the natural logarithm of the variables can be represented in the following way:

$$S_t = \gamma_0 + \gamma_1 P_{0t} - \gamma_2 \Delta r_t + \gamma_3 \Delta c_t + \gamma_4 S_{t-1} + \gamma_5 S_{t-2} + e_t \quad (1')$$

$$D_t = \beta_0 + \beta_1 \Delta Y_t + \beta_2 P_{ct} - \beta_3 \Delta r_t + \beta_4 L_t + v_t \quad (2')$$

$$P_{ct} = \alpha_0 + \alpha_1 P_{0t} + \alpha_2 \Delta O_t + \alpha_3 \Delta r_t + \alpha_4 \Delta E_t + u_t \quad (3')$$

The solution of these three equations leads to:

$$P_{0t} = \left( \frac{1}{\gamma_1 - \alpha_1 \beta_2} \right) \{ (\beta_0 - \gamma_0 - \beta_2 \gamma_0) + (\gamma_2 - \beta_3 - \beta_2 \alpha_3) \Delta r_t - \gamma_3 \Delta c_t - \gamma_4 S_{t-1} - \gamma_5 S_{t-2} \} + \left( \frac{1}{\gamma_1 - \alpha_1 \beta_2} \right) \{ \beta_1 \Delta Y_t + (\beta_4) L_t - \beta_2 \alpha_2 \Delta O_t - \beta_2 \alpha_4 \Delta E_t \} + \frac{v_t - e_t - \beta_2 u_t}{\gamma_1 - \alpha_1 \beta_2} \quad (4)$$

A succinct version of this equation was estimated using an Ordinary Least Squares approach in order to derive the impact of the program on the price paid to the milk producer. As all the variables on the right hand side of the equation are exogenous in regard to the evolution of the milk market, there is no problem of endogeneity or identification for this model.



The impact of the program on the prices paid for milk to the producer was estimated using a simulation with the above model supposing  $L_t = 0$ , and comparing the results with those effectively observed with real values for  $L$ . This meant that a temporal series expressing impact was obtained with a value for each period included in the estimates.

The monthly data used covered the period from January 1997 to June 2005. The various series were obtained from the sources displayed in Table 1. In some cases the period analyzed was reduced because the series were not available for the entire period. This was the case, for example, of the prices of diesel fuel for the years prior to 1999. However, generally speaking data was available for the entire period.

To estimate the impact of the program on the quantity of milk produced in each state and obtain the amount produced as a function of the exogenous variables, it was necessary to substitute equation (4) by equation (1'). This new equation was estimated in a similar way to equation (4) and was based on the same data. A simulation similar to that made to estimate the impact of the milk purchasing on prices was also undertaken in this case. The real data was compared with the simulated data obtained by considering the hypothesis of there being no purchasing whatever ( $L = 0$ ) for the whole period. In that way it was possible to obtain a value for the impact for each month of the period during which the program was in activity.

**Table 1 - Variables: descriptions and identification of their sources**

Variables	Description of the variable	Source
$L$ = Volume of purchasing done by the milk program in the state	Represented by the size of monthly milk acquisition as declared by the Milk Acquisition Program(PAA) administrators.	Federal program administrating body. State secretariats for agriculture
$S$ = Milk supply	Represented by the production of milk in each state as registered by the IBGE. The series to be found in the IBGE is referred to as Total Milk Acquired in the State.	IBGE, milk surveys
$P_0$ = Price of milk paid to the producer	Price received by milk producers according to IBGE estimates.	Getúlio Vargas Foundation, price surveys in the states
$r$ = Bank rate	Bank rate calculated by the Brazilian Central Bank.	Banco Central do Brasil (Brazilian Central Bank)
$P_c$ = Price of milk paid by the consumer	Milk consumer price index which is included in the calculations of consumer price index for the various states.	Getúlio Vargas Foundation, price surveys in the states
$y$ = Income (represented by industrial production and retail sales)	First main component linking retail sales and industrial production in those state where the two series exist, or retail sales only when that is the only series available.	IBGE, PIM-PF monthly survey on employment levels
$c$ = Monthly rainfall in the milk producing region	Average monthly rainfall figures for the state.	INPE, state bodies
$D$ = Demand	Represented by the milk production of each state as registered by the IBGE.	IBGE, milk surveys
$O$ = Price of diesel fuel	Average price of diesel fuel oil in the state according to data of the National Petroleum Agency.	ANP
$E$ = Exchange rate	Exchange rate for purchasing dollars as published by the Central Bank.	Banco Central do Brasil (Brazilian Central Bank)

**SURVEY QUESTIONNAIRE**

**A) SURVEY QUESTIONNAIRE FOR MILK PROCESSING PLANTS**

Date of interview: \_\_\_/\_\_\_/\_\_\_ Questionnaire number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Type of interview: [1] Telephone [2] Fax

Type of questionnaire: [1] Plant [2] Cooperative/association [3] Dairy outlet [4] Dairy farm

State \_\_\_\_\_ Municipality \_\_\_\_\_

Interview began at: \_\_\_\_\_

Company \_\_\_\_\_

Telephone with DDD: \_\_\_\_\_

Interviewee 1: \_\_\_\_\_ Post 1: [1] Director/president [2] Technician in charge [3] Accountant  
Other (specify) \_\_\_\_\_

Interviewee 2: \_\_\_\_\_ Post 2: [1] Director/president [2] Technician in charge [3] Accountant  
Other (specify) \_\_\_\_\_

01. Can you tell me the year in which the company was founded?  
(record)

02. Does this plant/outlet/cooperative/association/dairy farm work exclusively with the milk program or does it supply milk or milk products to other market options? (SPONTANEOUS, 1 OPTION)

[1] Exclusively for the PAA - Milk program Q5 [2] Supply other market options too Q3

**WARNING: QUESTIONS 3 AND 4 SHOULD ONLY BE ANSWERED BY THOSE WHO SUPPLY MILK TO OTHER DESTINATIONS AND NOT THE MILK PROGRAM ALONE**

03. To which other markets do you supply milk and milk-derived products: the local, regional state or national one? (SPONTANEOUS, UP TO 3 OPTIONS)

[1] Local [2] Regional [3] State [4] National [5] All

04. What products do you supply to that/those market(s)? (SPONTANEOUS, UNLIMITED OPTIONS)

[01] Cheese [03] Yoghurt [05] Milk fudge [07] Type C pasteurized milk [08] Curds and whey  
[02] Butter [04] Milk drink [06] Cream cheese [93] All Other \_\_\_\_\_

05. Now I would like you to tell me, on average, what is the ...

a) Daily potential for processing milk? (SPONTANEOUS, 1 OPTION)

\_\_\_\_\_ (register)

b) What volume of milk is processed daily for the program? (SPONTANEOUS, 1 OPTION)

\_\_\_\_\_ (register)

c) What volume of milk is processed daily for other programs (school meals for example)? (SPONTANEOUS, 1 OPTION)

\_\_\_\_\_ (register)

d) What volume of milk is processed daily for the market, that is, outside of government programs? (SPONTANEOUS, 1 OPTION)

\_\_\_\_\_ (register)

06. In which municipalities do you purchase milk? From which state? (SPONTANEOUS, UNLIMITED OPTIONS)

MUNICIPALITY

State/DF

MUNICIPALITY

State/DF

07. How far away is your furthest milk supply point in KM? (SPONTANEOUS, 1 OPTION)

\_\_\_\_\_ (register)

08. How many farmers supply milk to this plant/outlet/farm/cooperative/association?

\_\_\_\_\_ (register)

**WARNING: QUESTIONS 3 AND 4 SHOULD ONLY BE ANSWERED BY THOSE WHO SUPPLY MILK TO OTHER DESTINATIONS, THAT IS, WHO ANSWERED CODE 2 FOR QUESTION 2, OTHERWISE GO TO QUESTION 11**

09. How many of those producers supply milk specifically for the milk program? (SPONTANEOUS, 1 OPTION)

\_\_\_\_\_ (register)

## Questionnaire - Milk Processing Plants

10. On average, how much does your, plant/outlet/farm/cooperative/association pay per liter of milk (OUTSIDE OF THE MILK PROGRAM)?

\_\_\_\_\_ (REGISTER WITH CENTS)

11. Did you make any investments in order to participate in the milk program? (SPONTANEOUS, 1 OPTION)

[1] Yes **Q12**                      [2] No **Q13**

12. What was the amount of the investment? (SPONTANEOUS, 1 OPTION)

\_\_\_\_\_ (register in R\$)    [9999998] No answer

13. What was the investment made in? (SPONTANEOUS, UNLIMITED OPTIONS)

- |                          |                       |                           |                        |
|--------------------------|-----------------------|---------------------------|------------------------|
| [01] Truck               | [05] Churning machine | [09] Packaging            | [13] Expansion tank    |
| [02] Cooling tank        | [06] Reception tank   | [10] Cold storage chamber | [14] Pumps             |
| [03] Run-off tank        | [07] Pasteurizer      | [11] Holding tank         | [15] Cooler            |
| [04] Compressed air tank | [08] Isothermal tank  | [12] Refrigerated truck   | [16] Packaging machine |
| [17] Ice making machine  | [18] Pick up          | [19] Shed                 | [98] No answer         |
- Others (specify ) \_\_\_\_\_

**WARNING: QUESTION 14 SHOULD ONLY BE ANSWERED BY THOSE WHO SUPPLY MILK TO OTHER MARKETS TOO, THAT IS, GAVE A CODE 2 ANSWER TO QUESTION 2 OTHERWISE THANK INTERVIEWEE AND CLOSE QUESTIONNAIRE**

14. Now I would like you to inform me of the quantities of milk involved and the purchasing price OUTSIDE OF THE MILK PROGRAM.... (READ OUT MONTH AND YEAR) N.B. REFUSAL TO INFORM REGISTER [999998] No answer

Year	Quantity	Price ( in Reals)
January 2003	[               ] _____	[ ], [   ] R\$ _____ [998] NA
May 2003	[               ] _____	[ ], [   ] R\$ _____ [998] NA
September 2003	[               ] _____	[ ], [   ] R\$ _____ [998] NA
January 2004	[               ] _____	[ ], [   ] R\$ _____ [998] NA
May 2004	[               ] _____	[ ], [   ] R\$ _____ [998] NA
September 2004	[               ] _____	[ ], [   ] R\$ _____ [998] NA
January 2005	[               ] _____	[ ], [   ] R\$ _____ [998] NA
May 2005	[               ] _____	[ ], [   ] R\$ _____ [998] NA
Forecast for month of September 2005	[               ] _____	[ ], [   ] R\$ _____ [998] NA

[ | ] h: [ | ] min    Time interview ended

### TERM OF RESPONSIBILITY - INTERVIEWER

I hereby declare that the information I have collected is in compliance with the quality standards required by the FADE, namely:

- \* The interviewee has the profile required by the quotas
- \* The information is true and has been correctly registered in the questionnaire.
- \* The questionnaire has been carefully revised and all the boxes have been filled in correctly
- \* I am aware that at least 20% of the material I have gathered will be checked in the field as a quality control measure

SIGNATURE OF THE INTERVIEWER : \_\_\_\_\_

ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2005.

## Questionnaire - Milk Producers

### B) QUESTIONNAIRE FOR QUANTITATIVE SURVEY WITH MILK PRODUCERS

Date of interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ Questionnaire number: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_ Municipality: \_\_\_\_\_  
 State: \_\_\_\_\_ Interviewee: \_\_\_\_\_ Time interview began: \_\_\_\_\_  
 Code of Producer: \_\_\_\_\_

01 Do you live on the farm? (SPONTANEOUS, 1 OPTION)

[1] Yes Q1.1 [2] No Q2 [9] NA -Q2

01.1. For approximately how long? (SPONTANEOUS, 1 OPTION)

\_\_\_\_ (Register in years) [00] Less than 1 year [97] Can't remember [98] No answer

02 Now I would like to know a little about your family. Who lives with you on your farm? (begin with interviewee)

Name	Sex [1] Fem. [2] Male	How old is he/she? (register)	Which was the last school year completed with pass mark by the person? (register last complete school year or period with pass mark obtained: <i>if university student, record the last period completed with pass mark</i> ) In what course?	What is his/her work situation? [01] Working - card signed [02] Working - card not signed [04] Looking for work [05] Unemployed [06] Student - does not work [07] Housewife [08] Retired/pensioner [93] Other [97] DK [98] NA	In what field: agriculture/livestock, industry or in trade/services? [1] Agriculture/livestock [2] Industry [3] Trade/services [7] NC [8] DK [9] NA	Does this person work on the farm full time, part time or occasionally? [1] Full time [2] Part time [3] Occasionally [7] NC [8] DK [9] NA	What are his/her monthly earnings? [99997] DK [99998] NA

## Questionnaire - Milk Producers

03. What is the approximate distance from the farm to ...

Items: Distance (register)  
[000] Less than 1Km

1. the main road?
2. the milk processing plant?
3. the nearest telephone?
4. the nearest public transport point?

04. Now I would like you to evaluate the conditions of access to your farm. Would you say they were excellent, good, regular, bad or terrible? (*STIMULATED*)

[1] Excellent    [2] Good    [3] Regular    [4] Bad    [5] Terrible    [9] DK/NA

05. Speaking of public transport, I would like to know which form you use the most? (*SPONTANEOUS, 1 OPTION*)

[1] Bus    [2] Train    [3] Motoboy    [4] Alternative transport (kombi, vans, bestas)    [9] DK/NA

06. How many times a day is that form of transport available? (*SPONTANEOUS, 1 OPTION*)

\_\_\_\_\_ (Register)    [00] less than once a day (e.g. every 2 days)    [97] DK    [98] NA

07. Now I would like to talk about your property.

Approximately how big is the farm in hectares? (*SPONTANEOUS*)

\_\_\_\_\_ (Register)    [99997] Don't know    [99998] No answer

08. Is the farm/property your own or are you a tenant? (*STIMULATED*)

[1] Own    [2] Tenant    [3] Tenant of a part    [9] DK/NA

09. How many houses are there on your farm/property? (*SPONTANEOUS, 1 OPTION*)

\_\_\_\_\_ (Register)    [997] DK    [998] NA

10. Does the farm/property have any covered area to shelter animals? (*SPONTANEOUS, 1 OPTION*)

[1] Yes **Q10.1**    [2] No **Q11**    [9] No answer **Q11**

10.1. How many animals can the sheltered area hold? (*SPONTANEOUS*)

\_\_\_\_\_ (Register)    [9997] DK    [9998] NA

11. What is the total area of natural pasture? (*SPONTANEOUS*)

\_\_\_\_\_ (Register)    [99996] No natural pasture    [99997] DK    [99998] NA

12. And what is the total area of planted pasture (irrigated)? (*SPONTANEOUS*)

\_\_\_\_\_ (Register)    [99996] No planted pasture    [99997] DK    [99998] NA

13. Do you plant anything else on your farm? What are the main crops? (*SPONTANEOUS, UP TO 5 OPTIONS*)

[01] No    [02] Maize    [03] Beans    [04] Cassava    [05] Potato  
Other 1 \_\_\_\_\_ Other 2 \_\_\_\_\_    [97] DK    [98] NR

14. Now I would like to know the annual income generated by those crops not counting income from milk production? (*SPONTANEOUS, 1 OPTION*)

\_\_\_\_\_ (Register)    [99997] DK    [99998] NA

## Questionnaire - Milk Producers

15. Does your farm/property have ... (read out items below)? How many? (SPONTANEOUS, 1 OPTION)

PHYSICAL CAPITAL	15.1 Does it have?		15.2 How many?
	YES	NO	(Register)
a) Tractor			
b) Plow			
c) Truck			
d) Passenger car			
e) Grinder			
f) Cooler			
g) Utility vehicle			
h) Motorcycle			
i) Bicycle			
j) Refrigerator			
k) Computer			
l) Television			

16. Now I would like to talk about your livestock. What is the total number of ... (READ OUT THE ITEMS BELOW AND THE QUESTIONS IN THE LINE) (SPONTANEOUS, 1 OPTION)

Type	16.1 What is the total number of <u>(READ OUT THE ITEMS ON THE LEFT)</u> on your farm?	16.2 Of these, how many are thoroughbred? <u>(code answer and line up on the right)</u>	16.3 How many are half-bred? <u>(code answer and line up on the right)</u>	16.4 How many are of mixed breeds? <u>(code answer and line up on the right)</u>	16.5 How many are lactating? <u>(code answer and line up on the right)</u>	16.6 How much is each ... worth on average <u>(READ OUT THE ITEMS ON THE LEFT)?</u> <u>(code answer and line up on the right)</u>
	[9996] Don't raise them - go to next					
	[9997] Don't know	[9997] DK	[9997] DK	[9997] DK	[9997] DK	[99997] DK
	[9998] No answer	[9998] NA	[9998] NA	[9998] NA	[9998] NA	[99998] NA
a) Cows						
b) Steers						
c) Horses						
d) Goats and sheep						

17. Now let's talk about the daily production of your dairy cows. I need to know the numbers of cows yielding from 3 to over 15 liters. How many cows yielding (READ OUT THE OPTIONS BELOW) do you have?

[0000] None	[9997] Don't know	[9998] No answer				
A.	B.	C.	D.	E.	F.	G. Over fifteen liters
Three liters	Five liters	Eight liters	Ten liters	Twelve liters	Fifteen liters	
[       ]	[       ]	[       ]	[       ]	[       ]	[       ]	[       ]

18. What are the milking pails made of? (SPONTANEOUS, UP TO 3 OPTIONS)

[1] Stainless steel [2] Plastic [3] Zinc [4] Aluminum [5] Tinplate [8] DK [9] NA

19. And the churns for transporting milk, what are they made of? (SPONTANEOUS, ATÉ 3 OPTIONS)

[1] Stainless steel [2] Plastic [3] Zinc [4] Aluminum [5] Tinplate [8] DK [9] NA

## Questionnaire - Milk Producers

20. Now let's talk about the animals sold from the farm. From January 2004 to today, how many (READ OUT THE ITEMS BELOW AND THE QUESTIONS IN THE LINE) did you sell? (SPONTANEOUS,)

Type	20.1. How many ... ( <u>READ OUT THE ITEMS ON THE LEFT</u> ) did you sell?	20.2. Of these, how many were thoroughbred?	20.3. How many were half-bred?	20.4. How many were of mixed breeds?	20.5. What was the average selling price of each one ( <u>READ OUT THE ITEMS ON THE LEFT</u> )? (code)	20.6. What was the average daily yield of each ... ( <u>READ OUT THE ITEMS ON THE LEFT</u> )?
a) Cows						
b) Bulls						

21. Now let's talk about the animals purchased for the farm. From January 2004 to today, how many (READ OUT THE ITEMS BELOW AND THE QUESTIONS IN THE LINE) did you buy? (SPONTANEOUS,)

Type	21.1. How many ... ( <u>READ OUT THE ITEMS ON THE LEFT</u> ) did you buy?	21.2. Of these, how many were thoroughbred?	21.3. How many were half-bred?	21.4. How many were of mixed breeds?	21.5. What was the average buying price of each one ( <u>READ OUT THE ITEMS ON THE LEFT</u> )? (code)	21.6. What was the average daily yield of each ... ( <u>READ OUT THE ITEMS ON THE LEFT</u> )?
a) Cows						
b) Bulls						

Now let's talk about your plans for the future in regard to purchasing and selling stock.

22. Are you planning to improve your herd in the coming year (2006). In what way? (STIMULATED, UP TO 3 OPTIONS)

- [01] No
- [02] Buying new cows similar to the present ones
- [03] Buying new cows, more productive than the present ones
- [04] Selling the present ones to buy other more productive ones
- [05] Purchasing a thoroughbred bull
- [06] Carrying out insemination
- [07] Seeking to cross the cows with thoroughbred bulls

**NB: IMPOSSIBLE COMBINATIONS: [1 AND ANOTHER OPTION], [2 AND 3], [2 AND 4]**

23. Do you supply supplementary feed (in addition to pasture) to lactating cows? (SPONTANEOUS, 1 OPTION)

[1] Yes **Q 23.1.** [2] No **Q 24** [9] No answer **Q 24**

**23.1 During how many months a year?(SPONTANEOUS)**

\_\_\_\_\_ (Register) [97] Don't know/not sure [98] No answer

**23.2 What is the average daily amount of feed supplied per cow in kg? (SPONTANEOUS)**

\_\_\_\_\_ (Register) [97] Don't know/not sure [98] No answer

**23.3 What is the average price per kilo of the feed? (SPONTANEOUS)**

\_\_\_\_\_ (Register) [97] Don't know/not sure [98] No answer



## Questionnaire - Milk Producers

<p style="text-align: center;">DISEASE</p> <p><b>ATTENTION: ANSWER THIS QUESTION IN THE COLUMN!!!</b></p> <p>a) Foot and mouth</p> <p>b) Rabies</p> <p>c) Brucellosis</p> <p>d) Other (specify) _____</p>	<p><b>24. Which vaccines do you usually apply to your herd? (SPONTANEOUS)</b></p> <p>[1] Mentioned them [2] No mention</p> <p>[   ]</p> <p>[   ]</p> <p>[   ]</p> <p>[   ]</p>	<p><b>ATTENTION: ONLY ASK Q25 FOR THOSE WITH ANSWER 1 FOR Q24!!!!</b></p> <p><b>25. How often do you vaccinate against ... (READ OUT THE DISEASES ON THE LEFT BELOW)?</b></p> <p>[1] Once a year [2] Once every 2 years</p> <p>[7] Don't know [8] NA</p> <p>[   ]</p> <p>[   ]</p> <p>[   ]</p> <p>[   ]</p>
---	--	--

**26. Which worm medicine do you use? (SPONTANEOUS)**

**Q27**

[96] None **Q28**    [98] No answer **Q28**    [97] Don't know/not sure **Q28**

**27. How often on average, is worm medicine used? (SPONTANEOUS,)**

[1] Once a year            [3] 3 times a year            [7] Don't know/not sure  
[2] Twice a year            [4] 6 times a year            [8] No answer

**28. What tick medicine do you use? (SPONTANEOUS)**

**Q29**

[96] None **Q30**    [98] No answer **Q30**    [97] Don't know/not sure **Q30**

**29. How often on average, is tick medicine used? (SPONTANEOUS)**

[1] Monthly            [2] Two-monthly            [3] Quarterly            [4] Four-monthly  
[5] Half-yearly            [7] Don't know/not sure            [8] No answer

**30. Where is milking usually done? (SPONTANEOUS)**

[1] In the corral **Q31**    [2] In a specific milking place **Q30.1**    [8] DK/NA **Q31**

**30.1 What is the floor-covering in the milking place? (SPONTANEOUS, 1 OPTION)**

[1] Beaten earth            [2] Concrete            [3] Other            [7] Don't know            [8] No answer

**30.2. Is the area covered? (SPONTANEOUS, 1 OPTION)**

[1] Yes            [2] No            [7] Don't know            [8] NA

**30.3 Does the milking place have a water supply? What kind?(SPONTANEOUS, 1 OPTION)**

[1] No            [2] Running water            [3] Water in cistern/bucket            [7] DK            [8] NA

**31. What hygiene measures are taken before milking starts? (SPONTANEOUS)**

[01] Wash hands in running water            [03] Wash the cow's udder  
[02] Wash bucket with boiled water            [04] Test for mastitis  
Other \_\_\_\_\_            [97] Don't know            [98] No answer

**32. On average how many hours elapse between milking and milk delivery? (SPONTANEOUS, 1 OPTION)**

\_\_\_\_\_ (Register in hours)    [00] less than 1 hour    [97] Don't know    [98] NA

**33. How are the cows fertilized ... (READ OUT OPTIONS)? (STIMULATED)**

[1] Through artificial insemination            [2] By a bull **Q33.1**

**33.1. What type of bull (READ OUT OPTIONS)? (STIMULATED)**

[1] Pure bred            [2] Half bred            [3] Mixed breed            [7] Don't know            [8] NA

## Questionnaire - Milk Producers

**34. Does your herd receive any kind of veterinary assistance? (SPONTANEOUS, 1 OPTION)**

[1] Yes **Q34.1**      [2] No      [8] Don't know      [9] No answer

**34.1. From whom do you receive assistance? (SPONTANEOUS, 1 OPTION)**

[1] From the Milk Program      [3] From public institutions      [7] Don't know      [8] NA

[2] From private professionals and entities (vets, agronomists, veterinary supply shops)

**34.2 Roughly how many times a year does your herd receive veterinary assistance?**

\_\_\_\_\_ (Register) [97] Don't know      [98] NA

**Now I would like to hear about your participatiuon in courses, lectures and seminars.**

**35. What courses, lectures or seminars on animal husbandry have you taken part in since January of 2004?**

[96] None      [98] No answer **Q 37**

[97] Don't know/not sure **Q 37**

[ | ] \_\_\_\_\_

[ | ] \_\_\_\_\_

**36. Where were those courses, lectures or seminars offered? (READ OUT THE ANSWERS BELOW)**

[01] Emater      [03] City hall      [98] NA

[02] Sebrae      [97] Can't remember      Other (specify)

[ | ] \_\_\_\_\_

[ | ] \_\_\_\_\_

**37. On average how many liters of milk a day do you produce during ... (READ OUT THE ANSWERS BELOW)?**

A. [ | | ]      a) The dry season? \_\_\_\_\_ (Register, considering all lactating cows)

B. [ | | ]      b) And in the rainy season? \_\_\_\_\_ (Register, considering all lactating cows)

**38. Now I would like you to take look at a list of problems (SHOW ATTACHMENT 1) and tell me which problem most affects cattle-raising in this region? (SPONTANEOUS, UP TO 7 OPTIONS)**

[ | ]

**38.1 In addition to that problem are there any others? (SPONTANEOUS, UP TO 6 OPTIONS)**

[ | ] [ | ] [ | ]

[ | ] [ | ] [ | ]

### CODES FOR QUESTIONS 38 E 38.1

[01] Water      [03] Diseases      [05] Very low prices      [07] Credit      [97] Don't know

[02] Pasture      [04] Technical Assistance      [06] Market for selling r      [96] None      [98] No answer

**39. Roughly how much is this farm/ property worth as it stands with everything on it? (SPONTANEOUS, 1 OPTION)**

\_\_\_\_\_ (Register in R\$) [999997] DK [999998] NA

**Now I would like you to talk about supplying milk to the milk program PAA - Milk**

**40. Do you supply milk to the program? (SPONTANEOUS, 1 OPTION)**

[1] Yes      [2] No ⇒ *close off the interview*      [9] No answer ⇒ *close off the interview*

**41. Roughly how long have you been supplying (in months)? (SPONTANEOUS, 1 OPTION)**

\_\_\_\_\_ (Register in months)      [97] Can't remember      [98] No answer

**42. On average how many liters of milk a day do you supply to the program? (SPONTANEOUS, 1 OPTION)**

\_\_\_\_\_ (Register in liters)      [997] Can't remember      [998] No answer

**43. On average how much do you receive per liter of milk sold to the program? (SPONTANEOUS, 1 OPTION)**

\_\_\_\_\_ (Register in R\$, with cents)      [997] Can't remember      [998] No answer

**44. Approximately how far is it from the farm to the point where you deliver the milk? (SPONTANEOUS, 1 OPTION)**

\_\_\_\_\_ (Register in Km) [00] At the gate

## Questionnaire - Milk Producers

**45. How do you transport the milk to the pick up place? (SPONTANEOUS, 1 OPTION)**

- [1] With own means (on foot, by bike, by motorbike, car, truck, pick up) **Q46**
- [2] Using a third party **Q45.1**

**45.1. How much per liter do you pay to have the milk delivered to the pick up point?**

\_\_\_\_\_ (Register in R\$, with cents) [98] No answer

**46. To whom do you hand over the milk? (SPONTANEOUS, 1 OPTION)**

- [1] To the truck from the milk processing plant **Q47**
- [2] To the truck from the cooperative/ association **Q47**
- [3] To the cooling tank at the milk processing plant **Q46.1**
- [4] To the cooling tank at the cooperative or association **Q46.1**
- [5] To others (intermediaries)

**43.1. How much do you pay per liter to have the milk cooled?**

\_\_\_\_\_ (Register in R\$, with cents) [98] No answer

**47. How is the rest of the milk used, the part not delivered to the program? (SPONTANEOUS, 1 OPTION)**

- [1] Sold to third parties Q47.1**
- [2] Sold to the same plant that handles the program milk Q47.1**
- [3] Transformed into milk derived products (cheese, butter, yoghurt, fudge etc.) **Q48**

**47.1 How much is a liter of milk sold for?**

\_\_\_\_\_ **Q49** (Register in R\$, with cents) [98] No answer **Q49**

**ATTENTION: ONLY THOSE THAT ANSWERED 1 FOR Q 46 CAN ANSWER Q47!**

<p><b>MILK-DERIVED PRODUCTS</b></p> <p><b>ATTENTION: ANSWER THIS QUESTION IN THE COLUMN!!!</b></p>	<p><b>48. What milk-derived products do you produce on the farm with the milk left over from the program? (SPONTANEOUS)</b></p> <p>[1] Mentioned [2] No mention</p>	<p><b>49. How many kilos of (READ OUT ITEMS ON LEFT) do you produce per week? (CODIFY)</b></p> <p>[997] DK [998] NA</p>	<p><b>49.1 What is the average price of a kilo of ... (READ OUT ITEMS ON LEFT)</b></p> <p><b><u>CODIFY with cents</u></b> [9997] Don't know [9998] No answer</p>
<p>a) Curd Cheese [   ]</p> <p>b) Butter cheese [   ]</p> <p>c) Butter [   ]</p> <p>[   ] Other (specify) _____ [   ]</p> <p>[   ] h: [   ] min</p>	<p>[   ] [   ] [   ]</p> <p>[   ] [   ] [   ]</p> <p>[   ] [   ] [   ]</p> <p>[   ] [   ] [   ]</p>	<p>[     ] [     ] [     ] [     ]</p> <p>[     ] [     ] [     ] [     ]</p> <p>[     ] [     ] [     ] [     ]</p> <p>[     ] [     ] [     ] [     ]</p>	<p>[   ], [   ] [   ], [   ] [   ], [   ] [   ], [   ]</p> <p>[   ], [   ] [   ], [   ] [   ], [   ] [   ], [   ]</p> <p>[   ], [   ] [   ], [   ] [   ], [   ] [   ], [   ]</p> <p>[   ], [   ] [   ], [   ] [   ], [   ] [   ], [   ]</p>

**Time interview ended**

**TERM OF RESPONSIBILITY - INTERVIEWER**

I hereby declare that the information I have collected is in compliance with the quality standards required by the FADE, namely:

- \* The interviewee has the profile required by the quotas
- \* The information is true and has been correctly registered in the questionnaire.
- \* The questionnaire has been carefully revised and all the fields have been filled in correctly
- \* I am aware that at least 20% of the material I have gathered will be checked in the field as a quality control measure

**SIGNATURE OF THE INTERVIEWER :** \_\_\_\_\_

**ID:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / 2005.

# RESEARCH

## Profile Survey of Low-Income Restaurant Users

**Executive Institution:** Brazilian Institute of Public Opinion and Statistics - IBOPE.

**Person Responsible:** Maurício Tadeu Garcia.

**Period of Survey:** from March 2005 to June 2005.

### 1. Objective

To investigate the profile of a representative sample of users of Low-Income Restaurants in operation in the country in order to provide supporting elements to the Ministry of Social Development and the Fight against Hunger for the expansion of this kind of service and for broadening the offer of good quality food at affordable prices to vulnerable populations in Brazilian urban centers.

### 2. Methodology

The evaluation process took place in the following stages:

- 1) defining the restaurants to be examined;
- 2) defining the probabilistic sample for each restaurant to be surveyed;
- 3) interviews with questionnaires with a random selection of Low-Income Restaurants users.

The area surveyed took in the cities of Belo Horizonte – MG, the Federal District – DF, Rio de Janeiro – RJ, Salvador – BA, and São Paulo – SP. The sample was stratified by cities and selected using probability criteria in two stages:

- a) For each city the restaurants were selected from a list of them;
- b) In each selected restaurant the users were selected using probability methods with systematic jumps throughout the period of activity during one week.

With such methodology it was possible to achieve a representative sample of the universe of Low-Income Restaurant users in the cities being surveyed taking into account the distribution of this public among the various restaurants in existence as well as the days and time of services being offered.

In each restaurant 20 interviews were held in which the following variables were investigated: sex, age group, schooling level, type of dwelling, frequency of use of the establishments, reason for use, means of transport used, frequency of use together with members of the family, spending on meals, food consumed and eating habits. Altogether 600 interviews were held, 120 in each of 5 places selected as shown in the following table.

**Table 1 – Sample of Low-Income Restaurants surveyed by federal unit**

NR	FU	Munic. DF		Interviews
1	SP	São Paulo	Restaurante Bom Prato - Bras	20
2	SP	São Paulo	Restaurante Bom Prato - Guaianazes	20
3	SP	São Paulo	Restaurante Bom Prato - Lapa	20
4	SP	São Paulo	Restaurante Bom Prato - Santana	20
5	SP	São Paulo	Restaurante Bom Prato - São Mateus	20
6	SP	São Paulo	Restaurante Bom Prato - Vila Nova Cachoeirinha	20
				120
7	RJ	Rio de Janeiro	Restaurante Popular Herbert de Souza Betinho	40
8	RJ	Rio de Janeiro	Restaurante Popular Getúlio Vargas	40
9	RJ	Rio de Janeiro	Restaurante Popular Radialista Jorge Curi	40
				120
10	BA	Salvador	Restaurante Popular prato do Povo - Liberdade	60
11	BA	Salvador	Restaurante Popular prato do Povo - Comércio	60
				120
12	MG	Belo Horizonte	Restaurante Popular Unidade I	40
13	MG	Belo Horizonte	Restaurante Popular Unidade II	40
14	MG	Belo Horizonte	Restaurante Popular	40
				120
15	DF	Distrito Federal	Restaurante Comunitário São Sebastião	24
16	DF	Distrito Federal	Restaurante Comunitário Samabaia	24
17	DF	Distrito Federal	Restaurante Comunitário Ceilândia	24
18	DF	Distrito Federal	Restaurante Comunitário Paranoá	24
19	DF	Distrito Federal	Restaurante Comunitário Santa Maria	24
				120

Source: IBOPE.

The field work was carried out by a permanently registered experienced team of IBOPE interviewers specially trained in public opinion polling, using personal interview techniques and a questionnaire specifically designed for the survey. To verify the correct use of the criteria for sampling and handling the questionnaires, 20% of the total number of each interviewer's questionnaires were inspected and all questionnaires were submitted to a critical analysis and verification of consistency.

## Questionnaire - Low-Income Restaurants

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_

TO BE USED  
FOR CODING

Could you please tell me your telephone number just for the purpose of my work here being verified?

DDD: \_\_\_\_\_ 99 ( ) No phone No answer

**OP 062/205 - 5 CAPITALS - 600 INTERVIEWS - MAY/25/2005**

IBOPE - OPINIÃO PÚBLICA LTDA AL, SANTOS, 2101 -7º ANDAR - S. PAULO - SP

Interviewer: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Supervisor/Checker: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**### SURVEY OF LOW-INCOME RESTAURANT USERS ###**

SEX	CODE
Male	1
Female	2

AGE  
\_\_\_\_

SCHOOLING LEVEL		CODE
Illiterate		01
Can read and write but has no schooling		02
AFTER 1971	UP TO 1971	
PRIMARY		
Year 1 to year 3	Year 1 to year 3	03
Year 4	Year 4 to year 5	04
JUNIOR HIGH		
Year 5 to year 7	Year 1 to year 3	05
Year 8	Year 4	06
SENIOR HIGH		
Years 1 and 2	Years 1 and 2	07
Year 3/Univ. entrance	Year 3/Univ. entrance	08
HIGHER EDUCATION		
Graduate - incomplete		09
Graduate - complete		10

Company: \_\_\_\_\_

Post: \_\_\_\_\_

PLACE OF INTERVIEW	CODE
São Paulo	1
Rio de Janeiro	2
Belo Horizonte	3
Distrito Federal	4
Salvador	5

OCCUPATION SITUATION	CODE
Working	1
NOT working	2

FIXED ABODE	CODE
Yes	1
No	2

MARITAL STATUS	CODE
Married/living with partner	1
Single	2
Divorced	3

**\*\*\* BLOCK 1 \*\*\***

Q01) To start off I would like to know with which of the following frequencies you usually have meals in Low-Income Restaurants like this one. **(ONE OPTION ONLY)**

- 1 ( ) Always → | **GO**  
 2 ( ) Almost always → | **TO**  
 3 ( ) Sometimes → | **QUESTION**  
 4 ( ) Seldom → | **02**  
 9 ( ) This is the first time → **GO TO Q03**

**ONLY FOR THOSE WHO USUALLY FREQUENT THE RESTAURANT (CODES 1 to 4 in Q. 01)**

Q02) And on average, how many times a WEEK do you usually take meals in Low-Income Restaurants like this one ? **(SPONTANEOUS - ONE OPTION ONLY - USE SINGLE DIGIT)**

\_\_\_\_ TIMES A WEEK

9 - DON'T KNOW/ NO ANSWER

## Questionnaire - Low-Income Restaurants

### FOR ALL USERS###

Q03) Could you please tell me the main reasons that make you decide to take meals in this restaurant? Are there any other reasons? Any more? **(SPONTANEOUS - SEVERAL OPTIONS - IF THE REASON IS NOT LISTED REGISTER OTHERS IN THE SPACE BELOW - INVESTIGATE THOROUGHLY)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

001 ( ) Price

002 ( ) Location of restaurant

003 ( ) Healthy food

998 ( ) No special reason

999 ( ) No answer

Q04) Which means of transport do you usually use to get to the Low-Income Restaurant? **(SPONTANEOUS - SEVERAL OPTIONS)**

1 ( ) Bus

2 ( ) Train/metro

3 ( ) Car

4 ( ) Motorcycle

5 ( ) Bicycle

6 ( ) On foot

9 ( ) No answer

\*\*\* BLOCK 2 \*\*\*

Q05) Where are you usually right before coming to the Low-Income Restaurant? **(ONLY ONE OPTION)**

1 ( ) At home

2 ( ) At work

3 ( ) In the street

8 ( ) Some other place

9 ( ) No answer

Q06) Do you usually have to queue up to get your meal in this restaurant? (IF YES) How long do you usually have to spend in the queue? **(SPONTANEOUS - ONE OPTION ONLY)**

1 ( ) Up to 10 minutes

2 ( ) From 10 to 20 minutes

3 ( ) From 20 to 30 minutes

4 ( ) From 30 to 40 minutes

5 ( ) From 40 to 50 minutes

6 ( ) From 50 to 60 minutes

7 ( ) More than 1 hour

8 ( ) Don't usually have to queue

9 ( ) No answer

Q07) Apart from yourself, does any other member of your family usually have meals in this Low-Income Restaurant? (IF YES) Who? **(SPONTANEOUS - VARIOUS OPTIONS)**

1 ( ) Husband/wife

2 ( ) Partner

3 ( ) Son/daughter

4 ( ) Father/mother

5 ( ) Brother/sister

6 ( ) Father/mother-in-law

7 ( ) Brother/sister-in-law

8 ( ) Cousin

9 ( ) Uncle/aunt

10 ( ) Nephew/niece

11 ( ) Grandchild

97 ( ) Other relative

98 ( ) No other family member. → **GO TO Q09**

99 ( ) No answer → **GO TO Q09**

### ONLY FOR THOSE WHO DECLARE THAT OTHER FAMILY MEMBERS TAKE MEALS AT THE RESTAURANT (CODES 1 to 97 in Q07)###

\*\*\* BLOCK 1 \*\*\*

Q08) And on average with which of the following frequencies does that family member usually take meals in Low-Income Restaurants

1 ( ) Always

2 ( ) Almost always

3 ( ) Sometimes

4 ( ) Seldom

9 ( ) Don't know/know answer

###FOR ALL INTERVIEWEES###

Q09) In your opinion, is the amount presently being charged for meal in this Low-Income Restaurant affordable for your monthly budget? **(ONLY ONE OPTION)**

1 ( ) Affordable

2 ( ) Not affordable

9 ( ) No answer

Q10) How high a proportion of your monthly budget does what you spend on Low-Income Restaurant meals represent? Would you say it very high, high, low or very low? **(ONLY ONE OPTION)**

1 ( ) Very high

2 ( ) High

3 ( ) Very low

4 ( ) Low

8 ( ) Neither high nor low (SPONTANEOUS)

9 ( ) No answer/no opinion

## Questionnaire - Low-Income Restaurants

Q11) If there were an increase in the price of Low-Income Restaurant meals, would you be prepared to pay a higher amount than what is presently being charged? (IF YES) And how much would you be prepared to pay for this meal? **(SPONTANEOUS - ONE OPTION ONLY)**

- |                         |  |                                |
|-------------------------|--|--------------------------------|
| 1 ( ) Up to 2 Reals     |  | 8 ( ) Not prepared to pay more |
| 2 ( ) From 2 to 5 Reals |  | 9 ( ) Don't know/no answer     |
| 3 ( ) Over 5 Reals      |  |                                |

Now let's talk about your eating habits in general...

