



Photo: Mercy Corps Guatemala

GIRL ROSTER™ / I'M HERE IMPLEMENTATION

Making Girls Visible in Alta Verapaz, Guatemala

OCTOBER 2016

ACKNOWLEDGEMENTS

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Overview

Since 2001, Mercy Corps has been working in Guatemala at the community and municipal level, in close collaboration with the government, civil society and private sector to improve the lives of the most vulnerable people. Through support from the Starbucks Foundation, Mercy Corps has been implementing the Community Health and Advancement Initiative (CHAI) project in Alta Verapaz, Guatemala since 2003, improving the lives of more than 92,000 people. Currently in Phase V, the CHAI program seeks to improve the lives of 20,000 people in and adjacent to tea and botanical growing communities through improved water and sanitation, youth leadership and economic development activities in Alta Verapaz.

Alta Verapaz is one of the poorest departments in Guatemala with a poverty rate of 78.24% and extreme poverty is 21.76%, both significantly higher than the national average. Over 60% of children under five years old suffer from chronic malnutrition, and maternal infant mortality rates are among the highest in Latin America. Majority of the population are of indigenous descent and speak Qeqchi with minority speaking both Spanish.

CHAI has been very successful in engaging youth to advance their opportunities for education and improved livelihoods. Mercy Corps has launched youth commissions for youth to come together and gain skills to improve their communities and provided opportunities for technical courses in topics relevant for today's job market. Despite the progress that has been made in rural communities in Alta Verapaz through the CHAI project, adolescent girls and women continue to be marginalized in their involvement in development initiatives due to long-standing discrimination and sexism that exist in Guatemalan society. Indigenous women experience multiple and intersecting forms of discrimination based on gender, age, ethnicity and language; all of which need to be addressed. Mercy Corps seeks to increase their inclusion in our strategy to target the most vulnerable people in rural Guatemala and provide opportunities for them to voice their concerns and to advocate for their needs. Mercy Corps' Gender strategy particularly calls out for the need to include women and girls in community advancement initiatives given they are an integral part of their communities and are often left out in key decision-making in their communities due to existing gender biases yet, their inclusion is critical towards improving program outcomes and development overall.

In October 2016, Mercy Corps carried out the Girl Roster™ / I'm Here implementation tool in ten communities of Alta Verapaz where the CHAI project is implemented; it is ongoing to better understand the needs of indigenous women and girls. Mercy Corps conducted household surveys and focus group discussions in hopes to hear their voices, needs and aspirations to inform activities in the next phase of CHAI and additional programming initiatives.

Mercy Corps hopes to leverage our integration of the I'm Here implementation beyond other Mercy Corps projects in Guatemala. Additionally, Mercy Corps Guatemala plans to 'challenge' partner NGOs and other institutions to make girls around the country more visible. Our teams will kick things off by creating a series of "profiles", such as 'the girl of Northern Guatemala' to encourage our colleagues to follow suit and replicate with profiles of their own. Using the Adolescent Girl Working Groups, a national coordinating platform, Mercy Corps Guatemala would like to create an information management system that both CBOs and INGOs throughout the country can feed into for the development and dissemination of reports and needs assessments.

This report includes key findings based on the analysis of the Girl Roster™ / I'm Here implementation with specific programmatic recommendations to address the most pressing needs of indigenous women and girls in select communities of Alta Verapaz.

I'm Here Approach

The Steps

Identify the specific crisis-affected community where displaced adolescent girls are concentrated and map its key service points where humanitarian actors are delivering emergency information and services. Be attentive to services provided by host communities.

Make visible the diverse context-specific profile of adolescent girls, identify girls based on basic vulnerability and capacity categories, e.g., age, education, disability, marital status, accompaniment status, and childbearing status. Be gender synchronized: also identify boys.

Hold group meetings with adolescent girls of similar vulnerabilities or capacities to learn girls' top-line needs, fears, and protection concerns, as well as to record the vital information, skills, and assets they need. Be inclusive of girls with disabilities and engage caregivers.