Q12) When taking your meals do you usually take care to choose food that is considered to be healthy? **(ONE OPTION ONLY)**

- 1 ( ) Usually take care                      2 ( ) Not usually                      9 ( ) Don't know/No answer

**\*\*\* BLOCK 3 \*\*\***

Q13) Apart from the meals served in the Low-Income Restaurants, generally speaking, which of the following food items are always present in your daily meals, that is to say those food items that you consume most in your daily meals? **(SEVERAL OPTIONS)**

- |                                   |   |
|-----------------------------------|---|
| 001 ( ) Rice                      | 014 ( ) Cassava, eddoes, yams, tapioca    |
| 002 ( ) Beans                     | 015 ( ) Cereals                           |
| 003 ( ) Meat/fried beef           | 016 ( ) Ground maize/cuscus               |
| 004 ( ) Sun-dried beef/beef jerky | 017 ( ) Sandwiches                        |
| 005 ( ) Chicken                   | 018 ( ) Savories                          |
| 006 ( ) Fish                      | 019 ( ) Fruits                            |
| 007 ( ) Macaroni                  | 020 ( ) Milk/yoghurt                      |
| 008 ( ) Salad                     | 021 ( ) Sweetmeats                        |
| 009 ( ) Vegetables                | 022 ( ) Cake                              |
| 010 ( ) Greens                    |   |
| 011 ( ) Bread                     | 997 ( ) Other foods. Which?  __ __  _____ |
| 012 ( ) Cassava meal              | 998 ( ) No main food in particular        |
| 013 ( ) Eggs                      | 999 ( ) Don't know/No answer              |

Q14) Where do you usually eat when you don't come to Low-Income Restaurants like this one? **(SPONTANEOUS - SEVERAL OPTIONS)** - REGISTER AS FULLY AS POSSIBLE IN THE LINES BELOW - INVESTIGATE THOROUGHLY

|\_\_|\_\_| \_\_\_\_\_  
 |\_\_|\_\_| \_\_\_\_\_  
 |\_\_|\_\_| \_\_\_\_\_

- 998 ( ) Doesn't go anywhere else                      999 ( ) No answer

Q15) How much do you spend on average when you take meals in those other places? **(SPONTANEOUS - ONE OPTION ONLY - ACCEPT ONLY WHOLE NUMBERS)**

- |\_\_|\_\_| REALS  
 97 - DOES NOT SPEND/EATS AT HOME  
 98 - BEGS MONEY FROM OTHER PEOPLE  
 99 - DOES NOT KNOW/NO ANSWER

Q16) Considering only the food options available in this Low-Income Restaurant what do you **MOST** enjoy eating? **(SPONTANEOUS - ONE OPTION ONLY)**

|\_\_|\_\_|\_\_| \_\_\_\_\_  
 998 ( ) Likes none of them                      999 ( ) No answer

Q17) Which of the food options available in this Low-Income Restaurant do you **LEAST** enjoy eating **(SPONTANEOUS - DO NOT ACCEPT SAME ANSWERS AS IN Q16 - ONE OPTION ONLY)**

|\_\_|\_\_|\_\_| \_\_\_\_\_  
 998 ( ) Likes all of them                      999 ( ) No answer

Now regarding this particular Low-Income Restaurant...

Q18) How would evaluate the service being offered by this Low-Income Restaurant? Would you say the service is (READ OUT OPTIONS 1 TO 5 - **ONE OPTION ONLY**)

- |                 |              |                            |
|-----------------|--------------|----------------------------|
| 1 ( ) Excellent | 3 ( ) Fair   | 5 ( ) Terrible?            |
| 2 ( ) Good      | 4 ( ) Bad or | 9 ( ) Don't know/No answer |



## Questionnaire - Low-Income Restaurants

Q19) Now I would like you to evaluate some specific aspects of the services being offered here in the Low-Income Restaurant. For each of the items mentioned please say whether you consider the service to be excellent, good, fair, bad or terrible: (READ OUT EACH ITEM AND MARK AN X AGAINST THE CORRESPONDING ANSWER - **ONE OPTION PER LINE**)

<b>THE BUILDING</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Bad</b>	<b>Terrible</b>	<b>NA/NO</b>
01) Location of the Low-Income Restaurant	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
02) Organization of physical space inside	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
03) Comfort in the place	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
04) Hygiene and cleanliness of the restaurant	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
05) Hygiene and cleanliness in the kitchen	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
06) Hygiene and cleanliness in the toilets	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )

<b>SERVICE</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Bad</b>	<b>Terrible</b>	<b>NA/NO</b>
07) Time taken to be served	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
08) Speed of service	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
09) Cordiality and politeness of employees	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )

<b>MEALS</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Bad</b>	<b>Terrible</b>	<b>NA/NO</b>
10) Quality of food in the meals	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
11) Quantity of food in the meals	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
12) Variety in the menu of meals	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )

<b>CULTURAL PROGRAM</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Bad</b>	<b>Terrible</b>	<b>NA/NO</b>
13) The way in which the nutritional re-education campaigns are presented	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
14) The way in which campaigns directed at the eating habits of diabetics and hyper tense individuals are promoted	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )
15) The promotion of cultural activities like shows, plays, exhibitions	1 ( )	2 ( )	3 ( )	4 ( )	5 ( )	9 ( )

Q20) Now I would like to know whether or not you usually patronize or participate in the cultural events like shows, plays or lectures on healthy eating habits promoted by the Low-Income Restaurant. (**ONE OPTION ONLY**)

- 1 ( ) Usually participate                      8 ( ) This restaurant does not promote such activities (spontaneous)  
 2 ( ) Don't usually participate              9 ( ) No answer

Q21) In your opinion, does the work being undertaken by the Low-Income Restaurants make it possible for the people frequenting them to enjoy **BETTER LIVING CONDITIONS**? (**ONE OPTION ONLY**)

- 1 ( ) Yes, it makes it possible              3 ( ) No, it doesn't                              9 ( ) No answer

Q22) Now I would like you to evaluate the importance of the Low-Income Restaurant project financed by the **FEDERAL GOVERNMENT**. Do you think the continuation of this project is very important, important, of little importance, of no importance? (**ONE OPTION ONLY**)

- 1 ( ) Very important                      3 ( ) Of little importance  
 2 ( ) Important                              4 ( ) Of no importance                              9 ( ) Don't know/No answer

Q23) Now to close off, bearing in mind all that we have mentioned so far what suggestion or suggestions would you make for improving the situation of the Low-Income Restaurants? Any other suggestion? Anything else? (**SPONTANEOUS - VARIOUS OPTIONS** - INVESTIGATE THOROUGHLY - DO NOT ACCEPT VAGUE ANSWERS).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

998 ( ) No suggestions

999 ( ) Don't know/No answer

## Questionnaire - Low-Income Restaurants

**\*\*\* INCOME BLOCK \*\*\***

INCOME 1) In which of the following income ranges did your last months personal income lie in? **(ONE OPTION ONLY - REGISTER IN THE FIRST COLUMN BELOW)**

**\*\*\* INCOME BLOCK \*\*\***

INCOME 2) In which of the following income ranges did your last months family income adding together the incomes of all the persons that live with you and your own income as well? **(ONE OPTION ONLY - REGISTER IN THE SECOND COLUMN BELOW)**

**PERSONAL INCOME**

(MS = Official Minimum Salary)

- 1 ( ) Over 5 MS
- 2 ( ) Over 3 up to 5 MS
- 3 ( ) Over 1 up to 3 MS
- 4 ( ) Up to 1 MS
- 8 ( ) No personal income
- 9 ( ) No answer

**FAMILY INCOME**

- 1 ( ) Over 5 MS
- 2 ( ) Over 3 up to 5 MS
- 3 ( ) Over 1 up to 3 MS
- 4 ( ) Up to 1 MS
- 9 ( ) No answer

**FOR INTERNAL USE ONLY:**

QUESTION N°	CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	CODE 6	CODE 7
<b>CODE</b>	_ _   _ _	_ _   _ _	_ _   _ _	_ _   _ _	_ _   _ _	_ _   _ _	_ _   _ _



# RESEARCH

## Environmental Assessment of the Performance of the Cisterns Program of the MDS in Partnership with the ASA: Environmental Sustainability Index

**Executive Institution:** Brazilian Research and Agribusiness Support Foundation – FAGRO/ Embrapa Semi-arid.

**Team Members:** Aderaldo de Souza e Silva (coordinator), Luiza Teixeira Brito, Paulo Pereira da Silva Filho, Suzana Valle Lima.

**Period Undertaken:** June 2005 to April 2006.

### 1. Objectives

- to evaluate the effects of the increase in supply and quality of water made available by cisterns in improving the living conditions of families benefited by the Cisterns Program of the MDS;
- to analyze the compliance of the cisterns with the technical requirements of the program;
- to evaluate the need for repairs to, and maintenance of the cisterns and evaluate the repairs already carried out;
- to determine a scarcity index for potable water for human consumption coming from rural cisterns as a function of the direct benefit of saving time formerly dedicated to obtaining drinking water, especially by women and children.

### 2. Methodology

Research was divided into three components; the first consisted of a technical evaluation of the cisterns, and of the living conditions of the beneficiary families and an analysis of the quality of the water in the cisterns. The second investigated the quality of the water from sources traditionally used by the communities, and the third dealt with the existence of potential sources of pollution of the local water resources.

To evaluate the living conditions of the beneficiary families, a social, economic and environmental profile was delineated in accordance with an evaluation of the edaphic-environmental location of the household, the conditions of the rural establishment, the characteristics of the household members, the way in which multiple-purpose water was managed and the management of the water stored in the rural cistern.

For data gathering a specific questionnaire containing 113 questions was drawn up and validated by pre-testing in the field, with the object of evaluating the cistern and the living conditions of the beneficiary family,

taking into account aspects such as household characteristics, characteristics of the residents, income indicators in regard to rural establishment, water use prior to the MDS Cisterns Program, living conditions of the beneficiaries, technical inventory of the cistern (volume of stored water, area of water collection, repairs and maintenance) and a quality analysis of the water stored in the cistern.

In the case of the second and third research components, while component 1 was being carried out with the selected rural communities, the geo-references of the traditional sources of water were registered as well as those of potential sources of community water resource pollution and water samples were collected for laboratory analysis using “Aquapack” kits.

The research methodology used took into account those geo-environmental units that are representative of the Brazilian semi-arid region and was based on the Agro-ecological Zoning of the Brazilian Northeast (digital ZANE). Eleven regions for stratified sampling were defined based on the ZANE and representing various Homogeneous Landscape Units characterizing the differentiated environmental conditions to which the communities benefited by the Cisterns Program are subject to in the Brazilian semi-arid region.

Finally, using data obtained from the three research components, environmental and socioeconomic indexes were developed for the purpose of supplying supporting elements for the monitoring and evaluation of the Cisterns Program. The following indexes were generated by the survey: Water Scarcity Index (IEA), Water Quality Alert Index (IAQ), Microbiological Contamination Risk Index (ICM), Beneficiary Family Socio-economic Situation Index (ICS) and the Environmental Sustainability Index (ISA).

An important research instrument was the digital thematic maps that were produced using geo-processing technology for the purpose of making a spatial evaluation of the cisterns program; verifying the distances traversed by the families when obtaining water from traditional sources; and expressing the environmental and socio-economic indices in a spatial context.

### The sample

To define the sample a stratified sampling technique associated to results obtained from geo-processing was used so as to encompass the various geo-environmental units of the semi-arid region defined in the Agro-ecological Zoning of the Brazilian Northeast. As a result, a sample of 4,264 cisterns was obtained, distributed in 11 Geo-environmental Units, 83 municipalities and 83 rural communities in the states of Ceará, Piauí, Rio Grande do Norte, Alagoas, Paraíba, Pernambuco, Sergipe, Bahia, Maranhão, Espírito Santo and Minas Gerais.

During the field work 3,517 (three thousand five hundred and seventeen) Cisterns Program beneficiary families were interviewed in 86 (eighty-six) municipalities in the semi-arid region. In tables 1 and 2 the database used and the samples defined for survey purposes are set out.

**Table 1 - Database used to define the sample**

State	Frequency	Percentage (%)	Accumulated frequency	Accumulated percentage (%)
AL	1,172	3	1,172	3
BA	9,047	21	10,219	24
CE	6,363	15	16,582	39
ES	258	1	16,840	40
MA	434	1	17,274	41
MG	1,315	3	18,589	44
PB	7,232	17	25,821	61
PE	6,542	15	32,363	76
PI	3,887	9	36,250	85
RN	5,126	12	41,376	97
SE	1,130	3	42,506	100

Source: MDS-SAGI, 2005.

**Table 2 - Sample definition**

State	Freq. (cisterns)	Percentage (%)	Accumulated frequency	Accumulated percentage (%)	Nº. Families (estimate)	Nº. Locations (estimate)	Nº. Families (interviewed)
AL	83	3	83	3	83	3	126
BA	642	21	725	24	642	21	1,582
CE	452	15	1,177	39	18	1	23
ES	18	1	1,195	4	18	1	23
MA	31	1	1,226	41	31	1	141
MG	93	3	1,319	44	93	3	227
PB	513	17	1,832	61	513	17	182
PE	464	15	2,296	76	464	15	473
PI	276	9	2,572	85	276	9	438
RN	364	12	2,936	97	364	12	421
SE	80	3	3,016	100	80	3	195
Total	3016	-	-	-	3,016	100	4,264

Source: Environmental Assessment of the Performance of the Cisterns Program of the MDS in Partnership with the ASA: Environmental Sustainability Index, FUNDER, Embrapa Semi-arid, 2005.

STATE	MUNICIPALITY	LOCATION
Name of the place:		
F		

**Ministry of Agriculture, Livestock and Supply  
Brazilian Agricultural Research Corporation  
EMBRAPA SEMI-ARID**

**Survey to Evaluate Rural Cisterns**  
Survey 1: Evaluation of the quality of waters of the Cisterns Program MDS/ P1MC-ASA and the living conditions of the beneficiaries  
**FAGRO/EMBRAPA-MDS/SAG/FAO (UTF/BRA/604/BRA)**

**Identification of the cistern**

STATE	MUNICIPALITY
LOCATION/COMMUNITY	
CISTERN NUMBER	
LATITUDE	LONGITUDE

**Person in charge of the cistern**

NAME
------

Is the interviewee in charge of the cistern?  
1  Yes 2  No

**NAME OF INTERVIEWEE**

--

**Relationship between interviewee and person in charge of cistern**

- 1  Wife
- 2  Son/stepson
- 3  Father, mother, father/mother-in-law
- 4  Brother, sister
- 5  Another person

Has there been a change of the person in charge of the cistern  
1  Yes 2  No

**New person in charge of the cistern**

NAME	CPF
------	-----

**INTERVIEW CONTROL**

Interviewer's code and name

\_\_\_\_\_

Date of interview

\_\_\_/\_\_\_/\_\_\_

Total length of interview (not counting time to get to it)

\_\_\_:\_\_\_| hours and minutes

Status of the interview:

- 1  Totally completed
- 2  Partially completed
- 3  Refusal (*not held*)
- 4  House closed or vacant (*not held*)
- 5  Person not found (*not held*)
- 6  Cistern not in use (*not held*) (*specify below*)
- 7  Not held for other reasons (*specify below*)

Reason: \_\_\_\_\_

\_\_\_\_\_

**Block A - The dwelling**

<p><b>1 Location of the Dwelling</b></p> <p>1 <input type="checkbox"/> Isolated house                    4 <input type="checkbox"/> House in an indigenous village</p> <p>2 <input type="checkbox"/> House in a hamlet                    5 <input type="checkbox"/> House in a Quilombola community</p> <p>3 <input type="checkbox"/> In an agrarian reform settlement    6 <input type="checkbox"/> Other</p>	<p><b>7 Bathroom or toilet drainage</b></p> <p>1 <input type="checkbox"/> Septic tank</p> <p>2 <input type="checkbox"/> Simple pit</p> <p>3 <input type="checkbox"/> Other</p> <p>4 <input type="checkbox"/> Non existent</p>
<p><b>2 Tenure of the Property</b></p> <p>1 <input type="checkbox"/> Owned, fully paid</p> <p>2 <input type="checkbox"/> Owned, being paid for</p> <p>3 <input type="checkbox"/> Loaned</p> <p>4 <input type="checkbox"/> Squatted</p> <p>5 <input type="checkbox"/> Other</p>	<p><b>8 Waste disposal</b></p> <p>1 <input type="checkbox"/> Burnt</p> <p>2 <input type="checkbox"/> Buried</p> <p>3 <input type="checkbox"/> Thrown out in open spaces</p> <p>4 <input type="checkbox"/> Other</p>
<p><b>3 Main material used for the walls</b></p> <p>1 <input type="checkbox"/> Plastered Brickwork</p> <p>2 <input type="checkbox"/> non plastered brickwork</p> <p>3 <input type="checkbox"/> Mud and Lathes</p> <p>4 <input type="checkbox"/> Other</p>	<p><b>9 Durable goods in the dwelling (Answer all the lines)</b></p> <p>Yes                    No</p> <p>1 <input type="checkbox"/>                    2 <input type="checkbox"/> Telephone</p> <p>3 <input type="checkbox"/>                    4 <input type="checkbox"/> Gas stove</p> <p>5 <input type="checkbox"/>                    6 <input type="checkbox"/> Wood burning stove</p> <p>7 <input type="checkbox"/>                    8 <input type="checkbox"/> Television</p> <p>9 <input type="checkbox"/>                    0 <input type="checkbox"/> Radio or radio/tape/CD player</p> <p>1 <input type="checkbox"/> Refrigerator</p> <p>3 <input type="checkbox"/> Sewing machine</p> <p>5 <input type="checkbox"/> Bicycle</p> <p>7 <input type="checkbox"/> Motorcycle</p> <p>9 <input type="checkbox"/> Car</p>
<p><b>4 Main material used for the roof</b></p> <p>1 <input type="checkbox"/> Ceramic tiles</p> <p>2 <input type="checkbox"/> Asbestos cement sheets</p> <p>3 <input type="checkbox"/> Other</p>	<p><b>10 Is electricity installed?</b></p> <p>1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No → Go to next Block</p>
<p><b>5 Number of rooms (living room, bedroom, bathroom, kitchen)</b></p> <p>____</p>	<p><b>11 Source of Electricity</b></p> <p>1 <input type="checkbox"/> General grid</p> <p>2 <input type="checkbox"/> Solar panels</p> <p>3 <input type="checkbox"/> Generator</p> <p>4 <input type="checkbox"/> Other</p>
<p><b>6 Type of toilet or bathroom</b></p> <p>1 <input type="checkbox"/> Inside the house</p> <p>2 <input type="checkbox"/> Outside</p> <p>3 <input type="checkbox"/> Non existent → Go to question 8</p>	



Questionnaire I

**Block B - Characteristics of the household residents**

N°	ALL RESIDENTS					10 YEARS OLD AND OVER				
	Name	Relationship with person in charge	Sex	Age	Attend school	Schooling	Marital status	Usual activity	Position held in activity	Months worked in the last 12 month period
1				_____		_____				____
2				_____		_____				____
3				_____		_____				____
4				_____		_____				____
5				_____		_____				____
6				_____		_____				____
7				_____		_____				____
8				_____		_____				____
9				_____		_____				____
10				_____		_____				____
11				_____		_____				____
12				_____		_____				____
13				_____		_____				____
14				_____		_____				____
15				_____		_____				____
		1 Person responsible for the Cistern 2 Wife 3 Child/ stepchild 4 Father/mother/ F&M-in-law 5 Grandchild 6 great grandchild 7 Brother/sister 8 Other relation 8 Other person	1 Male 2 Female	1 Yes 2 No	1 Cannot read/ write 2 No schooling but reads and writes 3 Literacy training course for adults 4 Years/Grades 1/2 5 Years/Grades 3/4 6 Years/Grades 5/7 7 Year/Grade 8 8 Incomplete Senior High school 9 Complete Senior high school 10 Higher education incomplete 11 Higher education complete	1 Living with a partner once lived with a partner 3 Never lived with a partner	0 Looks after the house 1 Works regularly 2 Works occasionally 3 Looking for work 4 Has independent income no need to work 5 Retired 6 Handicapped 7 Studying 8 Works and studies 9 Other activity	1 Non remunerated family worker 2 Private sector employee 3 Public sector employee 4 Contractor 5 Independent Professional 6 Established in business 7 Not established, works autonomously 8 Rural Laborer 9 Proprietor, Squatter, tenant 0 Partner, sharecropper, right-to-use contract		

**Block C - Income indicators**

**12 The household residents have income from (accept multiple answers)**

1  Working (salary, occasional jobs, own business)

2  *Bolsa Familia* Number NIS (card) \_\_\_\_\_

3  Support for the elderly

4  Support for the handicapped

5  Gas voucher

6  *Bolsa Escola* (School Grant)

7  Rural old age retirement pension

8  Other type of benefit paid by government. Which? \_\_\_\_\_

9  Pension, retirement pay

10  Other earnings (savings account, rents, renting out land)

11  Payment received in kind (goods or services)

12  Money from churches and non governmental organizations

13  Money from people living outside the household

14  Food basket or goods received regularly

15  Other types of assistance (other person pays bills etc.)

**Block D - Farm products and livestock production**

**13 Does he/she have a piece of land, property or production unit?**

1  Yes, proprietor, squatter, right-to-use contract

2  Yes, tenant, partner or sharecropper

3  No → Go to question 23

**14 Total area of the property/rented land (in hectares)**

\_\_\_\_\_. \_\_\_\_ ha

**15 Are agricultural products grown on the property/rented land?**

1  Yes                      2  No → Go to question 19

**16 Total area cultivated (in hectares)**

\_\_\_\_\_. \_\_\_\_ ha

**17 Crops grown (accept multiple answers)**

1  Algarroba (*Prosopis juliflora*)

2  Cotton

3  Rice

4  Cashew

5  Buffel grass

6  African liver seed grass (*Urochloa mosambicensis*)

7  Elephant (napier) grass

8  Onion

9  Lima beans

10  Beans

11  Sesame

12  Guava

13  Sour sop

14  Pigeon peas

15  Pigeon peas (forage variety)

16  Lead tree (*Leucaena leucocephala*)

17  Castor bean/ common beans (combined)

18  Castor bean (alone)

19  Sweet cassava

20  Bitter cassava

21  Ceará rubber tree (*Manihot glaziovii*)

22  Cantaloupe

23  Watermelon

24  Forage melon

25  Maize and beans (combined)

26  Maize (alone)

27  Pearl millet

28  Forage cactus

29  Sisal

30  Sorghum

31  Tomato

32  Urmbu

33  Other

## Questionnaire I

**18 Destination of products**

- 1  Own consumption  
 2  Sale  
 3  Both

**19 Any animals on the property/ rented land?**

- 1  Yes  
 2  No → Go to question 23

**20 Area dedicated to raising livestock (in hectares)**

\_\_\_\_\_. \_\_\_\_ ha

**21 Animals raised (accept multiple answers)**

- 1  Cattle  
 2  Goats  
 3  Pigs  
 4  Sheep  
 5  Chickens  
 6  Others

**22 Destination of animals and their production**

- 1  Own consumption  
 2  Sale  
 3  Both

**23 Are any of the following extracted or produced? (accept multiple answers)**

- 1  Firewood  
 2  Charcoal  
 3  Babaçu  
 4  Timber  
 5  Others

**Block E - Cistern: information supplied by the family****24 How long ago was the cistern built? (years and months)**

\_\_\_\_ years \_\_\_\_ months

**25 How long have you been using cistern water to drink? (years and months)**

\_\_\_\_ years \_\_\_\_ months

**26 Did any member of the family receive information on how to use the cistern?**

- 1  Yes  
 2  No → Go to question 31  
 3  Don't know → Go to question 31

**27 Which people were given this information?**

- 1  Only the husband and/or wife    3  The whole family  
 2  All the adults    4  The sons and daughters

**28 Who passed on the information? (Answer all the lines)**

- Yes  
 1  Builder  
 3  NGO  
 5  Unions  
 7  Associations  
 9  Church  
 1  Others

**29 How was the information transmitted? (Answer all the lines)**

- No  
 1  Meetings  
 3  Courses/capacity building  
 5  Poster  
 7  Newspaper  
 9  Brochure  
 1  Pamphlet  
 3  Others

## Questionnaire I

**30 Type of information received (Answer all the lines)**

Yes No

1  How to take out water

3  How to build the cistern

5  How to clean the cistern

7  How to store extracted water

**31 Use made of cistern water? (Answer all the lines)**

Always	Sometimes	Not very often	Almost never	Never
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> For drinking
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> Hygiene
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> For cooking
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> For washing clothes
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> For washing dishes
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> For animals
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> Other

**32 Did household residents work on building cistern?**

1  Yes      2  No → Go to question 34

**33 How many people worked and how many days?**

\_\_\_\_\_ people      \_\_\_\_\_ days

**34 Does the family take part in any rotational mutual support initiative or fund?**

1  Yes      2  No → Go to question 40

**35 Did the family join the fund or initiative voluntarily?**

1  Yes      2  No

**36 What is the amount of the contribution required?**

\_\_\_\_\_ . \_\_\_\_\_ (in Reals and cents)

**37 How often is the contribution made?**

1  Weekly      4  Half yearly

2  Monthly      5  Annually

3  Quarterly      6  Only once

**38 How many contributions have been made?**

\_\_\_\_\_       Ongoing

**39 Does the family know how the money is used?**

1  Yes

2  No

**40 How much money do you think the completed cistern cost altogether?**

R\$|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|.00

**41 Was the cistern washed right after it was built?**

1  Yes      2  No      3  Don't know

**42 How many days after it was completed did it receive water?**

\_\_\_\_\_

**43 Did the cistern pass any period empty after having received water for the first time?**

1  Yes

2  No → Go to question 45

**44 How many days did it spend without any water in it?**

\_\_\_\_\_

**45 Does the cistern only receive rainwater?**

1  Yes → Go to question 47

2  No

## Questionnaire I

**46 How is the cistern filled? (Answer all the lines)**

Yes  No

1  Brought by a water truck (treated water)

3  Brought by a water truck with (untreated water)

5  Brought by an animal guided by a child

7  Brought by an animal guided by a woman

9  Brought by an animal guided by a man

11  Brought by a person unaided

13  Brought on a cart or an ox cart

15  Brought by a motorized vehicle

17  Brought by bicycle

19  20  Others

**47 What is the estimated volume of the cistern?**

1  16 thousand liters

2  Less than 16 thousand liters

3  More than 16 thousand liters

4  Don't know

**48 Do you know how to clean the cistern?**

1  Yes

2  No

**49 Has the cistern ever been cleaned?**

1  Yes

2  No → Go to question 53

**50 Who cleaned the cistern?**

1  Did it alone

2  Did it with help from others

3  Another person

**51 Was it hard to clean the cistern?**

1  Yes

2  Quite hard

3  No

**52 How many times has the cistern been cleaned?**

\_\_\_\_\_

**53 When it rains, do you eliminate the first waters?**

1  Yes

2  More or less

3  No

4  Don't know

**54 Does the water in the cistern receive any kind of treatment?**

1  Yes (chlorine, sodium hypochlorite, bleach)

2  No

**55 How is water taken out of the cistern?**

1  By hand (bucket)

2  Pump

**56 Where is water for drinking stored after it is taken from the cistern?**

1  Jar /pitcher

2  Filter Jar with porcelain filter

3  Filter jar without porcelain filter

4  Bucket

5  Other

**57 Does the water from the cistern receive any kind of treatment after it leaves the cistern?**

1  Yes, chlorine

2  Yes, filtered

3  Yes, boiled

4  No

**Block F - For the woman**

**58 Have there been any problems with the cistern?**  
 1  Yes  
 2  No - Go to question 63

**9 What kind of problems?**  
 1  Cracks  
 2  Leaks  
 3  Plaster lining/covering  
 4  Others

**65 With the cistern installed do household residents have water to drink throughout the year?**  
 1  Yes  
 2  More or less  
 3  No

**60 How many times have these problems occurred?**  
 \_\_\_\_\_

**66 How many months a year do you have good water available?**  
 \_\_\_\_\_

**61 Did you inform the team that built the cistern?**  
 1  Yes      2  No

**67 Do you think your life has changed for the better with the cistern installed?**  
 1  Yes  
 2  More or less  
 3  No

**62 Who repaired the faults?**  
 1  Team that built the cistern  
 2  You or a family member  
 3  Another person  
 4  Not repaired

**68 Do you think your family's health has improved since the cistern was installed??**  
 1  Yes  
 2  More or less  
 3  No  
 4  Don't know

**63 Are you satisfied with the performance of the cistern?**  
 1  Yes      2  No

**69 Do you think the cistern water meets the domestic needs of your family water for drinking, cooking, brushing teeth etc.)?**  
 1  Yes  
 2  No

**64 Why not?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**70 Why not?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Block G - Cistern: Information supplied by the family**

**71 Before the cistern existed where did water for drinking and cooking come from?**

- 1  Dam, dyke, pond  
 2  Water hole, spring  
 3  Permanent river  
 4  Well  
 5  Fountain  
 6  Other

**76 How good was that water?**

- 1  Very good  
 2  Bad  
 3  Don't know

**77 Did you use to use water supplied by a tanker?**

- 1  Yes  
 2  No

**72 How far away was it?**

- 1  Very far  
 2  Far  
 3  Nearby

**73 How long did it take? (in hours and minutes, total round trip)**

\_\_\_\_ : \_\_\_\_ hours and minutes

**74 How many times a week did you go for water?**

\_\_\_\_

**75 How much water did you bring? (in liters)**

\_\_\_\_ liters

**78 Before the cistern existed did you use to treat the water?**

- 1  Yes  
 2  No → Go to the following Block

**79 How was that treatment done? (accept multiple answers)**

- 1  Filtered  
 2  Treated with chlorine  
 3  Boiled  
 4  Strained  
 5  Don't know

**Block H - Evaluation of living conditions**

**80** In your opinion, your family's total monthly income enables you to get by until the end of the month with ...

- 1  Great difficulty
- 2  Difficulty
- 3  A little difficulty
- 4  Some ease
- 5  Ease
- 6  Great ease

**81** How much money do you think that in your present family situation, you would need to get by until the end of the month?

R\$|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| .00 (in Reals and cents)

**82** In your present family situation, what is the minimum monthly amount you would need to cover the cost of the food your family consumes?

R\$|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| .00 (in Reals and cents)

**83** Which of the following statements describes most adequately the amount of food your family consumes?

- 1  Normally not enough
- 2  Sometimes not enough
- 3  Always enough

**84** Which of the following statements describes most adequately the kind of food your family consumes?

- 1  Always the kind we want
- 2  Not always the kind we want
- 3  Seldom the kind we want

**85** What is the reason your family is not eating what it wants to?

- 1  Not applicable
- 2  Because family income does not permit it
- 3  Because the food the family wants is not available in the market
- 3  For other reasons

**86** Your family's living conditions are

- 1  Good
- 2  Satisfactory
- 3  Bad

**87** How would you evaluate your living conditions in regard to (answer all lines)

- |                            |                            |  |
|----------------------------|----------------------------|--|
| Good                       | Bad                        | Non existent   |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Piped water service       |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Waste collection          |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Street lighting           |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Drainage/rainwater runoff |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Electricity supply        |

**88** Do have any of the following problems in your home or in the neighborhood? (Answer all the lines)

- |                             |   |
|-----------------------------|---|
| Yes                         | No  |
| 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> Lack of space  |
| 3 <input type="checkbox"/>  | 4 <input type="checkbox"/> Noisy street or neighbors                                    |
| 5 <input type="checkbox"/>  | 6 <input type="checkbox"/> Dark house   |
| 7 <input type="checkbox"/>  | 8 <input type="checkbox"/> Leaks in the roof  |
| 9 <input type="checkbox"/>  | 10 <input type="checkbox"/> Damp foundations, floor or walls                            |
| 11 <input type="checkbox"/> | 12 <input type="checkbox"/> Deteriorated wood in doors, windows, floors                 |
| 13 <input type="checkbox"/> | 14 <input type="checkbox"/> Pollution or environmental problems due to industry/traffic |
| 15 <input type="checkbox"/> | 16 <input type="checkbox"/> Violence or vandalism in the residential area               |
| 17 <input type="checkbox"/> | 18 <input type="checkbox"/> Difficult access to school                                  |
| 19 <input type="checkbox"/> | 20 <input type="checkbox"/> Difficult access to health service unit/medical care        |
| 21 <input type="checkbox"/> | 22 <input type="checkbox"/> Difficult access to leisure activities/entertainment        |
| 23 <input type="checkbox"/> | 24 <input type="checkbox"/> Lack of transport   |
| 25 <input type="checkbox"/> | 26 <input type="checkbox"/> Environmental problems from fires or mining                 |

**89** In the last 12 months has your family defaulted on the payment of any of the following expenses? (answer all lines)

- |                            |                            |  |
|----------------------------|----------------------------|--|
| Yes                        | No                         | Not applicable   |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Rent or mortgage payment                |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Water, electricity, gas bills           |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Installment payments on purchased goods |



**90 To improve the living conditions of the residents of this household how necessary do you think the following items would be? (answer all lines)**

Very necessary	Not very necessary	Not necessary
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Education/schooling
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Health/medical care
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Housing, sanitation
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Public security
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Leisure/entertainment
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Food
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Clothing
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Employment/work
1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Transport

**91 When the household or a member of it is in financial difficulties you (accept multiple answers)**

- 1  Ask friends or relations for help
- 2  Ask your employer for help
- 3  Ask the church, an NGO or other organization for help
- 4  Try to borrow money
- 5  Cut down on spending for food
- 6  Cut down other spending
- 7  Look for extra work
- 8  Open accounts and purchase on credit
- 9  Default on payments or delay them
- 10  Other measures
- 11  Don't do anything
- 12  Never happens

**92 How would you assess your household's financial situation as compared to 12 months ago?**

- 1  Better      2  The same      3  Worse

### Block I - Measurements made by the interviewer

**93 How long is the house? (the side with a gutter)**

\_\_\_\_\_. \_\_\_\_\_ (meters and centimeters)

**94 How wide is the house? (the side with NO gutter)**

\_\_\_\_\_. \_\_\_\_\_ (meters and centimeters)

**95 How many roof slopes are there?**

- 1  One roof slope  
2  Two roof slopes

**96 How many gutters?**

- 1  One gutter  
2  Two gutters

**97 How long are the gutters? (meters and centimeters)**

\_\_\_\_\_. \_\_\_\_\_ gutter 1  
\_\_\_\_\_. \_\_\_\_\_ gutter 2

**98 How far is it from the gutters to the cistern? (meters and centimeters)**

\_\_\_\_\_. \_\_\_\_\_ gutter 1  
\_\_\_\_\_. \_\_\_\_\_ gutter 2

**99 Circumference of the cistern. (top)**

\_\_\_\_\_. \_\_\_\_\_ (meters and centimeters)

**100 Depth of the cistern? (inside floor to overhead runoff drain)**

\_\_\_\_\_. \_\_\_\_\_ (meters and centimeters)

**101 Occurrence of erosion**

1  No erosion  
 2  A little  
 3  A fair amount  
 4  A lot

**102 Relief of the area around the cistern**

1  Flat  
 2  Undulating  
 3  Rugged

**103 Can animals get near to the cistern?**

1  Yes      2  No

**104 Is there any waste pile within 10 meters of the cistern?**

1  Yes      2  No

**105 Are there any chemical product containers within 10 meters of the cistern?**

1  Yes      2  No

**106 Is there a chicken pen or pigsty within 10 meters of the cistern?**

1  Yes      2  No

**107 Is there a latrine or pit of any kind within 10 meters of the cistern?**

1  Yes      2  No

**108 Is the cistern adequately located?**

1  Yes      2  No

**109 Were water samples collected to be analyzed with the ECOKIT?**

1  Yes      2  No → Terminate the questionnaire

**110 Sampling method**

1  Manual (bucket)      2  Pumped

**111 Appearance of the water**

1  Clear  
 2  Transparent  
 3  Turbid  
 4  Dark  
 5  Presence of algae

**112 Smell of the water**

1  No smell  
 2  Chlorine  
 3  Rotten eggs  
 4  Chemicals

**113 Parameters to be analyzed using the ECOKIT:**

Dissolved Oxygen (mg/L)  
 pH  
 Ammonia  
 Chlorine  
 Chloride

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of interviewee: \_\_\_\_\_

Signature of interviewer: \_\_\_\_\_

STATE	MUNICIPALITY	LOCATION	
Name of the place:			
F	CISTERN	L	
GROUP NUMBER: G SOURCE			

**Brazilian Agricultural Research Corporation**  
**EMBRAPA SEMI-ARID**  
**Ministry of Agriculture, Livestock and Supply**  
**Survey to Evaluate Rural Cisterns**  
 Program, used by rural communities in years when there is drought  
**FAGRO/EMBRAPA-MDS/SAGI/FAO (UTF/BRA/064/BRA)**

Survey 2. Evaluation of water and supply source quality, Ex-Antes and Ex-Post, of the Cisterns of the MDS/P1MC-ASA

**Identification of the source of water**

State	MUNICIPALITY
LOCATION	
Type of source (NB: run an analysis of water collected with the probe)	
1	Dam/dyke/lake (Geo-reference and go to 10)
2	Shallow well/spring (Geo-reference and go to 10)
3	Permanent river (Geo-reference and go to 10)
4	Tubular well (Geo-reference and go to 10)
5	Fountain (Geo-reference and go to 10)
6	Cistern
7	Amazonas-type well/water hole (Geo-reference, go to 10)
8	Underground dam (Geo-reference and go to 10)
9	Irrigation canal (Geo-reference and go to 10)
21	<b>Other (Register):</b>
22	Drinking water stored in ewer, filter jar, bucket (Geo-reference and go to question 16)
Nome:	

LATITUDE \_\_\_\_\_ LONGITUDE \_\_\_\_\_

**Measurements and information for the comparative study**

Length of house (side with the gutter)	
(in meters and centimeters)	
Width of the house side with NO gutter	
(in meters and centimeters)	

Number of roof slopes

1 One slope	2 Two slopes
-------------	--------------

Number of gutters

1 One gutter	2 Two gutters
--------------	---------------

Length of gutters (in meters and centimeters)

gutter 1	gutter 2
----------	----------

Distance from gutter to cistern (in meters and centimeters)

gutter 1	gutter 2
----------	----------

Circumference of cistern (on top)

(in meters and centimeters)

Depth of cistern (inside bottom to run off drain)

(in meters and centimeters)

Estimated volume of cistern

1 Less than 16 m <sup>3</sup>	
3 From 17 m <sup>3</sup> to 30 m <sup>3</sup>	
5 From 31 m <sup>3</sup> to 50 m <sup>3</sup>	

**10. Sampling point/method**  
 \_\_\_\_\_  
 1. Edge of pond, river, dam, etc. (If measurement made with sampling probe)  
 2. Profile (If measurement made with sampling probe at several depths)  
 3. Pumped (If water for analysis was pumped from cistern to recipient)  
 4. Manual (If water collected using bucket, mug, etc)  
 5. Other (Register)

**11. Appearance of the water**  
 \_\_\_\_\_  
 1. Clear  
 2. Transparent  
 3. Turbid  
 4. Dark  
 5. Presence of algae  
 6. Presence of waste  
 7. Other (Register):

**12. Smell of the water**  
 \_\_\_\_\_  
 0. None  
 1. Chlorine  
 2. Rotten eggs  
 3. Chemicals  
 4. Other (Register):

**13. Relief of the ground around the source**  
 \_\_\_\_\_  
 1. Flat  
 2. undulating  
 3. Rugged  
 4. Other (Register):

**14. Access to the sampling point**  
 \_\_\_\_\_  
 1. Easy  
 2. Difficult (road)  
 3. Difficult (distance)  
 4. Other (Register):

**15. Use made of water**  
 (Mark X against use made of source water – Several answers allowed)  
 1. Industrial supply  
 3. Primary health unit  
 5. Irrigation  
 7. Multiple (Human/animal consumption, services)  
 2. Domestic supply  
 4. School unit  
 6. Cattle raising  
 8. Other (Register):

**16. Parameters to be analyzed using SONDA HYDROLAB – DATA SONDA 4**  
 \_\_\_\_\_  
 Temperature (degrees centigrade)  
 Dissolved Oxygen (DO) (g/l)  
 TDS (Total Dissolved Solids) (ppt) (g/L)  
 Tur (Turbidity)  
 pH  
 ORP  
 NH3 (mg/L)  
 NO3 (mg/L)  
 SpC (Conductivity)  
 Salt

**17. Parameters to be analysed using SONDA MULTIPARAMETRO - YSL**  
 \_\_\_\_\_  
 DATE (DD/MM/AAAA)  
 TIME (HH:MM:SS)r  
 TEMPERATURE (Degrees centigrade)  
 SpC (Conductivity – mS/cm3)  
 Cond (Conductivity – mS/cm)  
 TDS (Total dissolved solids – g/l)  
 Salt (ppt)  
 DO (Dissolved Oxygen)  
 Prof (Depth in meters)  
 pH  
 ORP (mV)  
 NH4 + (mg/L)  
 NH3 (mg/L)  
 CL - (mg/L)  
 NO3 (mg/L)  
 NTU  
 ChL (g/L)  
 FLr (FS)

**18. Water sample collected for laboratory analysis**  
 Yes (Register collecting point = 0  
 plus Community code N° plus Source Code N°) =  
 1    \_\_\_\_\_    2    No

Signature of interviewer \_\_\_\_\_

STATE	MUNICIPALITY	LOCATION
Name of place or rural community:		

NAME OF GROUP	G	SOURCE
---------------	---	--------

**(NB: A single location or rural community may have several forms filled out. However a single form may not be used for two different localities)**

COLLECTING POINT: _____	
LATITUDE	LONGITUDE
_____	_____
NB (Local name for the spot if there is one): _____	

COLLECTING POINT: _____	
LATITUDE	LONGITUDE
_____	_____
NB (Local name for the spot if there is one): _____	

COLLECTING POINT: _____	
LATITUDE	LONGITUDE
_____	_____
NB (Local name for the spot if there is one): _____	

COLLECTING POINT: _____	
LATITUDE	LONGITUDE
_____	_____
NB (Local name for the spot if there is one): _____	

**Brazilian Livestock and Agricultural Research Company**  
**EMBRAPA SEMI-ARID**  
 Ministry of Agriculture, Livestock and Supply  
 Survey to Evaluate Rural Cisterns

Survey 3. Geo-referencing water supply points and sources of pollution in rural communities in the sampling region  
**FAGRO/EMBRAPA-MDS/SAGI/FAO (UTF/BRA/064/BRA)**

COLLECTING POINT: _____	
LATITUDE	LONGITUDE
_____	_____
NB (Local name for the spot if there is one): _____	

COLLECTING POINT: _____	
LATITUDE	LONGITUDE
_____	_____
NB (Local name for the spot if there is one): _____	

**N.B.: COLLECTING POINT = COMMUNITY CODE (000) + CODE FOR TECHNICAL OBJECT)**

Codes for respective technical objects:

01	Dam/lake	12	Gasoline station
02	Water hole/spring	13	Church
03	Permanent river	14	Association buildings
04	Tubular well	15	Lime pit
05	Fountain	16	Abattoir
06	Cistern	17	Scrap iron deposit
07	Amazonas -type well/cacimbão	18	Waste dump
08	Underground dam	19	Piggery
09	Irrigation canal	20	Sports court/ Football ground
10	School	21	Others (Register):
11	Cemetery		Name: _____
22	Filter, bucket, jar, ewer (In this case geo-reference the dwelling).		

Obs:

Signature of Consultant-Inspector: \_\_\_\_\_

# RESEARCH

## Evaluation of the Social Impact of Selecting and Capacity Building Processes of the Cisterns Program - MDS/P1MC-ASA

**Executive Institution:** Brazilian Agricultural Research Corporation (Embrapa) and Embrapa Semi-arid through Regional Development Foundation – FUNDER.

**Team Members:** Suzana Maria Valle Lima (coordinator), Aderaldo de Souza Silva, Luiza Teixeira de Lima Brito, Maria Paula Camargo de Freitas, Cláudia de Castro Anzolini.

**Period Undertaken:** August 2005 to October 2006.

### 1. Objectives

- to evaluate, using equity as the criterion, the way in which the beneficiary families were selected;
- to evaluate the capacity building processes administered by ASA for program beneficiaries as well as the results of courses in regard to the use made of water and the maintenance of the cisterns;
- to evaluate the social impact of the MDS/P1MC-ASA in the eyes of the beneficiaries in regard to the principles and objectives of the program.

### 2. Methodology

The survey evaluated three components of the MDS's Cisterns Program: the selection process, results of the capacity building done with beneficiaries and the social impact.

To evaluate the selection process an attempt was made to verify whether the selection criteria established by the program had been respected and whether they did indeed guarantee equity. To that end, the methodology adopted was to make a comparison between the socio-economic characteristics of a sample of families benefited by the cisterns program and a sample of rural families in the semi-arid region that had not been benefited by the program.

The purpose of evaluating the results of capacity building was to check whether the courses, training and guidance offered had been effective in the sense of ensuring good management and maintenance of the cisterns on the part of the beneficiary families. The methodology adopted was to verify the quality of cistern management done by the beneficiary families in comparison with that of families with cisterns built by other programs, and in addition, to obtain a self-appraisal made by the beneficiaries themselves in regard to the capacity building activities they participated in and of their actual competence for managing the water and the cistern that had been the object of such training.

Finally the evaluation of social impact of the Cisterns Program compared the perceptions of P1MC beneficiaries with those of families with cisterns built by other programs taking into account: quality of life; time available for leisure, domestic activities, education and work; family income; quality of water for human consumption; family health; spending on health; migration and gender relations.

The data gathering was done using three questionnaires (one for each sample) with closed questions. The work was done by a group of 40 health agents specially trained for the purpose. Before being applied, the 30 questionnaires were validated and adjusted by means of tests carried out with groups of households and the health agents themselves.

The material used for data analysis was basically measurements of averages and standard deviations, frequencies and percentages of households or of answers. That is to say, a descriptive analysis of the data. This analysis mainly made use of Statistical Analysis System (SAS) software.

The entire analysis involved comparison of samples. The research presents descriptions of variables, comparing the three samples in the case of issues concerning the household characteristics and those of the people responsible for them; work and income; and alternatives for obtaining water. The management of cistern water and the changes induced by the cistern were also analyzed by making comparisons between the two samples of cistern owners.

### 3. The sample

The procedure used was a stratified sample of households with samples being taken from eleven regions with differing geo-environmental characteristics based on the Agro-ecological Zoning of the Northeast's semi-arid region.

The sampling universe represented by households located in the same areas as those encompassed by the program MDS/P1MC-ASA in the Brazilian semi-arid region was stratified into eleven strata each one represented by a Landscape Unit. Each Landscape Unit contains several Geo-environmental Units<sup>1</sup>. The Brazilian semi-arid region contains 110 Geo-environmental Units. For each stratum the size of each one of the three samples per Geo-environmental Unit was calculated. The sample covered over 80% of the existing Units. Thus the sampling procedure used was identical to that used for the environmental evaluation of the P1MC Program (Silva et al., 2006).

Based on this procedure three samples were taken:

Sample 1: made up of 1,923 households with cisterns built by the P1MC; this sample is a sub-sample of the sample used to evaluate the quality of water in the cisterns (Silva et al., 2006);

Sample 2: sub-group of 1,601 households taken in a similar way in the same Geo-environmental Units but not owning cisterns;

Sample 3: sub-group of 665 households taken in the same Geo-environmental Units but owning cisterns not built by the P1MC.

In determining samples 2 and 3 there were no previous surveys or registers that would have allowed for the prior identification of households to be selected. Thus the selection was made in the field by direct consultation with the residents in households of the region embraced by the project.

<sup>1</sup> Geo-environmental Unit is a geographic reference unit of territory or location and it corresponds to a spatially defined entity in which the substrate (material that gives rise to the soil), the natural vegetation and the distribution of soils in the landscape form a set of aspects that show minimal variability according on a cartographic scale.

**Brazilian Agricultural Research Corporation  
EMBRAPA SEMI-ARID**

Ministry of Agriculture, Livestock and Supply  
Evaluation of the Social Impact of the MDS Rural Cisterns Program in  
Partnership with ASA:

Survey 4 - MDS/ P1MC-ASA Beneficiaries  
FUNDER/EMBRAPA-MDS/SAGI/FAO (UTF/BRA/064/BRA)

**Identification of the cistern**

STATE	MUNICIPALITY
LOCATION/COMMUNITY	
CISTERN NUMBER	
LATITUDE	LONGITUDE
_____	_____

**Person in charge of the cistern**

NAME \_\_\_\_\_

Is the interviewee in charge of the cistern?  
1  Yes 2  No

**NAME OF INTERVIEWEE**

\_\_\_\_\_

Has there been any alteration in the attribution of responsibility for the cistern?  
1  Yes 2  No

**Name of new person in charge of the cistern**

NAME \_\_\_\_\_

**Person in charge of the household**

Is the interviewee in charge of the household?  
1  Yes 2  No

Suggestion for the interviewer's approach: With this questionnaire I would like to get to know your living conditions and any changes that have come about through the building of the cistern. The questions will be about the household, the work of the residents and what has changed in their lives since the cistern was built.

**Block 1 - Characteristics of the household residents**

Suggestion for the interviewer's approach: "Let's begin by making a list of names of all those who live in this household".

	Name	Relation to person responsible for household	In charge of the cistern?	Sex	Age
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
		1 - Person responsible for household 2 - Wife/partner 3 - Husband/partner 4 - Child/stepchild 5 - Father, mother, mother/father-in-law 6 - Grandchild, great grandchild 7 - Brother/sister 8 - Other relation 9 - Other person	1 - No 2 - Yes	1 - Male 2 - Female	(for children under one register zero)



**Block 2 - Work and income indicators**

Suggestion for the interviewer's approach: "In this block I would like to know how the household residents make a living and what bills they have to pay"

**114. The household residents have income from:** (read out all the options - accept multiple answers)

- 1  Working (salary, occasional jobs, own business)
- 2  *Bolsa Familia* Program (Family Grant Program)
- 3  Support for the elderly
  - Is it in the form of Continuous Cash Benefit - BPC?
    - 1  Yes
    - 2  No
    - 3  Don't know
- 4  Support for the handicapped
  - Is it in the form of Continuous Cash Benefit - BPC?
    - 1  Yes
    - 2  No
    - 3  Don't know

- 5  Gas voucher
- 6  *Bolsa Escola* Program (School Grant Program)
- 7  Rural old age retirement pension
- 8  Other type of benefit paid by government. Which? \_\_\_\_\_
- 9  Pension, retirement pay
- 10  Other earnings (savings account, rents, renting out land)
- 11  Payment received in kind (goods or services)
- 12  Money from churches and non governmental organizations
- 13  Money from people living outside the household
- 14  Food basket goods received regularly
- 15  Child Labor Eradication Program - PETI
- 16  Other types of assistance (other person pays bills, etc.)

**115. What monthly bills do household residents have to pay?** (read out all the options - accept multiple answers)

- 1  Electricity
- 2  Water (piped)
- 3  Telephone
- 4  Credit finance/ installments on household appliances (TV, telephone, parabolic antenna, fridge, stove)
- 5  Gas
- 6  Other bills
- 7  No bills

**116. Does he/she have a piece of land, property or production unit?** (read out all the options)

- 1  Yes, proprietor, squatter, right-to-use contract
- 2  Yes, tenant, partner or sharecropper
- 3  Yes, freely loaned
- 4  No → GO TO QUESTION 121

**117. Total area of the property/rented land** (in hectares, acres or square meters – choose one option only) (if unknown register 999.9)

- 1 | | | | | | | | ha or
- 2 | | | | | | | | acre. or
- 3 | | | | | | | | sq. m. or
- 4 | | | | | | | | other measurements: \_\_\_\_\_

**118. Are agricultural products grown on the property/ rented land?**

- 1  Yes
- 2  No → GO TO QUESTION 121

**119. Total area cultivated** (in hectares, acres or square meters – choose one option only) (if unknown register 999.9)

- 1 | | | | | | | | ha or
- 2 | | | | | | | | acre. or
- 3 | | | | | | | | sq. m. or
- 4 | | | | | | | | other measurements: \_\_\_\_\_

**Block 3- Alternative ways of obtaining water**

Suggestion for the interviewer's approach: "I would like to know about other ways of acquiring water used by the residents in addition to the water from the cistern."

**120. Destination of products (accept multiple answers)**

- 1  Own consumption  
 2  Sale to Food Acquisition Program - PAA  
 3  Sale (to market, neighbors, intermediaries, community etc.)

**121. Any animals on the property/ rented land?**

- 1  Yes  
 2  No → GO TO FOLLOWING BLOCK

**122. Are they raised unconfined?**

- 1  Yes → GO TO QUESTION 124  
 2  No

**123. Area dedicated to raising livestock (in hectares, acres or square meters – choose one option only) (if unknown register 999.9)**

- 1  .  ha or  
 2  .  acre. or  
 3  .  sq. m. or  
 4  .  other measurements: \_\_\_\_\_

**124. Destination of animals and its production (accept multiple answers)**

- 1  Own consumption  
 2  Sale to Food Acquisition Program -PAA  
 3  Sale (to market, neighbors, intermediaries, community etc.)

**125. Apart from the cistern what is the main form of water supply used by your household? (accept one answer only)**

- 1  Only cistern used → GO TO BLOCK 4  
 2  Water hole/ spring  
 3  Permanent river  
 4  Seasonal river  
 5  Piped water (mains) → GO TO QUESTION 135  
 6  Dam/ pond/ lake  
 7  Tubular well  
 8  Amazonas-type well / large shallow well  
 9  Fountain  
 10  Stone sink  
 11  Underground dam  
 12  Irrigation canal  
 13  Other

**126. How is that water transported? (accept multiple answers)**

- 1  Brought by a water truck (treated water)  
 2  Brought by a water truck (untreated water)  
 3  Brought by an animal guided by a child  
 4  Brought by an animal guided by a woman  
 5  Brought by an animal guided by a man  
 6  Brought by a person unaided  
 7  Brought on a cart or an ox cart  
 8  Brought by a motorized vehicle (not water truck)  
 9  Brought by bicycle  
 10  Others

**127. When do you receive water this way?**

- 1  All year long  
 2  In the dry season  
 3  In the rainy season

**128. Which household member is responsible for transporting the water? (accept one answer only)****NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same one responsible for the household  
 2  Wife/partner  
 3  Husband/partner  
 4  Daughter/stepdaughter (under 18)  
 5  Daughter/stepdaughter (over 18)  
 6  Son/stepson (under 18)  
 7  Son/stepson (over 18)  
 8  Other woman  
 9  Other man

**129. Do the household residents have to pay for such transport?**

- 1  Yes    2  No → GO TO QUESTION 131

**130. How much do they pay for transport? (if unknown register 99)**

Reals \$ |\_\_|\_\_|. |\_\_|\_\_|

**131. How long does it take to bring in water from that source?****(if unknown register 99)**

|\_\_|\_\_| hours |\_\_|\_\_| minutes

**132. Approximately how often do you bring in water from that source?****(accept one answer only)**

- 1  Every day  
 2  Three times a week  
 3  Once a week  
 4  Once a fortnight  
 5  Once a month  
 6  Once every two months  
 7  Once every six months  
 8  Once a year

**133. How much water do you bring each time? (if unknown register 99)**

|\_\_|\_\_|. |\_\_|\_\_| liters

**134. What is the main way of storing that water? (accept one answer only)**

- 1  Vat/drum/barrel  
 2  Demijohn  
 3  Concrete tank  
 4  Jar or ewer  
 5  Ceramic water  
 6  Cistern  
 7  Other  
 8  Not applicable

**135. Do household residents have to pay for that water (not counting transport)?**

- 1  Yes    2  No → GO TO QUESTION 137

**136. How much do they pay for the water? (if unknown register 99)**

Reals \$ |\_\_|\_\_|. |\_\_|\_\_|

**137. Household residents use this water for: (read out all the options - accept multiple answers)**

- 1  Drinking  
 2  Cooking  
 3  Brushing their teeth  
 4  Bathing  
 5  Washing clothes  
 6  Washing dishes  
 7  Animals to drink  
 8  Agriculture

**Block 4 - Management of cistern water**

Suggestion for the interviewer's approach: "In this block we would like to know whether the household residents received any instruction in the use and maintenance of the cistern and whether they are in contact with any group that supports them in regard to the cistern."

138. What is the quality of water used for drinking?

- 1  Good
- 2  Reasonable
- 3  Bad
- 4  Very bad

139. Do the household members share that water with other families?

- 1  Yes
- 2  No → GO TO BLOCK 4

140. With how many families? **(if unknown register 99)**

\_\_\_\_|\_\_\_\_|\_\_\_\_|

141. What type of cistern supplies this household? *(accept one answer only)*

- 1  Rural cistern of the MDS/P1MC - ASA
- 2  Other cistern not financed by MDS/P1MC - ASA

142. Has anyone in this household received instruction on the correct way to use the cistern and the cistern water? *(accept one answer only)*

- 1  Yes
- 2  No → GO TO QUESTION 151
- 3  Don't know → GO TO QUESTION 151

143. In this household, who received instruction on the correct way to use the cistern and the cistern water? *(accept multiple answers)*

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household
- 2  Wife/partner
- 3  Husband/partner
- 4  Daughter/stepdaughter
- 5  Son/stepson
- 6  Several family members
- 7  Other person (non family)

144. Who orientated them in regard to using the cistern and the water? *(accept multiple answers)*

- 1  Builder when cistern was being built
- 2  NGO - Non governmental organization such as ASA
- 3  Union
- 4  Association
- 5  Someone from the church
- 6  Others

**145. How was that orientation given about the correct use of the cistern and the water?** (read out all the options - accept multiple answers)

- 1  At community meetings
- 2  In courses
- 3  In household visits made by entities (ASA, church, union etc.)
- 4  There was no orientation
- 5  Can't remember
- 6  Others

**146. What kind of printed material was distributed about the cistern that was built where you live?** (read out all the options - accept multiple answers)

- 1  Poster
- 2  Newspaper
- 3  Brochure
- 4  Booklet or cordel-type booklet
- 5  Others

**147. Does any household member who was trained know how to take water from the cistern?**

- 1  Yes
- 2  No
- 3  Can't say

**148. Does any household member who was trained know how to clean the cisterns?**

- 1  Yes
- 2  No
- 3  Can't say

**149. Does any household member who was trained know how to store water taken from the cistern?**

- 1  Yes
- 2  No
- 3  Can't say

**150. Does any household member who was trained know how to treat the cistern water?**

- 1  Yes
- 2  No
- 3  Can't say

**151. Do you know whom to turn to when there are problems with the cistern?** (accept multiple answers)

- 1  Builder when cistern was being built
- 2  NGO - Non governmental organization such as ASA
- 3  Union
- 4  Association
- 5  Church
- 6  Others
- 7  Don't know

**152. The first water put into the cistern came from:** (accept one answer)

- 1  Water tanker truck with treated water (paid for by you)
- 2  Water tanker truck with untreated water (paid for by you)
- 3  Water tanker truck with treated water (donated)
- 4  Water tanker truck with untreated water (donated)
- 5  Rainwater
- 6  Other
- 7  Don't know

**153. Was that first water used for drinking?**

- 1  Yes
- 2  No
- 3  Can't say

**154. How many months a year do the people in your household have the benefit of cistern water?** (if unknown register 99)

\_\_\_|\_\_\_| months

**155. Nowadays, how is the cistern in your home filled up?** (accept multiple answers)

- 1  Rainwater
- 2  Brought by a water truck (treated water)
- 3  Brought by a water truck (untreated water)
- 4  Brought by an animal guided by a child
- 5  Brought by an animal guided by a woman
- 6  Brought by an animal guided by a man
- 7  Brought by a person unaided
- 8  Brought on a cart or an ox cart
- 9  Brought by a motorized vehicle (not tanker)
- 10  Brought by bicycle
- 11  Others

**156. Is your cistern water used by neighbors?**

- 1  No → GO TO QUESTION 158
- 2  Yes but seldom
- 3  Yes, quite often

**157. How many neighbors share the cistern with your household?**  
**(if unknown register 99)**

\_\_\_\_ persons AND \_\_\_\_ families

**158. Who does the greatest share of cistern maintenance work?** (accept one answer only)

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household
- 2  Wife/partner
- 3  Husband/partner
- 4  Daughter/stepdaughter
- 5  Son/stepson
- 6  Several family members
- 7  Other person (non family)

**159. Who are those most involved in taking water out of the cistern?**

(accept multiple answers)  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household
- 2  Wife/partner
- 3  Husband/partner
- 4  Daughter/stepdaughter
- 5  Son/stepson
- 6  Several family members
- 7  Other person (non family)

**160. How are decisions on the use of the cistern made?** (accept one answer only)

- 1  Each household decides how it will use the water → GO TO Q. 71
- 2  Decision are made at community meetings
- 3  Don't know

**161. If your community holds meetings to decide on water use, how often does it do so?**

- 1  No meetings are held
- 2  Every six months
- 3  Every three months
- 4  Every two months
- 5  Once a month
- 6  Other: \_\_\_\_\_

**162. Do community members participate in meetings concerning the cistern?**

- 1  No participation → GO TO QUESTION 71
- 2  Participate sometimes
- 3  Always participate
- 4  Don't know → GO TO QUESTION 71

**163. Does your household abide by decisions made at the community meetings?**

- 1  Yes, always
- 2  Sometimes yes, sometimes no
- 3  Does not abide by them
- 4  Don't know

**164. Household residents receive visits from some of the following entities, to talk about water: (mark one option for each entity)**

CITY HALL

1	<input type="checkbox"/>	Never
2	<input type="checkbox"/>	Twice a year
3	<input type="checkbox"/>	Every three months
4	<input type="checkbox"/>	Once a month
5	<input type="checkbox"/>	Only once ever

NGO (e.g. ASA)

1	<input type="checkbox"/>	Never
2	<input type="checkbox"/>	Twice a year
3	<input type="checkbox"/>	Every three months
4	<input type="checkbox"/>	Once a month
5	<input type="checkbox"/>	Only once ever

CHURCH

1	<input type="checkbox"/>	Never
2	<input type="checkbox"/>	Twice a year
3	<input type="checkbox"/>	Every three months
4	<input type="checkbox"/>	Once a month
5	<input type="checkbox"/>	Only once ever

UNION

1	<input type="checkbox"/>	Never
2	<input type="checkbox"/>	Twice a year
3	<input type="checkbox"/>	Every three months
4	<input type="checkbox"/>	Once a month
5	<input type="checkbox"/>	Only once ever

COMMUNITY ASSOCIATION

1	<input type="checkbox"/>	Never
2	<input type="checkbox"/>	Twice a year
3	<input type="checkbox"/>	Every three months
4	<input type="checkbox"/>	Once a month
5	<input type="checkbox"/>	Only once ever

**Block 5 - Changes induced by the cistern**

Suggestion for the interviewer's approach: "This is the last block of questions. I am going to ask you about the lives of the household residents before and after the cistern was built. The questions are about their health, expenditure on water and the time devoted to other activities before and after the cistern was built."

**165. Do you feel that the cistern meets the needs (water to drink, for cooking, brushing teeth etc.) of the household residents?**

- 1  The water does not meet any one of those needs  
 2  No, the water is only enough for drinking  
 3  No the water is only enough for drinking and cooking  
 4  Yes it totally meets all those needs

**166. Has the building of the cistern worsened or improved the live of the residents in this household?**

- Worsened it     Slightly improved it     Improved it a lot

**167. How important do you think the cistern is?**

- Not important     Quite important     Very important

**168. The time spent in hours per day, going for water (to drink) was and is: (if unknown register 99)**

BEFORE THE CISTERN | | | | hours | | | | minutes  
 AFTER THE CISTERN | | | | hours | | | | minutes

**169. The money spent on purchasing water (in Reals per week) was and is: (if unknown register 99)**

BEFORE THE CISTERN    R\$| | | | | | | | | |  
 AFTER THE CISTERN    R\$| | | | | | | | | |

**170. How many adults attend/attended school: (if none register 0)**  
 BEFORE THE CISTERN      
 AFTER THE CISTERN

**171. How many children attend/attended school: (if none register 0)**  
 BEFORE THE CISTERN     Children from 0 to 14 years old  
 AFTER THE CISTERN     Children from 0 to 14 years old

BEFORE THE CISTERN     Adolescents from 14 to 18 years old  
 AFTER THE CISTERN     Adolescents from 14 to 18 years old

**172. BEFORE THE CISTERN, were there individuals in this household aged 14 to 18, helping the family? (read out all the options)**  
 1  Yes, helping in the household chores  
 2  Yes, helping to fetch water  
 3  Yes, helping with other tasks outside the house  
 4  No

**173. AFTER THE CISTERN, are there individuals in this household aged 14 to 18, helping the family? (read out all the options)**  
 1  Yes, helping in the household chores  
 2  Yes, helping to fetch water  
 3  Yes, helping with other tasks outside the house  
 4  No

**174. Did/do the children have any time to play?**  
 BEFORE THE CISTERN  
 Never  Sometimes  Always  Not applicable   
 1  2  3  4   
 AFTER THE CISTERN  
 Never  Sometimes  Always  Not applicable   
 1  2  3  4

**175. Did/do the adults have time to look after the children properly?**  
 BEFORE THE CISTERN  
 Never  Sometimes  Always  Not applicable   
 1  2  3  4   
 AFTER THE CISTERN  
 Never  Sometimes  Always  Not applicable   
 1  2  3  4

**176. Before the cistern existed did the household residents use to treat the water?**  
 1  Yes  
 2  No → GO TO QUESTION 178

**177. How was that treatment done? (accept multiple answers)**  
 1  Filtered  
 2  Chlorinated  
 3  Boiled  
 4  Strained  
 5  Don't know

**178. What form does the treatment take now?**  
 1  Filtered  
 2  Chlorinated  
 3  Boiled  
 4  Strained  
 5  No treatment  
 6  Don't know

**179. Has family income increased since the cistern was built?**  
 1  No, income has gone down  
 2  Income has stayed the same as before it was built  
 3  Yes, increased a little  
 4  Yes, increased a lot



**180. Has any household resident formerly responsible for fetching water begun to work with other activities since the cistern was built? (accept multiple answers)**

- 1  Yes, women, in domestic activities in the home
- 2  Yes, women, in activities outside the home
- 3  Yes, children, in domestic activities in the home
- 4  Yes, children, in activities outside the home
- 5  Yes, adolescents, in domestic activities in the home
- 6  Yes, adolescents, in activities outside the home
- 7  Yes, men, in domestic activities in the home
- 8  Yes, men, in activities outside the home
- 9  No

**181. Is there anybody in the household that has learned to build cisterns and do they occasionally work at tasks related to building cisterns?**

- 1  Yes, in the building of other cisterns
- 2  Yes, in other building activities
- 3  No one does that kind of work
- 4  Not applicable

**182. Has any household member become a community leader after having participated in building the cistern?**  
NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD

- 1  Yes, the very person responsible for the household
- 2  Yes, his wife/partner
- 3  Yes, her husband/partner
- 4  Another member of the family
- 5  No

**183. Has any household member become a health agent as a result of what was learned about using the cistern?**  
NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD

- 1  Yes, the very person responsible for the household
- 2  Yes, his wife/partner
- 3  Yes, her husband/partner
- 4  Another member of the family
- 5  No

**184. In your opinion what is the quality of the water used by household residents to drink and cook?**

BEFORE THE CISTERN

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| Terrible                   | Reasonable                 | Good                       |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

AFTER THE CISTERN

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| Terrible                   | Reasonable                 | Good                       |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**185. In your opinion AFTER the cistern preparing food became:**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Hard work                  | The same                   | Better                     | Not applicable             |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**186. In your opinion AFTER the cistern the quality of your food became:**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Worse                      | The same as before         | Better                     | Not applicable             |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**187. Still on the subject of household resident's food, how many a meals a day are generally taken on weekdays?**

ADULTS

- 1  Some days there is nothing
- 2  One meal a day
- 3  Two meals a day
- 4  Three meals a day
- 5  More than three meals a day

CHILDREN

- 1  Some days there is nothing
- 2  One meal a day
- 3  Two meals a day
- 4  Three meals a day
- 5  More than three meals a day
- 6  Not applicable

**188. Has there been any improvement in the health of the household members SINCE the cistern was built?**

- 1  No improvement
- 2  A little improvement
- 3  Yes, it has improved a lot

189. How often are/were the household adults sick?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

190. How often are/were the household children sick?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

191. How often did/do household members get diarrhea?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

192. How often did/do household members suffer from dehydration?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

193. How often did/do the household members get skin diseases?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

194. How often did/do the household members have kidney problems?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

195. How often did/do the household members feel tired?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

196. How often did/do the household members take time off work because of illness?

- BEFORE THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4   
AFTER THE CISTERN  
 Never 1  Sometimes 2  Always 3  Don't know 4

**197. How often did/do the household members go to the doctor because if because of illness?**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <u>BEFORE THE CISTERN</u>  |                            |                            |                            |
| Never                      | Sometimes                  | Always                     | Don't know                 |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <u>AFTER THE CISTERN</u>   |                            |                            |                            |
| Never                      | Sometimes                  | Always                     | Don't know                 |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**198. Household spending on sickness SINCE the cistern was built have:**

- 1  Remained the same as before
- 2  Gone down a little
- 3  Gone down a lot
- 4  Don't know

**199. A household resident that planned look for work in another region or city, after the cistern was built:**

- 1  Has left the community (put the idea into practice)
- 2  Has not given up the idea yet but has decided to put off leaving
- 3  Has completely given up the idea
- 4  Not applicable

**200. Who is/was responsible for cooking, household chores and washing and ironing clothes? (accept multiple answers for each period)**

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- |                             |   |                             |   |
|-----------------------------|---|-----------------------------|---|
| <u>BEFORE CISTERN</u>       |   | <u>AFTER CISTERN</u>        |   |
| 1 <input type="checkbox"/>  | The same person responsible for the household | 1 <input type="checkbox"/>  | The same person responsible for the household |
| 2 <input type="checkbox"/>  | Wife/partner                                  | 2 <input type="checkbox"/>  | Wife/partner                                  |
| 3 <input type="checkbox"/>  | Husband/partner                               | 3 <input type="checkbox"/>  | Husband/partner                               |
| 4 <input type="checkbox"/>  | Daughter/stepdaughter (age 5 to 10)           | 4 <input type="checkbox"/>  | Daughter/stepdaughter (age 5 to 10)           |
| 5 <input type="checkbox"/>  | Daughter/stepdaughter (age 10 to 18)          | 5 <input type="checkbox"/>  | Daughter/stepdaughter (age 10 to 18)          |
| 6 <input type="checkbox"/>  | Daughter/stepdaughter (over 18)               | 6 <input type="checkbox"/>  | Daughter/stepdaughter (over 18)               |
| 7 <input type="checkbox"/>  | Son/stepson (age 5 to 10)                     | 7 <input type="checkbox"/>  | Son/stepson (age 5 to 10)                     |
| 8 <input type="checkbox"/>  | Son/stepson (age 10 to 18)                    | 8 <input type="checkbox"/>  | Son/stepson (age 10 to 18)                    |
| 9 <input type="checkbox"/>  | Son/stepson (age over 18)                     | 9 <input type="checkbox"/>  | Son/stepson (age over 18)                     |
| 10 <input type="checkbox"/> | Other woman                                   | 10 <input type="checkbox"/> | Other woman                                   |
| 11 <input type="checkbox"/> | Other man                                     | 11 <input type="checkbox"/> | Other man                                     |
| 12 <input type="checkbox"/> | Not applicable                                | 12 <input type="checkbox"/> | Not applicable                                |

**201. Who helps/helped with the cooking, household chores and washing and ironing clothes? (accept multiple answers for each period)**

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- |                             |   |                             |   |
|-----------------------------|---|-----------------------------|---|
| <u>BEFORE CISTERN</u>       |   | <u>AFTER CISTERN</u>        |   |
| 1 <input type="checkbox"/>  | The same person responsible for the household | 1 <input type="checkbox"/>  | The same person responsible for the household |
| 2 <input type="checkbox"/>  | Wife/partner                                  | 2 <input type="checkbox"/>  | Wife/partner                                  |
| 3 <input type="checkbox"/>  | Husband/partner                               | 3 <input type="checkbox"/>  | Husband/partner                               |
| 4 <input type="checkbox"/>  | Daughter/stepdaughter (age 5 to 10)           | 4 <input type="checkbox"/>  | Daughter/stepdaughter (age 5 to 10)           |
| 5 <input type="checkbox"/>  | Daughter/stepdaughter (age 10 to 18)          | 5 <input type="checkbox"/>  | Daughter/stepdaughter (age 10 to 18)          |
| 6 <input type="checkbox"/>  | Daughter/stepdaughter ( over 18 )             | 6 <input type="checkbox"/>  | Daughter/stepdaughter ( over 18 )             |
| 7 <input type="checkbox"/>  | Son/stepson(age 5 to 10)                      | 7 <input type="checkbox"/>  | Son/stepson(age 5 to 10)                      |
| 8 <input type="checkbox"/>  | Son/stepson (age 10 to 18)                    | 8 <input type="checkbox"/>  | Son/stepson (age 10 to 18)                    |
| 9 <input type="checkbox"/>  | Son/stepson (age over 18)                     | 9 <input type="checkbox"/>  | Son/stepson (age over 18)                     |
| 10 <input type="checkbox"/> | Other woman                                   | 10 <input type="checkbox"/> | Other woman                                   |
| 11 <input type="checkbox"/> | Other man                                     | 11 <input type="checkbox"/> | Other man                                     |
| 12 <input type="checkbox"/> | Not applicable                                | 12 <input type="checkbox"/> | Not applicable                                |

**202. Who is/was responsible for guaranteeing the household's sustenance? (accept multiple answers for each period)**  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- BEFORE CISTERN**
- 1  The same person responsible for the household
  - 2  Wife/partner
  - 3  Husband/partner
  - 4  Daughter/stepdaughter (age 5 to 10)
  - 5  Daughter/stepdaughter (age 10 to 18)
  - 6  Daughter/stepdaughter ( over 18 )
  - 7  Son/stepson(age 5 to 10)
  - 8  Son/stepson (age 10 to 18)
  - 9  Son/stepson (age over 18)
  - 10  Other woman
  - 11  Other man
  - 12  Not applicable
- AFTER CISTERN**
- 1  The same person responsible for the household
  - 2  Wife/partner
  - 3  Husband/partner
  - 4  Daughter/stepdaughter (age 5 to 10)
  - 5  Daughter/stepdaughter (age 10 to 18)
  - 6  Daughter/stepdaughter ( over 18 )
  - 7  Son/stepson(age 5 to 10)
  - 8  Son/stepson (age 10 to 18)
  - 9  Son/stepson (age over 18)
  - 10  Other woman
  - 11  Other man
  - 12  Not applicable

**203. Who helps/helped with the family income (to earn a little more)? (accept multiple answers for each period)**  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- BEFORE CISTERN**
- 1  The same person responsible for the household
  - 2  Wife/partner
  - 3  Husband/partner
  - 4  Daughter/stepdaughter (age 5 to 10)
  - 5  Daughter/stepdaughter (age 10 to 18)
  - 6  Daughter/stepdaughter ( over 18 )
  - 7  Son/stepson(age 5 to 10)
  - 8  Son/stepson (age 10 to 18)
  - 9  Son/stepson (age over 18)
  - 10  Other woman
  - 11  Other man
  - 12  Not applicable
- AFTER CISTERN**
- 1  The same person responsible for the household
  - 2  Wife/partner
  - 3  Husband/partner
  - 4  Daughter/stepdaughter (age 5 to 10)
  - 5  Daughter/stepdaughter (age 10 to 18)
  - 6  Daughter/stepdaughter ( over 18 )
  - 7  Son/stepson(age 5 to 10)
  - 8  Son/stepson (age 10 to 18)
  - 9  Son/stepson (age over 18)
  - 10  Other woman
  - 11  Other man
  - 12  Not applicable

**INTERVIEW CONTROL**

Interviewer's code and name \_\_\_\_\_

Date of interview  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total length of interview (not counting time to get to it)  
 \_\_\_\_ : \_\_\_\_

Status of the interview:

- 1  Totally completed
- 2  Partially completed
- 3  Refusal (not held)
- 4  House closed or vacant (not held)
- 5  Person not found (not held)
- 6  Cistern not in use (not held) (specify below)
- 7  Not held for other reasons (specify below)

Reason: \_\_\_\_\_

**Brazilian Agricultural Research Corporation  
EMBRAPA SEMI-ARID**

**Ministry of Agriculture, Livestock and Supply**  
**Evaluation of the Social Impact of the MDS Rural Cisterns Program in Partnership with ASA:**  
 Survey 5 – Families without cisterns, non-beneficiaries of the MDS/ P1MC-ASA  
**FUNDER/EMBRAPA -MDS/SAG/FAO (UTF/BRA/064/BR)**

**Identification**

STATE	MUNICIPALITY
LOCATION/COMMUNITY	
CISTERN NUMBER	
LATITUDE	LONGITUDE

**Interviewee**

NAME
------

Is the interviewee responsible for obtaining water?

1  Yes

2  No

Is the interviewee in charge of the household?

1  Yes

2  No (register name of person responsible)

**Person in charge of the household**

NAME
------

**Block 1 - Characteristics of the household residents**

Suggestion for the interviewer's approach: "Let's begin by making a list of the names, age, schooling, marital status and occupations of the members of the family living here."

FOR ALL RESIDENTS		5 YEARS OLD AND OVER				10 YEARS OLD AND OVER				
Nº	Name	Relationship with person in charge	Sex	Age	Attend school	Schooling	Marital status	Usual activity	Position held in activity	Months worked in the last 12 month period
1				__ __						__ __
2				__ __						__ __
3				__ __						__ __
4				__ __						__ __
5				__ __						__ __
6				__ __						__ __
7				__ __						__ __
8				__ __						__ __
9				__ __						__ __
10				__ __						__ __
11				__ __						__ __
12				__ __						__ __
13				__ __						__ __
14				__ __						__ __
15				__ __						__ __
		1 Person responsible for the household 2 Wife/partner 3 Husband/partner 4 Child/stepchild 5 Father/mother/F&M -in-law 6 Grandchild/great 7 Brother/ sister 8 Other relation 9 Other person	1 Male 2 Female		1 Yes 2 No	1 Cannot read/ write 2 No schooling but reads and writes 3 Literacy training course for adults 4 Years/Grades 1/2 5 Years/Grades 3/4 6 Years/Grades 5/7 7 Year/Grade 8 8 Incomplete senior high school 9 Complete senior high school 10 Higher education incomplete 11 Higher education complete	1 Living with a partner 2 Single but once lived with a partner 3 Never lived with a partner	0 Looks after the house 1 Works regularly 2 Works occasionally 3 Looking for work 4 Has independent income no need to work 5 Retired 6 Handicapped 7 Studying 8 Works and studies 9 Other activity	1 Non remunerated family worker 2 Private sector employee 3 Public sector employee 4 Contractor 5 Independent professional 6 Established in business works autonomously 7 Not established, Rural laborer 8 Rural laborer 9 Proprietor, squatter, tenant 10 Partner, sharecropper, right-to-use contract	

**Block 2 - Dwelling and living conditions**

Suggestion for the interviewer's approach: "Now we will go to the second block about your household and living conditions. I would like to register some information about your house and surroundings."

**1. Type of residence**

- 1  Isolated house  
 2  House in a hamlet  
 3  In agrarian reform settlement  
 4  House in an indigenous village  
 5  House in a *quilombola* community  
 6  Other

**2. Status of the property**

- 1  Own, paid for  
 2  Own, being paid for  
 3  Loaned  
 4  Squatter's rights  
 5  Other

**3. Main material used in walls**

- 1  Plastered brickwork  
 2  Non plastered brickwork  
 3  Mud and lathes (not plastered)  
 4  Other

**4. Main material used in roof**

- 1  Ceramic tiles  
 2  Asbestos cement sheets  
 3  Other

**5. Number of internal divisions (room, bedroom, bathroom, kitchen)**

\_\_\_\_

**6. Type of bathroom or toilet**

- 1  Inside the dwelling  
 2  Outside the dwelling  
 3  None → **GO TO QUESTION 8**

**7. Drainage from bathroom/toilet**

- 1  Septic tank  
 2  Simple pit  
 3  Other  
 4  None

**8. Solid waste disposal**

- 1  Burnt  
 2  Buried  
 3  Thrown out in the open air  
 4  Other

**9. Durable goods in the dwelling (read out all the options – answer all the lines)**

- | Yes                         | No                          |                               |
|-----------------------------|-----------------------------|-------------------------------|
| 1 <input type="checkbox"/>  | 2 <input type="checkbox"/>  | Telephone                     |
| 3 <input type="checkbox"/>  | 4 <input type="checkbox"/>  | Gas stove                     |
| 5 <input type="checkbox"/>  | 6 <input type="checkbox"/>  | Wood burning stove            |
| 7 <input type="checkbox"/>  | 8 <input type="checkbox"/>  | Television                    |
| 9 <input type="checkbox"/>  | 10 <input type="checkbox"/> | Radio or radio/tape/CD player |
| 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | Refrigerator                  |
| 13 <input type="checkbox"/> | 14 <input type="checkbox"/> | Sewing machine                |
| 15 <input type="checkbox"/> | 16 <input type="checkbox"/> | Bicycle                       |
| 17 <input type="checkbox"/> | 18 <input type="checkbox"/> | Motorcycle                    |
| 19 <input type="checkbox"/> | 20 <input type="checkbox"/> | Car                           |
| 21 <input type="checkbox"/> | 22 <input type="checkbox"/> | Mobile phone                  |
| 23 <input type="checkbox"/> | 24 <input type="checkbox"/> | Parabolic antenna             |

**10. Is electricity installed?**

- 1  Yes  
 2  No → **GO TO QUESTION 12**

**Block 3 - Work and income indicators**

Suggestion for the interviewer's approach: "In this block I am going to ask you about how you and your family make a living and what bills you have to pay."

**15. The household residents have income from:** (read out all the options - accept multiple answers)

- 1  Working (salary, occasional jobs, own business)
- 2  *Bolsa Familia* Program (Family Grant Program)
- 3  Support for the elderly  
Is it in the form of Continuous Cash Benefit - BPC?  
1  Yes    2  No    3  Don't know
- 4  Support for the handicapped  
Is it in the form of Continuous Cash Benefit - BPC?  
1  Yes    2  No    3  Don't know

- 5  Gas voucher
- 6  *Bolsa Escola* Program (School Grant Program)
- 7  Rural old age retirement pension
- 8  Other type of benefit paid by government. Which? \_\_\_\_\_
- 9  Pension, retirement pay
- 10  Other earnings (savings account, rents, renting out land)
- 11  Payment received in kind (goods or services)
- 12  Money from churches and non governmental organizations
- 13  Money from people living outside the household
- 14  Food basket goods received regularly
- 15  Child Labor Eradication Program - PETI
- 16  Other types of assistance (other person pays bills, etc.)

**16. What monthly bills do household residents have to pay?** (read out all the options - accept multiple answers)

- 1  Electricity
- 2  Water (piped)
- 3  Telephone
- 4  Credit finance/ installments on household appliances (TV, telephone, parabolic antenna, fridge, stove)
- 5  Gas
- 6  Other bills
- 7  No bills

**11. Type of electricity supply**

- 1  General grid
- 2  Solar panels
- 3  Generator
- 4  Other

**12. How would you evaluate your living conditions in regard to:** (read out all the options - answer all the lines)

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| Good                       | Bad                        | Non existent               |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**13. Do you have any of the following problems in your home?** (read out all the options - answer all the lines)

- Yes    No
- 1  2  Leaks in the roof
- 3  4  Damp foundations, floor, walls, noisy street or neighbors
- 5  6  Deteriorated woodwork in doors and windows

**14. Do you have any of the following problems in your neighborhood?** (read out all the options - answer all the lines)

- Yes    No
- 1  2  Theft, violence or vandalism in area surrounding residence
- 3  4  Lack of a school
- 5  6  Lack of health center/medical care
- 7  8  Lack of leisure options
- 9  10  Lack of transport
- 11  12  Lack of employment opportunities



**17. Do you have a piece of land, property or production unit? (read out all the options)**

- 1  Yes, proprietor, squatter, right-to-use contract  
 2  Yes, tenant, partner or sharecropper  
 3  Yes, freely loaned  
 4  No → GO TO QUESTION 23

- 11  Sesame  
 12  Guava  
 13  Sour sop  
 14  Pigeon peas  
 15  Pigeon peas (Forage variety)  
 16  Lead tree (Leucaena leucocephala)  
 17  Castor bean/ common beans (combined)  
 18  Castor bean (alone)  
 19  Sweet cassava  
 20  Bitter cassava  
 21  Ceará rubber tree (*Manihot glaziovii*)  
 22  Cantaloupe  
 23  Watermelon  
 24  Forage melon  
 25  Maize and beans (combined)  
 26  Maize (alone)  
 27  Pearl millet  
 28  Forage cactus  
 29  Sisal  
 30  Sorghum  
 31  Tomato  
 32  Umbu  
 33  Other

**18. Total area of the property/rented land (in hectares, acres, square meters - choose one option only) (if unknown register 999.9)**

- 1 | | | | | | | | | | ha or  
 2 | | | | | | | | | | arc. or  
 3 | | | | | | | | | | sq. m. or  
 4 | | | | | | | | | | other measurements: \_\_\_\_\_

**19. Are agricultural products grown on the property/ rented land?**

- 1  Yes  
 2  No → GO TO QUESTION 23

**20. Total area cultivated (in hectares, acres, square meters - choose one option only) (if unknown register 999.9)**

- 1 | | | | | | | | | | ha or  
 2 | | | | | | | | | | arc. or  
 3 | | | | | | | | | | sq. m. or  
 4 | | | | | | | | | | other measurements: \_\_\_\_\_

**21. What crops are grown? (accept multiple answers)**

- 1  Algarroba (*Prosopis juliflora*)  
 2  Cotton  
 3  Rice  
 4  Cashew  
 5  Buffel grass  
 6  African liver seed grass (*Urochloa mosambicensis*)  
 7  Elephant (napier) grass  
 8  Onion  
 9  Lima beans  
 10  Beans

**22. Destination of products (accept multiple answers)**

- 1  Own consumption  
 2  Sale to Food Acquisition Program - PAA  
 3  Sale (to market, neighbors, intermediaries, community etc.)