Elaborate specific plans that respond to the context-specific profile of girls' vulner-abilities, capacities, needs, and risks, e.g., link girls to adolescent-sensitive services, set up safe and inclusive physical spaces where girls can immediately learn and receive vital information and services, and, as soon as possible, benefit from targeted, asset-building support.

Rally support across humanitarian sectors and local actors to be active partners who ensure adolescent-sensitive emergency response, strategies, indicators and rights across all sectors and clusters.

Engage the capacity of adolescent girls to continuously inform and actively support humanitarian response and recovery operations.

Approach & Methodology

In October 2016, Barrier Analysis Officer – Clara Ramirez and Program Coordinator and Gender Focal Point – Emma Mendez, led a training of enumerators in Alta Verapaz in preparation of the door to door survey and Focus Group Discussions for the Girl Roster™ / I'm Here implementation. With support from Manasi Patwardhan – Senior Program Officer, implementation was carried out in ten communities of Alta Verapaz from October 11 – 21 where Mercy Corps is currently implementing the CHAI project funded by Starbucks Foundation. The ten communities selected were: Yalchacti I, Yalchacti II, Campur, Las Promesas, La Paz, Salvador Chitzol, Rio Palmeras, Rubel Tzul, Tontzul Ucula, and Rio Mojarras Campamac. These communities were selected as they were existing CHAI communities and therefore met the criteria for the implementation scope.



Mercy Corps Guatemala team member conducting household survey in La Paz

Step 1 Mapping and selection of communities. Mapping of these communities proved to be challenging due to the geographic landscape of the mountainous terrain and difficulty in accessing Wi-Fi signal on the mobile tablets. The enumerators identified clusters of households in each target community that were deemed as the “walkable community”. A total of 280 households were targeted during the door to door survey.

Step 2 The Girl Roster™ toolkit, developed by Population Council, was used to design the household survey in Alta Verapaz. The questions were translated to Q’eqchi’, the local Mayan language spoken by indigenous communities in Alta Verapaz. All enumerators conducting the door to door surveys were fluent in Q’eqchi’ and were selected for participation in the Girl Roster™ implementation due to their previous experience working with Mercy Corps in Alta Verapaz.

The questions (see Appendix I, Question Guide A), were designed to understand the composition of households with adolescent girls and their needs – make them more visible. Although the enumerators have worked in these communities previously, the Girl Roster™ questions are designed to also challenge their assumptions about the existing needs and vulnerabilities of women and adolescent girls. The final questions were uploaded to a mobile-based application, ODK Collect, so that teams were able to utilize mobile tablets for the door to door survey. The mobile software did not require Wifi connection to be able to go through the list of questions, however Wi-Fi access was needed at the end of the day to upload the collected data to ONA, mobile data collection software used for this study.

Step 3 Focus Group Discussions. FGDs were held with mothers aged 20-25 and adolescent girls ranging from age 9-14 using Participatory Ranking Methodology developed by Columbia University’s Program on Forced

Migration and Health for use in emergency contexts¹. The discussions (See Appendix II for Guide B) asked mothers and girls to identify the most pressing needs in their communities / households. See Appendix III for detailed summaries from all targeted villages in Alta Verapaz.