**23. Any animals on the property/ rented land?**

- 1  Yes  
 2  No → GO TO QUESTION 28

**24. Are they raised unconfined?**

- 1  Yes → GO TO QUESTION 26  
 2  No

**Block 4 - Management of water**

Suggestion for the interviewer's approach: "I would like to understand where your family gets its water from and how it is used."

**25. Area dedicated to raising livestock (in hectares, acres, square meters - choose one option only) (if unknown register 999.9)**

1     ha or  
 2     ac. or  
 3     sq. m. or  
 4     other measurements: \_\_\_\_\_

**26. Animals raised (accept multiple answers)**

- 1  Cattle
- 2  Goats
- 3  Pigs
- 4  Sheep
- 5  Chickens
- 6  Others

**27. Destination of animals and its production (accept multiple answers)**

- 1  Own consumption
- 2  Sale to Food Acquisition Program - PAA
- 3  Sale (to market, neighbors, intermediaries, community etc.)

**28. Are any of the following extracted or produced?**

- |                            |                                     |
|----------------------------|-------------------------------------|
| Yes                        | No                                  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Firewood |
| 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Charcoal |
| 5 <input type="checkbox"/> | 6 <input type="checkbox"/> Babaçu   |
| 7 <input type="checkbox"/> | 8 <input type="checkbox"/> Timber   |
| 9 <input type="checkbox"/> | 10 <input type="checkbox"/> Others  |

**29. What is the main form of water supply used by your household? (accept one answer only)**

- 1  Water hole/ spring
- 2  Permanent river
- 3  Seasonal river
- 4  Piped water (mains) → GO TO QUESTION 40
- 5  Dam/ pond/ lake
- 6  Tubular well
- 7  Amazonas-type well / large shallow well
- 8  Fountain
- 9  Stone sink
- 10  Underground dam
- 11  Irrigation canal
- 12  Other

**30. How is that water transported? (accept multiple answers)**

- 1  Rainwater
- 2  Brought by a water truck (treated water)
- 3  Brought by a water truck (untreated water)
- 4  Brought by an animal guided by a child
- 5  Brought by an animal guided by a woman
- 6  Brought by an animal guided by a man
- 7  Brought by a person unaided
- 8  Brought on a cart or an ox cart
- 9  Brought by a motorized vehicle (not water truck)
- 10  Brought by bicycle
- 11  Others

**31. When do you receive water this way?**

- 1  All year long
- 2  In the dry season
- 3  In the rainy season

Questionnaire - Families without cisterns - non-beneficiaries of the MDS/P1MC-ASA

**32. Which household member is responsible for transporting the water?** *(accept one answer only)*  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household
- 2  Wife/partner
- 3  Husband/partner
- 4  Daughter/stepdaughter (under 18)
- 5  Daughter/stepdaughter (over 18)
- 6  Son/stepson (under eighteen)
- 7  Son/stepson (over 18)
- 8  Other woman
- 9  Other man

**33. Do the household residents have to pay for such transport?**  
 1  Yes    2  No → GO TO QUESTION 35

**34. How much do they pay for transport? **(if unknown register 99.99)****

Reals \$ \_\_\_\_\_.

**35. How long does it take to fetch water from that source?** **(if unknown register 99.99)**

\_\_\_\_\_ hours \_\_\_\_\_ minutes

**36. Approximately how often do you bring in water from that source?**

- 1  Every day
- 2  Three times a week
- 3  Once a week
- 4  Once a fortnight
- 5  Once a month
- 6  Once every two months
- 7  Once every six months
- 8  Once a year

**37. How much water do you bring each time? **(if unknown register 99999)****

\_\_\_\_\_ liters

**38. What is the main way of storing that water?** *(accept one answer only)*

- 1  Vat/drum/barrel
- 2  Demijohn
- 3  Concrete tank
- 4  Jar or ewer
- 5  Ceramic water
- 6  Cistern
- 7  Other
- 8  Not applicable

**39. Do household residents have to pay for that water? (not counting transport)**

- 1  Yes    2  No → GO TO QUESTION 41

**40. How much do they pay for a liter of water? **(if unknown register 99.99)****

Reals \$ \_\_\_\_\_.

**41. Household residents use this water for:** *(read out all the options - accept multiple answers)*

- 1  Drinking
- 2  Cooking
- 3  Brushing their teeth
- 4  Bathing
- 5  Washing clothes
- 6  Washing dishes
- 7  Animals to drink
- 8  Agriculture

**42. What is the quality of water for drinking?**

- 1  Good
- 2  Reasonable
- 3  Bad
- 4  Very bad

**43. Do the household members share that water with other families?**

- 1  Yes    2  No → GO TO QUESTION 45

44. With how many families? **(if unknown register 99)**

\_\_\_\_

45. Does the family take part in any rotational mutual support initiative or fund?

- 1  Yes
- 2  No → GO TO QUESTION 51
- 3  Don't know → GO TO QUESTION 51

46. Did the family join the fund or initiative voluntarily?

- 1  Yes
- 2  No
- 3  Don't know

47. What is the amount of the contribution required? **(if unknown register 999.99)**

\_\_\_\_.\_\_\_\_ (in Reals and cents)

48. How often is the contribution made?

- 1  Weekly
- 2  Monthly
- 3  Quarterly
- 4  Half yearly
- 5  Annually
- 6  Only once

49. How many contributions have been made?

\_\_\_\_  Ongoing

50. Does the family know how the money is used?

- 1  Yes
- 2  No

51. Do household residents receive visits from some of the following entities, to talk about water: *(mark one option for each entity)*

CITY HALL	1 <input type="checkbox"/> Never
	2 <input type="checkbox"/> Twice a year
	3 <input type="checkbox"/> Every three months
	4 <input type="checkbox"/> Once a month
	5 <input type="checkbox"/> Only once ever
NGO (e.g. ASA)	1 <input type="checkbox"/> Never
	2 <input type="checkbox"/> Twice a year
	3 <input type="checkbox"/> Every three months
	4 <input type="checkbox"/> Once a month
	5 <input type="checkbox"/> Only once ever
CHURCH	1 <input type="checkbox"/> Never
	2 <input type="checkbox"/> Twice a year
	3 <input type="checkbox"/> Every three months
	4 <input type="checkbox"/> Once a month
	5 <input type="checkbox"/> Only once ever
UNION	1 <input type="checkbox"/> Never
	2 <input type="checkbox"/> Twice a year
	3 <input type="checkbox"/> Every three months
	4 <input type="checkbox"/> Once a month
	5 <input type="checkbox"/> Only once ever
COMMUNITY ASSOCIATION	1 <input type="checkbox"/> Never
	2 <input type="checkbox"/> Twice a year
	3 <input type="checkbox"/> Every three months
	4 <input type="checkbox"/> Once a month
	5 <input type="checkbox"/> Only once ever

**Block 5 - Quality of life**

Suggestion for the interviewer's approach: "This is the last block of questions. I am going to ask about the health of those living in your household and how much time they spend getting water and working in activities that require water."

52. How many adults are attending school? (if none register 0) (if unknown register 99)

\_\_\_\_

53. How many children are attending school? (if none register 0) (if unknown register 99)

\_\_\_\_ children from 0 to 14 years old

\_\_\_\_ adolescents from 14 to 18 years old

54. Is there anyone in this home from 14 to 18 years old, helping the family?

- 1  Yes, helping with domestic chores  
 2  Yes, helping to fetch water  
 3  Yes, helping in tasks outside the home  
 4  No

55. Do the children have any time to play?

- Never Sometimes Always Not applicable  
 1  2  3  4

56. Do the adults have time to look after the children properly?

- Never Sometimes Always Not applicable  
 1  2  3  4

57. Do the household residents treat the water?

- 1  Yes 2  No → GO TO QUESTION 60

58. How is the water treated? (accept multiple answers)

- 1  Filtered  
 2  Chlorinated  
 3  Boiled  
 4  Strained  
 5  No treatment  
 6  Don't know

59. In your opinion what is the quality of the water used by household residents to drink and cook?

- Terrible Reasonable Good  
 1  2  3

60. On the subject of household resident's food, how many a meals a day are generally taken on weekdays?

- |  |  |
|--|--|
| <u>ADULTS</u>  | <u>CHILDREN</u>  |
| 1 <input type="checkbox"/> Some days there is nothing  | 1 <input type="checkbox"/> Some days there is nothing  |
| 2 <input type="checkbox"/> One meal a day              | 2 <input type="checkbox"/> One meal a day              |
| 3 <input type="checkbox"/> Two meals a day             | 3 <input type="checkbox"/> Two meals a day             |
| 4 <input type="checkbox"/> Three meals a day           | 4 <input type="checkbox"/> Three meals a day           |
| 5 <input type="checkbox"/> More than three meals a day | 5 <input type="checkbox"/> More than three meals a day |
|  | 6 <input type="checkbox"/> Not applicable              |

61. How often do the household adults get sick?

- Never Sometimes Always  
 1  2  3

62. How often do the household children get sick?

- Never Sometimes Always Not applicable  
 1  2  3  4

63. How often do household members get diarrhea?

- Never Sometimes Always Don't know  
 1  2  3  4

64. How often do household members suffer from dehydration?

- Never Sometimes Always Don't know  
 1  2  3  4

65. How often do the household members get skin diseases?

- Never Sometimes Always Don't know  
 1  2  3  4

66. How often do the household members have kidney problems?

- Never Sometimes Always Don't know  
 1  2  3  4

67. How often do the household members feel tired?

- Never Sometimes Always Don't know  
 1  2  3  4

68. How often do the household members take time off work because of illness?

- Never      Sometimes      Always      Don't know  
 1       2       3       4

69. How often do household members go to the doctor because if because of illness?

- Never      Sometimes      Always      Don't know  
 1       2       3       4

70. Who is responsible for cooking, household chores and washing and ironing clothes? (accept multiple answers for each period)

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household  
 2  Wife/partner  
 3  Husband/partner  
 4  Daughter/stepdaughter (age 5 to 10)  
 5  Daughter/stepdaughter (age 10 to 18)  
 6  Daughter/stepdaughter (over 18)  
 7  Son/stepson (age 5 to 10)  
 8  Son/stepson (age 10 to 18)  
 9  Son/stepson (age over 18)  
 10  Other woman  
 11  Other man  
 12  Not applicable

71. Who helps with the cooking, household chores and washing and ironing clothes? (accept multiple answers for each period)

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household  
 2  Wife/partner  
 3  Husband/partner  
 4  Daughter/stepdaughter (age 5 to 10)  
 5  Daughter/stepdaughter (age 10 to 18)  
 6  Daughter/stepdaughter (over 18)  
 7  Son/stepson (age 5 to 10)  
 8  Son/stepson (age 10 to 18)  
 9  Son/stepson (age over 18)  
 10  Other woman  
 11  Other man  
 12  Not applicable

72. Who is responsible for guaranteeing the household's sustenance? (accept multiple answers for each period)

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household  
 1  Wife/partner  
 2  Husband/partner  
 3  Daughter/stepdaughter (age 5 to 10)  
 4  Daughter/stepdaughter (age 10 to 18)  
 5  Daughter/stepdaughter (over 18)  
 6  Son/stepson (age 5 to 10)  
 7  Son/stepson (age 10 to 18)  
 8  Son/stepson (age over 18)  
 9  Other woman  
 10  Other man  
 11  Not applicable

73. Who helps with the family income (to earn a little more)? (accept multiple answers for each period)

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household  
 2  Wife/partner  
 3  Husband/partner  
 4  Daughter/stepdaughter (age 5 to 10)  
 5  Daughter/stepdaughter (age 10 to 18)  
 6  Daughter/stepdaughter ( over 18 )  
 7  Son/stepson(age 5 to 10)  
 8  Son/stepson (age 10 to 18)  
 9  Son/stepson (age over 18)  
 10  Other woman  
 11  Other man  
 12  Not applicable

## Questionnaire - Families without cisterns - non-beneficiaries of the MDS/P1MC-ASA

### INTERVIEW CONTROL

Interviewer's code and name

\_\_\_\_\_

Date of interview

\_\_/\_\_/\_\_ / \_\_/\_\_/\_\_/

Total length of interview (not counting time to get to it)

\_\_ : \_\_

Status of the interview:

- 1  Totally completed
- 2  Partially completed
- 3  Refusal (not held)
- 4  House closed or vacant (not held)
- 5  Person not found (not held)
- 6  Cistern not in use (not held) (specify below)
- 7  Not held for other reasons (specify below)

Reason: \_\_\_\_\_

\_\_\_\_\_

**Brazilian Agricultural Research Corporation**  
**EMBRAPA SEMI-ARID**  
 Ministry of Agriculture, Livestock and Supply  
**Evaluation of the Social Impact of the MDS Rural Cisterns Program in Partnership with ASA:**  
 Survey 6 – Families with cisterns, non-beneficiaries of the MDS/P1MC-ASA  
**FUNDER/EMBRAPA -MDS/SAG/FAO (UTF/BRA/064/BRA)**

**Identification of the cistern**

STATE	MUNICIPALITY
LOCATION/COMMUNITY	
CISTERN NUMBER	
LATITUDE	LONGITUDE

**Person in charge of the cistern**

NAME
------

Is the interviewee in charge of the cistern?  
 1  Yes                      2  No

NAME OF INTERVIEWEE

--

**Person in charge of the household**

Is the interviewee in charge of the household?  
 1  Yes                      2  No

How long time ago was the cistern built?  
 \_\_\_|\_\_\_| years \_\_\_|\_\_\_| months (*if unknown register approximately*)

Suggestion for the interviewer's approach: "With this questionnaire I would like to get to know your living conditions and any changes that have come about through the building of the cistern. The questions will be about the household, the work of the residents and what has changed in their lives since the cistern was built."



Questionnaire - Families with cisterns - non-beneficiaries of the MDS/P1MC-ASA

**Block 1 - Characteristics of the household residents**

Suggestion for the interviewer's approach: "Let's begin by making a list of the names, age, schooling, marital status and occupations of the members of the family living here."

FOR ALL RESIDENTS

N°	Name	Relationship with person in charge	In charge of the cistern?	Sex	Age	5 YEARS OLD AND OVER			10 YEARS OLD AND OVER			
						Attend school	Schooling	Marital status	Usual activity	Position held in activity	Months worked in the last 12 month period	
1					__ __							
2					__ __							
3					__ __							
4					__ __							
5					__ __							
6					__ __							
7					__ __							
8					__ __							
9					__ __							
10					__ __							
11					__ __							
12					__ __							
13					__ __							
14					__ __							
15					__ __							
		1 Person responsible for the household 2 Wife/partner 3 Husband/partner 4 Child/stepchild 5 Father/mother/F&M -in-law 6 Grandchild/great 7 Brother/ sister 8 Other relation 9 Other person	1 Yes 2 No	1 Male 2 Female		1 Yes 2 No	1 Cannot read/ write 2 No schooling but reads and writes 3 Literacy training course for adults 4 Years/grades 1/2 5 Years/grades 3/4 6 Years/grades 5/7 7 Year/grade 8 8 Incomplete senior high school 9 Complete senior high school 10 Higher education incomplete 11 Higher education complete	1 Living with a partner 2 Single but once lived with a partner 3 Never lived with a partner	0 Looks after the house 1 Works regularly 2 Works occasionally 3 Looking for work 4 Has independent income no need to work 5 Retired 6 Handicapped 7 Studying 8 Works and studies 9 Other activity	1 Non remunerated family worker 2 Private sector employee 3 Public sector employee 4 Contractor 5 Independent professional 6 Established in business 7 Not established, works autonomously 8 Rural laborer 9 Proprietor, squatter, tenant 10 Partner, sharecropper, right-to-use contract		

**1. Type of residence**

- 1  Isolated house
- 2  House in a hamlet
- 3  In agrarian reform settlement
- 4  House in an indigenous village
- 5  House in a *quilombola* community
- 6  Other

**2. Status of the property**

- 1  Own, paid for
- 2  Own, being paid for
- 3  Loaned
- 4  Squatter's rights
- 5  Other

**3. Main material used in walls**

- 1  Plastered brickwork
- 2  Non plastered brickwork
- 3  Mud and lathes (not plastered)
- 4  Other

**4. Main material used in roof**

- 1  Ceramic tiles
- 2  Asbestos cement sheets
- 3  Other

**5. Number of internal divisions (room, bedroom, bathroom, kitchen)**

\_\_\_\_

**6. Type of bathroom or toilet**

- 1  Inside the dwelling
- 2  Outside the dwelling
- 3  None → GO TO QUESTION 8

**7. Drainage from bathroom/toilet**

- 1  Septic tank
- 2  Simple pit
- 3  Other
- 4  None

**8. Solid waste disposal**

- 1  Burnt
- 2  Buried
- 3  Thrown out in the open air
- 4  Other

**9. Durable goods in the dwelling (read out all the options – answer all the lines)**

- | Yes                         | No  |
|-----------------------------|---|
| 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> Fixed telephone                |
| 3 <input type="checkbox"/>  | 4 <input type="checkbox"/> Gas stove                      |
| 5 <input type="checkbox"/>  | 6 <input type="checkbox"/> Wood burning stove             |
| 7 <input type="checkbox"/>  | 8 <input type="checkbox"/> Television                     |
| 9 <input type="checkbox"/>  | 10 <input type="checkbox"/> Radio or radio/tape/CD player |
| 11 <input type="checkbox"/> | 12 <input type="checkbox"/> Refrigerator                  |
| 13 <input type="checkbox"/> | 14 <input type="checkbox"/> Sewing machine                |
| 15 <input type="checkbox"/> | 16 <input type="checkbox"/> Bicycle                       |
| 17 <input type="checkbox"/> | 18 <input type="checkbox"/> Motorcycle                    |
| 19 <input type="checkbox"/> | 20 <input type="checkbox"/> Car                           |
| 21 <input type="checkbox"/> | 22 <input type="checkbox"/> Mobile phone                  |
| 23 <input type="checkbox"/> | 24 <input type="checkbox"/> Parabolic antenna             |

**10. Is electricity installed?**

- 1  Yes
- 2  No → GO TO QUESTION 12

**11. Type of electricity supply**

- 1  General grid
- 2  Solar panels
- 3  Generator
- 4  Other

**12. How would you evaluate your living conditions in regard to: (read out all the options - answer all the lines)**

- | Good                       | Bad                        | Non existent   |
|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Piped water service       |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Waste collection          |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Street lighting           |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Drainage/rainwater runoff |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> Electricity supply        |

**13. Do you have any of the following problems in your home? (read out all the options - answer all the lines)**

- | Yes                        | No  |
|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Leaks in the roof                              |
| 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Damp foundations, floor, walls                 |
| 5 <input type="checkbox"/> | 6 <input type="checkbox"/> Deteriorated woodwork in doors, windows, floor |

**14. Do you have any of the following problems in your neighborhood? (read out all the options - answer all the lines)**

- | Yes                         | No                          |  |
|-----------------------------|-----------------------------|--|
| 1 <input type="checkbox"/>  | 2 <input type="checkbox"/>  | Theft, violence or vandalism in area surrounding residence |
| 3 <input type="checkbox"/>  | 4 <input type="checkbox"/>  | Lack of a school   |
| 5 <input type="checkbox"/>  | 6 <input type="checkbox"/>  | Lack of health center/medical care                         |
| 7 <input type="checkbox"/>  | 8 <input type="checkbox"/>  | Lack of leisure options                                    |
| 9 <input type="checkbox"/>  | 10 <input type="checkbox"/> | Lack of transport  |
| 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | Lack of employment opportunities                           |

**Block 2 - Work and income indicators**

**15. The household residents have income from: (read out all the options - accept multiple answers)**

- 1  Working (salary, occasional jobs, own business)
- 2  *Bolsa Familia* Program (Family Grant Program)
- 3  Support for the elderly
  - Is it in the form of Continuous Cash Benefit - BPC?
    - 1  Yes
    - 2  No
    - 3  Don't know
- 4  Support for the handicapped
  - Is it in the form of Continuous Cash Benefit - BPC?
    - 1  Yes
    - 2  No
    - 3  Don't know
- 5  Gas voucher
- 6  *Bolsa Escola* Program (School Grant Program)
- 7  Rural old age retirement pension
- 8  Other type of benefit paid by government. Which? \_\_\_\_\_
- 9  Pension, retirement pay
- 10  Other earnings (savings account, rents, renting out land)
- 11  Payment received in kind (goods or services)
- 12  Money from churches and non governmental organizations
- 13  Money from people living outside the household
- 14  Food basket goods received regularly
- 15  Child Labor Eradication Program - PETI
- 16  Other types of assistance (other person pays bills, etc.)

**16. What monthly bills do household residents have to pay? (read out all the options - accept multiple answers)**

- 1  Electricity
- 2  Water (piped)
- 3  Telephone
- 4  Credit finance/ installments on household appliances (TV, telephone, parabolic antenna, fridge, stove) *Bolsa Familia*
- 5  Gas
- 6  Other bills

**17. Do you have a piece of land, property or production unit?**

- 1  Yes, proprietor, squatter, right-to-use contract
- 2  Yes, tenant, partner or sharecropper
- 3  Yes, freely loaned
- 4  No → GO TO QUESTION 23

18. Total area of the property/rented land (in hectares, acres, square meters – choose one option only) **(if unknown register 999.9)**

- 1 | | | | | ha or  
 2 | | | | | arc. or  
 3 | | | | | sq. m. or  
 4 | | | | | other measurements: \_\_\_\_\_

19. Are agricultural products grown on the property/ rented land?

- 1  Yes  
 2  No → GO TO QUESTION 23

20. Total area cultivated (in hectares, acres, square meters – choose one option only) **(if unknown register 999.9)**

- 1 | | | | | ha or  
 2 | | | | | arc. or  
 3 | | | | | sq. m. or  
 4 | | | | | other measurements: \_\_\_\_\_

21. What crops are grown (accept multiple answers)

- 1  Algarroba (*Prosopis juliflora*)  
 2  Cotton  
 3  Rice  
 4  Cashew  
 5  Buffel grass  
 6  African liver seed grass (*Urochloa mosambicensis*)  
 7  Elephant (napier) grass  
 8  Onion  
 9  Lima beans  
 10  Beans  
 11  Sesame  
 12  Guava  
 13  Sour sop  
 14  Pigeon peas  
 15  Pigeon peas (Forage variety)  
 16  Lead tree (*Leucaena leucocephala*)  
 17  Castor bean/ common beans (combined)  
 18  Castor bean (alone)  
 19  Sweet cassava  
 20  Bitter cassava  
 21  Ceará rubber tree (*Manihot glaziovii*)  
 22  Cantaloupe  
 23  Watermelon  
 24  Forage melon

- 25  Maize and beans (combined)  
 26  Maize (alone)  
 27  Pearl millet  
 28  Forage cactus  
 29  Sisal  
 30  Sorghum  
 31  Tomato  
 32  Umbu  
 33  Other

22. Destination of products (accept multiple answers)

- 1  Own consumption  
 2  Sale to Food Acquisition Program - PAA  
 3  Sale (to market, neighbors, intermediaries, community etc.)

23. Any animals on the property/ rented land?

- 1  Yes  
 2  No → GO TO QUESTION 28

24. Are they raised unconfined?

- 1  Yes → GO TO QUESTION 26  
 2  No

25. Area dedicated to raising livestock (in hectares, acres, square meters, choose one option only) **(if unknown register 999.9)**

- 1 | | | | | ha or  
 2 | | | | | arc. or  
 3 | | | | | sq. m. or  
 4 | | | | | other measurements: \_\_\_\_\_

26. Animals raised (accept multiple answers)

- 1  Cattle  
 2  Goats  
 3  Pigs  
 4  Sheep  
 5  Chickens  
 6  Others

27. Destination of animals and its production (accept multiple answers)

- 1  Own consumption  
 2  Sale to Food Acquisition Program - PAA  
 3  Sale (to market, neighbors, intermediaries, community etc.)

**28. Are any of the following extracted? (accept multiple answers)**

- 1  2  Firewood  
 3  4  Charcoal  
 5  6  Babaçu  
 7  8  Timber  
 9  10  Others

**Block 3 - Alternative ways of obtaining water**

Suggestion for the interviewer's approach: "I would like to know other ways of obtaining water used by household residents apart from the cistern."

**29. Apart from the cistern what is the main form of water supply used by your household? (accept one answer only)**

- 1  Only cistern used → **GO TO BLOCK 4**  
 2  Water hole/ spring  
 3  Permanent river  
 4  Seasonal river  
 5  Piped water (mains) → **GO TO QUESTION 39**  
 6  Dam/ pond/ lake  
 7  Tubular well  
 8  Amazonas-type well / large shallow well  
 9  Fountain  
 10  Stone sink  
 11  Underground dam  
 12  Irrigation canal  
 13  Others

**30. How is that water transported? (accept multiple answers)**

- 1  Rainwater  
 2  Brought by a water truck (treated water)  
 3  Brought by a water truck (untreated water)  
 4  Brought by an animal guided by a child  
 5  Brought by an animal guided by a woman  
 6  Brought by an animal guided by a man  
 7  Brought by a person unaided  
 8  Brought on a cart or an ox cart  
 9  Brought by a motorized vehicle (not water truck)  
 10  Brought by bicycle  
 11  Others

**31. When do you receive water this way?**

- 1  All year long  
 2  In the dry season  
 3  In the rainy season

**32. Which household member is responsible for transporting the water?**  
*(accept one answer only)*  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household
- 2  Wife/partner
- 3  Husband/partner
- 4  Daughter/stepdaughter (under 18)
- 5  Daughter/stepdaughter (over 18)
- 6  Son/stepson (under 18)
- 7  Son/stepson (over 18)
- 8  Other woman
- 9  Other man

**33. Do the household residents have to pay for such transport?**

- 1  Yes
- 2  No → GO TO QUESTION 35

**34. How much do they pay for transport? (if unknown register 99.99)**

Reals \$ | | | | . | | | |

**35. How long does it take to fetch water from that source? (if unknown register 99.99)**

| | | | hours | | | | minutes

**36. Approximately how often do you bring in water from that source?**

- 1  Every day
- 2  Three times a week
- 3  Once a week
- 4  Once a fortnight
- 5  Once a month
- 6  Once every two months
- 7  Once every six months
- 8  Once a year

**37. How much water do you bring each time? (if unknown register 99999)**

| | | | | | | | liters

**38. What is the main way of storing that water? (accept one answer only)**

- 1  Vat/drum/barrel
- 2  Demijohn
- 3  Concrete tank
- 4  Jar or ewer
- 5  Ceramic water
- 6  Cistern
- 7  Other
- 8  Not applicable

**39. Do household residents have to pay for that water? (not counting transport)**

- 1  Yes
- 2  No → GO TO QUESTION 41

**40. How much do they pay for a liter of water? (if unknown register 99.99)**

Reals \$ | | | | . | | | |

**41. Household residents use this water for: (read out all options - accept multiple answers)**

- 1  Drinking
- 2  Cooking
- 3  Brushing their teeth
- 4  Bathing
- 5  Washing clothes
- 6  Washing dishes
- 7  Animals to drink
- 8  Agriculture

**42. What is the quality of water for drinking?**

- 1  Good
- 2  Reasonable
- 3  Bad
- 4  Very bad

**43. Do the household members share that water with other families?**

- 1  Yes
- 2  No → GO TO BLOCK 4

**44. With how many families? (if unknown register 99)**

| | | |

**Block 4 - Management of cistern water**

Suggestion for the interviewer's approach: "In this block we would like to know whether the household residents received any instruction in the use and maintenance of the cistern and whether they are in contact with any group that supports them in regard to the cistern."

**45. What type of cistern supplies this household? (accept one answer only)**

- 1  Rural cistern of the MDS/P1MC - ASA  
2  Cistern not financed by MDS/P1MC - ASA

**46. Has anyone in this household received instruction on the correct way to use the cistern and the cistern water? (accept one answer only)**

- 1  Yes  
2  No → GO TO QUESTION 55  
3  Don't know → GO TO QUESTION 55

**47. In this household, who received instruction on the correct way to use the cistern and the cistern water? (accept multiple answers)**

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household  
2  Wife/partner  
3  Husband/partner  
4  Daughter/stepdaughter  
5  Son/stepson  
6  Several family members  
7  Other person (non family)

**48. Who orientated them in regard to using the cistern and the water? (accept multiple answers)**

- 1  Builder when cistern was being built  
2  NGO - Non governmental organization such as ASA  
3  Union  
4  Association  
5  Someone from the church  
6  Others

**49. How was that orientation given about the correct use of the cistern and the water? (read out all the options - accept multiple answers)**

- 1  At community meetings  
2  In courses  
3  In household visits made by entities (ASA, church, union etc.)  
4  There was no orientation  
5  Can't remember  
6  Others

**50. What kind of printed material was distributed about the cistern hat was built where you live? (read out all the options - accept multiple answers)**

- 1  Poster  
2  Newspaper  
3  Brochure  
4  Booklet or cordel-type booklet  
5  No material received  
6  Can't remember  
7  Others

**51. Does any household member who was trained know how to take water from the cistern?**

- 1  Yes    2  No    3  Can't say

**52. Does any household member who was trained know how to clean the cisterns?**

- 1  Yes    2  No    3  Can't say

**53. Does any household member who was trained know how to store water taken from the cistern?**

- 1  Yes    2  No    3  Can't say

**54. Does any household member who was trained know how to treat the cistern water?**

- 1  Yes    2  No    3  Can't say

**55. Do you know whom to turn to when there are problems with the cistern?**

(accept one answer)

- 1  Builder when cistern was being built
- 2  NGO - Non governmental organization such as ASA
- 3  Union
- 4  Association
- 5  Church
- 6  Others
- 7  Don't know

**60. When it rains, do you eliminate the first waters?**

- 1  Yes
- 2  More or less
- 3  No
- 4  Don't know

**61. Does the water in the cistern receive any kind of treatment?**

- 1  Yes (chlorine, sodium hypochlorite, bleach)
- 2  No

**56. The first water put into the cistern came from:** (accept multiple answers)

- 1  Water tanker truck with treated water (paid for by you)
- 2  Water tanker truck with untreated water (paid for by you)
- 3  Water tanker truck with treated water (donated)
- 4  Water tanker truck with untreated water (donated)
- 5  Rainwater
- 6  Other
- 7  Don't know

**62. Does the water from the cistern receive any kind of treatment after it leaves the cistern?**

- 1  Yes, chlorine
- 2  Yes, boiled
- 3  No

**63. Is your cistern water used by neighbors?**

- 1  No → GO TO QUESTION 65
- 2  Yes but seldom
- 3  Yes, quite often

**57. Was that first water used for drinking?**

- 1  Yes
- 2  No
- 3  Can't say

**58. How many months a year do the people in your household have the benefit of cistern water?** (if unknown register 99)

\_\_\_\_ months

**64. How many neighbors share the cistern with your household?** (if unknown register 99)

\_\_\_\_ persons AND \_\_\_\_ families

**59. Nowadays, how is the cistern in your home filled up?** (accept multiple answers)

- 1  Rainwater
- 2  Brought by a water truck (treated water)
- 3  Brought by a water truck (untreated water)
- 4  Brought by an animal guided by a child
- 5  Brought by an animal guided by a woman
- 6  Brought by an animal guided by a man
- 7  Brought by a person unaided
- 8  Brought on a cart or an ox cart
- 9  Brought by a motorized vehicle (not water truck)
- 10  Brought by bicycle
- 11  Others

**65. Who does the greatest share of cistern maintenance work?** (accept one answer only)

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household
- 2  Wife/partner
- 3  Husband/partner
- 4  Daughter/stepdaughter
- 5  Son/stepson
- 6  Several family members
- 7  Other person (non family)



**66. Who are those most involved in taking water out of the cistern? (accept multiple answers)**  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  The same person responsible for the household  
 2  Wife/partner  
 3  Husband/partner  
 4  Daughter/stepdaughter  
 5  Son/stepson  
 6  Several family members  
 7  Other person (non family)

**67. How are decisions on the use of the cistern made? (accept one answer only)**

- 1  Each household decides how it will use the water → **GO TO QUESTION 71**  
 2  Decisions are made at community meetings  
 3  Don't know

**68. If your community holds meetings to decide on water use, how often does it do so (approximately)?**

- 1  No meetings are held  
 2  Every six months  
 3  Every three months  
 4  Every two months  
 5  Once a month  
 6  Other: \_\_\_\_\_

**69. Do community members participate in meetings concerning the cistern?**

- 1  No participation → **GO TO QUESTION 71**  
 2  Participate sometimes  
 3  Always participate  
 4  Don't know → **GO TO QUESTION 71**

**70. Does your household abide by decisions made at the community meetings?**

- 1  Yes, always  
 2  Sometimes yes, sometimes no  
 3  Does not abide by them  
 4  Don't know

**71. Household residents receive visits from some of the following entities, to talk about water: (mark one option for each entity)**

**CITY HALL**

- 1  Never  
 2  Twice a year  
 3  Every three months  
 4  Once a month  
 5  Only once ever

**NGO (e.g. ASA)**

- 1  Never  
 2  Twice a year  
 3  Every three months  
 4  Once a month  
 5  Only once ever

**CHURCH**

- 1  Never  
 2  Twice a year  
 3  Every three months  
 4  Once a month  
 5  Only once ever

**UNION**

- 1  Never  
 2  Twice a year  
 3  Every three months  
 4  Once a month  
 5  Only once ever

**COMMUNITY ASSOCIATION**

- 1  Never  
 2  Twice a year  
 3  Every three months  
 4  Once a month  
 5  Only once ever

**Block 5 - Changes brought about by the cistern**

Suggestion for the interviewer's approach: "This is the last block of questions. I am going to ask you about the lives of the household residents before and after the cistern was built. The questions are about their health, expenditure on water and the time devoted to other activities before and after the cistern was built."

**72. Do you feel that the cistern meets the needs (water to drink, for cooking, brushing teeth etc.) of the household residents?**

- 1  The water does not meet any one of those needs
- 2  No, the water is only enough for drinking
- 3  No, the water is only enough for drinking and cooking
- 4  Yes it totally meets all those needs

**73. Has the building of the cistern worsened or improved the live of the residents in this household?**

- Worsened it
- Slightly improved it
- Improved it a lot

**74. How important do you think the cistern is?**

- Not important
- Slightly important
- Very important

**75. The time spent in hours per day, going for water (to drink) was and is: (if unknown register 99)**

- BEFORE THE CISTERN \_\_\_\_\_ hours \_\_\_\_\_ minutes
- AFTER THE CISTERN \_\_\_\_\_ hours \_\_\_\_\_ minutes

**76. The money spent on purchasing water (in Reals per week) was and is: (if there was/is no expense register 0) (if unknown register 999-99)**

- BEFORE THE CISTERN R\$|\_|\_|\_|\_|\_|. |\_|\_|\_|
- AFTER THE CISTERN R\$|\_|\_|\_|\_|\_|. |\_|\_|\_|

**77. How many adults attend/attended school: (if none register 0) (if unknown register 99)**

- BEFORE THE CISTERN |\_|\_|\_|
- AFTER THE CISTERN |\_|\_|\_|

**78. How many children attend/attended school: (if none register 0) (if unknown register 99)**

- BEFORE THE CISTERN |\_|\_|\_| Children from 0 to 14 years old
- AFTER THE CISTERN |\_|\_|\_| Children from 0 to 14 years old
- BEFORE THE CISTERN |\_|\_|\_| Adolescents from 14 to 18 years old
- AFTER THE CISTERN |\_|\_|\_| Adolescents from 14 to 18 years old

**79. BEFORE THE CISTERN, were there individuals in this household aged 14 to 18, helping the family? (read out all the options)**

- 1  Yes, helping in the household chores
- 2  Yes, helping to fetch water
- 3  Yes, helping with other tasks outside the house
- 4  No

**80. AFTER THE CISTERN, are there individuals in this household aged 14 to 18, helping the family? (read out all the options)**

- 1  Yes, helping in the household chores
- 2  Yes, helping to fetch water
- 3  Yes, helping with other tasks outside the house
- 4  No

**81. Did/do the children have any time to play?**

- Never 1
- Sometimes 2
- Always 3
- Not applicable 4

- BEFORE THE CISTERN
- AFTER THE CISTERN

**82. Did/do the adults time to look after the children properly?**

- Never 1
- Sometimes 2
- Always 3
- Not applicable 4

- BEFORE THE CISTERN
- AFTER THE CISTERN

**83. Before the cistern existed did the household residents use to treat the water?**

- 1  Yes  
2  No → GO TO QUESTION 85

**84. How was that treatment done? (accept multiple answers)**

- 1  Filtered  
2  Chlorinated  
3  Boiled  
4  Strained  
5  Don't know

**85. What form does the treatment take now?**

- 1  Filtered  
2  Chlorinated  
3  Boiled  
4  Strained  
5  No treatment  
6  Don't know

**86. Has family income increased since the cistern was built?**

- 1  No, income has gone down  
2  Income has stayed the same as before it was built  
3  Yes, increased a little  
4  Yes, increased a lot

**87. Has any household resident formerly responsible for fetching water begun to work with other activities since the cistern was built? (accept multiple answers)**

- 1  Yes, women, in domestic activities in the home  
2  Yes, women, in activities outside the home  
3  Yes, children, in domestic activities in the home  
4  Yes, children, in activities outside the home  
5  Yes, adolescents, in domestic activities in the home  
6  Yes, adolescents, in activities outside the home  
7  Yes, men, in domestic activities in the home  
8  Yes, men, in activities outside the home  
9  No

**88. If there is anybody in the household that has learned to build cisterns, do they occasionally work at tasks related to building cisterns?**

- 1  Yes, in the building of other cisterns  
2  Yes, in other building activities  
3  No one does that kind of work  
4  Not applicable

**89. Has any household member become a community leader after having participated in building the cistern?**

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  Yes, the very person responsible for the household  
2  Yes, his wife/partner  
3  Yes, her husband/partner  
4  Another member of the family  
5  No

**90. Has any household member become a health agent as a result of what was learned about using the cistern?**

**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- 1  Yes, the very person responsible for the household  
2  Yes, his wife/partner  
3  Yes, her husband/partner  
4  Yes, daughter/stepdaughter  
5  Yes, son/stepson  
6  Yes, several members of the family  
7  No

**91. In your opinion what is the quality of the water used by household residents to drink and cook?**

	<u>BEFORE THE CISTERN</u>		
	Terrible	Reasonable	Good
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	<u>AFTER THE CISTERN</u>		
	Terrible	Reasonable	Good
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**92. In your opinion AFTER the cistern preparing food became:**

- Hard work  
1  The same  
2  Better  
3  Not applicable  
4

93. In your opinion **AFTER** the cistern the quality of your food became:

- Worse The same as before Better Not applicable  
 1  2  3  4

94. Still on the subject of household resident's food, how many a meals a day are generally taken on weekdays?

- ADULTS**  
 1  Some days there is nothing  
 2  One meal a day  
 3  Two meals a day  
 4  Three meals a day  
 5  More than three meals a day  
 6  Not applicable
- CHILDREN**  
 1  Some days there is nothing  
 2  One meal a day  
 3  Two meals a day  
 4  Three meals a day  
 5  More than three meals a day  
 6  Not applicable

95. Has there been any improvement in the health of the household members **SINCE** the cistern was built?

- 1  No improvement  
 2  A little improvement  
 3  Yes, it has improved a lot

96. How often are/were the household adults sick?

- BEFORE THE CISTERN  
 Never Sometimes Always  
 1  2  3
- AFTER THE CISTERN  
 Never Sometimes Always  
 1  2  3

97. How often are/were the household children sick?

- BEFORE THE CISTERN  
 Never Sometimes Always Not applicable  
 1  2  3  4
- AFTER THE CISTERN  
 Never Sometimes Always Not applicable  
 1  2  3  4

98. How often did/do household members get diarrhea?

- BEFORE THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4
- AFTER THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4

99. How often did/do household members suffer from dehydration?

- BEFORE THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4
- AFTER THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4

100. How often did/do the household members get skin diseases?

- BEFORE THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4
- AFTER THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4

101. How often did/do the household members have kidney problems?

- BEFORE THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4
- AFTER THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4

102. How often did/do the household members feel tired?

- BEFORE THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4
- AFTER THE CISTERN  
 Never Sometimes Always Don't know  
 1  2  3  4

**103. How often did/do the household members take time off work because of illness?**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
|                            | <u>BEFORE THE CISTERN</u>  |                            |                            |
| Never                      | Sometimes                  | Always                     | Don't know                 |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|                            | <u>AFTER THE CISTERN</u>   |                            |                            |
| Never                      | Sometimes                  | Always                     | Don't know                 |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**104. How often did/do the household members go to the doctor because of illness?**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
|                            | <u>BEFORE THE CISTERN</u>  |                            |                            |
| Never                      | Sometimes                  | Always                     | Don't know                 |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|                            | <u>AFTER THE CISTERN</u>   |                            |                            |
| Never                      | Sometimes                  | Always                     | Don't know                 |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**105. Household spending on sickness SINCE the cistern was built have:**