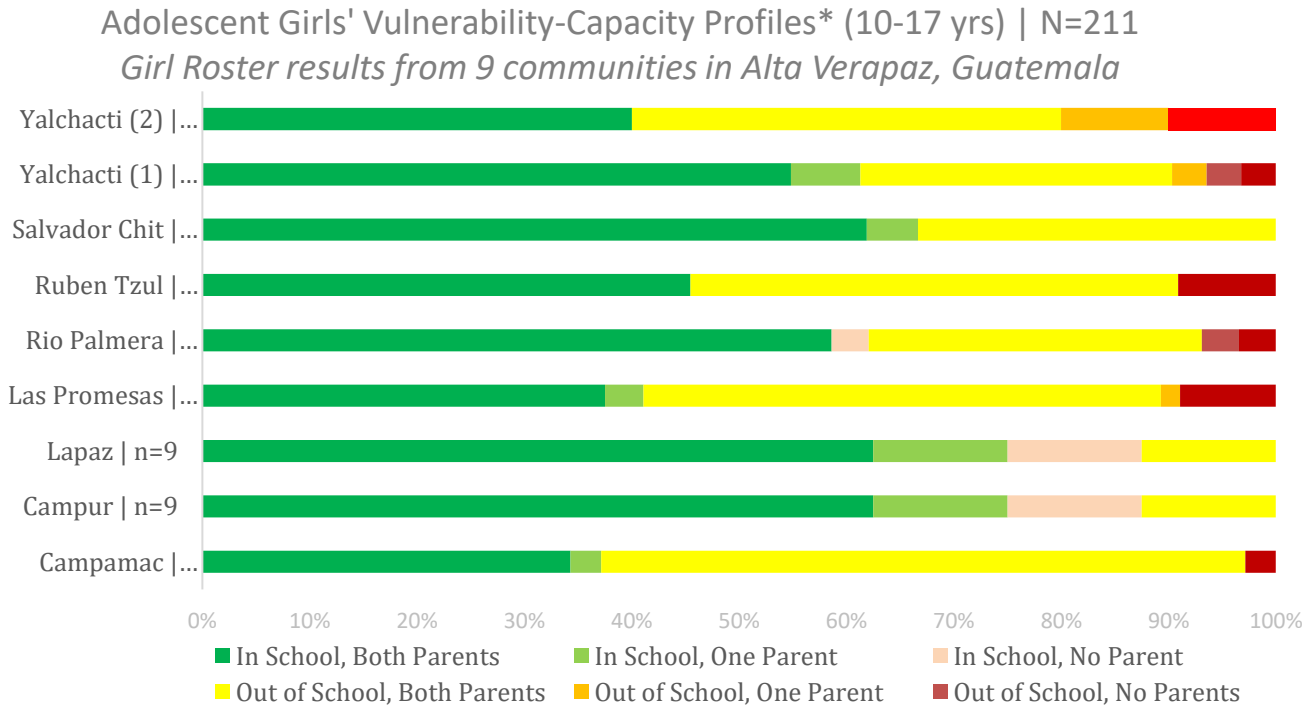
Key Findings

Girl Roster™ Results

A total of 458 adolescent girl profiles were documented during the household surveys in Alta Verapaz (see Table I). Some of the key findings include:

- 42% of girls aged 6-18 yrs. are out of school
- 32% of girls aged 6-15 yrs. are out of school
- 26% of girls aged 6-9 yrs. are out of school
- 21% of girls aged 6-9 yrs. who are out of school are living with one or no parent
- 21% of girls aged 16-18 are married and have at least one child

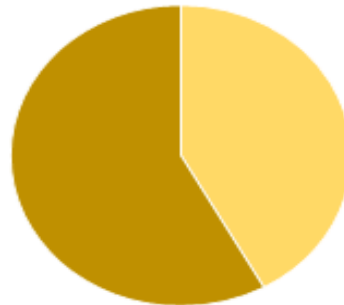
Table I. Vulnerability Profiles of Adolescent Girls in Alta Verapaz



¹ For more information on Participatory Ranking Methodology, refer to Ager, A., Stark, S., & Potts, A (2010). Participative Ranking Methodology: A Brief Guide: New York: Columbia University, Mailman School of Public Health, Program on Forced Migration and Health.

42%

Percentage of females (6-18 years) who are currently out of school



■ out of school

■ in school

n = 322



Findings from Focus Group Discussions

Focus Group Discussions (FGDs) were held with adolescent girls grouped by age (9-14 yrs. and 15-19 yrs.) and Mothers (20-25 yrs.) in each community. A total of 30 FGDs were held at schools and community halls and facilitated by two Enumerators. On average, ten adolescent girls/women participated in each FGD. The discussions focused on the following questions:

Adolescent Girls

- 1) For adolescent girls like you in the community, what type of support would be most helpful for you right now?
- 2) For adolescent girls like you in the community, what are your main concerns or fears right now?