- 1  Remained the same as before  
 2  Gone down a little  
 3  Gone down a lot  
 4  Don't know

**106. A household resident that planned look for work in another region or city, after the cistern was built:**

- 1  Has left the community (put the idea into practice)  
 2  Has not given up the idea yet but has decided to put off leaving  
 3  Has completely given up the idea  
 4  Not applicable

**107. Who is/was responsible for cooking, household chores and washing and ironing clothes? (except multiple answers for each period)**  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- |                             |   |  |
|-----------------------------|---|--|
|                             | <u>BEFORE CISTERN</u>                         | <u>AFTER CISTERN</u>   |
| 1 <input type="checkbox"/>  | The same person responsible for the household | 1 <input type="checkbox"/> The same person responsible for the household |
| 2 <input type="checkbox"/>  | Wife/partner                                  | 2 <input type="checkbox"/> Wife/partner                                  |
| 3 <input type="checkbox"/>  | Husband/partner                               | 3 <input type="checkbox"/> Husband/partner                               |
| 4 <input type="checkbox"/>  | Daughter/stepdaughter (age 5 to 10)           | 4 <input type="checkbox"/> Daughter/stepdaughter (age 5 to 10)           |
| 5 <input type="checkbox"/>  | Daughter/stepdaughter (age 10 to 18)          | 5 <input type="checkbox"/> Daughter/stepdaughter (age 10 to 18)          |
| 6 <input type="checkbox"/>  | Daughter/stepdaughter (over 18)               | 6 <input type="checkbox"/> Daughter/stepdaughter (over 18)               |
| 7 <input type="checkbox"/>  | Son/stepson (age 5 to 10)                     | 7 <input type="checkbox"/> Son/stepson (age 5 to 10)                     |
| 8 <input type="checkbox"/>  | Son/stepson (age 10 to 18)                    | 8 <input type="checkbox"/> Son/stepson (age 10 to 18)                    |
| 9 <input type="checkbox"/>  | Son/stepson (age over 18)                     | 9 <input type="checkbox"/> Son/stepson (age over 18)                     |
| 10 <input type="checkbox"/> | Other woman                                   | 10 <input type="checkbox"/> Other woman                                  |
| 11 <input type="checkbox"/> | Other man                                     | 11 <input type="checkbox"/> Other man                                    |
| 12 <input type="checkbox"/> | Not applicable                                | 12 <input type="checkbox"/> Not applicable                               |

**108. Who helps/helped with the cooking, household chores or washing and ironing clothes? (except multiple answers for each period)**  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- |                             |   |  |
|-----------------------------|---|--|
|                             | <u>BEFORE CISTERN</u>                         | <u>AFTER CISTERN</u>   |
| 1 <input type="checkbox"/>  | The same person responsible for the household | 1 <input type="checkbox"/> The same person responsible for the household |
| 2 <input type="checkbox"/>  | Wife/partner                                  | 2 <input type="checkbox"/> Wife/partner                                  |
| 3 <input type="checkbox"/>  | Husband/partner                               | 3 <input type="checkbox"/> Husband/partner                               |
| 4 <input type="checkbox"/>  | Daughter/stepdaughter (age 5 to 10)           | 4 <input type="checkbox"/> Daughter/stepdaughter (age 5 to 10)           |
| 5 <input type="checkbox"/>  | Daughter/stepdaughter (age 10 to 18)          | 5 <input type="checkbox"/> Daughter/stepdaughter (age 10 to 18)          |
| 6 <input type="checkbox"/>  | Daughter/stepdaughter (over 18)               | 6 <input type="checkbox"/> Daughter/stepdaughter (over 18)               |
| 7 <input type="checkbox"/>  | Son/stepson (age 5 to 10)                     | 7 <input type="checkbox"/> Son/stepson (age 5 to 10)                     |
| 8 <input type="checkbox"/>  | Son/stepson (age 10 to 18)                    | 8 <input type="checkbox"/> Son/stepson (age 10 to 18)                    |
| 9 <input type="checkbox"/>  | Son/stepson (age over 18)                     | 9 <input type="checkbox"/> Son/stepson (age over 18)                     |
| 10 <input type="checkbox"/> | Other woman                                   | 10 <input type="checkbox"/> Other woman                                  |
| 11 <input type="checkbox"/> | Other man                                     | 11 <input type="checkbox"/> Other man                                    |
| 12 <input type="checkbox"/> | Not applicable                                | 12 <input type="checkbox"/> Not applicable                               |

**109. Who is/was responsible for guaranteeing the household's sustenance? (accept multiple answers for each period)**  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- | BEFORE CISTERN   | AFTER CISTERN  |
|--|--|
| 1 <input type="checkbox"/> The same person responsible for the household | 1 <input type="checkbox"/> The same person responsible for the household |
| 2 <input type="checkbox"/> Wife/partner                                  | 2 <input type="checkbox"/> Wife/partner                                  |
| 3 <input type="checkbox"/> Husband/partner                               | 3 <input type="checkbox"/> Husband/partner                               |
| 4 <input type="checkbox"/> Daughter/stepdaughter (age 5 to 10)           | 4 <input type="checkbox"/> Daughter/stepdaughter (age 5 to 10)           |
| 5 <input type="checkbox"/> Daughter/stepdaughter (age 10 to 18)          | 5 <input type="checkbox"/> Daughter/stepdaughter (age 10 to 18)          |
| 6 <input type="checkbox"/> Daughter/stepdaughter (over 18)               | 6 <input type="checkbox"/> Daughter/stepdaughter (over 18)               |
| 7 <input type="checkbox"/> Son/stepson (age 5 to 10)                     | 7 <input type="checkbox"/> Son/stepson (age 5 to 10)                     |
| 8 <input type="checkbox"/> Son/stepson (age 10 to 18)                    | 8 <input type="checkbox"/> Son/stepson (age 10 to 18)                    |
| 9 <input type="checkbox"/> Son/stepson (age over 18)                     | 9 <input type="checkbox"/> Son/stepson (age over 18)                     |
| 10 <input type="checkbox"/> Other woman                                  | 10 <input type="checkbox"/> Other woman                                  |
| 11 <input type="checkbox"/> Other man                                    | 11 <input type="checkbox"/> Other man                                    |
| 12 <input type="checkbox"/> Not applicable                               | 12 <input type="checkbox"/> Not applicable                               |

**110. Who helps/helped with the family income (to earn a little more)? (accept multiple answers for each period)**  
**NB: ANSWER CONSIDERING RELATIONSHIP TO THE PERSON IN CHARGE OF THE HOUSEHOLD**

- | BEFORE CISTERN   | AFTER CISTERN  |
|--|--|
| 1 <input type="checkbox"/> The same person responsible for the household | 1 <input type="checkbox"/> The same person responsible for the household |
| 2 <input type="checkbox"/> Wife/partner                                  | 2 <input type="checkbox"/> Wife/partner                                  |
| 3 <input type="checkbox"/> Husband/partner                               | 3 <input type="checkbox"/> Husband/partner                               |
| 4 <input type="checkbox"/> Daughter/stepdaughter (age 5 to 10)           | 4 <input type="checkbox"/> Daughter/stepdaughter (age 5 to 10)           |
| 5 <input type="checkbox"/> Daughter/stepdaughter (age 10 to 18)          | 5 <input type="checkbox"/> Daughter/stepdaughter (age 10 to 18)          |
| 6 <input type="checkbox"/> Daughter/stepdaughter (over 18)               | 6 <input type="checkbox"/> Daughter/stepdaughter (over 18)               |
| 7 <input type="checkbox"/> Son/stepson (age 5 to 10)                     | 7 <input type="checkbox"/> Son/stepson (age 5 to 10)                     |
| 8 <input type="checkbox"/> Son/stepson (age 10 to 18)                    | 8 <input type="checkbox"/> Son/stepson (age 10 to 18)                    |
| 9 <input type="checkbox"/> Son/stepson (age over 18)                     | 9 <input type="checkbox"/> Son/stepson (age over 18)                     |
| 10 <input type="checkbox"/> Other woman                                  | 10 <input type="checkbox"/> Other woman                                  |
| 11 <input type="checkbox"/> Other man                                    | 11 <input type="checkbox"/> Other man                                    |
| 12 <input type="checkbox"/> Not applicable                               | 12 <input type="checkbox"/> Not applicable                               |

**INTERVIEW CONTROL**

Interviewer's code and name

Date of interview

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total length of interview (not counting time to get to it)

\_\_\_\_ : \_\_\_\_

Status of the interview:

- 1  Totally completed
  - 2  Partially completed
  - 3  Refusal (*not held*)
  - 4  House closed or vacant (*not held*)
  - 5  Person not found (*not held*)
  - 6  Cistern not in use (*not held*) (*specify below*)
  - 7  Not held for other reasons (*specify below*)
- Reason: \_\_\_\_\_



# RESEARCH

## Health and Nutrition Day for Children under Five Living in the Semi-arid Regions and in Agrarian Reform Settlements

**Executive Institutions:** Ministry of Social Development and the Fight against Hunger (MDS), Ministry of Health (MS), Fluminense Federal University (UFF) through Euclides da Cunha Foundation (FEC/UFF), Sérgio Arouca National School of Public Health - Oswaldo Cruz Foundation (ENSP/Fiocruz), São Paulo University (USP).

**Team Members:** Leonor Pacheco (MDS); Luciene Burlandy C. de Alcântara (UFF); Carlos Augusto Monteiro (USP); Romulo Paes-Sousa (MDS) and collaborators.

**Period Undertaken:** May to August 2005.

### 1. Objectives

- to undertake large scale monitoring of the nutrition situations of specific groups;
- to promote professional training and updating of municipal technical staff and assistants responsible for nutrition surveillance.

### 2. Methodology

Research was carried out in the semi-arid region and in settlements in the Northeast of Brazil and in the northern part of the state of Minas Gerais. One of the spheres of investigation encompassed 1,133 municipalities of the semi-arid region as delineated by the Ministry of National Integration in 2005, located in eight states of the Brazilian Northeast (Maranhão was excluded) and the northern part of the State of Minas Gerais. The existing population is estimated at 26 million people of whom 2.3 million are children under five years old.

The other sphere of survey investigation was a set of settlements to be found in the Northeast region and the north of Minas Gerais and duly registered in the Projects Register of the National Institute for Colonization and Agrarian Reform - INCRA/MDA - as of June 3, 2005. It included 3,329 projects in 9 states in the Northeast of Brazil and the north of Minas Gerais state, where 213,878 families have been settled on the land. The Census for the year 2000 showed that the proportion of children 5 years old or less, in the Brazilian population was 9.6%. In turn, the study carried out by the INEP/MEC in 2004 on education in agrarian reform settlements showed that typically, a family settled in such projects consists of the parents and three children. That data led to the construction of an estimated size for the target population of 102,661 children.

For data gathering a questionnaire was used that had been pre-tested in June 2005, in a primary health unit in Ceilândia, Federal District, during the first stage of the vaccination campaign.



The questionnaire included questions on schooling levels of those interviewed and of heads of families, access to basic goods and social benefits, numbers of meals per day taken by the family, accompaniment of children's growth and development, symptoms of diseases prevalent in childhood (acute respiratory infection, diarrhea), breastfeeding habits, antenatal examinations carried out etc. On the Health and Nutrition Day the questionnaire was used to interview the person responsible for the daily care of the child.

To measure the body length of the children, CARCI-brand wooden infantometers were used calibrated from 10 – 99 cm in intervals of 1mm. To measure height, in almost all the states, the Microtoise SECA model 206 Stadiometer, with frontal readings was used, calibrated from 0 to 2 meters with intervals of 1 millimeter. In Ceará, Minas Gerais and Maranhão, AlturaExata metal stadiometers were used, calibrated from 0 to 1.80 meters with intervals of 1 mm.

To get the weight figures, anthropometric scales were used (load capacity 150 Kg calibrated in 100 g intervals) and pediatric scales (load capacity 16 Kg calibrated in 10g intervals) both of which already existed in the health services of the respective municipalities. To ensure accuracy, all scales used were verified during the period of training carried out in the municipalities.

The anthropometric measurements of stature and weight were made by a pair of anthropometrists one of whom was responsible for verifying weight and the other, body length/stature. Measurements were taken twice for each child. The figures obtained were not rounded off and were registered complete with decimal amounts (grams and millimeters) for the weight and body lengths respectively.

After completing the anthropometric examination, each child had its measurements duly registered in the Children's Card and the parents or persons responsible for the child were informed as to the child's nutritional status. Children diagnosed as suffering from undernourishment (weight/age ratio less than 3) were referred to the nearest primary health unit with a due document of referral. A more detailed form was used to investigate the social situation of such children including registration of reference points to make it possible to locate their addresses. After the survey was over, the forms were handed in to the social assistance secretariats - or equivalent entities - in each one of the municipalities.

### 3. The sample

The sampling for the research in the semi-arid region was designed so as to obtain independent estimates for each state, by means of probabilistic sampling wherein the states corresponded to domains or strata. The primary sampling unit was the municipality and with a view to guaranteeing the representativity of the sample, the random selection process also took into account the homogeneous micro-regions defined by the IBGE in which the municipalities lie.

To calculate the sample size, the reference mark established was the prevalence of a deficit of 8.3% in the weight/age ratio in the northeast region as estimated by the most recent National Demographic and Health Survey (PNDS 1996). The sample size thus calculated using Epi-Info 2002 software was 2,284 children with an expected prevalence of 8.3% ( $\pm 1.6\%$ ), a degree of reliability of 95% and a design bias of 2. This sample size amounted to 76 children for each selected municipality giving a total of 21,052 children. Bearing in mind possible sampling losses it was decided that 80 children per semi-arid municipality, would be selected.

In short, the sampling plan in the semi-arid region was as follows:

- target population – children under five in the semi-arid region;
- geographical unit – the semi-arid region (8 states in the Northeast of Brazil plus the northern part of Minas Gerais - 1,133 municipalities altogether);
- primary sampling unit – municipality (30 per state - except Sergipe - 29 - and Alagoas - 38);
- secondary sampling unit – vaccination points or locations (two per municipality);
- total number of sampling units – 60 vaccination points per state (Sergipe - 58 - and Alagoas - 76);
- sample of children per municipality – 80 children (40 per point);
- sample size per state in the semi-arid region – 2,400 children (Sergipe - 2,320 - and Alagoas - 3,040).

To conduct the research in the agrarian reform settlements the sample was stratified into three stages in such a way as to guarantee the participation of all the states. In the first stage the municipalities were randomly selected, in the second, the settlements and in the third, the children.

To calculate the sample size, the reference mark established was the prevalence of a deficit of 9.2% in the weight/age ratio in rural Brazil as a whole, as estimated by the most recent National Demographic and Health Survey (PNDS 1996). The calculated sample size was 1,426 children with a reliability of 95%, but it was increased to 1,600 (expected sample size) bearing in mind possible sample losses.

The sampling was distributed among 75 settlements located in 40 municipalities in 10 states and was allocated proportionally into strata but respecting a minimum sample size of 80 children and a maximum of 480 per state. The samples were generated using the SURVEYSELECT procedure of the SAS system. Municipalities and settlements were selected with probabilities proportional to their numbers of children under five living in settlements so that children residing in the same settlement had an equal probability of being included. The selection of the children was done by the field research personnel in the settlements themselves when the weighing was being done. The researcher registered the number of children in that particular age group and then proceeded to select them for the sample.

In short, the sampling plan in the settlements was as follows:

- target population – children under five in the settlements;
- geographical unit – 9 states in the Northeast of Brazil plus the northern part of Minas Gerais;
- primary sampling unit – settlement project;
- secondary sampling unit – vaccination points or locations;
- total number of sampling units – 75 vaccination points/locations;
- total number of children per sampling unit – 10 to 40 children per point.

Before the data was analyzed measures were taken to expand the samples. Each child taking part in the Health and Nutrition Day sample represents a certain number of children that were vaccinated during the Second National Vaccination Day Campaign in each municipality. Therefore, for each child, a sample weighting or expansion factor was associated which, when attributed to the characteristics being investigated in the Health and Nutrition Day (children's weights and measurements), made it possible to obtain estimates for the expanded universe or ambit of the survey. The sample expansion factors were calculated based on cluster sampling principles.

## Questionnaire

### Nutrition Call for Children under five living in the semi-arid region and in settlements

VACCINATION POINT: \_\_\_\_\_ POINT \_\_\_\_\_  
 LOCATION OF POINT: Urban ( ) Rural ( ) AREAP \_\_\_\_\_  
 INTERVIEWEE: \_\_\_\_\_ Sex: F ( ) M ( ) SEXOE \_\_\_\_\_  
 RELATION TO CHILD OF INTERVIEWEE: \_\_\_\_\_ PAREN \_\_\_\_\_  
 NAME OF CHILD: \_\_\_\_\_ Sex: F ( ) M ( ) SEXOC \_\_\_\_\_  
 ADDRESS OF CHILD: \_\_\_\_\_

#### IDENTIFICATION, SOCIOECONOMIC AND DEMOGRAPHIC DATA

<b>01</b>	State (or Federal District) _____	UF _____
<b>02</b>	Municipality: _____	MUN _____
<b>03</b>	Area of child's residence: (1) Urban (2) Rural	AREA _____
<b>04</b>	Have you ever attended school? (1) Yes (2) No	FESCRE _____
<b>05</b>	Which was the highest school level you got a pass in? Year _____ Grade _____ Other _____ (88 = Higher Education) (00 = No schooling)	ESCRE _____
<b>06</b>	<b>(only for those who studies grade/year eight)</b> Can you read a letter or newspaper? (1) Easily (2) With difficulty (3) Can't read (88) Not applicable	LERRE _____
<b>07</b>	How would you describe your color or race? (1) White (2) Brown (3) Black (4) Oriental (5) Indigenous	CORRE _____
<b>08</b>	What sex is the person who is head of the family? (1) M (2) F	SEXCH _____
<b>09</b>	Which was the highest school level the head of the family got a pass in? Year _____ Grade _____ Other _____ (77) Don't know (88) Higher education (00) No schooling	ESCH _____
<b>10</b>	Do you have a maid or domestic servant? (1) Yes (2) No - <b>Go to question 12</b>	EMPR _____
<b>11</b>	How many employees work in your house? _____	QEMPG _____
<b>12</b>	Is there electricity installed in the child's home? (1) Yes (2) No	LUZ _____
<b>13</b>	I am going ask about what there is in the child's house and quantities:	
	Color TV? (0) (1) (2) (3) (4 or +)	TVCOR _____
	Radio? (0) (1) (2) (3) (4 or +)	RADIO _____
	Bathroom? (with toilet bowl and flushing water) (0) (1) (2) (3) (4 or +)	BANH _____
	Car? (except vehicle for professional activity) (0) (1) (2) (3) (4 or +)	AUTOM _____
	Vacuum cleaner? (1) Yes (2) No	ASPIPO _____
	Washing machine? (even the most simple kind) (1) Yes (2) No	MAQLV _____
	Single or double fridge? (1) Yes (2) No	GELAD _____
	Video/DVD player? (1) Yes (2) No	VCDVD _____
	Freezer? (1) Yes (2) No	FREZZ _____
<b>14</b>	Where does the water come from that the child's family use to drink? (1) Water mains (2) Well, hole, dam (3) Cistern -rainwater (4) Other (77) Don't know	AGBEB _____
<b>15</b>	Is the water the child drinks treated? (1) Yes (2) No (3) Doesn't drink (77) Don't know	TABEB _____
<b>16</b>	How is the water the child drinks treated? (1) Filtered (2) Chlorinated (3) Boiled (4) Mineral water (5) Other (88) Not applicable	REFDIA _____
<b>17</b>	How many meals a day does the child's family usually have? (1) (2) (3) or (4+)	
<b>18</b>	In the child's family does anybody receive:	
	<i>Bolsa Familia</i> (or School Grant or Food Grant)? (1) Yes (2) No (77) Don't know	BFAM _____
	Gas Voucher? (1) Yes (2) No (77) Don't know	BESC _____
	Child Labor Eradication Program - PETI? (1) Yes (2) No (77) Don't know	BALIM _____
	Continuous Cash Benefit BPC - LOAS? (1) Yes (2) No (77) Don't know	BPC _____
	Cisterns? (1) Yes (2) No (77) Don't know	PCISTE _____

## Questionnaire

	Milk Program? (1) Yes (2) No (77) Don't know	POUTR1 ____
	Zero Hunger? (1) Yes (2) No (77) Don't know	POUTR2 ____
	Others? (1) Yes (2) No (77) Don't know	POUTR3 ____
<b>DATA ON THE CHILD AND HEALTH EVENTS</b>		
19	Does the child have birth certificate/registration? (1) Yes - <b>Go to question 21</b> (2) No (77) Don't know	CNCR ____
20	Why doesn't the child have a birth certificate? (1) No money at the time ( <b>explain that it is free</b> ) (2) Father did not register it (3) Difficult to access the register office (88) not applicable (5) Other	PQNCN ____
21	Does the child have a Children's Card/Vaccine Card/ Birth Declaration? (1) Yes, available (2) Yes, but unavailable - <b>Go to question 23</b> (3) No - <b>Go to question 23</b>	TCCRI ____
22	<b>Has the child's weight been registered twice in the last 6 months in the Card?</b> 1) Yes (2) No (3) Child under 3 months (88) not applicable	PESCR ____
23	What was child's weight at birth? ____ <b>9,999</b> not registered / don't know / can't remember Source: (1) Children's Card/Birth declaration (2) Information from person responsible for child	PENASC ____ FONTE ____
24	Child's Date of Birth ____/____/____ (give priority to Child Card information)	DNCR ____/____/____
25	In the last 7 days has the child had: A runny nose, catarrh (1) Yes (2) No (77) Don't know/can't remember A cough (1) Yes (2) No (77) Don't know/can't remember Shortage of breath/tiredness (1) Yes (2) No (77) Don't know/can't remember Fever (1) Yes (2) No (77) Don't know/can't remember	CORCA ____ TOSSE ____ FALTAR ____ FEBRE ____
26	Has the child had diarrhea in the last 15 days? (1) Yes (2) No (77) Don't know/can't remember	DIARRE ____
27	Has the child expelled soft or liquid faeces more than 3 times since (time) yesterday to (time) today? (1) Yes (2) No (77) Don't know/can't remember	EPDIAR ____
<b>ASK ONLY IN THE CASE OF UNDER 2 YEAR OLDS</b>		
28	Does the child still breastfeed? (1) Yes - <b>Go to question 31</b> (2) No (77) Don't know/can't remember	MAMAP ____
29	Has the child ever been breastfed? (1) Yes (2) No - <b>Go to question 31</b> (77) Don't know/remember (88) Not applicable	FOIAM ____
30	For how long was the child breastfed? __months__ days (77) Don't know/remember (88) Not applicable	TEMAM ____
31	How long was the child breastfed without water and/or infusions? __months__ days ( ) Up till now (777) Don't remember (88) Not breastfed	ALEXCL ____
32	Did the child's mother undergo antenatal examinations during pregnancy? 1) Yes (2) No - <b>Go to anthropometry</b> (77) Don't know	PRENAT ____
33	How many antenatal consultations did the mother attend during pregnancy? Register n° of consultations ____ (0) None (77) Don't know/can't remember	QCONS ____
34	In which month of pregnancy was the first consultation? _____ (0) No consultation (77) Don't know/can't remember	PCONS ____
<b>ANTHROPOMETRIC DATA</b>		
35	Weight 1 in kg _____ Weight 2 in kg ____ <b>(99,999) - not weighed</b> <b>NB:</b> (1) Signs of edema (2) Agitated (3) Scales not recommended (4) Other ____ Length/height 1 in cm _____ Length/height 2 in cm _____ <b>(99,999) - not weighed</b> <b>NB:</b> (1) Agitated (2) Stadiometer/infantometer not recommended (3) Other ____	MPESO ____ PESO2 ____ OBS1 ____ MCOMP ____ COMP2 ____ OBS2 ____



# RESEARCH

## Food Insecurity Supplement to the National Household Sample Survey - PNAD 2004

**Executive Institution:** Brazilian Institute of Geography and Statistics (IBGE) and State University of Campinas (UNICAMP).

**Team Members:** Angela Filgueiras Jorge (IBGE), Terezinha Batista Tavares Coutinho (IBGE), Ana Maria Segall Corrêa (UNICAMP), Rafael Pérez-Escamilla (University of Connecticut, USA).

**Period Undertaken:** October /2003 to May/2006.

### 1. Objective

To investigate food security situations in Brazilian households.

### 2. Methodology

The food security situation in Brazilian households was revealed using methodology that allowed for the detection and dimensioning of food insecurity problems and their severest manifestation - hunger.

The questions to be directed at a household resident considered capable of answering them were elaborated on the basis of the Brazilian Scale of Food Insecurity (EBIA), a method that has been adapted from various international experiences and especially from the scale used by the United States Food and Agriculture Department. The method embraces both qualitative and quantitative aspects and makes it possible to identify various degrees of food insecurity ranging from Food Security to different levels of Food Insecurity : light, moderate, or serious.

Investigation was made of: people's concern as to whether food would run out before there was any money to buy more; relative insecurity in the form of worsening of the quality of the diet but without restrictions on quantity; and the most serious of all, quantitative insecurity whereby the family goes through concrete periods of restriction on the availability of food for its members.

People are considered to enjoy Food Security when in the 90 days previous to the interview they have had access to food in adequate amounts and of adequate quality and do not feel themselves to be about to suffer any restriction whatever on food in the immediate future. Moderate Food Insecurity means limited access to food in terms of quantity, with or without the presence of actual hunger; and serious Food Insecurity corresponds to restrictions on food **almost every day, on some days, or on one or two days**, in the 90 day period preceding the day of the interview.

### 3. Data gathering instrument

Use of the EBIA in the national survey took place after a validation study had been made between 2003 and 2004, which ran through the quantitative and qualitative stages of investigation in five municipalities, each in a different Brazilian macro-region. The qualitative stage consisted of holding sessions of panels of specialists and working groups with a view to adapting the instrument. Several modifications to the original Scale were suggested and contents and directives for qualitative and quantitative validation were recommended for both urban and rural areas of the five selected municipalities. The result was a Scale with 15 questions each one corresponding to a certain event with alternatives offered for the frequency of occurrence of the said event. To each question there was an option of **Yes** or **No** in regard to occurrence and in the case of an affirmative answer the frequency of occurrence of the event during the period in question was investigated offering the following alternative answers: **almost every day, on some days, and on one or two days**. Thus the validity of the scale was confirmed in the different Brazilian regions before it was incorporated into the PNAD 2004.

In order that it might be adapted to the standard questionnaire model for IBGE national surveys, it proved necessary to adapt the language used and to break down further some of the questions which were subsequently regrouped when the tabulating was being done and then they took the form set out in Table 1 below.

**Table 1 – Questions included in the Food Security Supplement to the PNAD - 2004 regarding the EBIA**

Questions	
1	Whether household residents were concerned that food would finish before they were able to buy or receive more.
2	Whether food usually finished before the residents had any money to buy more food
3	Whether residents had insufficient money to enjoy a healthy and varied diet.
4	Whether residents ate only whatever food was left because they had run out of money.
5	Whether at any time any household member 18 years old or over had cut down on the amount of food in meals or gone without a meal because there was no money to buy food.
6	Whether at any time any household member 18 years old or over had eaten less because there was no money to buy more food.
7	Whether at any time any household member 18 years old or over had been hungry but had not eaten because there was no money to buy food.
8	Whether at any time any household member 18 years old or over had lost wait through not having enough to eat because of the lack of money to buy food.
9	Whether at any time any household member 18 years old or over had had only a single meal for the day or gone a whole day without eating because there was no money to buy food.
10	Whether at any time any household member under 18 years old had not enjoyed a healthy and varied diet because there was no money to buy food.
11	Whether at any time any household member under 18 years old had not had enough to eat because there was no money to buy food.
12	Whether at any time any household member under 18 years old had cut down on the amount of food in meals because there was no money to buy food.
13	Whether at any time any household member under 18 years old had missed a meal because there was no money to buy food.
14	Whether at any time any household member under 18 years old had been hungry but had not eaten because there was no money to buy food.
15	Whether at any time any household member under 18 years old had gone a whole day without eating because there was no money to buy food.

Source: IBGE/MDS. National Household Survey, PNAD 2004. Food Security. Rio de Janeiro: IBGE, 2002.

### 4. Sampling, collecting and analyzing data

The PNAD 2004 surveyed 130,157 households and their 399,354 residents. The sample was designed in multiple stages so that it would be representative of all 26 states and the Federal District and the rural and urban areas of all the macro-regions including the Northern Region.


After the statistical analysis and the expansion of the sample it was possible to establish profiles of Food Security for private homes in Brazil as a whole, for the macro-regions and for the States and Federal District. Cross referencing was done for numbers of family members, presence of children in the family, race/color, family income, schooling, etc.

## 5. Reference

IBGE/MDS. National Household Survey, PNAD 2004. Food Security. Rio de Janeiro: IBGE, 2002.



## Questionnaire

 Instituto Brasileiro de Geografia e Estatística Brazilian Statistics Institute		Research Directorate Work and Income Coordinating Body Annual Survey Management					
<b>NATIONAL HOUSEHOLD SAMPLING SURVEY PNAD 2004</b> PNAD 1.01 - Survey Questionnaire		<b>IDENTIFICATION AND CONTROL</b>					
		Sector Number	1	1 PNAD order N° 2.02 or 2.03	2 Control N°	3 Series N°	
		Situation					
Municipality _____							
4 Type of Interview Type A - Unit occupied                      Type B - Unit empty                      Type C - Unit non existent 1 <input type="checkbox"/> Held    5 <input type="checkbox"/> Habitable    9 <input type="checkbox"/> Demolished 2 <input type="checkbox"/> Closed    6 <input type="checkbox"/> Occasional use    10 <input type="checkbox"/> Not found 3 <input type="checkbox"/> Refusal    7 <input type="checkbox"/> Under construction/repair    11 <input type="checkbox"/> Non residential 4 <input type="checkbox"/> Other    8 <input type="checkbox"/> In ruins    12 <input type="checkbox"/> Outside sector							
<b>RESIDENTS</b>		5 Total	6 Age ten plus	7 Registration of interviewer in SIAPE	8 Registration of supervisor in SIAPE	Name of interviewer	Name of supervisor
<b>VISITS MADE FOR INTERVIEW PURPOSES</b>						14 Total N° Questionnaires used	
9 Visit N°	10 Day and Month of visit	Time of visit		13 Total visits	15 N° of Questionnaire		
		11 Began	12 Ended				
1 <input type="checkbox"/>	day month	hrs. mins.	hrs. mins.				
2 <input type="checkbox"/>	day month	hrs. mins.	hrs. mins.				
3 <input type="checkbox"/>	day month	hrs. mins.	hrs. mins.				
STATE OR DF _____ ADDRESS _____ SIGNATURE OF INFORMANT _____							
<i>By law all information supplied to the IBGE is of a confidential nature and may only be used for statistical purposes (Law N° 5.534 dated November 14 1968)</i>							
REMARKS: _____				Contact telephone: _____			

## Questionnaire

2	CHARACTERISTICS OF THE HOUSEHOLD UNIT	2
<p>1 Type of Household</p> <p>1 <input type="checkbox"/> Private and permanent → (go to 2)</p> <p>3 <input type="checkbox"/> Private and improvised } Close this part</p> <p>5 <input type="checkbox"/> Collective } Close this part</p>	<p>6 How many rooms serve as permanent sleeping places for the household residents?</p> <p style="text-align: center;">(go to 7)</p>	
<p>2 Type of dwelling</p> <p>2 <input type="checkbox"/> House</p> <p>4 <input type="checkbox"/> Apartment</p> <p>6 <input type="checkbox"/> Room (go to 3)</p>	<p>7 This dwelling is:</p> <p>1 <input type="checkbox"/> Owned and paid for -----→ (go to 10)</p> <p>2 <input type="checkbox"/> Owned, being paid for → (go to 9)</p> <p>3 <input type="checkbox"/> Rented -----→ (go to 8)</p> <p>4 <input type="checkbox"/> Loaned by employer -----→ (go to 11)</p> <p>5 <input type="checkbox"/> Other form of loan -----→ (go to 11)</p> <p>6 <input type="checkbox"/> Other situation (specify) ----→ (go to 11) .....</p>	
<p>3 What is the main material used to build the outside walls of this building?</p> <p>1 <input type="checkbox"/> Brickwork</p> <p>2 <input type="checkbox"/> Boards</p> <p>3 <input type="checkbox"/> Mud and lathes (not plastered)</p> <p>4 <input type="checkbox"/> Used boards</p> <p>5 <input type="checkbox"/> Thatch/straw</p> <p>6 <input type="checkbox"/> Other material (specify) ..... (go to 4)</p>	<p>8 What was the amount paid or that should have been paid as rent in the month of September 2004?</p> <p>R\$ <span style="float: right;">.00</span></p> <p style="text-align: center;">(go to 11)</p>	
<p>4 What is the main material used to build the roof of this building?</p> <p>1 <input type="checkbox"/> Tiles</p> <p>2 <input type="checkbox"/> Concrete deck</p> <p>3 <input type="checkbox"/> Boards</p> <p>4 <input type="checkbox"/> Galvanized sheets</p> <p>5 <input type="checkbox"/> Used boards</p> <p>6 <input type="checkbox"/> Thatch/straw</p> <p>7 <input type="checkbox"/> Other material (specify) ..... (go to 5)</p>	<p>9 What was the amount paid or that should have been paid as installment in the month of September 2004?</p> <p>R\$ <span style="float: right;">.00</span></p> <p style="text-align: center;">(go to 10)</p>	
<p>5 How many rooms are there in this household?</p> <p style="text-align: center;">(go to 6)</p>	<p>10 Is the land the dwelling is on owned by the householder?</p> <p>2 <input type="checkbox"/> Yes      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 11)</p>	
	<p>11 Does this dwelling have running water in at least one of the rooms?</p> <p>1 <input type="checkbox"/> Yes    (go to 12)</p> <p>3 <input type="checkbox"/> No      (go to 13)</p>	
	<p>12 The water used in this household comes from:</p> <p>2 <input type="checkbox"/> Public water mains</p> <p>4 <input type="checkbox"/> Well or spring</p> <p>6 <input type="checkbox"/> Other source (specify) ..... (go to 15)</p>	

## Questionnaire

2	CHARACTERISTICS OF THE HOUSEHOLD UNIT	2
<p>13 Is the water used in this household piped in to the house from the water mains?</p> <p>1 <input type="checkbox"/> Yes (go to 15)</p> <p>3 <input type="checkbox"/> No (go to 14)</p>	<p>18 Domestic waste is:</p> <p>1 <input type="checkbox"/> Collected directly</p> <p>2 <input type="checkbox"/> Collected indirectly</p> <p>3 <input type="checkbox"/> Burnt and buried on the property</p> <p>4 <input type="checkbox"/> Thrown out on vacant land</p> <p>5 <input type="checkbox"/> Thrown into river, lake or sea</p> <p>6 <input type="checkbox"/> Other destination (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 19)</p>	
<p>14 Is the water used in this household from a well or spring located on the property?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 15)</p>	<p>19 What form of illumination is used in this dwelling?</p> <p>1 <input type="checkbox"/> Electric light (grid, generator, solar)</p> <p>3 <input type="checkbox"/> Oil, kerosene or cylinder gas</p> <p>5 <input type="checkbox"/> Other form (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 20)</p>	
<p>15 In this household or on the property, is there a bathroom or a toilet?</p> <p>1 <input type="checkbox"/> Yes (go to 16)</p> <p>3 <input type="checkbox"/> No (go to 18)</p>	<p>20 Does any household resident have a mobile/cell phone?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 20a)</p>	
<p>16 This bathroom or toilet is for the use of:</p> <p>2 <input type="checkbox"/> This household only (go to 16a)</p> <p>3 <input type="checkbox"/> More than one household (go to 17)</p>	<p>20a Does this household have a fixed (residential) telephone?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 21)</p>	
<p>16a How many bathrooms or toilets are there in this household?</p> <p style="text-align: center;">(go to 17)</p>	<p>21 Does this household have a gas stove with two burners or more?</p> <p>2 <input type="checkbox"/> Yes (go to 23)</p> <p>4 <input type="checkbox"/> No (go to 22)</p>	
<p>17 How is the waste water from the bathroom/toilet disposed of?</p> <p>1 <input type="checkbox"/> Sewage mains or rainwater drains</p> <p>2 <input type="checkbox"/> Septic tank linked to rainwater drains</p> <p>3 <input type="checkbox"/> Septic tank not linked to rainwater drains</p> <p>4 <input type="checkbox"/> Simple pit</p> <p>5 <input type="checkbox"/> Open-air drain</p> <p>6 <input type="checkbox"/> Discharged into river, lake or sea</p> <p>7 <input type="checkbox"/> Other ways (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 18)</p>	<p>22 Does this household have a gas stove with just one burner?</p> <p>2 <input type="checkbox"/> Yes (go to 23)</p> <p>4 <input type="checkbox"/> No (go to 24)</p>	

## Questionnaire

2	CHARACTERISTICS OF THE HOUSEHOLD UNIT	2
<p>23 The stove in this household burns mainly:</p> <p>1 <input type="checkbox"/> Cylinder gas</p> <p>2 <input type="checkbox"/> Piped gas</p> <p>3 <input type="checkbox"/> Firewood</p> <p>4 <input type="checkbox"/> Charcoal</p> <p>5 <input type="checkbox"/> Electricity</p> <p>6 <input type="checkbox"/> Other fuel (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 24)</p>	<p>27 Does the household have black and white TV?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 28)</p>	
<p>24 Does the household have any kind of filter for the water?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 25)</p>	<p>28 Does this household have a refrigerator?</p> <p>2 <input type="checkbox"/> Yes, two doors</p> <p>4 <input type="checkbox"/> Yes, one door</p> <p>6 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 29)</p>	
<p>25 Does the household have a radio?</p> <p>1 <input type="checkbox"/> Yes    3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 26)</p>	<p>29 Does this household have a freezer?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 30)</p>	
<p>26 Does this household have color TV?</p> <p>2 <input type="checkbox"/> Yes (go to 28)</p> <p>4 <input type="checkbox"/> No (go to 27)</p>	<p>30 Does this household have a washing machine?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 31)</p>	
	<p>31 Does this household have a micro-computer?</p> <p>1 <input type="checkbox"/> Yes (go to 32)</p> <p>3 <input type="checkbox"/> No (close off this part)</p>	
	<p>32 Does this household use the computer to access the internet?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p>	
<p>REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

## Questionnaire

LIST OF HOUSEHOLD RESIDENTS				
<p>FIRST QUESTIONS:                      How many people live in this household?                       What is the name of the person (main person) responsible for the household? .....</p>				
List N°	Name	Family N°	Status	
			In the household	In the family
QUESTIONS TO CHECK LIST OF RESIDENTS				
<p>I have listed (read out the names in the second column). Is there anyone else, including children, living here?</p> <p>1 <input type="checkbox"/> Yes (check that anyone mentioned is in fact a resident before adding name to list of residents)</p> <p>2 <input type="checkbox"/> No</p>		<p>Have I left out the name of anyone that normally lives here but that is temporarily absent because of work, or being in hospital or any other reason?</p> <p>1 <input type="checkbox"/> Yes (check that anyone mentioned is in fact a resident before adding name to list of residents)</p> <p>2 <input type="checkbox"/> No</p>		

## Questionnaire

<b>3 IDENTIFICATION OF THE HOUSEHOLD RESIDENTS 3</b>			
1 List N°	Name	1 List N°	Name
2 Sex 2 <input type="checkbox"/> Male                      4 <input type="checkbox"/> Female		2 Sex 2 <input type="checkbox"/> Male                      4 <input type="checkbox"/> Female	
3 Date of Birth day           month           year		3 Date of Birth day           month           year	
		Number of jobs	Number of jobs

<b>4 GENERAL CHARACTERISTICS OF THE HOUSEHOLD RESIDENTS 4</b>			
1 Status in the household		1 Status in the household	
1 <input type="checkbox"/> Reference person		1 <input type="checkbox"/> Reference person	
2 <input type="checkbox"/> Spouse		2 <input type="checkbox"/> Spouse	
3 <input type="checkbox"/> Son/daughter		3 <input type="checkbox"/> Son/daughter	
4 <input type="checkbox"/> Other relation		4 <input type="checkbox"/> Other relation	
5 <input type="checkbox"/> Associated to the family		5 <input type="checkbox"/> Associated to the family	
6 <input type="checkbox"/> Pensioner		6 <input type="checkbox"/> Pensioner	
7 <input type="checkbox"/> Domestic servant		7 <input type="checkbox"/> Domestic servant	
8 <input type="checkbox"/> Relation of Domestic servant		8 <input type="checkbox"/> Relation of Domestic servant	
(go to 2)		(go to 2)	
2 Status in the family		2 Status in the family	
1 <input type="checkbox"/> Reference person		1 <input type="checkbox"/> Reference person	
2 <input type="checkbox"/> Spouse		2 <input type="checkbox"/> Spouse	
3 <input type="checkbox"/> Son/daughter		3 <input type="checkbox"/> Son/daughter	
4 <input type="checkbox"/> Other relation		4 <input type="checkbox"/> Other relation	
5 <input type="checkbox"/> Associated to the family		5 <input type="checkbox"/> Associated to the family	
6 <input type="checkbox"/> Pensioner		6 <input type="checkbox"/> Pensioner	
7 <input type="checkbox"/> Domestic servant		7 <input type="checkbox"/> Domestic servant	
8 <input type="checkbox"/> Relation of Domestic servant		8 <input type="checkbox"/> Relation of Domestic servant	
(go to 2)		(go to 2)	
3 Family N°		3 Family N°	
(go to 4)		(go to 4)	