Mothers

- 1) For mothers like you in this community, what type of support would be most helpful for your daughter(s) right now?
- 2) For mothers like you in the community, what are your main concerns or fears for your daughter(s) right now?

Enumerators grouped the responses into three main categories: *Problems Identified*, *Most Immediate Aid Priorities* and *Priority Order*. (Please see **Appendix III** for summaries of all FGDs with Adolescent Girls and Mothers in each community).

Adolescent Girls 9-14 and 15-19 years

Primary Needs

- ✓ Education
- ✓ Access to clean, running water
- ✓ Health Services (Sexual & Reproductive Health Education)
- ✓ Security
- ✓ 'Voice' in their homes and communities

“I’m sad because we finished sixth grade and we can’t continue studying because there is no money. I want to become a teacher”

- Adolescent girl, age 10-14, participating in FGD in village of Salvador Chitzol

Education: The desire to continue their education was given the highest priority by girls of all ages during the FGDs. Majority of the girls have had limited schooling as most of the CHAI communities are located far from the closest schools requiring them to walk long distances along unpaved and unsafe roads. The girls’ parents are also unable to afford school supplies and transportation. Many girls also felt that their parents did not prioritize education for them as compared to boys in their families due to cultural expectations of early marriage and limited livelihood opportunities for girls and women in rural Guatemala. Other issues shared were the proportion of students to teachers in schools, many girls complained that schools are overcrowded and lack sufficient number of teachers to cover all classes. Many teachers do not show up to class and some girls felt attending school was pointless due to the lack of consistency in teacher’s attendance.

Access to clean, running water: Collecting water from the local river for girls (and women) in all communities is a major constraint and risk related to the quality of their health and sense of security. There is no running water and the closest river is at least a 30 minute walk along unpaved roads. Many girls cited frequent illness due to consumption of untreated water and felt that reservoirs to keep constant supply of water would help address the need. Presence of gangs along routes to the local riverbank was cited as another reason girls feel unsafe, but unable to avoid this risk as they have been given the primary responsibility of collecting water.



Health Services: Although community health points exist in or around majority of villages in Alta Verapaz, medical equipment, supplies and staffing are limited or non-existent. A nurse only provides medical services every two weeks at these health points however, only to expectant mothers and children below the age of five. When there is a sickness in the household, girls and their family members have to rely on traditional healers.

Security: The threat of criminal gangs in and around communities in Alta Verapaz was a consistent vulnerability as expressed by adolescent girls aged 6-19 years. Robberies, rape, violence and intimidation were threats these girls felt in their communities, however these threats are more apparent when they are walking to school or collecting water.

'Voice' in their homes and communities: Adolescent girls are excluded from decision-making in their homes and communities not just in issues related to their own well-being and future, but in overall family and community development. Parents rarely involve daughters in household decision-making and often do not prioritize education and opportunities related to building a more productive future for girls as compared to boys in the family. Early marriage is a traditional practice in rural Guatemala although it has been outlawed since 2015; however, an exception to the law is that the marriage of minors between the ages of 16 and 18 can be permitted by a decision from a Family Judge. Despite the legislation, the practice of early marriage

continues particularly in rural areas of Guatemala. Many girls expressed their discontent at the prospect of being married during adolescence. Both younger and older adolescent girls recognized early pregnancies as a common occurrence in their communities due to early marriage and hoped to find alternatives to the cultural practices they felt leave them with little to no options as they grow into adulthood. Girls aged 9-14 years also recognized financial issues facing some of their parents who are smallholder rural farmers as many of them commented that the low prices of cardamom and coffee affected their household income and deforestation in their community is not supported by their families. Lack of participation in community meetings and development initiatives is also a limitation as expressed by both groups of adolescent girls. Community leaders such as members of the Community Development Council (COCODES) are usually men who do not ensure female participation, particularly youth, are included in community projects and plans or in leadership positions. The traditional machismo culture in Guatemala perpetuates negative attitudes towards girls and women, limiting their participation and leaving their essential voices out of individual, household and community development.