## Questionnaire

<b>4</b>		<b>GENERAL CHARACTERISTICS OF THE HOUSEHOLD RESIDENTS</b>	<b>4</b>
<p>1 Status in the household</p> <p>1 <input type="checkbox"/> Reference person</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son/daughter</p> <p>4 <input type="checkbox"/> Other relation</p> <p>5 <input type="checkbox"/> Associated to the family</p> <p>6 <input type="checkbox"/> Pensioner</p> <p>7 <input type="checkbox"/> Domestic servant</p> <p>8 <input type="checkbox"/> Relation of Domestic servant</p> <p style="text-align: right;">(go to 2)</p>		<p>1 Status in the household</p> <p>1 <input type="checkbox"/> Reference person</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son/daughter</p> <p>4 <input type="checkbox"/> Other relation</p> <p>5 <input type="checkbox"/> Associated to the family</p> <p>6 <input type="checkbox"/> Pensioner</p> <p>7 <input type="checkbox"/> Domestic servant</p> <p>8 <input type="checkbox"/> Relation of Domestic servant</p> <p style="text-align: right;">(go to 2)</p>	
<p>2 Status in the family</p> <p>1 <input type="checkbox"/> Reference person</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son/daughter</p> <p>4 <input type="checkbox"/> Other relation</p> <p>5 <input type="checkbox"/> Associated to the family</p> <p>6 <input type="checkbox"/> Pensioner</p> <p>7 <input type="checkbox"/> Domestic servant</p> <p>8 <input type="checkbox"/> Relation of Domestic servant</p> <p style="text-align: right;">(go to 2)</p>		<p>2 Status in the family</p> <p>1 <input type="checkbox"/> Reference person</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son/daughter</p> <p>4 <input type="checkbox"/> Other relation</p> <p>5 <input type="checkbox"/> Associated to the family</p> <p>6 <input type="checkbox"/> Pensioner</p> <p>7 <input type="checkbox"/> Domestic servant</p> <p>8 <input type="checkbox"/> Relation of Domestic servant</p> <p style="text-align: right;">(go to 2)</p>	
<p>3 Family N°</p> <p style="text-align: right;">(go to 4)</p>		<p>3 Family N°</p> <p style="text-align: right;">(go to 4)</p>	

## Questionnaire

<b>4</b>	<b>GENERAL CHARACTERISTICS OF THE HOUSEHOLD RESIDENTS</b>	<b>4</b>
<p>4 ..... 's (name) Color or race is:</p> <p>2 <input type="checkbox"/> White</p> <p>4 <input type="checkbox"/> Black</p> <p>6 <input type="checkbox"/> Oriental</p> <p>8 <input type="checkbox"/> Brown</p> <p>0 <input type="checkbox"/> Indigenous</p> <p style="text-align: right;">(go to 5)</p>	<p>4 ..... 's (name) Color or race is:</p> <p>2 <input type="checkbox"/> White</p> <p>4 <input type="checkbox"/> Black</p> <p>6 <input type="checkbox"/> Oriental</p> <p>8 <input type="checkbox"/> Brown</p> <p>0 <input type="checkbox"/> Indigenous</p> <p style="text-align: right;">(go to 5)</p>	<p>4 ..... 's (name) Color or race is:</p> <p>2 <input type="checkbox"/> White</p> <p>4 <input type="checkbox"/> Black</p> <p>6 <input type="checkbox"/> Oriental</p> <p>8 <input type="checkbox"/> Brown</p> <p>0 <input type="checkbox"/> Indigenous</p> <p style="text-align: right;">(go to 5)</p>
<p>5 Is ..... 's mother alive?</p> <p>1 <input type="checkbox"/> Yes ----- → (go to 6)</p> <p>3 <input type="checkbox"/> No } close off this part</p> <p>5 <input type="checkbox"/> Don't know } close off this part</p>	<p>5 Is ..... 's mother alive?</p> <p>1 <input type="checkbox"/> Yes ----- → (go to 6)</p> <p>3 <input type="checkbox"/> No } close off this part</p> <p>5 <input type="checkbox"/> Don't know } close off this part</p>	<p>5 Is ..... 's mother alive?</p> <p>1 <input type="checkbox"/> Yes ----- → (go to 6)</p> <p>3 <input type="checkbox"/> No } close off this part</p> <p>5 <input type="checkbox"/> Don't know } close off this part</p>
<p>6 Does ..... mother live in this household?</p> <p>2 <input type="checkbox"/> Yes ----- → (go to 7)</p> <p>4 <input type="checkbox"/> No } close off this part</p>	<p>6 Does ..... mother live in this household?</p> <p>2 <input type="checkbox"/> Yes ----- → (go to 7)</p> <p>4 <input type="checkbox"/> No } close off this part</p>	<p>6 Does ..... mother live in this household?</p> <p>2 <input type="checkbox"/> Yes ----- → (go to 7)</p> <p>4 <input type="checkbox"/> No } close off this part</p>
<p>7 List N° of mother</p>	<p>7 List N° of mother</p>	<p>7 List N° of mother</p>
<p>REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		



## Questionnaire

<b>5</b>	<b>CHARACTERISTICS OF THE HOUSEHOLD RESIDENTS MIGRATION</b>	<b>5</b>
<p>1 ..... (name) was born in this municipality</p> <p>1 <input type="checkbox"/> Yes            (go to 4)</p> <p>3 <input type="checkbox"/> No                (go to 2)</p>	<p>1 ..... (name) was born in this municipality</p> <p>1 <input type="checkbox"/> Yes            (go to 4)</p> <p>3 <input type="checkbox"/> No                (go to 2)</p>	<p>1 ..... (name) was born in this municipality</p> <p>1 <input type="checkbox"/> Yes            (go to 4)</p> <p>3 <input type="checkbox"/> No                (go to 2)</p>
<p>2 ..... (name) was born in this state or federal district?</p> <p>2 <input type="checkbox"/> Yes            (go to 4)</p> <p>4 <input type="checkbox"/> No                (go to 3)</p>	<p>2 ..... (name) was born in this state or federal district?</p> <p>2 <input type="checkbox"/> Yes            (go to 4)</p> <p>4 <input type="checkbox"/> No                (go to 3)</p>	<p>2 ..... (name) was born in this state or federal district?</p> <p>2 <input type="checkbox"/> Yes            (go to 4)</p> <p>4 <input type="checkbox"/> No                (go to 3)</p>
<p>3 In which state (or federal district) or foreign country ..... (name) was born?</p> <p>Code</p> <p style="text-align: center;">(go to 10)</p>	<p>3 In which state (or federal district) or foreign country ..... (name) was born?</p> <p>Code</p> <p style="text-align: center;">(go to 10)</p>	<p>3 In which state (or federal district) or foreign country ..... (name) was born?</p> <p>Code</p> <p style="text-align: center;">(go to 10)</p>
<p>4 ..... (name) had lived in other state or foreign country?</p> <p>2 <input type="checkbox"/> Yes            (go to 5)</p> <p>4 <input type="checkbox"/> No                (go to 10)</p>	<p>4 ..... (name) had lived in other state or foreign country?</p> <p>2 <input type="checkbox"/> Yes            (go to 5)</p> <p>4 <input type="checkbox"/> No                (go to 10)</p>	<p>4 ..... (name) had lived in other state or foreign country?</p> <p>2 <input type="checkbox"/> Yes            (go to 5)</p> <p>4 <input type="checkbox"/> No                (go to 10)</p>
<p>5 On September 25 2004, was ..... (name) living in this State or Federal District?</p> <p>1 <input type="checkbox"/> Yes            (go to 6)</p> <p>3 <input type="checkbox"/> No                (close off part)</p>	<p>5 On September 25 2004, was ..... (name) living in this State or Federal District?</p> <p>1 <input type="checkbox"/> Yes            (go to 6)</p> <p>3 <input type="checkbox"/> No                (close off part)</p>	<p>5 On September 25 2004, was ..... (name) living in this State or Federal District?</p> <p>1 <input type="checkbox"/> Yes            (go to 6)</p> <p>3 <input type="checkbox"/> No                (close off part)</p>
<p>6 How long had ..... (name) been living uninterrupted in this state on September 25 2004?</p> <p>2 <input type="checkbox"/>  __  Up to 4 years            (go to 7)</p> <p>4 <input type="checkbox"/>  __  From 5 to 9 years        (go to 9)</p> <p>6 <input type="checkbox"/> 10 years or more            (go to 9)</p>	<p>6 How long had ..... (name) been living uninterrupted in this state on September 25 2004?</p> <p>2 <input type="checkbox"/>  __  Up to 4 years            (go to 7)</p> <p>4 <input type="checkbox"/>  __  From 5 to 9 years        (go to 9)</p> <p>6 <input type="checkbox"/> 10 years or more            (go to 9)</p>	<p>6 How long had ..... (name) been living uninterrupted in this state on September 25 2004?</p> <p>2 <input type="checkbox"/>  __  Up to 4 years            (go to 7)</p> <p>4 <input type="checkbox"/>  __  From 5 to 9 years        (go to 9)</p> <p>6 <input type="checkbox"/> 10 years or more            (go to 9)</p>

## Questionnaire

<b>5</b>	<b>CHARACTERISTICS OF THE HOUSEHOLD RESIDENTS MIGRATION</b>	<b>5</b>
	<p>7 On September 25 1999, was ..... (name) living in this State or Federal District?</p> <p>1 <input type="checkbox"/> Yes (go to 9)</p> <p>3 <input type="checkbox"/> No (go to 8)</p> <p>5 <input type="checkbox"/> Not yet born (go to 9)</p>	<p>7 On September 25 1999, was ..... (name) living in this State or Federal District?</p> <p>1 <input type="checkbox"/> Yes (go to 9)</p> <p>3 <input type="checkbox"/> No (go to 8)</p> <p>5 <input type="checkbox"/> Not yet born (go to 9)</p>
	<p>8 In which state or federal district was ..... (name) living on September 25 1999?</p> <p>Code</p> <p style="text-align: right;">(go to 9)</p>	<p>8 In which state or federal district was ..... (name) living on September 25 1999?</p> <p>Code</p> <p style="text-align: right;">(go to 9)</p>
	<p>9 In which state or federal district was ..... living last, before living here?</p> <p>Code</p> <p style="text-align: right;">(go to 10)</p>	<p>9 In which state or federal district was ..... living last, before living here?</p> <p>Code</p> <p style="text-align: right;">(go to 10)</p>
	<p>10 Was ..... living in this municipality on September 26 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 11)      4 <input type="checkbox"/> No (Close off part)</p>	<p>10 Was ..... living in this municipality on September 25 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 11)      4 <input type="checkbox"/> No (Close off part)</p>
	<p>11 Has ..... lived in any other municipality in this state or federal district?</p> <p>1 <input type="checkbox"/> Yes (go to 12)      3 <input type="checkbox"/> No (Close off part)</p>	<p>11 Has ..... lived in any other municipality in this state or federal district?</p> <p>1 <input type="checkbox"/> Yes (go to 12)      3 <input type="checkbox"/> No (Close off part)</p>
	<p>12 How long had ..... been living uninterruptedly in this municipality on September 25 2004?</p> <p>2 <input type="checkbox"/> Up to 4 years</p> <p>4 <input type="checkbox"/> From 5 to 9 years</p> <p>6 <input type="checkbox"/> 10 years or more</p>	<p>12 How long had ..... been living uninterruptedly in this municipality on September 25 2004?</p> <p>2 <input type="checkbox"/> Up to 4 years</p> <p>4 <input type="checkbox"/> From 5 to 9 years</p> <p>6 <input type="checkbox"/> 10 years or more</p>

## Questionnaire

<b>6</b>	<b>GENERAL CHARACTERISTICS OF HOUSEHOLD RESIDENTS EDUCATION</b>	<b>6</b>
<p>1 Can..... read and write?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 2)</p>	<p>1 Can..... read and write?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 2)</p>	<p>1 Can..... read and write?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 2)</p>
<p>2 Does ..... attend a school or crèche?</p> <p>2 <input type="checkbox"/> Yes (go to 2a)              4 <input type="checkbox"/> No (go to 6)</p>	<p>2 Does ..... attend a school or crèche?</p> <p>2 <input type="checkbox"/> Yes (go to 2a)              4 <input type="checkbox"/> No (go to 6)</p>	<p>2 Does ..... attend a school or crèche?</p> <p>2 <input type="checkbox"/> Yes (go to 2a)              4 <input type="checkbox"/> No (go to 6)</p>
<p>2a The school or crèche ..... attends is:</p> <p>2 <input type="checkbox"/> Public 4 <input type="checkbox"/> Private (go to 3)</p>	<p>2a The school or crèche ..... attends is:</p> <p>2 <input type="checkbox"/> Public 4 <input type="checkbox"/> Private (go to 3)</p>	<p>2a The school or crèche ..... attends is:</p> <p>2 <input type="checkbox"/> Public 4 <input type="checkbox"/> Private (go to 3)</p>
<p>3 What course is ..... attending?</p> <p>01 <input type="checkbox"/> Regular /yrs 1 to 8./grade school} (go to 5) 02 <input type="checkbox"/> Regular senior high } (go to 5) 03 <input type="checkbox"/> Remedial -yrs 1 to 8 equivalent. } (go to 4) 04 <input type="checkbox"/> Remedial Senior High. } (go to 4) 05 <input type="checkbox"/> Higher Educ.----- → (go to 5) 06 <input type="checkbox"/> Adult Literacy Training } close off this part 07 <input type="checkbox"/> Crèche } close off this part 08 <input type="checkbox"/> Infant school } close off this part 09 <input type="checkbox"/> Univ. Admiss, prep course } close off this part 10 <input type="checkbox"/> Masters or Doctorate } close off this part</p>	<p>3 What course is ..... attending?</p> <p>01 <input type="checkbox"/> Regular /yrs 1 to 8./grade school} (go to 5) 02 <input type="checkbox"/> Regular senior high } (go to 5) 03 <input type="checkbox"/> Remedial -yrs 1 to 8 equivalent } (go to 4) 04 <input type="checkbox"/> Remedial Senior High. } (go to 4) 05 <input type="checkbox"/> Higher Educ.----- → (go to 5) 06 <input type="checkbox"/> Adult Literacy Training } close off this part 07 <input type="checkbox"/> Crèche } close off this part 08 <input type="checkbox"/> Infant school } close off this part 09 <input type="checkbox"/> Univ. Admiss, prep course } close off this part 10 <input type="checkbox"/> Masters or Doctorate } close off this part</p>	<p>3 What course is ..... attending?</p> <p>01 <input type="checkbox"/> Regular /yrs 1 to 8./grade school} (go to 5) 02 <input type="checkbox"/> Regular senior high } (go to 5) 03 <input type="checkbox"/> Remedial -yrs 1 to 8 equivalent } (go to 4) 04 <input type="checkbox"/> Remedial Senior High. } (go to 4) 05 <input type="checkbox"/> Higher Educ.----- → (go to 5) 06 <input type="checkbox"/> Adult Literacy Training } close off this part 07 <input type="checkbox"/> Crèche } close off this part 08 <input type="checkbox"/> Infant school } close off this part 09 <input type="checkbox"/> Univ. Admiss, prep course } close off this part 10 <input type="checkbox"/> Masters or Doctorate } close off this part</p>

## Questionnaire

<b>6</b>	<b>GENERAL CHARACTERISTICS OF HOUSEHOLD RESIDENTS EDUCATION</b>	<b>6</b>
	<p>4 Is the course..... is taking structured in grades or series?</p> <p>2 <input type="checkbox"/> Yes (go to 5)      4 <input type="checkbox"/> No (close off this part)</p>	<p>4 Is the course..... is taking structured in grades or series?</p> <p>2 <input type="checkbox"/> Yes (go to 5)      4 <input type="checkbox"/> No (close off this part)</p>
	<p>5 Which grade or year is ..... attending?</p> <p>1 <input type="checkbox"/> First                      5 <input type="checkbox"/> Fifth                  2 <input type="checkbox"/> Second                  6 <input type="checkbox"/> Sixth                  3 <input type="checkbox"/> Third                      7 <input type="checkbox"/> Seventh                  4 <input type="checkbox"/> Fourth                    8 <input type="checkbox"/> Eighth</p> <p style="text-align: center;">(close off this part)</p>	<p>5 Which grade or year is ..... attending?</p> <p>1 <input type="checkbox"/> First                      5 <input type="checkbox"/> Fifth                  2 <input type="checkbox"/> Second                  6 <input type="checkbox"/> Sixth                  3 <input type="checkbox"/> Third                      7 <input type="checkbox"/> Seventh                  4 <input type="checkbox"/> Fourth                    8 <input type="checkbox"/> Eighth</p> <p style="text-align: center;">(close off this part)</p>
	<p>6 Did ..... formerly attend a school or crèche?</p> <p>2 <input type="checkbox"/> Yes (go to 7)      4 <input type="checkbox"/> No (close off this part)</p>	<p>6 Did ..... formerly attend a school or crèche?</p> <p>2 <input type="checkbox"/> Yes (go to 7)      4 <input type="checkbox"/> No (close off this part)</p>
	<p>7 What is the highest level of course..... has ever attended?</p> <p>01 <input type="checkbox"/> Regular primary .----- → (go to 9)                  02 <input type="checkbox"/> Regular grades 5 to 6 } (go to 8)                  03 <input type="checkbox"/> Regular grades 7 to 8 } (go to 8)                  04 <input type="checkbox"/> Regular grades 1 to 8 } (go to 8)                  05 <input type="checkbox"/> Senior High school } (go to 8)                  06 <input type="checkbox"/> Higher Educ. ----- → (go to 9)                  07 <input type="checkbox"/> Masters or Doctorate ----- → (go to 11)                  08 <input type="checkbox"/> Adult Literacy training } close off this part                  09 <input type="checkbox"/> Crèche } close off this part                  10 <input type="checkbox"/> Infants school } close off this part</p>	<p>7 What is the highest level of course..... has ever attended?</p> <p>01 <input type="checkbox"/> Regular primary .----- → (go to 9)                  02 <input type="checkbox"/> Regular grades 5 to 6 } (go to 8)                  03 <input type="checkbox"/> Regular grades 7 to 8 } (go to 8)                  04 <input type="checkbox"/> Regular grades 1 to 8 } (go to 8)                  05 <input type="checkbox"/> Senior High school } (go to 8)                  06 <input type="checkbox"/> Higher Educ. ----- → (go to 9)                  07 <input type="checkbox"/> Masters or Doctorate ----- → (go to 11)                  08 <input type="checkbox"/> Adult Literacy training } close off this part                  09 <input type="checkbox"/> Crèche } close off this part                  10 <input type="checkbox"/> Infants school } close off this part</p>

## Questionnaire

<b>6</b>	<b>GENERAL CHARACTERISTICS HOUSEHOLD RESIDENTS EDUCATION</b>	<b>6</b>
<p>8 Was the course ..... formerly attended structured in series or grades?</p> <p>2 <input type="checkbox"/> Yes (go to 9)</p> <p>4 <input type="checkbox"/> No (go to 11)</p>	<p>8 Was the course ..... formerly attended structured in series or grades?</p> <p>2 <input type="checkbox"/> Yes (go to 9)</p> <p>4 <input type="checkbox"/> No (go to 11)</p>	<p>8 Was the course ..... formerly attended structured in series or grades?</p> <p>2 <input type="checkbox"/> Yes (go to 9)</p> <p>4 <input type="checkbox"/> No (go to 11)</p>
<p>9 Did ..... successfully conclude at least the first year of that course formerly attended course?</p> <p>1 <input type="checkbox"/> Yes (go to 10)</p> <p>3 <input type="checkbox"/> No (close off this part)</p>	<p>9 Did ..... successfully conclude at least the first year of that course formerly attended course?</p> <p>1 <input type="checkbox"/> Yes (go to 10)</p> <p>3 <input type="checkbox"/> No (close off this part)</p>	<p>9 Did ..... successfully conclude at least the first year of that course formerly attended course?</p> <p>1 <input type="checkbox"/> Yes (go to 10)</p> <p>3 <input type="checkbox"/> No (close off this part)</p>
<p>10 What is the highest level of the formerly attended course that ..... successfully concluded?</p> <p>1 <input type="checkbox"/> First                      5 <input type="checkbox"/> Fifth</p> <p>2 <input type="checkbox"/> Second                      6 <input type="checkbox"/> Sixth</p> <p>3 <input type="checkbox"/> Third                         7 <input type="checkbox"/> Seventh</p> <p>4 <input type="checkbox"/> Fourth                       8 <input type="checkbox"/> Eighth</p> <p style="text-align: center;">(go to 11)</p>	<p>10 What is the highest level of the formerly attended course that ..... successfully concluded?</p> <p>1 <input type="checkbox"/> First                      5 <input type="checkbox"/> Fifth</p> <p>2 <input type="checkbox"/> Second                      6 <input type="checkbox"/> Sixth</p> <p>3 <input type="checkbox"/> Third                         7 <input type="checkbox"/> Seventh</p> <p>4 <input type="checkbox"/> Fourth                       8 <input type="checkbox"/> Eighth</p> <p style="text-align: center;">(go to 11)</p>	<p>10 What is the highest level of the formerly attended course that ..... successfully concluded?</p> <p>1 <input type="checkbox"/> First                      5 <input type="checkbox"/> Fifth</p> <p>2 <input type="checkbox"/> Second                      6 <input type="checkbox"/> Sixth</p> <p>3 <input type="checkbox"/> Third                         7 <input type="checkbox"/> Seventh</p> <p>4 <input type="checkbox"/> Fourth                       8 <input type="checkbox"/> Eighth</p> <p style="text-align: center;">(go to 11)</p>
<p>11 Did..... finish the course that he/she formerly attended?</p> <p>1 <input type="checkbox"/> Yes                         3 <input type="checkbox"/> No</p>	<p>11 Did..... finish the course that he/she formerly attended?</p> <p>1 <input type="checkbox"/> Yes                         3 <input type="checkbox"/> No</p>	<p>11 Did..... finish the course that he/she formerly attended?</p> <p>1 <input type="checkbox"/> Yes                         3 <input type="checkbox"/> No</p>

## Questionnaire

<b>19</b>	<b>COMPLEMENTARY CHARACTERISTICS OF EDUCATION AND ACCESS TO SCHOOL MEALS OF HOUSEHOLD RESIDENTS FROM 0 TO 17 YEARS OLD (BORN BETWEEN SEPT. 26 1986 AND SEPT. 25 2004)</b>	<b>19</b>
	<i>The informant should NOT be asked Questions 1,2 and 3. They are designed for the control of the interview</i>	<i>The informant should NOT be asked Questions 1,2 and 3. They are designed for the control of the interview</i>
	<p>1 The person giving information for this part is:</p> <p>1 <input type="checkbox"/> The person himself/herself } go to 3</p> <p>3 <input type="checkbox"/> A person not residing in household } go to 3</p> <p>5 <input type="checkbox"/> Another household resident (go to 2)</p>	<p>1 The person giving information for this part is:</p> <p>1 <input type="checkbox"/> The person himself/herself } go to 3</p> <p>3 <input type="checkbox"/> A person not residing in household } go to 3</p> <p>5 <input type="checkbox"/> Another household resident (go to 2)</p>
	<p>2 The list N° of the informant for this part</p> <p style="text-align: center;">(go to 3)</p>	<p>2 The list N° of the informant for this part</p> <p style="text-align: center;">(go to 3)</p>
	<p>3 Schooling situation: Mark here according to the answers marked in part 6</p> <p>1 <input type="checkbox"/> Attending school or crèche } (go to 4) (Qu.2 code 2)</p> <p>3 <input type="checkbox"/> Not Attending school or crèche } (go to 10) (Qu.2 code 4)</p>	<p>3 Schooling situation: Mark here according to the answers marked in part 6</p> <p>1 <input type="checkbox"/> Attending school or crèche } (go to 4) (Qu.2 code 2)</p> <p>3 <input type="checkbox"/> Not Attending school or crèche } (go to 10) (Qu.2 code 4)</p>
	<p>4 How many hours a day does ..... normally spend in school or in the crèche?</p> <p>2 <input type="checkbox"/> Up to 4 hours</p> <p>4 <input type="checkbox"/> From 4 to 6 hours</p> <p>6 <input type="checkbox"/> More than 6 hours</p> <p style="text-align: center;">(go to 5)</p>	<p>4 How many hours a day does ..... normally spend in school or in the crèche?</p> <p>2 <input type="checkbox"/> Up to 4 hours</p> <p>4 <input type="checkbox"/> From 4 to 6 hours</p> <p>6 <input type="checkbox"/> More than 6 hours</p> <p style="text-align: center;">(go to 5)</p>
	<p>5 Between the dates July 28 and September 25 of 2004 did ..... fail to attend the school or crèche at least once?</p> <p>1 <input type="checkbox"/> Yes (go to 6)</p> <p>3 <input type="checkbox"/> No (go to 8)</p>	<p>5 Between the dates July 28 and September 25 of 2004 did ..... fail to attend the school or crèche at least once?</p> <p>1 <input type="checkbox"/> Yes (go to 6)</p> <p>3 <input type="checkbox"/> No (go to 8)</p>

## Questionnaire

<b>19</b>	<b>COMPLEMENTARY CHARACTERISTICS OF EDUCATION AND ACCESS TO SCHOOL MEALS OF HOUSEHOLD RESIDENTS FROM 0 TO 17 YEARS OLD</b> (BORN BETWEEN SEPT. 26 1986 AND SEPT. 25 2004)	<b>19</b>
	<p>6 Between the dates July 28 and September 25 of 2004 how many days did ..... fail to attend the school or crèche?</p> <p>2 <input type="checkbox"/> From 1 to 5 days</p> <p>4 <input type="checkbox"/> From 6 to 10 days</p> <p>6 <input type="checkbox"/> From 11 to 20 days</p> <p>8 <input type="checkbox"/> Over 20 days</p> <p style="text-align: center;">(go to 7)</p>	<p>6 Between the dates July 28 and September 25 of 2004 how many days did ..... fail to attend the school or crèche?</p> <p>2 <input type="checkbox"/> From 1 to 5 days</p> <p>4 <input type="checkbox"/> From 6 to 10 days</p> <p>6 <input type="checkbox"/> From 11 to 20 days</p> <p>8 <input type="checkbox"/> Over 20 days</p> <p style="text-align: center;">(go to 7)</p>
	<p>7 What was the main reason for ..... 's failing to attend the school or crèche on those days?</p> <p>01 <input type="checkbox"/> Helping with domestic chores</p> <p>02 <input type="checkbox"/> Working or looking for work</p> <p>03 <input type="checkbox"/> Lack of school transport</p> <p>04 <input type="checkbox"/> Lack of money to meet expenses (monthly fee, transport etc) in order to stay in the school or crèche</p> <p>05 <input type="checkbox"/> School or crèche too far away</p> <p>06 <input type="checkbox"/> No one to take him/her there</p> <p>07 <input type="checkbox"/> No teacher, teacher's strike</p> <p>08 <input type="checkbox"/> Difficulties in accompanying the course</p> <p>09 <input type="checkbox"/> Sick</p> <p>10 <input type="checkbox"/> Didn't want to attend</p> <p>11 <input type="checkbox"/> Parents or guardians didn't want him/her to attend</p> <p>12 <input type="checkbox"/> Other reasons</p> <p style="text-align: center;">(go to 8)</p>	<p>7 What was the main reason for ..... 's failing to attend the school or crèche on those days?</p> <p>01 <input type="checkbox"/> Helping with domestic chores</p> <p>02 <input type="checkbox"/> Working or looking for work</p> <p>03 <input type="checkbox"/> Lack of school transport</p> <p>04 <input type="checkbox"/> Lack of money to meet expenses (monthly fee, transport etc) in order to stay in the school or crèche</p> <p>05 <input type="checkbox"/> School or crèche too far away</p> <p>06 <input type="checkbox"/> No one to take him/her there</p> <p>07 <input type="checkbox"/> No teacher, teacher's strike</p> <p>08 <input type="checkbox"/> Difficulties in accompanying the course</p> <p>09 <input type="checkbox"/> Sick</p> <p>10 <input type="checkbox"/> Didn't want to attend</p> <p>11 <input type="checkbox"/> Parents or guardians didn't want him/her to attend</p> <p>12 <input type="checkbox"/> Other reasons</p> <p style="text-align: center;">(go to 8)</p>

## Questionnaire

<b>19</b>	<b>COMPLEMENTARY CHARACTERISTICS OF EDUCATION AND ACCESS TO SCHOOL MEALS OF HOUSEHOLD RESIDENTS FROM 0 TO 17 YEARS OLD</b> (BORN BETWEEN SEPT. 26 1986 AND SEPT. 25 2004)	<b>19</b>
	<p>8 In the school or crèche that ..... attends is there a school snack or other meal usually provided?</p> <p>2 <input type="checkbox"/> Yes (go to 9)</p> <p>4 <input type="checkbox"/> No (close off this part)</p>	<p>8 In the school or crèche that ..... attends is there a school snack or other meal usually provided?</p> <p>2 <input type="checkbox"/> Yes (go to 9)</p> <p>4 <input type="checkbox"/> No (close off this part)</p>
	<p>9 Does ..... usually eat the snack or meal offered in the school or crèche he/she attends?</p> <p>1 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p> <p style="text-align: center;">(close off this part)</p>	<p>9 Does ..... usually eat the snack or meal offered in the school or crèche he/she attends?</p> <p>1 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p> <p style="text-align: center;">(close off this part)</p>
	<p>10 What is the main reason ..... does not attend the school or crèche?</p> <p>01 <input type="checkbox"/> Helping with domestic chores</p> <p>02 <input type="checkbox"/> Working or looking for work</p> <p>03 <input type="checkbox"/> Lack of school transport</p> <p>04 <input type="checkbox"/> Lack of money to meet expenses (monthly fee, transport etc) in order to stay in the school or crèche</p> <p>05 <input type="checkbox"/> Lack of necessary documents</p> <p>06 <input type="checkbox"/> No school or crèche nearby</p> <p>07 <input type="checkbox"/> No vacancy in the school or crèche</p> <p>08 <input type="checkbox"/> Finished the desired schooling level</p> <p>09 <input type="checkbox"/> No one to take him/her there</p> <p>10 <input type="checkbox"/> Sickness or handicap</p> <p>11 <input type="checkbox"/> Didn't want to attend school or crèche</p> <p>12 <input type="checkbox"/> Parents or guardians didn't want him/her to attend</p> <p>13 <input type="checkbox"/> Parents or guardians prefer that he/she works attend</p> <p>14 <input type="checkbox"/> Other reasons</p> <p style="text-align: center;">(close off this part)</p>	<p>10 What is the main reason ..... does not attend the school or crèche?</p> <p>01 <input type="checkbox"/> Helping with domestic chores</p> <p>02 <input type="checkbox"/> Working or looking for work</p> <p>03 <input type="checkbox"/> Lack of school transport</p> <p>04 <input type="checkbox"/> Lack of money to meet expenses (monthly fee, transport etc) in order to stay in the school or crèche</p> <p>05 <input type="checkbox"/> Lack of necessary documents</p> <p>06 <input type="checkbox"/> No school or crèche nearby</p> <p>07 <input type="checkbox"/> No vacancy in the school or crèche</p> <p>08 <input type="checkbox"/> Finished the desired schooling level</p> <p>09 <input type="checkbox"/> No one to take him/her there</p> <p>10 <input type="checkbox"/> Sickness or handicap</p> <p>11 <input type="checkbox"/> Didn't want to attend school or crèche</p> <p>12 <input type="checkbox"/> Parents or guardians didn't want him/her to attend</p> <p>13 <input type="checkbox"/> Parents or guardians prefer that he/she works attend</p> <p>14 <input type="checkbox"/> Other reasons</p> <p style="text-align: center;">(close off this part)</p>



## Questionnaire

<b>7</b>	<b>CHARACTERISTICS OF WORK DONE BY RESIDENT CHILDREN AGED 5 TO 9 (BORN BETWEEN SEPT. 26 1994 AND SEPT. 25 1999)</b>	<b>7</b>
	<p>1 Did ..... do any kind of work in the period from Sept. 26 2003 to Sept. 25 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 4)</p> <p>3 <input type="checkbox"/> No (go to 2)</p>	<p>1 Did ..... do any kind of work in the period from Sept. 26 2003 to Sept. 25 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 4)</p> <p>3 <input type="checkbox"/> No (go to 2)</p>
	<p>2 In the period from Sept. 26 2003 to Sept. 25 2004 did .....do any kind of planting or animal husbandry work or fishing aimed at providing food for the family?</p> <p>2 <input type="checkbox"/> Yes (go to 4)</p> <p>4 <input type="checkbox"/> No (go to 3)</p>	<p>2 In the period from Sept. 26 2003 to Sept. 25 2004 did .....do any kind of planting or animal husbandry work or fishing aimed at providing food for the family?</p> <p>2 <input type="checkbox"/> Yes (go to 4)</p> <p>4 <input type="checkbox"/> No (go to 3)</p>
	<p>3 In the period from Sept. 26 2003 to Sept. 25 2004 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>1 <input type="checkbox"/> Yes (go to 4)</p> <p>3 <input type="checkbox"/> No (close off this part)</p>	<p>3 In the period from Sept. 26 2003 to Sept. 25 2004 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>1 <input type="checkbox"/> Yes (go to 4)</p> <p>3 <input type="checkbox"/> No (close off this part)</p>
	<p>4 Did ..... work in the week from Sept. 19 to 25 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 9)</p> <p>4 <input type="checkbox"/> No (go to 5)</p>	<p>4 Did ..... work in the week from Sept. 19 to 25 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 9)</p> <p>4 <input type="checkbox"/> No (go to 5)</p>
	<p>5 In the week from Sept. 19 to 25 2004, was ..... temporarily laid off remunerated work because of holidays, leave, voluntary absence, a strike, temporary suspension of work contract, illness, bad weather or any other reason?</p> <p>1 <input type="checkbox"/> Yes (go to 9)      3 <input type="checkbox"/> No (go to 6)</p>	<p>5 In the week from Sept. 19 to 25 2004, was ..... temporarily laid off remunerated work because of holidays, leave, voluntary absence, a strike, temporary suspension of work contract, illness, bad weather or any other reason?</p> <p>1 <input type="checkbox"/> Yes (go to 9)      3 <input type="checkbox"/> No (go to 6)</p>

## Questionnaire

<b>7</b>	<b>CHARACTERISTICS OF WORK DONE BY RESIDENT CHILDREN AGED 5 TO 9</b> (BORN BETWEEN SEPT. 26 1994 AND SEPT. 25 1999)	<b>7</b>
	<p>6 What was ..... 's occupation in the work undertaken in the period from Sept. 26 2003 to Sept. 18 2004?</p> <p>Code</p> <p style="text-align: center;">(go to 7)</p>	<p>6 What was ..... 's occupation in the work undertaken in the period from Sept. 26 2003 to Sept. 18 2004?</p> <p>Code</p> <p style="text-align: center;">(go to 7)</p>
	<p>7 What was the main line of activity of the enterprise (business, institution, entity) where .....worked?</p> <p>Code</p> <p style="text-align: center;">(go to 8)</p>	<p>7 What was the main line of activity of the enterprise (business, institution, entity) where .....worked?</p> <p>Code</p> <p style="text-align: center;">(go to 8)</p>
	<p>8 ..... 's position in the work was:</p> <p>1 <input type="checkbox"/> Employee</p> <p>2 <input type="checkbox"/> Domestic servant</p> <p>3 <input type="checkbox"/> Working on own account</p> <p>4 <input type="checkbox"/> Employer</p> <p>5 <input type="checkbox"/> Unpaid worker member of family unit</p> <p>6 <input type="checkbox"/> Other unpaid worker</p> <p>7 <input type="checkbox"/> Working on production for own consumption</p> <p>8 <input type="checkbox"/> Working on construction for own use</p> <p style="text-align: center;">(close off this part)</p>	<p>8 ..... 's position in the work was:</p> <p>1 <input type="checkbox"/> Employee</p> <p>2 <input type="checkbox"/> Domestic servant</p> <p>3 <input type="checkbox"/> working on own account</p> <p>4 <input type="checkbox"/> Employer</p> <p>5 <input type="checkbox"/> Unpaid worker member of family unit</p> <p>6 <input type="checkbox"/> Other unpaid worker</p> <p>7 <input type="checkbox"/> Working on production for own consumption</p> <p>8 <input type="checkbox"/> Working on construction for own use</p> <p style="text-align: center;">(close off this part)</p>

## Questionnaire

7	<b>CHARACTERISTICS OF WORK DONE BY RESIDENT CHILDREN AGED 5 TO 9</b> (BORN BETWEEN SEPT. 26 1994 AND SEPT. 25 1999)	7
<p>9 What was ..... 's occupation in the work undertaken in the week from Sept. 19 to 25 2004?</p> <p>Code</p> <p style="text-align: right;">(go to 10)</p>	<p>9 What was ..... 's occupation in the work undertaken in the period from Sept. 19 2004 to Sept. 25 2004?</p> <p>Code</p> <p style="text-align: right;">(go to 10)</p>	
<p>10 What was the main line of activity of the enterprise (business, institution, entity) where .....worked?</p> <p>Code</p> <p style="text-align: right;">(go to 11)</p>	<p>10 What was the main line of activity of the enterprise (business, institution, entity) where .....worked?</p> <p>Code</p> <p style="text-align: right;">(go to 11)</p>	
<p>11 ..... 's position in the work was:</p> <p>1 <input type="checkbox"/> Employee } (go to 12)</p> <p>2 <input type="checkbox"/> Domestic servant } (go to 12)</p> <p>3 <input type="checkbox"/> working on own account } (go to 12)</p> <p>4 <input type="checkbox"/> Employer } (go to 12)</p> <p>5 <input type="checkbox"/> Unpaid worker member of family unit } (go to 12)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 12)</p> <p>7 <input type="checkbox"/> Working on production for } (go to 13) own consumption</p> <p>8 <input type="checkbox"/> Working on construction } (go to 13) for own use</p> <p style="text-align: right;">(close off this part)</p>	<p>11 ..... 's position in the work was:</p> <p>1 <input type="checkbox"/> Employee } (go to 12)</p> <p>2 <input type="checkbox"/> Domestic servant } (go to 12)</p> <p>3 <input type="checkbox"/> working on own account } (go to 12)</p> <p>4 <input type="checkbox"/> Employer } (go to 12)</p> <p>5 <input type="checkbox"/> Unpaid worker member of family unit } (go to 12)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 12)</p> <p>7 <input type="checkbox"/> Working on production for } (go to 13) own consumption</p> <p>8 <input type="checkbox"/> Working on construction } (go to 13) for own use</p> <p style="text-align: right;">(close off this part)</p>	

## Questionnaire

7	<b>CHARACTERISTICS OF WORK DONE BY RESIDENT CHILDREN AGED 5 TO 9</b> (BORN BETWEEN SEPT. 26 1994 AND SEPT. 25 1999)	7	
	<p>12 What was ..... 's normal monthly salary at the time of the work done in the week from Sept. 19 to 25 2004?</p> <p>2 <input type="checkbox"/> _____ .00 In cash (Reals)</p> <p>4 <input type="checkbox"/> _____ .00 in kind- value of products and goods (Reals)</p> <p>6 <input type="checkbox"/> In benefits only</p> <p>8 <input type="checkbox"/> Unpaid</p> <p style="text-align: center;">(go to 13)</p>	<p>12 What was ..... 's normal monthly salary at the time of the work done in the week from Sept. 19 to 25 2004?</p> <p>2 <input type="checkbox"/> _____ .00 In cash (Reals)</p> <p>4 <input type="checkbox"/> _____ .00 in kind- value of products and goods (Reals)</p> <p>6 <input type="checkbox"/> In benefits only</p> <p>8 <input type="checkbox"/> Unpaid</p> <p style="text-align: center;">(go to 13)</p>	
	<p>13 How many hours a week did ..... normally work at the time of the work done in the week from Sept. 19 to 25 2004?</p> <p style="text-align: center;">Hours</p> <p style="text-align: center;">(close off this part)</p>	<p>13 How many hours a week did ..... normally work at the time of the work done in the week from Sept. 19 to 25 2004?</p> <p style="text-align: center;">Hours</p> <p style="text-align: center;">(close off this part)</p>	
<p>REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>1 Did ..... do any kind of work in the week from Sept. 19 to 25 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 5)</p> <p>3 <input type="checkbox"/> No (go to 2)</p>	<p>1 Did ..... do any kind of work in the week from Sept. 19 to 25 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 5)</p> <p>3 <input type="checkbox"/> No (go to 2)</p>
	<p>2 In the week from Sept. 19 to 25 2004, was ..... temporarily laid off remunerated work because of holidays, leave, voluntary absence, a strike, temporary suspension of work contract, illness, bad weather or any other reason?</p> <p>2 <input type="checkbox"/> Yes (go to 5)</p> <p>4 <input type="checkbox"/> No (go to 3)</p>	<p>2 In the week from Sept. 19 to 25 2004, was ..... temporarily laid off remunerated work because of holidays, leave, voluntary absence, a strike, temporary suspension of work contract, illness, bad weather or any other reason?</p> <p>2 <input type="checkbox"/> Yes (go to 5)</p> <p>4 <input type="checkbox"/> No (go to 3)</p>
	<p>3 In the period from Sept. 19 to 25 2004 did .....do any kind of planting or animal husbandry work or fishing aimed at providing food for the household residents?</p> <p>1 <input type="checkbox"/> Yes (go to 5)</p> <p>3 <input type="checkbox"/> No (go to 4)</p>	<p>3 In the period from Sept. 19 to 25 2004 did .....do any kind of planting or animal husbandry work or fishing aimed at providing food for the household residents?</p> <p>1 <input type="checkbox"/> Yes (go to 5)</p> <p>3 <input type="checkbox"/> No (go to 4)</p>
	<p>4 In the period from Sept. 19 to 25 2004 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>2 <input type="checkbox"/> Yes (go to 5)</p> <p>4 <input type="checkbox"/> No (go to 67)</p>	<p>4 In the period from Sept. 19 to 25 2004 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>2 <input type="checkbox"/> Yes (go to 5)</p> <p>4 <input type="checkbox"/> No (go to 67)</p>