PRIMARY NEEDS IN ALTA VERAPAZ EXPRESSED BY ADOLESCENT GIRLS

Education: lack of high school in most villages preventing girls from attending school past sixth grade.

Health Services including Sexual and Reproductive Health Education: Many girls marry young and have little or no knowledge on family planning and reproductive health.

Clean Water: Most villages lack water reservoirs and access to clean, running water forcing many girls and their families to travel long distances to collect it.

Security: Girls feel unsafe traveling long distances to collect water due to the presence of gangs; threat of rape and harassment are constants.

Elevated 'Voice': Girls desire the opportunity for increased active involvement in decision-making at the HH and community level

Other Needs Specific to Adolescent Girls aged 15-19 years:

- ✓ Sexual and Reproductive Health Education
- ✓ Occupational and Livelihood Skills Development

Sexual and Reproductive Health Education: Although increased knowledge on sexual and reproductive health was mentioned consistently by adolescent girls aged 15-19 yrs. of age, some FGDs with adolescent girls aged 9-14 yrs. also shared the need for additional support on reproductive issues related to their health. Early marriage and early pregnancies, also out of wedlock, are common occurrences in the targeted communities. Adolescent girls expressed the need to have access to birth control, family planning and other ways of preventing early pregnancies. Parents often do not address sexual and reproductive health issues with their daughters so many of these young girls do not feel they have access to other resources and support to understand how to prevent negative consequences related to unprotected sexual relations with boys and men in their communities.

Occupational and Livelihood Skills Development: Adolescent girls in these cohorts expressed the desire to find other opportunities to earn income and make meaningful contributions to their households and communities. As many of them have only studied until the sixth grade, they feel the lack of higher education has limited their opportunities to earn and gain a sense of independence. Lack of education has also limited their involvement in decision-making at the household and community level. They would like to see more opportunities for girls like themselves who want to learn skills such as, sewing, computer studies and cooking, and empower them to become more active at the household and community level.

Challenges

Challenges in Implementation included:

- *Mapping the Walkable Communities:* CHAI communities in Alta Verapaz live along and within hillsides in hard to reach areas only accessible by traveling on unpaved roads surrounded by forested landscape. Mapping these communities was challenging also due to long distances between points of interest (schools, community centers, etc.) and houses. The household surveys were also conducted during the rainy season which made the roads more challenging to travel along. However, with the help of Community Leaders and Enumerators that have worked with Mercy Corps and CHAI communities previously, the household surveys were able to reach target 1 to 2 communities and 70 households daily during the four day assessment.
- *Absent Parents:* Although majority of parents were at home when HH surveys were administered, few cases included absent parents where Enumerators were not able to consult with mothers. In such instances, the Enumerators sought to interview the eldest adolescent girl in the household.
- *Presence of gatekeepers during FGDs:* During some FGDs, parents and Community Leaders were present and caused the adolescent girls participating in the discussion to refrain from answering questions and expressing their needs. The Enumerators were instructed to ask any gatekeepers present to wait outside of the room where the FGD was being held. Other than freely expressing themselves in a confidential and open manner, the Enumerators and support teams did not want there to be a level of bias that would influence responses from girls and mothers. For example, during FGD in Yalchacti II with girls aged 9 – 14 years, the Community Development Council member tried to coerce the girls to not identify education as a priority in their village and instead asked them to state that improving roads was more important as it affects everyone in the community. The Council member did not feel that additional teachers are needed due to the limited number of children in the community. In such instances, the Enumerators then asked the Council member to refrain from participating in the discussion. Mothers present during FGDs with adolescent girls was also seen as preventing girls' responses compared to

when mothers were not present. Many girls expressed that they did not want to share some of their concerns and needs as they related to Sexual and Reproductive Health which they did not feel comfortable discussing in front of their parents. As FGDs continued, the Enumerators made concerted efforts to ensure that adolescent girls particularly, felt comfortable and secure to share their responses to the questions and that their feedback would remain confidential.