## Questionnaire

9	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	9
FOR OCCUPIED PERSON IN REFERENCE WEEK		FOR OCCUPIED PERSON IN REFERENCE WEEK
<p>5 How many occupations did ..... have in the week from Sept. 19 to 25 2004?</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three or more</p> <p style="text-align: right;">(go to 6)</p>		<p>5 How many occupations did ..... have in the week from Sept. 19 to 25 2004?</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three or more</p> <p style="text-align: right;">(go to 6)</p>
<p><i>Questions 6 to 61 should refer to the single or main occupation that the person had in the week from Sept 19 to 25 2004.</i></p>		<p><i>Questions 6 to 61 should refer to the single or main occupation that the person had in the week from Sept 19 to 25 2004.</i></p>
<p>6 What was ..... 's occupation in the work undertaken in the week from Sept. 19 to 25 2004?</p> <p>Code</p> <p style="text-align: right;">(go to 7)</p>		<p>6 What was ..... 's occupation in the work undertaken in the week from Sept. 19 to 25 2004?</p> <p>Code</p> <p style="text-align: right;">(go to 7)</p>
<p>7 What was the main line of activity of the enterprise (business, institution, entity) where .....worked?</p> <p>Code</p> <p>(If the activity is in the field of agriculture, animal husbandry, forestry, fishing, extractivism, fish farming or any service related to such activities go to 8 otherwise go to 29 )</p>		<p>7 What was the main line of activity of the enterprise (business, institution, entity) where .....worked?</p> <p>Code</p> <p>(If the activity is in the field of agriculture, animal husbandry, forestry, fishing, extractivism, fish farming or any service related to such activities go to 8 otherwise go to 29 )</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
<p>8 In that work ..... was a:</p> <p>01 <input type="checkbox"/> Permanent employee in auxiliary services -----}(go to 30)</p> <p>02 <input type="checkbox"/> Permanent employee in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 9)</p> <p>03 <input type="checkbox"/> Permanent employee in other ----- }(go to 10) activities</p> <p>04 <input type="checkbox"/> Temporary employee -----}(go to 11)</p> <p>05 <input type="checkbox"/> Self-employed in auxiliary services}(go to 49)</p> <p>06 <input type="checkbox"/> Self-employed in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 20)</p> <p>07 <input type="checkbox"/> Self-employed in other activity --- }(go to 21)</p> <p>08 <input type="checkbox"/> Employer-auxiliary services ----- }(go to 48)</p> <p>09 <input type="checkbox"/> Employer in agriculture, forestry, or raising cattle, buffaloes, sheep, goats or pigs -----}(go to 15)</p> <p>10 <input type="checkbox"/> Employer in other type of activity --}(go to 16)</p> <p>11 <input type="checkbox"/> Unpaid worker member of household unit-----}(go to 54)</p> <p>12 <input type="checkbox"/> Other type of unpaid worker -----}(go to 54)</p> <p>13 <input type="checkbox"/> Worker producing for own consumption -----}(go to 58)</p>	<p>8 In that work ..... was a:</p> <p>01 <input type="checkbox"/> Permanent employee in auxiliary services -----}(go to 30)</p> <p>02 <input type="checkbox"/> Permanent employee in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 9)</p> <p>03 <input type="checkbox"/> Permanent employee in other ----- }(go to 10) activities</p> <p>04 <input type="checkbox"/> Temporary employee -----}(go to 11)</p> <p>05 <input type="checkbox"/> Self-employed in auxiliary services}(go to 49)</p> <p>06 <input type="checkbox"/> Self-employed in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 20)</p> <p>07 <input type="checkbox"/> Self-employed in other activity --- }(go to 21)</p> <p>08 <input type="checkbox"/> Employer-auxiliary services ----- }(go to 48)</p> <p>09 <input type="checkbox"/> Employer in agriculture, forestry, or raising cattle, buffaloes, sheep, goats or pigs -----}(go to 15)</p> <p>10 <input type="checkbox"/> Employer in other type of activity --}(go to 16)</p> <p>11 <input type="checkbox"/> Unpaid worker member of household unit-----}(go to 54)</p> <p>12 <input type="checkbox"/> Other type of unpaid worker -----}(go to 54)</p> <p>13 <input type="checkbox"/> Worker producing for own consumption -----}(go to 58)</p>	<p>9 In this employment did ..... receive any piece of land from the employer to use for his/her personal production?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 10)</p>
<p>9 In this employment did ..... receive any piece of land from the employer to use for his/her personal production?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 10)</p>	<p>9 In this employment did ..... receive any piece of land from the employer to use for his/her personal production?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 10)</p>	

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>10 In that employment was ..... in partnership with the employer?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 13)</p>	<p>10 In that employment was ..... in partnership with the employer?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 13)</p>
	<p>11 In September 2004, was ..... contracted only by those directly responsible for the establishments where he/she worked as a temporary employee?</p> <p>1 <input type="checkbox"/> Yes (go to 13)</p> <p>3 <input type="checkbox"/> No (go to 12)</p>	<p>11 In September 2004, was ..... contracted only by those directly responsible for the establishments where he/she worked as a temporary employee?</p> <p>1 <input type="checkbox"/> Yes (go to 13)</p> <p>3 <input type="checkbox"/> No (go to 12)</p>
	<p>12 In September 2004, was ..... contracted only intermediaries (sub-contracting company, contractor, "recruiter") of the establishments where he/she worked as a temporary employee?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 13)</p>	<p>12 In September 2004, was ..... contracted only intermediaries (sub-contracting company, contractor, "recruiter") of the establishments where he/she worked as a temporary employee?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 13)</p>
	<p>13 In September 2004 did .....do have any assistant in the job from at least one unpaid household resident?</p> <p>1 <input type="checkbox"/> Yes (go to 14)</p> <p>3 <input type="checkbox"/> No (go to 41)</p>	<p>13 In September 2004 did .....do have any assistant in the job from at least one unpaid household resident?</p> <p>1 <input type="checkbox"/> Yes (go to 14)</p> <p>3 <input type="checkbox"/> No (go to 41)</p>
	<p>14 How many unpaid household residents did ..... make use of in that job in September 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three to five</p> <p>8 <input type="checkbox"/> Six to ten</p> <p>0 <input type="checkbox"/> Eleven or more</p> <p style="text-align: center;">(go to 41)</p>	<p>14 How many unpaid household residents did ..... make use of in that job in September 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three to five</p> <p>8 <input type="checkbox"/> Six to ten</p> <p>0 <input type="checkbox"/> Eleven or more</p> <p style="text-align: center;">(go to 41)</p>



## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
<p>15 What is the total area of the enterprise in which ..... held this work post?</p> <p>1 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>3 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>5 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p style="text-align: center;">(go to 16)</p>	<p>15 What is the total area of the enterprise in which ..... held this work post?</p> <p>1 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>3 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>5 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p style="text-align: center;">(go to 16)</p>	

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>16 In September 2004, did ..... have at least one temporary employee in the work?</p> <p>2 <input type="checkbox"/> Yes (go to 17)</p> <p>4 <input type="checkbox"/> No (go to 18)</p>	<p>16 In September 2004, did ..... have at least one temporary employee in the work?</p> <p>2 <input type="checkbox"/> Yes (go to 17)</p> <p>4 <input type="checkbox"/> No (go to 18)</p>
	<p>17 How many temporary employees did ..... have in that work in September 2004??</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three to five</p> <p>7 <input type="checkbox"/> Six to ten</p> <p>8 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 18)</p>	<p>17 How many temporary employees did ..... have in that work in September 2004??</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three to five</p> <p>7 <input type="checkbox"/> Six to ten</p> <p>8 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 18)</p>
	<p>18 In September 2004, did ..... have at least one permanent employee in the work?</p> <p>2 <input type="checkbox"/> Yes (go to 19)</p> <p>4 <input type="checkbox"/> No (go to 21)</p>	<p>18 In September 2004, did ..... have at least one permanent employee in the work?</p> <p>2 <input type="checkbox"/> Yes (go to 19)</p> <p>4 <input type="checkbox"/> No (go to 21)</p>
	<p>19 How many permanent employees did ..... have in that work in September 2004??</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three to five</p> <p>7 <input type="checkbox"/> Six to ten</p> <p>8 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 21)</p>	<p>19 How many permanent employees did ..... have in that work in September 2004??</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three to five</p> <p>7 <input type="checkbox"/> Six to ten</p> <p>8 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 21)</p>

**Questionnaire**

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
<p>20 What was the total area of the enterprise in which ..... held this work post?</p> <p>2 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>4 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>6 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p style="text-align: center;">(go to 21)</p>	<p>20 What was the total area of the enterprise in which ..... held this work post?</p> <p>2 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>4 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p>6 <input type="checkbox"/> _____ Quantity</p> <p>_____</p> <p>Units of area measurement</p> <p>_____</p> <p>Equivalent in square meters</p> <p style="text-align: center;">(go to 21)</p>	

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>21 In that work, .....was a:</p> <p>1 <input type="checkbox"/> Partner ----- → (go to 22)</p> <p>2 <input type="checkbox"/> Tenant ----- → (go to 23)</p> <p>3 <input type="checkbox"/> Squatter } (go to 24)</p> <p>4 <input type="checkbox"/> Concessionaire } (go to 24)</p> <p>5 <input type="checkbox"/> Proprietor } (go to 24)</p> <p>6 <input type="checkbox"/> Other (specify) (go to 24)</p> <p>.....</p>	<p>21 In that work, .....was a:</p> <p>1 <input type="checkbox"/> Partner ----- → (go to 22)</p> <p>2 <input type="checkbox"/> Tenant ----- → (go to 23)</p> <p>3 <input type="checkbox"/> Squatter } (go to 24)</p> <p>4 <input type="checkbox"/> Concessionaire } (go to 24)</p> <p>5 <input type="checkbox"/> Proprietor } (go to 24)</p> <p>6 <input type="checkbox"/> Other (specify) (go to 24)</p> <p>.....</p>
	<p>22 What was the participation in the partnership in that work?</p> <p>2 <input type="checkbox"/> Half                      6 <input type="checkbox"/> Quarter</p> <p>4 <input type="checkbox"/> Third                      8 <input type="checkbox"/> Fifth</p> <p>0 <input type="checkbox"/> Other (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 24)</p>	<p>22 What was the participation in the partnership in that work?</p> <p>2 <input type="checkbox"/> Half                      6 <input type="checkbox"/> Quarter</p> <p>4 <input type="checkbox"/> Third                      8 <input type="checkbox"/> Fifth</p> <p>0 <input type="checkbox"/> Other (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 24)</p>
	<p>23 What was the form of payment for tenancy agreed on for that work?</p> <p>1 <input type="checkbox"/> Money only</p> <p>2 <input type="checkbox"/> Products only</p> <p>3 <input type="checkbox"/> Services only</p> <p>4 <input type="checkbox"/> Money and products</p> <p>5 <input type="checkbox"/> Money and services</p> <p>6 <input type="checkbox"/> Products and services</p> <p>7 <input type="checkbox"/> Money, products and services</p> <p style="text-align: center;">(go to 24)</p>	<p>23 What was the form of payment for tenancy agreed on for that work?</p> <p>1 <input type="checkbox"/> Money only</p> <p>2 <input type="checkbox"/> Products only</p> <p>3 <input type="checkbox"/> Services only</p> <p>4 <input type="checkbox"/> Money and products</p> <p>5 <input type="checkbox"/> Money and services</p> <p>6 <input type="checkbox"/> Products and services</p> <p>7 <input type="checkbox"/> Money, products and services</p> <p style="text-align: center;">(go to 24)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>24 In the period from Sept. 26 2003 to Sept. 25 2004 did ..... make any prior commitment to sell any part of the main production of that work?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 25)</p>	<p>24 In the period from Sept. 26 2003 to Sept. 25 2004 did ..... make any prior commitment to sell any part of the main production of that work?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 25)</p>
	<p>25 In the period from Sept. 26 2003 to Sept. 25 2004 did ..... make sell any part of the main production of that work?</p> <p>1 <input type="checkbox"/> Yes (go to 26)      3 <input type="checkbox"/> No (go to 27)</p>	<p>25 In the period from Sept. 26 2003 to Sept. 25 2004 did ..... make sell any part of the main production of that work?</p> <p>1 <input type="checkbox"/> Yes (go to 26)      3 <input type="checkbox"/> No (go to 27)</p>
	<p>26 Who purchased the entire main production or the greater part of the production of that work that ..... sold?</p> <p>1 <input type="checkbox"/> Company                  2 <input type="checkbox"/> Cooperative                  3 <input type="checkbox"/> Government                  4 <input type="checkbox"/> Owner of the property used for the venture                  5 <input type="checkbox"/> Private intermediary                  6 <input type="checkbox"/> Consumer-direct purchase                  7 <input type="checkbox"/> Other buyer (specify)                  .....</p> <p style="text-align: center;">(go to 27)</p>	<p>26 Who purchased the entire main production or the greater part of the production of that work that ..... sold?</p> <p>1 <input type="checkbox"/> Company                  2 <input type="checkbox"/> Cooperative                  3 <input type="checkbox"/> Government                  4 <input type="checkbox"/> Owner of the property used for the venture                  5 <input type="checkbox"/> Private intermediary                  6 <input type="checkbox"/> Consumer-direct purchase                  7 <input type="checkbox"/> Other buyer (specify)                  .....</p> <p style="text-align: center;">(go to 27)</p>
	<p>27 In that venture in September of 2004, did ..... have any type of production that was consumed as food by the household residents?</p> <p>1 <input type="checkbox"/> Yes (go to 28)      3 <input type="checkbox"/> No (go to 51)</p>	<p>27 In that venture in September of 2004, did ..... have any type of production that was consumed as food by the household residents?</p> <p>1 <input type="checkbox"/> Yes (go to 28)      3 <input type="checkbox"/> No (go to 51)</p>
	<p>28 In September 2004, what proportion of the food consumed by household residents was taken from that production?</p> <p>2 <input type="checkbox"/> Up to half              4 <input type="checkbox"/> More than half</p> <p style="text-align: center;">(go to 51)</p>	<p>28 In September 2004, what proportion of the food consumed by household residents was taken from that production?</p> <p>2 <input type="checkbox"/> Up to half              4 <input type="checkbox"/> More than half</p> <p style="text-align: center;">(go to 51)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>29 In that work, ..... was a:</p> <p>1 <input type="checkbox"/> Employee ----- → (go to 30)</p> <p>2 <input type="checkbox"/> Domestic servant ----- → (go to 36)</p> <p>3 <input type="checkbox"/> Working on own account----- → (go to 49)</p> <p>4 <input type="checkbox"/> Employer ----- → (go to 48)</p> <p>5 <input type="checkbox"/> Unpaid worker member of household unit } (go to 54)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 54)</p> <p>7 <input type="checkbox"/> Working on construction for own use } (go to 58)</p>	
	<p>29 In that work, ..... was a:</p> <p>1 <input type="checkbox"/> Employee ----- → (go to 30)</p> <p>2 <input type="checkbox"/> Domestic servant ----- → (go to 36)</p> <p>3 <input type="checkbox"/> Working on own account----- → (go to 49)</p> <p>4 <input type="checkbox"/> Employer ----- → (go to 48)</p> <p>5 <input type="checkbox"/> Unpaid worker member of household unit } (go to 54)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 54)</p> <p>7 <input type="checkbox"/> Working on construction for own use } (go to 58)</p>	
	<p>30 Did the working hours of that work fall entirely between the hours of five in the morning and ten at night?</p> <p>2 <input type="checkbox"/> Yes (go to 32)      4 <input type="checkbox"/> No (go to 31)</p>	
	<p>30 Did the working hours of that work fall entirely between the hours of five in the morning and ten at night?</p> <p>2 <input type="checkbox"/> Yes (go to 32)      4 <input type="checkbox"/> No (go to 31)</p>	
	<p>31 Did the working hours of that work fall entirely between the hours of ten at night and five in the following morning?</p> <p>1 <input type="checkbox"/> Yes      3 <input type="checkbox"/> No (go to 32)</p>	
	<p>31 Did the working hours of that work fall entirely between the hours of ten at night and five in the following morning?</p> <p>1 <input type="checkbox"/> Yes      3 <input type="checkbox"/> No (go to 32)</p>	
	<p>32 In which sector was that employment?</p> <p>2 <input type="checkbox"/> Private (go to 40)</p> <p>4 <input type="checkbox"/> Public (go to 33)</p>	
	<p>32 In which sector was that employment?</p> <p>2 <input type="checkbox"/> Private (go to 40)</p> <p>4 <input type="checkbox"/> Public (go to 33)</p>	
	<p>33 In which sphere was that employment?</p> <p>1 <input type="checkbox"/> Federal ----- → (go to 34)</p> <p>3 <input type="checkbox"/> State { (go to 35)</p> <p>5 <input type="checkbox"/> Municipal { (go to 35)</p>	
	<p>33 In which sphere was that employment?</p> <p>1 <input type="checkbox"/> Federal ----- → (go to 34)</p> <p>3 <input type="checkbox"/> State { (go to 35)</p> <p>5 <input type="checkbox"/> Municipal { (go to 35)</p>	

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>34 In that work, was ..... a member of the military?:</p> <p>2 <input type="checkbox"/> Yes (go to 43)</p> <p>4 <input type="checkbox"/> No (go to 35)</p>	<p>34 In that work, was ..... a member of the military?:</p> <p>2 <input type="checkbox"/> Yes (go to 43)</p> <p>4 <input type="checkbox"/> No (go to 35)</p>
	<p>35 In that work, was ..... a permanent civil servant?:</p> <p>1 <input type="checkbox"/> Yes (go to 43)</p> <p>3 <input type="checkbox"/> No (go to 41)</p>	<p>35 In that work, was ..... a permanent civil servant?:</p> <p>1 <input type="checkbox"/> Yes (go to 43)</p> <p>3 <input type="checkbox"/> No (go to 41)</p>
	<p>36 In September of 2004, did ..... provide remunerated domestic services in more than one household?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 37)</p>	<p>36 In September of 2004, did ..... provide remunerated domestic services in more than one household?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 37)</p>
	<p>37 Did ..... usually do that work at least once a week?</p> <p>1 <input type="checkbox"/> Yes (go to 38)</p> <p>3 <input type="checkbox"/> No (go to 39)</p>	<p>37 Did ..... usually do that work at least once a week?</p> <p>1 <input type="checkbox"/> Yes (go to 38)</p> <p>3 <input type="checkbox"/> No (go to 39)</p>
	<p>38 How many days a week did ..... usually carry out the work?</p> <p style="text-align: center;">days</p> <p style="text-align: right;">(go to 42)</p>	<p>38 How many days a week did ..... usually carry out the work?</p> <p style="text-align: center;">days</p> <p style="text-align: right;">(go to 42)</p>
	<p>39 How many days a month did ..... usually carry out the work?</p> <p style="text-align: center;">days</p> <p style="text-align: right;">(go to 42)</p>	<p>39 How many days a month did ..... usually carry out the work?</p> <p style="text-align: center;">days</p> <p style="text-align: right;">(go to 42)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>40 How many people were occupied with that work in September 2004?</p> <p>2 <input type="checkbox"/> Two</p> <p>4 <input type="checkbox"/> Three to five</p> <p>6 <input type="checkbox"/> Six to ten</p> <p>8 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 41)</p>	<p>40 How many people were occupied with that work in September 2004?</p> <p>2 <input type="checkbox"/> Two</p> <p>4 <input type="checkbox"/> Three to five</p> <p>6 <input type="checkbox"/> Six to ten</p> <p>8 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 41)</p>
	<p>41 In that employment payment was contracted:</p> <p>1 <input type="checkbox"/> Only for days worked</p> <p>3 <input type="checkbox"/> Only for production or commission</p> <p>5 <input type="checkbox"/> Only by piecework or sub-contract</p> <p>7 <input type="checkbox"/> By days worked plus production or commission</p> <p>8 <input type="checkbox"/> Other form (specify)</p> <p style="text-align: center;">.....</p> <p style="text-align: right;">(go to 42)</p>	<p>41 In that employment payment was contracted:</p> <p>1 <input type="checkbox"/> Only for days worked</p> <p>3 <input type="checkbox"/> Only for production or commission</p> <p>5 <input type="checkbox"/> Only by piecework or sub-contract</p> <p>7 <input type="checkbox"/> By days worked plus production or commission</p> <p>8 <input type="checkbox"/> Other form (specify)</p> <p style="text-align: center;">.....</p> <p style="text-align: right;">(go to 42)</p>
	<p>42 In that work, did ..... have his/her work card duly signed?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 43)</p>	<p>42 In that work, did ..... have his/her work card duly signed?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 43)</p>
	<p>43 In that work, did ..... receive a lodgings allowance in September 2004?:</p> <p>1 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 44)</p>	<p>43 In that work, did ..... receive a lodgings allowance in 2004?:</p> <p>1 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 44)</p>



## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>44 In that work, did ..... receive meals allowance in September 2004?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No (go to 45)</p>	<p>44 In that work, did ..... receive meals allowance in September 2004?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No (go to 45)</p>
	<p>45 In that work, did ..... receive a travel allowance in September 2004?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 46)</p>	<p>45 In that work, did ..... receive a travel allowance in September 2004?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 46)</p>
	<p>46 In that work, did ..... receive an education or crèche allowance in September 2004?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No (go to 47)</p>	<p>46 In that work, did ..... receive an education or crèche allowance in September 2004?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No (go to 47)</p>
	<p>47 In that work, did ..... receive a health or convalescence allowance in September 2004?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 53)</p>	<p>47 In that work, did ..... receive a health or convalescence allowance in September 2004?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 53)</p>
	<p>48 How many employees did ..... make use of in that work in September 2004?</p> <p>2 <input type="checkbox"/> One                      (go to 49) 4 <input type="checkbox"/> Two                      (go to 49) 6 <input type="checkbox"/> Three to five                      (go to 49) 8 <input type="checkbox"/> Six to ten                      (go to 49) 0 <input type="checkbox"/> Eleven or more ----- → (go to 51)</p>	<p>48 How many employees did ..... make use of in that work in September 2004?</p> <p>2 <input type="checkbox"/> One                      (go to 49) 4 <input type="checkbox"/> Two                      (go to 49) 6 <input type="checkbox"/> Three to five                      (go to 49) 8 <input type="checkbox"/> Six to ten                      (go to 49) 0 <input type="checkbox"/> Eleven or more ----- → (go to 51)</p>
	<p>49 In that work, did ..... have at least one partner occupied in it in September 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 50) 3 <input type="checkbox"/> No (go to 51)</p>	<p>49 In that work, did ..... have at least one partner occupied in it in September 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 50) 3 <input type="checkbox"/> No (go to 51)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>50 How many partners did ..... make use of in that work in September 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three to five</p> <p>8 <input type="checkbox"/> Six or more</p> <p style="text-align: right;">(go to 51)</p>	<p>50 How many partners did ..... make use of in that work in September 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three to five</p> <p>8 <input type="checkbox"/> Six or more</p> <p style="text-align: right;">(go to 51)</p>
	<p>51 In that work, did ..... make use of at least one unpaid worker in September 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 52)</p> <p>3 <input type="checkbox"/> No (go to 53)</p>	<p>51 In that work, did ..... make use of at least one unpaid worker in September 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 52)</p> <p>3 <input type="checkbox"/> No (go to 53)</p>
	<p>52 How many unpaid workers did ..... have in that work in September 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three to five</p> <p>8 <input type="checkbox"/> Six to ten</p> <p>0 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 53)</p>	<p>52 How many unpaid workers did ..... have in that work in September 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three to five</p> <p>8 <input type="checkbox"/> Six to ten</p> <p>0 <input type="checkbox"/> Eleven or more</p> <p style="text-align: right;">(go to 53)</p>
	<p>53 What was the monthly income that ..... was usually receiving in September 2004?</p> <p>1 <input type="checkbox"/> _____<b>.00</b> In cash (Reals)</p> <p>3 <input type="checkbox"/> _____<b>.00</b> In kind-value of products and goods (Reals)</p> <p>5 <input type="checkbox"/> In benefits only</p> <p style="text-align: right;">(go to 54)</p>	<p>53 What was the monthly income that ..... was usually receiving in September 2004?</p> <p>1 <input type="checkbox"/> _____<b>.00</b> In cash (Reals)</p> <p>3 <input type="checkbox"/> _____<b>.00</b> In kind-value of products and goods (Reals)</p> <p>5 <input type="checkbox"/> In benefits only</p> <p style="text-align: right;">(go to 54)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>54 That work was undertaken in a/an:</p> <p>1 <input type="checkbox"/> Shop, workshop, factory, office, school, government department, shed, etc } (go to 55)</p> <p>2 <input type="checkbox"/> Farm, smallholding, chicken farm, rural property etc. } (go to 55)</p> <p>or was it carried out:</p> <p>3 <input type="checkbox"/> In the home where he/she lived } (go to 58)</p> <p>4 <input type="checkbox"/> In a home designated by the employer, owner, or customer } (go to 56)</p> <p>5 <input type="checkbox"/> In a place designated by the employer, owner, or customer } (go to 56)</p> <p>6 <input type="checkbox"/> In a motorized vehicle } (go to 56)</p> <p>7 <input type="checkbox"/> In a public concourse or area } (go to 56)</p> <p>8 <input type="checkbox"/> Other place (Specify) (go to 56)</p> <p>.....</p>	<p>54 That work was undertaken in a/an:</p> <p>1 <input type="checkbox"/> Shop, workshop, factory, office, school, government department, shed, etc } (go to 55)</p> <p>2 <input type="checkbox"/> Farm, smallholding, chicken farm, rural property etc. } (go to 55)</p> <p>or was it carried out:</p> <p>3 <input type="checkbox"/> In the home where he/she lived } (go to 58)</p> <p>4 <input type="checkbox"/> In a home designated by the employer, owner, or customer } (go to 56)</p> <p>5 <input type="checkbox"/> In a place designated by the employer, owner, or customer } (go to 56)</p> <p>6 <input type="checkbox"/> In a motorized vehicle } (go to 56)</p> <p>7 <input type="checkbox"/> In a public concourse or area } (go to 56)</p> <p>8 <input type="checkbox"/> Other place (Specify) (go to 56)</p> <p>.....</p>
	<p>55 In the week from September 19 to 25 2004, did ..... live in a dwelling that was situated in the same plot of land or terrain as the establishment where the work was done?</p> <p>1 <input type="checkbox"/> Yes (go to 58)</p> <p>3 <input type="checkbox"/> No (go to 56)</p>	<p>55 In the week from September 19 to 25 2004, did ..... live in a dwelling that was situated in the same plot of land or terrain as the establishment where the work was done?</p> <p>1 <input type="checkbox"/> Yes (go to 58)</p> <p>3 <input type="checkbox"/> No (go to 56)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>56 Did ..... go straight from where he lived to the work?</p> <p>2 <input type="checkbox"/> Yes (go to 57)</p> <p>4 <input type="checkbox"/> No (go to 58)</p>	<p>56 Did ..... go straight from where he lived to the work?</p> <p>2 <input type="checkbox"/> Yes (go to 57)</p> <p>4 <input type="checkbox"/> No (go to 58)</p>
	<p>57 How long did it take ..... to get from the place where he lived to the work place?</p> <p>1 <input type="checkbox"/> Up to 30 minutes</p> <p>3 <input type="checkbox"/> From 30 minutes to 1 hour</p> <p>5 <input type="checkbox"/> From 1 to 2 hours</p> <p>7 <input type="checkbox"/> Over 2 hours</p> <p style="text-align: right;">(go to 58)</p>	<p>57 How long did it take ..... to get from the place where he lived to the work place?</p> <p>1 <input type="checkbox"/> Up to 30 minutes</p> <p>3 <input type="checkbox"/> From 30 minutes to 1 hour</p> <p>5 <input type="checkbox"/> From 1 to 2 hours</p> <p>7 <input type="checkbox"/> Over 2 hours</p> <p style="text-align: right;">(go to 58)</p>
	<p>58 How many hours a week did ..... usually work in that occupation?</p> <p style="text-align: center;">hours</p> <p style="text-align: right;">(go to 59)</p>	<p>58 How many hours a week did ..... usually work in that occupation?</p> <p style="text-align: center;">hours</p> <p style="text-align: right;">(go to 59)</p>
	<p>59 Was ..... a contributor to a Social Welfare scheme during that work?</p> <p>1 <input type="checkbox"/> Yes (go to 60)</p> <p>3 <input type="checkbox"/> No (go to 61)</p>	<p>59 Was ..... a contributor to a Social Welfare scheme during that work?</p> <p>1 <input type="checkbox"/> Yes (go to 60)</p> <p>3 <input type="checkbox"/> No (go to 61)</p>
	<p>60 In that work, which kind of Social Welfare institute did ..... contribute to?</p> <p>2 <input type="checkbox"/> Federal</p> <p>4 <input type="checkbox"/> State</p> <p>6 <input type="checkbox"/> Municipal</p>	<p>60 In that work, which kind of Social Welfare institute did ..... contribute to?</p> <p>2 <input type="checkbox"/> Federal</p> <p>4 <input type="checkbox"/> State</p> <p>6 <input type="checkbox"/> Municipal</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>61 How long had ..... been doing that work as of September 25 2004?</p> <p style="text-align: center;">_____ <u>Years</u>    _____ <u>months</u></p> <p>(If less than one year go to 62. Otherwise go to 87)</p>	<p>61 How long had ..... been doing that work as of September 25 2004?</p> <p style="text-align: center;">_____ <u>Years</u>    _____ <u>months</u></p> <p>(If less than one year go to 62. Otherwise go to 87)</p>
	<p>62 Did ..... leave any job during the period from September 26 2003 to September 18 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 63)</p> <p>4 <input type="checkbox"/> No (go to 87)</p>	<p>62 Did ..... leave any job during the period from September 26 2003 to September 18 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 63)</p> <p>4 <input type="checkbox"/> No (go to 87)</p>
	<p>63 How many jobs did ..... leave during the period from September 26 2003 to September 18 2004?</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three or more</p> <p style="text-align: center;">(go to 64)</p>	<p>63 How many jobs did ..... leave during the period from September 26 2003 to September 18 2004?</p> <p>1 <input type="checkbox"/> One</p> <p>3 <input type="checkbox"/> Two</p> <p>5 <input type="checkbox"/> Three or more</p> <p style="text-align: center;">(go to 64)</p>
	<p><i>Questions 64 to 66 should refer to the single or main occupation that the person left during the period from Sept. 26 2003 to Sept. 18 2004.</i></p>	<p><i>Questions 64 to 66 should refer to the single or main occupation that the person left during the period from Sept. 26 2003 to Sept. 18 2004.</i></p>
	<p>64 How long had ..... been doing the previous work when he left it during the period from Sept. 26 2003 to Sept. 18 2004.</p> <p style="text-align: center;">_____ <u>months</u></p> <p>(If number of months higher than answer to 61 go to 71 otherwise go to 65)</p>	<p>64 How long had ..... been doing the previous work when he left it during the period from Sept. 26 2003 to Sept. 18 2004.</p> <p style="text-align: center;">_____ <u>months</u></p> <p>(If number of months higher than answer to 61 go to 71 otherwise go to 65)</p>
	<p>65 In that former work did ..... have his work card duly signed?</p> <p>1 <input type="checkbox"/> Yes (go to 66)</p> <p>3 <input type="checkbox"/> No (go to 87)</p>	<p>65 In that former work did ..... have his work card duly signed?</p> <p>1 <input type="checkbox"/> Yes (go to 66)</p> <p>3 <input type="checkbox"/> No (go to 87)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>		
	<p>66 Did ..... receive any unemployment benefit after leaving former work?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 87)</p>	<p>66 Did ..... receive any unemployment benefit after leaving former work?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 87)</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>FOR PERSON WITH NO WORK IN REFERENCE PERIOD</b></td> </tr> </table>	<b>FOR PERSON WITH NO WORK IN REFERENCE PERIOD</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>FOR PERSON WITH NO WORK IN REFERENCE PERIOD</b></td> </tr> </table>	<b>FOR PERSON WITH NO WORK IN REFERENCE PERIOD</b>
<b>FOR PERSON WITH NO WORK IN REFERENCE PERIOD</b>				
<b>FOR PERSON WITH NO WORK IN REFERENCE PERIOD</b>				
	<p>67 Did ..... have any work in the period from September 26 2003 to September 18 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 70)</p> <p>3 <input type="checkbox"/> No (go to 68)</p>	<p>67 Did ..... have any work in the period from September 26 2003 to September 18 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 70)</p> <p>3 <input type="checkbox"/> No (go to 68)</p>		
	<p>68 In the period from September 26 2003 to September 18 2004, did ..... do any kind of planting or animal husbandry work or fishing aimed at providing food for the family?</p> <p>2 <input type="checkbox"/> Yes (go to 70)</p> <p>4 <input type="checkbox"/> No (go to 69)</p>	<p>68 In the period from September 26 2003 to September 18 2004, did ..... do any kind of planting or animal husbandry work or fishing aimed at providing food for the family?</p> <p>2 <input type="checkbox"/> Yes (go to 70)</p> <p>4 <input type="checkbox"/> No (go to 69)</p>		
	<p>69 In the period from September 26 2003 to September 18 2004 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>1 <input type="checkbox"/> Yes (go to 70)</p> <p>3 <input type="checkbox"/> No (go to 106)</p>	<p>69 In the period from September 26 2003 to September 18 2004 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>1 <input type="checkbox"/> Yes (go to 70)</p> <p>3 <input type="checkbox"/> No (go to 106)</p>		
	<p>70 How many jobs did ..... leave during the period from September 26 2003 to September 18 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three or more</p> <p style="text-align: center;">(go to 71)</p>	<p>70 How many jobs did ..... leave during the period from September 26 2003 to September 18 2004?</p> <p>2 <input type="checkbox"/> One</p> <p>4 <input type="checkbox"/> Two</p> <p>6 <input type="checkbox"/> Three or more</p> <p style="text-align: center;">(go to 71)</p>		

## Questionnaire

9	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	9
FOR PERSONS WITH AN OCCUPATION DURING THE PERIOD OF 358 DAYS BEING INVESTIGATED (EXCEPT THOSE WHO CONTINUED TO BE EMPLOYED IN THE SAME MAIN ACTIVITY DURING THE REFERENCE WEEK).		
FOR PERSONS WITH AN OCCUPATION DURING THE PERIOD OF 358 DAYS BEING INVESTIGATED (EXCEPT THOSE WHO CONTINUED TO BE EMPLOYED IN THE SAME MAIN ACTIVITY DURING THE REFERENCE WEEK).		
<i>Questions 71 to 86 should refer to the single or main occupation that the person left during the period from Sept. 26 2003 to Sept. 18 2004.</i>		
<i>Questions 71 to 86 should refer to the single or main occupation that the person left during the period from Sept. 26 2003 to Sept. 18 2004.</i>		
71 What was ..... 's occupation in the former work done in the period from September 26 2003 to September 18 2004?		
Code		
(go to 72)		
71 What was ..... 's occupation in the former work done in the period from September 26 2003 to September 18 2004?		
Code		
(go to 72)		
72 What was the main activity of the venture (business, company, institution, entity, etc.) in which ..... had that former occupation?		
Code		
(If the activity is in the field of agriculture, animal husbandry, forestry, fishing, extractivism, fish farming or any service related to such activities go to 73 otherwise go to 77 )		
72 What was the main activity of the venture (business, company, institution, entity, etc.) in which ..... had that former occupation?		
Code		
(If the activity is in the field of agriculture, animal husbandry, forestry, fishing, extractivism, fish farming or any service related to such activities go to 73 otherwise go to 77 )		

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
<p>73 In that former work ..... was a:</p> <p>01 <input type="checkbox"/> Permanent employee in auxiliary services -----}(go to 78)</p> <p>02 <input type="checkbox"/> Permanent employee in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 74)</p> <p>03 <input type="checkbox"/> Permanent employee in other ----- }(go to 75) activities</p> <p>04 <input type="checkbox"/> Temporary employee -----}(go to 83)</p> <p>05 <input type="checkbox"/> Self-employed in auxiliary services}(go to 85)</p> <p>06 <input type="checkbox"/> Self-employed in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 76)</p> <p>07 <input type="checkbox"/> Self-employed in other activity --- --}(go to 76)</p> <p>08 <input type="checkbox"/> Employer-auxiliary services ----- -}(go to 85)</p> <p>09 <input type="checkbox"/> Employer in agriculture, forestry, or raising cattle, buffaloes, sheep, goats or pigs -----}(go to 76)</p> <p>10 <input type="checkbox"/> Employer in other type of activity ---}(go to 76)</p> <p>11 <input type="checkbox"/> Unpaid worker member of household unit-----}(go to 85)</p> <p>12 <input type="checkbox"/> Other type of unpaid worker -----}(go to 85)</p> <p>13 <input type="checkbox"/> Worker producing for own consumption -----}(go to 85)</p>	<p>73 In that former work ..... was a:</p> <p>01 <input type="checkbox"/> Permanent employee in auxiliary services -----}(go to 78)</p> <p>02 <input type="checkbox"/> Permanent employee in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 74)</p> <p>03 <input type="checkbox"/> Permanent employee in other ----- }(go to 75) activities</p> <p>04 <input type="checkbox"/> Temporary employee -----}(go to 83)</p> <p>05 <input type="checkbox"/> Self-employed in auxiliary services}(go to 85)</p> <p>06 <input type="checkbox"/> Self-employed in agriculture, forestry, or raising cattle, buffaloes, sheep goats or pigs -----}(go to 76)</p> <p>07 <input type="checkbox"/> Self-employed in other activity --- --}(go to 76)</p> <p>08 <input type="checkbox"/> Employer-auxiliary services ----- -}(go to 85)</p> <p>09 <input type="checkbox"/> Employer in agriculture, forestry, or raising cattle, buffaloes, sheep, goats or pigs -----}(go to 76)</p> <p>10 <input type="checkbox"/> Employer in other type of activity ---}(go to 76)</p> <p>11 <input type="checkbox"/> Unpaid worker member of household unit-----}(go to 85)</p> <p>12 <input type="checkbox"/> Other type of unpaid worker -----}(go to 85)</p> <p>13 <input type="checkbox"/> Worker producing for own consumption -----}(go to 85)</p>	<p>74 In this employment did ..... receive any piece of land from the employer to use for his/her personal production?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 75)</p>
	<p>74 In this employment did ..... receive any piece of land from the employer to use for his/her personal production?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 75)</p>	



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<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>75 In that former work did..... have any kind of partnership with the employer?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 75)</p>	<p>75 In that former work did..... have any kind of partnership with the employer?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 75)</p>
	<p>76 In that former work, .....was a:</p> <p>1 <input type="checkbox"/> Partner</p> <p>2 <input type="checkbox"/> Tenant</p> <p>3 <input type="checkbox"/> Squatter</p> <p>4 <input type="checkbox"/> Concessionaire</p> <p>5 <input type="checkbox"/> Proprietor</p> <p>6 <input type="checkbox"/> Other (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 85)</p>	<p>76 In that former work, .....was a:</p> <p>1 <input type="checkbox"/> Partner</p> <p>2 <input type="checkbox"/> Tenant</p> <p>3 <input type="checkbox"/> Squatter</p> <p>4 <input type="checkbox"/> Concessionaire</p> <p>5 <input type="checkbox"/> Proprietor</p> <p>6 <input type="checkbox"/> Other (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 85)</p>
	<p>77 In that former work, ..... was a:</p> <p>1 <input type="checkbox"/> Employee ----- → (go to 78)</p> <p>2 <input type="checkbox"/> Domestic servant ----- → (go to 82)</p> <p>3 <input type="checkbox"/> Working on own account } (go to 85)</p> <p>4 <input type="checkbox"/> Employer } (go to 85)</p> <p>5 <input type="checkbox"/> Unpaid worker member of household unit } (go to 85)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 85)</p> <p>7 <input type="checkbox"/> Working on construction for own use } (go to 85)</p>	<p>77 In that former work, ..... was a:</p> <p>1 <input type="checkbox"/> Employee ----- → (go to 78)</p> <p>2 <input type="checkbox"/> Domestic servant ----- → (go to 82)</p> <p>3 <input type="checkbox"/> Working on own account } (go to 85)</p> <p>4 <input type="checkbox"/> Employer } (go to 85)</p> <p>5 <input type="checkbox"/> Unpaid worker member of household unit } (go to 85)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 85)</p> <p>7 <input type="checkbox"/> Working on construction for own use } (go to 85)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	78 In which sector was that former employment?  2 <input type="checkbox"/> Private (go to 83) 4 <input type="checkbox"/> Public (go to 79)	78 In which sector was that former employment?  2 <input type="checkbox"/> Private (go to 83) 4 <input type="checkbox"/> Public (go to 79)
	79 In which sphere was that former employment?  1 <input type="checkbox"/> Federal ----- → (go to 80) 3 <input type="checkbox"/> State { (go to 81) 5 <input type="checkbox"/> Municipal { (go to 81)	79 In which sphere was that former employment?  1 <input type="checkbox"/> Federal ----- → (go to 80) 3 <input type="checkbox"/> State { (go to 81) 5 <input type="checkbox"/> Municipal { (go to 81)
	80 In that work, was ..... a member of the military?:  2 <input type="checkbox"/> Yes (go to 86) 4 <input type="checkbox"/> No (go to 81)	80 In that work, was ..... a member of the military?:  2 <input type="checkbox"/> Yes (go to 86) 4 <input type="checkbox"/> No (go to 81)
	81 In that former work, was ..... a permanent civil servant?:  1 <input type="checkbox"/> Yes (go to 86) 3 <input type="checkbox"/> No (go to 83)	81 In that former work, was ..... a permanent civil servant?:  1 <input type="checkbox"/> Yes (go to 86) 3 <input type="checkbox"/> No (go to 83)
	82 During the last thirty days of that former employment did ..... provide remunerated domestic services in more than one household?:  2 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No  (go to 83)	82 During the last thirty days of that former employment did ..... provide remunerated domestic services in more than one household?:  2 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No  (go to 83)
	83 In that former work, did ..... have his/her work card duly signed?  1 <input type="checkbox"/> Yes (go to 84)    3 <input type="checkbox"/> No (go to 85)	83 In that former work, did ..... have his/her work card duly signed?  1 <input type="checkbox"/> Yes (go to 84)    3 <input type="checkbox"/> No (go to 85)

## Questionnaire

9	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	9
	<p>84 Did ..... receive any unemployment benefit after leaving the former work?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 85)</p>	<p>84 Did ..... receive any unemployment benefit after leaving the former work?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 85)</p>
	<p>85 Was ..... a contributor to a Social Welfare scheme during that former work?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 86)</p>	<p>85 Was ..... a contributor to a Social Welfare scheme during that former work?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 86)</p>
	<p>86 How long did ..... spend in that former employment?</p> <p style="text-align: center;">_____ Years    _____ months</p> <p style="text-align: center;">(go to 87)</p>	<p>86 How long did ..... spend in that former employment?</p> <p style="text-align: center;">_____ Years    _____ months</p> <p style="text-align: center;">(go to 87)</p>
	<b>FOR PERSONS WITH AN OCCUPATION DURING THE 358 DAY REFERENCE PERIOD</b>	<b>FOR PERSONS WITH AN OCCUPATION DURING THE 358 DAY REFERENCE PERIOD</b>
	<p>87 In September 2004 was ..... a trade union member?</p> <p>1 <input type="checkbox"/> Yes (go to 88)      3 <input type="checkbox"/> No (go to 89)</p>	<p>87 In September 2004 was ..... a trade union member?</p> <p>1 <input type="checkbox"/> Yes (go to 88)      3 <input type="checkbox"/> No (go to 89)</p>
	<p>88 That union was made up of:</p> <p>1 <input type="checkbox"/> Urban employees</p> <p>2 <input type="checkbox"/> Rural laborers</p> <p>3 <input type="checkbox"/> Self-employed workers</p> <p>4 <input type="checkbox"/> Free lance workers</p> <p>5 <input type="checkbox"/> Qualified professionals</p> <p>6 <input type="checkbox"/> Other union (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 89)</p>	<p>88 That union was made up of:</p> <p>1 <input type="checkbox"/> Urban employees</p> <p>2 <input type="checkbox"/> Rural laborers</p> <p>3 <input type="checkbox"/> Self-employed workers</p> <p>4 <input type="checkbox"/> Free lance workers</p> <p>5 <input type="checkbox"/> Qualified professionals</p> <p>6 <input type="checkbox"/> Other union (specify)</p> <p>.....</p> <p style="text-align: center;">(go to 89)</p>

## Questionnaire

9	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	9
<p>89 How old was ..... when he/she first started to work?</p> <p>1 <input type="checkbox"/> Up to 9 years old</p> <p>2 <input type="checkbox"/> From 10 to 14 years old</p> <p>3 <input type="checkbox"/> From 15 to 17 years old</p> <p>4 <input type="checkbox"/> From 18 to 19 years old</p> <p>5 <input type="checkbox"/> From 20 to 24 years old</p> <p>6 <input type="checkbox"/> From 25 to 29 years old</p> <p>7 <input type="checkbox"/> 30 years old or more</p> <p>(if two or more jobs held in the reference week - code 3 or 5 in question 5 - go to 90. Otherwise go to 115)</p>	<p>89 How old was ..... when he/she first started to work?</p> <p>1 <input type="checkbox"/> Up to 9 years old</p> <p>2 <input type="checkbox"/> From 10 to 14 years old</p> <p>3 <input type="checkbox"/> From 15 to 17 years old</p> <p>4 <input type="checkbox"/> From 18 to 19 years old</p> <p>5 <input type="checkbox"/> From 20 to 24 years old</p> <p>6 <input type="checkbox"/> From 25 to 29 years old</p> <p>7 <input type="checkbox"/> 30 years old or more</p> <p>(if two or more jobs held in the reference week - code 3 or 5 in question 5 - go to 90. Otherwise go to 115)</p>	
<b>FOR PERSONS WITH TWO OCCUPATIONS OR MORE DURING THE REFERENCE WEEK</b>	<b>FOR PERSONS WITH TWO OCCUPATIONS OR MORE DURING THE REFERENCE WEEK</b>	
<p>90 What was ..... 's secondary occupation during the week from September 19 to 25 2004?</p> <p>_____</p> <p style="text-align: center;">Code</p> <p style="text-align: right;">(go to 91)</p>	<p>90 What was ..... 's secondary occupation during the week from September 19 to 25 2004?</p> <p>_____</p> <p style="text-align: center;">Code</p> <p style="text-align: right;">(go to 91)</p>	

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>91 What was the main activity of the venture (business, company, institution, entity, etc.) in which ..... had that secondary occupation?</p> <p>_____</p> <p style="text-align: center;">Code</p> <p style="text-align: right;">(go to 92)</p>	<p>91 What was the main activity of the venture (business, company, institution, entity, etc.) in which ..... had that secondary occupation?</p> <p>_____</p> <p style="text-align: center;">Code</p> <p style="text-align: right;">(go to 92)</p>
	<p>92 In that secondary work, ..... was a:</p> <p>1 <input type="checkbox"/> Employee ----- → (go to 93)</p> <p>2 <input type="checkbox"/> Domestic servant ----- → (go to 97)</p> <p>3 <input type="checkbox"/> Working on own account } (go to 98)</p> <p>4 <input type="checkbox"/> Employer } (go to 98)</p> <p>5 <input type="checkbox"/> Unpaid worker member of household unit } (go to 99)</p> <p>6 <input type="checkbox"/> Other type of unpaid worker } (go to 99)</p>	<p>92 In that secondary work, ..... was a:</p> <p>1 <input type="checkbox"/> Employee ----- → (go to 93)</p> <p>2 <input type="checkbox"/> Domestic servant ----- → (go to 97)</p> <p>3 <input type="checkbox"/> Working on own account } (go to 98)</p> <p>4 <input type="checkbox"/> Employer } (go to 98)</p> <p>5 <input type="checkbox"/> Unpaid worker member of household unit } (go to 99)</p> <p>6 <input type="checkbox"/> Other type of unpaid worker } (go to 99)</p>
	<p>93 In which sector was that secondary employment?</p> <p>1 <input type="checkbox"/> Private (go to 97)</p> <p>3 <input type="checkbox"/> Public (go to 94)</p>	<p>93 In which sector was that secondary employment?</p> <p>1 <input type="checkbox"/> Private (go to 97)</p> <p>3 <input type="checkbox"/> Public (go to 94)</p>
	<p>94 In which sphere was that secondary employment?</p> <p>2 <input type="checkbox"/> Federal ----- → (go to 95)</p> <p>4 <input type="checkbox"/> State { (go to 96)</p> <p>6 <input type="checkbox"/> Municipal { (go to 96)</p>	<p>94 In which sphere was that secondary employment?</p> <p>2 <input type="checkbox"/> Federal ----- → (go to 95)</p> <p>4 <input type="checkbox"/> State { (go to 96)</p> <p>6 <input type="checkbox"/> Municipal { (go to 96)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>95 In that secondary employment, was ..... a member of the military?:</p> <p>1 <input type="checkbox"/> Yes (go to 98)</p> <p>3 <input type="checkbox"/> No (go to 96)</p>	<p>95 In that secondary employment, was ..... a member of the military?:</p> <p>1 <input type="checkbox"/> Yes (go to 98)</p> <p>3 <input type="checkbox"/> No (go to 96)</p>
	<p>96 In that secondary employment, was ..... a permanent civil servant?:</p> <p>2 <input type="checkbox"/> Yes (go to 98)</p> <p>4 <input type="checkbox"/> No (go to 97)</p>	<p>96 In that secondary employment, was ..... a permanent civil servant?:</p> <p>2 <input type="checkbox"/> Yes (go to 98)</p> <p>4 <input type="checkbox"/> No (go to 97)</p>
	<p>97 In that former work, did ..... have his/her work card duly signed?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 98)</p>	<p>97 In that former work, did ..... have his/her work card duly signed?</p> <p>1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 98)</p>
	<p>98 What was ..... 's normal monthly salary for that secondary employment in September 2004?</p> <p>2 <input type="checkbox"/> _____ .00 In cash (Reals)</p> <p>4 <input type="checkbox"/> _____ .00 In kind-value of products and goods (Reals)</p> <p>6 <input type="checkbox"/> In benefits only</p> <p style="text-align: center;">(go to 99)</p>	<p>98 What was ..... 's normal monthly salary for that secondary employment in September 2004?</p> <p>2 <input type="checkbox"/> _____ .00 In cash (Reals)</p> <p>4 <input type="checkbox"/> _____ .00 In kind-value of products and goods (Reals)</p> <p>6 <input type="checkbox"/> In benefits only</p> <p style="text-align: center;">(go to 99)</p>
	<p>99 Was ..... a contributor to a Social Welfare scheme in that secondary occupation?</p> <p>1 <input type="checkbox"/> Yes (go to 100)</p> <p>3 <input type="checkbox"/> No (go to 101)</p>	<p>99 Was ..... a contributor to a Social Welfare scheme in that secondary occupation?</p> <p>1 <input type="checkbox"/> Yes (go to 100)</p> <p>3 <input type="checkbox"/> No (go to 101)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>100 In which sphere was the Welfare scheme to which ..... contributed in that secondary employment?</p> <p>2 <input type="checkbox"/> Federal</p> <p>4 <input type="checkbox"/> State</p> <p>6 <input type="checkbox"/> Municipal</p> <p style="text-align: right;">(go to 101)</p>	<p>100 In which sphere was the Welfare scheme to which ..... contributed in that secondary employment?</p> <p>2 <input type="checkbox"/> Federal</p> <p>4 <input type="checkbox"/> State</p> <p>6 <input type="checkbox"/> Municipal</p> <p style="text-align: right;">(go to 101)</p>
	<p>101 How many hours a week did ..... normally work in that secondary occupation?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Hours</p> <p>(if three or more jobs held in the reference week - code 5 in question 5 - go to 90. Otherwise go to 115)</p>	<p>101 How many hours a week did ..... normally work in that secondary occupation?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Hours</p> <p>(if three or more jobs held in the reference week - code 5 in question 5 - go to 90. Otherwise go to 115)</p>
	<p><i>Questions 102 to 105 should refer to other jobs that the person had during the reference period not counting the main and secondary occupations</i></p>	<p><i>Questions 102 to 105 should refer to other jobs that the person had during the reference period not counting the main and secondary occupations</i></p>
	<p>102 What was ..... 's normal monthly salary in September 2004 for those other occupations he/she had in the week from September 19 to 25 2004?</p> <p>2 <input type="checkbox"/> _____ .00 In cash (Reals)</p> <p>4 <input type="checkbox"/> _____ .00 In kind- value of products and goods (Reals)</p> <p>6 <input type="checkbox"/> In benefits only</p> <p>8 <input type="checkbox"/> Non remunerated</p> <p style="text-align: right;">(go to 103)</p>	<p>102 What was ..... 's normal monthly salary in September 2004 for those other occupations he/she had in the week from September 19 to 25 2004?</p> <p>2 <input type="checkbox"/> _____ .00 In cash (Reals)</p> <p>4 <input type="checkbox"/> _____ .00 In kind- value of products and goods (Reals)</p> <p>6 <input type="checkbox"/> In benefits only</p> <p>8 <input type="checkbox"/> Non remunerated</p> <p style="text-align: right;">(go to 103)</p>

## Questionnaire

9	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	9
103 Was ..... a contributor to a Social Welfare scheme in those additional occupations?  1 <input type="checkbox"/> Yes (go to 104) 3 <input type="checkbox"/> No (go to 105)	103 Was ..... a contributor to a Social Welfare scheme in those additional occupations?  1 <input type="checkbox"/> Yes (go to 104) 3 <input type="checkbox"/> No (go to 105)	
104 In which sphere was the Welfare scheme to which ..... contributed in those additional occupations?  2 <input type="checkbox"/> Federal 4 <input type="checkbox"/> State 6 <input type="checkbox"/> Municipal  (go to 105)	104 In which sphere was the Welfare scheme to which ..... contributed in those additional occupations?  2 <input type="checkbox"/> Federal 4 <input type="checkbox"/> State 6 <input type="checkbox"/> Municipal  (go to 105)	
105 How many hours a week did ..... normally work in those additional occupations?  <div style="text-align: center; margin: 10px 0;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>                          Hours                     </div> (go to 115)	105 How many hours a week did ..... normally work in those additional occupations?  <div style="text-align: center; margin: 10px 0;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>                          Hours                     </div> (go to 115)	
<b>FOR PERSONS WITH NO WORK IN THE 365 DAY REFERENCE PERIOD</b>	<b>FOR PERSONS WITH NO WORK IN THE 365 DAY REFERENCE PERIOD</b>	
106 Did ..... have any work prior to September 26 2003?  2 <input type="checkbox"/> Yes (go to 109) 4 <input type="checkbox"/> No (go to 107)	106 Did ..... have any work prior to September 26 2003?  2 <input type="checkbox"/> Yes (go to 109) 4 <input type="checkbox"/> No (go to 107)	
107 In the period prior to Sept. 26 2003, did .....do any kind of planting or animal husbandry work or fishing aimed at providing food for the family?  1 <input type="checkbox"/> Yes (go to 109) 3 <input type="checkbox"/> No (go to 108)	107 In the period prior to Sept. 26 2003, did .....do any kind of planting or animal husbandry work or fishing aimed at providing food for the family?  1 <input type="checkbox"/> Yes (go to 109) 3 <input type="checkbox"/> No (go to 108)	



## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>108 In the period prior to Sept. 26 2003 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>2 <input type="checkbox"/> Yes (go to 109)</p> <p>4 <input type="checkbox"/> No (go to 115)</p>	<p>108 In the period prior to Sept. 26 2003 did .....do any kind of building work on the building or rooms of the dwelling or on a well destined to be used by the household members?</p> <p>2 <input type="checkbox"/> Yes (go to 109)</p> <p>4 <input type="checkbox"/> No (go to 115)</p>
	<b>FOR PERSONS WHO ONLY HAD WORK PRIOR TO THE 365 DAY REFERENCE PERIOD</b>	<b>FOR PERSONS WHO ONLY HAD WORK PRIOR TO THE 365 DAY REFERENCE PERIOD</b>
	<p>109 On September 25 2004, how long had it been since ..... left the last work he/she had had?</p> <p style="text-align: center;">      <math>\overline{\hspace{1cm}}</math>      <math>\overline{\hspace{1cm}}</math>       Years      months</p> <p>(If less than 5 years go to 110. Otherwise go to 115)</p>	<p>109 On September 25 2004, how long had it been since ..... left the last work he/she had had?</p> <p style="text-align: center;">      <math>\overline{\hspace{1cm}}</math>      <math>\overline{\hspace{1cm}}</math>       Years      months</p> <p>(If less than 5 years go to 110. Otherwise go to 115)</p>
	<p>110 What was ..... 's occupation in the last work he/she had?</p> <p>Code</p> <p style="text-align: center;">(go to 111)</p>	<p>110 What was ..... 's occupation in the last work he/she had?</p> <p>Code</p> <p style="text-align: center;">(go to 111)</p>
	<p>111 What was the main line of activity of the enterprise (business, company, institution, entity) where ..... last worked?</p> <p>Code</p> <p style="text-align: center;">(go to 112)</p>	<p>111 What was the main line of activity of the enterprise (business, company, institution, entity) where ..... last worked?</p> <p>Code</p> <p style="text-align: center;">(go to 112)</p>

## Questionnaire

9	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	9
	<p>112 ..... 's position in that last work was:</p> <p>1 <input type="checkbox"/> Employee -----&gt; (go to 113)</p> <p>2 <input type="checkbox"/> Domestic servant -----&gt; (go to 114)</p> <p>3 <input type="checkbox"/> working on own account } (go to 115)</p> <p>4 <input type="checkbox"/> Employer } (go to 115)</p> <p>5 <input type="checkbox"/> Unpaid worker member of family unit } (go to 115)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 115)</p> <p>7 <input type="checkbox"/> Working on production for own consumption } (go to 115)</p> <p>8 <input type="checkbox"/> Working on construction for own use } (go to 115)</p>	
	<p>113 In that last employment , was ..... a permanent civil servant or a member of the military?</p> <p>1 <input type="checkbox"/> Yes (go to 115)</p> <p>3 <input type="checkbox"/> No (go to 114)</p>	
	<p>114 In that last work, did ..... have his/her work card duly signed?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 115)</p>	
	<b>FOR PERSONS AGE 10 OR ABOVE</b>	
	<p>115 Did ..... make any attempt to find employment in the week from September 19 to 25 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 119)</p> <p>3 <input type="checkbox"/> No (go to 116)</p>	
	<p>112 ..... 's position in that last work was:</p> <p>1 <input type="checkbox"/> Employee -----&gt; (go to 113)</p> <p>2 <input type="checkbox"/> Domestic servant -----&gt; (go to 114)</p> <p>3 <input type="checkbox"/> working on own account } (go to 115)</p> <p>4 <input type="checkbox"/> Employer } (go to 115)</p> <p>5 <input type="checkbox"/> Unpaid worker member of family unit } (go to 115)</p> <p>6 <input type="checkbox"/> Other unpaid worker } (go to 115)</p> <p>7 <input type="checkbox"/> Working on production for own consumption } (go to 115)</p> <p>8 <input type="checkbox"/> Working on construction for own use } (go to 115)</p>	
	<p>113 In that last employment , was ..... a permanent civil servant or a member of the military?</p> <p>1 <input type="checkbox"/> Yes (go to 115)</p> <p>3 <input type="checkbox"/> No (go to 114)</p>	
	<p>114 In that last work, did ..... have his/her work card duly signed?</p> <p>2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No</p> <p style="text-align: center;">(go to 115)</p>	
	<b>FOR PERSONS AGE 10 OR ABOVE</b>	
	<p>115 Did ..... make any attempt to find employment in the week from September 19 to 25 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 119)</p> <p>3 <input type="checkbox"/> No (go to 116)</p>	

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>116 Did ..... make any attempt to find employment in the period from August 27 to September 18 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 119)</p> <p>4 <input type="checkbox"/> No (go to 117)</p>	<p>116 Did ..... make any attempt to find employment in the period from August 27 to September 18 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 119)</p> <p>4 <input type="checkbox"/> No (go to 117)</p>
	<p>117 Did ..... make any attempt to find employment in the period from July 28 to August 26 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 119)</p> <p>3 <input type="checkbox"/> No (go to 118)</p>	<p>117 Did ..... make any attempt to find employment in the period from July 28 to August 26 2004?</p> <p>1 <input type="checkbox"/> Yes (go to 119)</p> <p>3 <input type="checkbox"/> No (go to 118)</p>
	<p>118 Did ..... make any attempt to find employment in the period from September 26 2003 to July 27 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 119)</p> <p>4 <input type="checkbox"/> No (go to 120)</p>	<p>118 Did ..... make any attempt to find employment in the period from September 26 2003 to July 27 2004?</p> <p>2 <input type="checkbox"/> Yes (go to 119)</p> <p>4 <input type="checkbox"/> No (go to 120)</p>
	<p>119 What was the last action undertaken by .....prior to September 25 to obtain employment?</p> <p>1 <input type="checkbox"/> Consulted employers</p> <p>2 <input type="checkbox"/> Sat public admission exams</p> <p>3 <input type="checkbox"/> Enrolled for public admission exams</p> <p>4 <input type="checkbox"/> Consulted an agency or union</p> <p>5 <input type="checkbox"/> Placed an advertisement or answered one</p> <p>6 <input type="checkbox"/> Consulted friend, colleague, relations</p> <p>7 <input type="checkbox"/> Took steps to open a business</p> <p>8 <input type="checkbox"/> Other measures (specify) .....</p> <p>0 <input type="checkbox"/> No action taken</p> <p style="text-align: right;">(go to 120)</p>	<p>119 What was the last action undertaken by .....prior to September 25 to obtain employment?</p> <p>1 <input type="checkbox"/> Consulted employers</p> <p>2 <input type="checkbox"/> Sat public admission exams</p> <p>3 <input type="checkbox"/> Enrolled for public admission exams</p> <p>4 <input type="checkbox"/> Consulted an agency or union</p> <p>5 <input type="checkbox"/> Placed an advertisement or answered one</p> <p>6 <input type="checkbox"/> Consulted friend, colleague, relations</p> <p>7 <input type="checkbox"/> Took steps to open a business</p> <p>8 <input type="checkbox"/> Other measures (specify) .....</p> <p>0 <input type="checkbox"/> No action taken</p> <p style="text-align: right;">(go to 120)</p>

## Questionnaire

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>120 In September 2004 was ..... contributing to any private welfare organization?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 120)</p>	<p>120 In September 2004 was ..... contributing to any private welfare organization?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 120)</p>
	<p>121 In the week September 19 to 25 2004 was ..... involved with domestic chores?</p> <p>1 <input type="checkbox"/> Yes (go to 121a)</p> <p>3 <input type="checkbox"/> No (go to 122)</p>	<p>121 In the week September 19 to 25 2004 was ..... involved with domestic chores?</p> <p>1 <input type="checkbox"/> Yes (go to 121a)</p> <p>3 <input type="checkbox"/> No (go to 122)</p>
	<p>121a How many hours a week did .....normally devote to domestic chores?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Hours</p> <p style="text-align: right;">(go to 122)</p>	<p>121a How many hours a week did .....normally devote to domestic chores?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Hours</p> <p style="text-align: right;">(go to 122)</p>
	<p>122 In the week September 19 to 25 2004 was ..... on retirement pension from a Federal (INSS), State or Municipal welfare Institution?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 123)</p>	<p>122 In the week September 19 to 25 2004 was ..... on retirement pension from a Federal (INSS), State or Municipal welfare Institution?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">(go to 123)</p>
	<p>123 In the week September 19 to 25 2004 was ..... a pensioner of a Federal (INSS), State or Municipal welfare institution?</p> <p>1 <input type="checkbox"/> Yes (go to 125)</p> <p>3 <input type="checkbox"/> No (If "yes" to Qu. 122 go to 125. Otherwise go to 124)</p>	<p>123 In the week September 19 to 25 2004 was ..... a pensioner of a Federal (INSS), State or Municipal welfare institution?</p> <p>1 <input type="checkbox"/> Yes (go to 125)</p> <p>3 <input type="checkbox"/> No (If "yes" to Qu. 122 go to 125. Otherwise go to 124)</p>
	<p>124 In September 2004 was ..... regularly receiving income from a support pension or from a pension fund, or from fidelity bonus, rent, donation, interest on savings, dividends or any other source?</p> <p>2 <input type="checkbox"/> Yes (go to 125)</p> <p>4 <input type="checkbox"/> No (close off this part)</p>	<p>124 In September 2004 was ..... regularly receiving income from a support pension or from a pension fund, or from permanence bonus, rent, donation, interest on savings, dividends or any other source?</p> <p>2 <input type="checkbox"/> Yes (go to 125)</p> <p>4 <input type="checkbox"/> No (close off this part)</p>

**Questionnaire**

<b>9</b>	<b>WORK AND INCOME CHARACTERISTICS OF RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>9</b>
	<p>125 What was the income that ..... was regularly receiving In September 2004 from:</p> <p>1 <input type="checkbox"/> _____ <b>.00</b> Retirement pay from Federal Government or welfare institute (Reals)</p> <p>2 <input type="checkbox"/> _____ <b>.00</b> Pension from Federal Government or welfare institute (Reals)</p> <p>3 <input type="checkbox"/> _____ <b>.00</b> Other type of retirement benefit (Reals)</p> <p>4 <input type="checkbox"/> _____ <b>.00</b> Other type of pension (Reals)</p> <p>5 <input type="checkbox"/> _____ <b>.00</b> Fidelity Bonus (Reals)</p> <p>6 <input type="checkbox"/> _____ <b>.00</b> Rent (Reals)</p> <p>7 <input type="checkbox"/> _____ <b>.00</b> Donation from non-resident (Reals)</p> <p>8 <input type="checkbox"/> _____ <b>.00</b> Interest from savings account, financial applications, dividends and other income (specify) (Reals) .....</p> <p>0 <input type="checkbox"/> Control</p>	<p>125 What was the income that ..... was regularly receiving In September 2004 from:</p> <p>1 <input type="checkbox"/> _____ <b>.00</b> Retirement pay from Federal Government or welfare institute (Reals)</p> <p>2 <input type="checkbox"/> _____ <b>.00</b> Pension from Federal Government or welfare institute (Reals)</p> <p>3 <input type="checkbox"/> _____ <b>.00</b> Other type of retirement benefit (Reals)</p> <p>4 <input type="checkbox"/> _____ <b>.00</b> Other type of pension (Reals)</p> <p>5 <input type="checkbox"/> _____ <b>.00</b> Fidelity Bonus (Reals)</p> <p>6 <input type="checkbox"/> _____ <b>.00</b> Rent (Reals)</p> <p>7 <input type="checkbox"/> _____ <b>.00</b> Donation from non-resident (Reals)</p> <p>8 <input type="checkbox"/> _____ <b>.00</b> Interest from savings account, financial applications, dividends and other income (specify) (Reals) .....</p> <p>0 <input type="checkbox"/> Control</p>

## Questionnaire

<b>11</b>	<b>FERTILITY CHARACTERISTICS OF WOMEN RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)	<b>11</b>
	<p>1 Prior to September 25 2004 was any child born alive (or that showed some signs of life at birth) to ..... ?</p> <p>1 <input type="checkbox"/> Yes (go to 2)</p> <p>3 <input type="checkbox"/> No (go to 10)</p>	<p>1 Prior to September 25 2004 was any child born alive (or that showed some signs of life at birth) to ..... ?</p> <p>1 <input type="checkbox"/> Yes (go to 2)</p> <p>3 <input type="checkbox"/> No (go to 10)</p>
	<p>2 How many live born children did ..... give birth to prior to September 25 2004?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p>6 <input type="checkbox"/> Don't know <span style="margin-left: 100px;">8 <input type="checkbox"/> Don't know</span></p> <p style="text-align: center;">(go to 3)</p>	<p>2 How many live born children did ..... give birth to prior to September 25 2004?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p>6 <input type="checkbox"/> Don't know <span style="margin-left: 100px;">8 <input type="checkbox"/> Don't know</span></p> <p style="text-align: center;">(go to 3)</p>
	<p>3 Of those children born alive to ....., how many are still alive?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p>5 <input type="checkbox"/> Don't know <span style="margin-left: 100px;">7 <input type="checkbox"/> Don't know</span></p> <p style="text-align: center;">(go to 4)</p>	<p>3 Of those children born alive to ....., how many are still alive?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p>5 <input type="checkbox"/> Don't know <span style="margin-left: 100px;">7 <input type="checkbox"/> Don't know</span></p> <p style="text-align: center;">(go to 4)</p>
	<p>4 Of those children born alive to ....., how many are living in this household?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p style="text-align: center;">(go to 5)</p>	<p>4 Of those children born alive to ....., how many are living in this household?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p style="text-align: center;">(go to 5)</p>
	<p>5 Of those children born alive to ....., how many are living somewhere else?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p>5 <input type="checkbox"/> Don't know <span style="margin-left: 100px;">7 <input type="checkbox"/> Don't know</span></p> <p style="text-align: center;">(go to 6)</p>	<p>5 Of those children born alive to ....., how many are living somewhere else?</p> <p style="padding-left: 40px;">Male <span style="margin-left: 100px;">Female</span></p> <p>5 <input type="checkbox"/> Don't know <span style="margin-left: 100px;">7 <input type="checkbox"/> Don't know</span></p> <p style="text-align: center;">(go to 6)</p>

## Questionnaire

<b>3</b>	<b>IDENTIFICATION OF THE HOUSEHOLD RESIDENTS</b>				<b>3</b>
1 List N°		Name		1 List N°	
2 Sex		4 <input type="checkbox"/> Female		2 Sex	
2 <input type="checkbox"/> Male				2 <input type="checkbox"/> Male	
3 Date of Birth		Number of jobs	3 Date of Birth		Number of jobs
day month year			day month year		

<b>11</b>	<b>FERTILITY CHARACTERISTICS OF WOMEN RESIDENTS AGED 10 OR OVER</b> (BORN ON OR BEFORE SEPT. 25 1994)				<b>11</b>
6 Of those children born alive to ....., how many have already died?			6 Of those children born alive to ....., how many have already died?		
Male		Female	Male		Female
6 <input type="checkbox"/> Don't know		8 <input type="checkbox"/> Don't know	6 <input type="checkbox"/> Don't know		8 <input type="checkbox"/> Don't know
(go to 7)			(go to 7)		
7 What was the sex of the last child born alive to .....			7 What was the sex of the last child born alive to .....		
1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female 5 <input type="checkbox"/> Don't know			1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female 5 <input type="checkbox"/> Don't know		
(go to 8)			(go to 8)		
8 In what year and month was the last child born alive to..... ?			8 In what year and month was the last child born alive to..... ?		
_____		_____	_____		_____
month		Year	month		Year
(go to 9)			(go to 9)		
9 Was the last child born alive to ..... still alive on September 25 2004?			9 Was the last child born alive to ..... still alive on September 25 2004?		
1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Don't know			1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Don't know		
(go to 10)			(go to 10)		
10 Prior to September 25 2004 had ..... ever had a stillborn baby born after the seventh month of pregnancy?			10 Prior to September 25 2004 had ..... ever had a stillborn baby born after the seventh month of pregnancy?		
2 <input type="checkbox"/> Yes (go to 11)			2 <input type="checkbox"/> Yes (go to 11)		
4 <input type="checkbox"/> No (close off this part)			4 <input type="checkbox"/> No (close off this part)		
11 How many stillborn babies had been born to ..... prior to September 25 2004?			11 How many stillborn babies had been born to ..... prior to September 25 2004?		
Male		Female	Male		Female
5 <input type="checkbox"/> Don't know		7 <input type="checkbox"/> Don't know	5 <input type="checkbox"/> Don't know		7 <input type="checkbox"/> Don't know

## Questionnaire

20	CHARACTERISTICS OF ACCESS OF THE HOUSEHOLDS TO SOME SOCIAL PROGRAMS FOR TRANSFERRING INCOME	20
<i>The informant should NOT be asked Questions 1 and 2. They are designed for the control of the interview</i>		8 In September of 2004, how many household residents were registered in or beneficiaries of the Food Grant Social Program?  _____ (go to 7)
1 The informant for this part is:  1 <input type="checkbox"/> A household resident (go to 2) 3 <input type="checkbox"/> Not resident in the household (go to 3)		9 In September of 2004 , did any elderly or handicapped household resident receive money from the social program Continuous Cash Benefit - BPC-LOAS? 1 <input type="checkbox"/> Yes (go to 10) 3 <input type="checkbox"/> No (go to 11)
2 The list number of the informant for this part is:  _____ (go to 3)		10 In September of 2004 , how many elderly or handicapped household residents received money from the social program Continuous Cash Benefit - BPC-LOAS?  _____ (go to 11)
3 In September of 2004 , did any household resident receive money from the Gas Voucher Social Program?  1 <input type="checkbox"/> Yes (go to 5) 3 <input type="checkbox"/> No (go to 4)		11 In September of 2004 , did any other household resident receive money from the social program Continuous Cash Benefit -BPC-LOAS?  1 <input type="checkbox"/> Yes                      3 <input type="checkbox"/> No (go to 12)
4 In September of 2004 , was any household resident register4d in the Gas Voucher Social Program?  2 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No (go to 5)		12 In September of 2004 , did any household resident receive money from the School Grant Social Program? 2 <input type="checkbox"/> Yes (go to 13) 4 <input type="checkbox"/> No (go to 14)
5 In September of 2004 , did any household resident receive money from the Bolsa Família Social Program?  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No (go to 6)		13 In September of 2004 , how many household residents received money from the School Grant Social Program?  _____ (go to 14)
6 In September of 2004 , did any household resident receive money from the Social Program Food Card, part of the Zero Hunger campaign?  2 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No (go to 7)		14 In September of 2004 , did any household resident receive money from the Social Program for the Eradication of Child labor - PETI?  2 <input type="checkbox"/> Yes (go to 15) 4 <input type="checkbox"/> No (go to 16)
7 In September of 2004 , did any household resident receive money from the Social Program Food Card, part of the Zero Hunger campaign??  1 <input type="checkbox"/> Yes (go to 8) 4 <input type="checkbox"/> No (go to 9)		15 In September of 2004 , how many household residents received money from the Social Program for the Eradication of Child labor - PETI?  _____ (go to 16)
		16 In September of 2004 , did any household resident receive money from any other Federal, State or municipal Social program? 2 <input type="checkbox"/> Yes                      4 <input type="checkbox"/> No (close off this part)



## Questionnaire

21	FOOD SECURITY CHARACTERISTICS OF HOUSEHOLD RESIDENTS	21
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><i>The informant should NOT be asked Questions 1 and 2. They are designed for the control of the interview</i></p> </div>		
<p>1 The informant for this part is:</p> <p>1 <input type="checkbox"/> A household resident (go to 2)</p> <p>3 <input type="checkbox"/> Not resident in the household (go to 3)</p>	<p>6 During the last 3 months how often has it happened that food finished before the household residents got money to buy more food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 7)</p>	
<p>2 The list number of the informant for this part is:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(go to 3)</p>	<p>7 During the last three months has it happened that the household residents found themselves without enough money to maintain a healthy and varied diet?</p> <p>1 <input type="checkbox"/> Yes (go to 8)</p> <p>3 <input type="checkbox"/> No (go to 9)</p>	
<p>3 During the last 3 months have the residents of this household been concerned that the food would finish before they would be able to buy more?</p> <p>1 <input type="checkbox"/> Yes (go to 4)</p> <p>3 <input type="checkbox"/> No (go to 5)</p>	<p>8 During the last three months how often has it happened that the household residents found themselves without enough money to maintain a healthy and varied diet?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 9)</p>	
<p>4 During the last 3 months, how often have the residents of this household been concerned that would no be able to buy or receive more food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 5)</p>	<p>9 In the last 3 months has it happened that the household residents have eaten only the food that was left because they ran out of money?</p> <p>1 <input type="checkbox"/> Yes (go to 10)</p> <p>3 <input type="checkbox"/> No } ( if in questions 3,5, and 7, the answer was No in all of them then close off the interview. Otherwise go to 11)</p>	
<p>5 During the last 3 months has it happened that food finished before the household residents got money to buy more food?</p> <p>1 <input type="checkbox"/> Yes (go to 6)</p> <p>3 <input type="checkbox"/> No (go to 7)</p>		

## Questionnaire

21	FOOD SECURITY CHARACTERISTICS OF HOUSEHOLD RESIDENTS	21
<p>10 In the last 3 months, how often has it happened that the household residents have eaten only the food that was left because they ran out of money?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 7)</p>	<p>13 During the last 3 months has a household resident 18 years old or over, cut out a meal because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Yes (go to 14)</p> <p>3 <input type="checkbox"/> No (go to 15)</p>	<p>14 During the last 3 months how often has a household resident 18 years old or over, cut out a meal because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 7)</p>
<p><i>Questions 11 to 19 should only be asked if at least one of the questions 3,5, 7 or 9 was answered with a "Yes".</i></p>		
<p>11 During the last 3 months has any household resident 18 years old or over, cut down on the food in meals because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Yes (go to 12)</p> <p>3 <input type="checkbox"/> No (go to 13)</p>	<p>15 During the last 3 months has a household resident 18 years old or over, eaten less because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Yes (go to 16)</p> <p>3 <input type="checkbox"/> No (go to 17)</p>	<p>16 During the last three months how often has a household resident 18 years old eaten less because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 9)</p>
<p>12 During the last 3 months how often has a household resident 18 years old or over, cut down on meals because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 13)</p>		

## Questionnaire

21	FOOD SECURITY CHARACTERISTICS OF HOUSEHOLD RESIDENTS	21
<p>17 During the last 3 months has any household resident 18 years old or over felt hungry and not eaten because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Yes (go to 18)</p> <p>3 <input type="checkbox"/> No (go to 19)</p>	<p>21 During the last 3 months has a household resident 18 years old or over had only one meal or gone a day without eating because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Yes (go to 22)</p> <p>3 <input type="checkbox"/> No (go to 23)</p>	<p>21 During the last 3 months has a household resident 18 years old or over had only one meal or gone a day without eating because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Yes (go to 22)</p> <p>3 <input type="checkbox"/> No (go to 23)</p>
<p>18 During the last 3 months, how often has a household resident 18 years old or over felt hungry and not eaten because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two day</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 19)</p>	<p>22 During the last 3 months, how often has a household resident 18 years old or over had only one meal or gone a day without eating because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 23)</p>	<p>22 During the last 3 months, how often has a household resident 18 years old or over had only one meal or gone a day without eating because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Almost every day</p> <p>4 <input type="checkbox"/> On some days</p> <p>6 <input type="checkbox"/> Only one or two days</p> <p>8 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 23)</p>
<p>19 During the last 3 months has any household resident 18 years old or over lost weight because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Yes (go to 20)</p> <p>3 <input type="checkbox"/> No (go to 21)</p>	<p><i>The informant should not be asked question 23. It is designed for the control of the interview</i></p>	
<p>20 During the last 3 months how much weight was lost by a household resident 18 years old or over because there was no money to buy food?</p> <p>2 <input type="checkbox"/> A lot</p> <p>4 <input type="checkbox"/> A fair amount</p> <p>6 <input type="checkbox"/> A little</p> <p style="text-align: right;">(go to 21)</p>	<p>23 Are there any residents in the household in the 0 to 17 age group (born between September 26 1986 and September 25 2004):</p> <p>1 <input type="checkbox"/> Yes, there are (go to 24)</p> <p>3 <input type="checkbox"/> No there aren't (go to 36)</p>	<p>23 Are there any residents in the household in the 0 to 17 age group (born between September 26 1986 and September 25 2004):</p> <p>1 <input type="checkbox"/> Yes, there are (go to 24)</p> <p>3 <input type="checkbox"/> No there aren't (go to 36)</p>
<p><i>Questions 24 to 35 should only be asked if there is at least one under 17 year old living in the household.</i></p>		
<p>24 During the last 3 months has a household resident under 18 years old failed to have a healthy and varied diet because there was no money to buy adequate food?</p> <p>1 <input type="checkbox"/> Yes (go to 25)</p> <p>3 <input type="checkbox"/> No (go to 26)</p>	<p>24 During the last 3 months has a household resident under 18 years old failed to have a healthy and varied diet because there was no money to buy adequate food?</p> <p>1 <input type="checkbox"/> Yes (go to 25)</p> <p>3 <input type="checkbox"/> No (go to 26)</p>	

## Questionnaire

21	FOOD SECURITY CHARACTERISTICS OF HOUSEHOLD RESIDENTS	21	
<p>25 During the last 3 months how often has a household resident under 18 years old failed to have a healthy and varied diet because there was no money to buy adequate food?</p> <p>1 <input type="checkbox"/> Almost every day            3 <input type="checkbox"/> On some days            5 <input type="checkbox"/> Only one or two day            7 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 19)</p>	<p>29 28 During the last 3 months how often was the quantity of food in the meals cut down for a household resident under 18 years old because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Almost every day            3 <input type="checkbox"/> On some days            5 <input type="checkbox"/> Only one or two day            7 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 30)</p>	<p>26 During the last 3 months has any household resident under 18 years old not had enough to eat because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Yes (go to 27)            4 <input type="checkbox"/> No (go to 28)</p>	<p>30 During the last 3 months, has any household resident under 18 years old missed a meal because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Yes (go to 31)            4 <input type="checkbox"/> No (go to 32)</p>
<p>27 During the last 3 months how often has a household resident under 18 years not had enough to eat because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Almost every day            3 <input type="checkbox"/> On some days            5 <input type="checkbox"/> Only one or two day            7 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 28)</p>	<p>31 During the last 3 months, how often has a household resident under 18 years old missed a meal because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Almost every day            3 <input type="checkbox"/> On some days            5 <input type="checkbox"/> Only one or two day            7 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 32)</p>	<p>28 During the last 3 months was the quantity of food in the meals cut down for a household resident under 18 years old because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Yes (go to 29)            4 <input type="checkbox"/> No (go to 30)</p>	<p>32 During the last 3 months has any household resident under 18 years old over felt hungry and not eaten because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Yes (go to 33)            4 <input type="checkbox"/> No (go to 34)</p>

## Questionnaire

21	FOOD SECURITY CHARACTERISTICS OF HOUSEHOLD RESIDENTS	21
	<p>33 During the last 3 months, how often has a household resident under 18 years old felt hungry and not eaten because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Almost every day</p> <p>3 <input type="checkbox"/> On some days</p> <p>5 <input type="checkbox"/> Only one or two days</p> <p>7 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 34)</p>	<p>36 During the last 3 months, how often has a household resident under 18 years old gone a day without eating because there was no money to buy food?</p> <p>1 <input type="checkbox"/> Almost every day</p> <p>3 <input type="checkbox"/> On some days</p> <p>5 <input type="checkbox"/> Only one or two days</p> <p>7 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">(go to 36)</p>
	<p>34 During the last 3 months has a household resident under 18 years old ever gone a day without eating because there was no money to buy food?</p> <p>2 <input type="checkbox"/> Yes (go to 35)</p> <p>4 <input type="checkbox"/> No (go to 36)</p>	<p>36 During the last 3 months has any household resident at any time received help in the form of food from an institution, employer or person not residing in the household?</p> <p>2 <input type="checkbox"/> Yes</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">(close off the interview)</p>
<p>REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		



This publication presents the methodologies applied in 18 research surveys to evaluate the programs and policies of the Ministry of Social Development and Fight against Hunger, within the scope of its monitoring and evaluation system. The coordination of these studies is carried out by the Secretariat for Evaluation and Information Management together with the secretariats responsible for the management of the programs: National Secretariat for Citizenship Income, National Secretariat for Social Assistance, National Secretariat for Food and Nutrition Security and Secretariat for Institutional Network and Partnerships.

The methodologies and the instruments of evaluation gathered in this book cover the programs: Bolsa FamTia, Social Protection for Children, Adolescents and Families who are Affected by Sexual Violence, Abuse and Exploitation, Continuous Cash Benefit, Food Acquisition Program, Low Income Restaurants and Cisterns. There are also diagnostic studies: Special Social Assistance Supplement to the Basic Municipal Survey, Survey of Private Non-Profit Social Assistance Organizations, Food Insecurity Supplement to the National Household Sample Survey – 2004 and Health and Nutrition Day for Children under Five Living in the Semi-arid Regions and in Agrarian Reform Settlements.



**Ministério do Desenvolvimento  
Social e Combate à Fome**