- *Reaching the Most Vulnerable Girls:* Although 30 FGDs were held with all three targeted groups, there were instances where heightened vulnerable girls did not attend despite follow-up by Mercy Corps after the household surveys. For example, in the village of Yalchacti I, a 12 year old girl had been experiencing seizures and partial paralysis of her right arm and hand. The parents could not afford to take her to a medical doctor and therefore consulted with a traditional healer who diagnosed their daughter as having an “evil spirit inside her”. Due to her condition, the girls’ parents had stopped her from attending school as they were afraid that she may injure herself while walking to and from school if she were to experience another seizure. Although Enumerators asked the parents to bring their daughter to the FGD, she did not attend. Another example of heightened vulnerability witnessed by Mercy Corps survey team was a single female headed household with four children under the age of nine. The mother was not present and working and had to leave her children home alone most days. Their neighbor was a relative and often looked after the children as their father had left the family the previous year. None of the school-age children had ever attended school since their mother could not afford to send them on her income, while also needing her eldest daughter, who is nine years old, to help look after her siblings and household duties.

Conclusions & Recommendations

Traditional gender norms in rural Guatemala that promote patriarchal and machismo attitudes towards women and girls continue to dominate communities in Alta Verapaz, where Mercy Corps has been implementing the CHAI project since 2003. Adolescent girls, particularly, are marginalized in every aspect of their lives including but not limited to, education, health, security, financial independence and are deprived of using their voice to support the positive development of their families and communities. CHAI focuses on community-level development initiatives and provides a platform for Mercy Corps to design specific activities that address the vulnerabilities of adolescent girls and elevate their standing and voice as relevant and active members of their homes and communities. CHAI also provides an opportunity to mitigate and combat negative traditional practices that drive barriers to girls’ access to basic rights such as education, health and security. Mercy Corps has an opportunity to use learnings from the Girl Roster™/I’m Here Implementation to empower adolescent girls to access such rights, while also finding ways to address the needs and opportunities they seek to empower themselves. Given the familial interconnected relationship that is present in rural Guatemalan communities, it is important that any intervention works with girls’ gatekeepers including parents, community elders and leaders to ensure critical buy-in at every level of support. The following are recommendations in an effort to increase adolescent girls’ agency and self-awareness and set them on a path that will empower them to make more informed choices and address their specific vulnerabilities:

Education and/or Tutoring Opportunities

Education was cited as the most important need for adolescent girls in targeted communities in Alta Verapaz. Girls expressed they want to finish or have access to secondary school. Boys are prioritized by families to attend school while girls are expected to marry young and retain their traditional role of wives and mothers, exclusively. Lack of higher educational opportunities, geography and financial barriers also prevent girls from attending school. Various community driven models may help increase adolescent girls to stay in school through puberty. For example, CHAI Guatemala is to build upon the CHAI Education Retention Program (CERP) in India, which provides before and after school tutoring for students in an effort to support their learning and retention in school. Subjects include Math, Science and English and materials follow the current curriculum in schools. CERP has proven to increase students' performance and attendance in school. The project's success has also increased parent support towards education for their children. With similar limitations in India, transportation, geography and cultural barriers particularly against female attendance in school, the CHAI India team found that support from parents of target children attending the tutoring program increased as they saw their children improving in school. These parents had not witnessed their children's motivation, determination and skills in continuing their education and began to support their efforts as they saw both boys and girls in the CHAI communities were willing to work outside of their family household obligations to ensure they improved their grades.

Invest in Training and Livelihood Opportunities for Adolescent Girls and Women

Majority of the adolescent girls in CHAI communities have a sixth grade education with limited opportunities to continue higher education due to poor economic status and long distances of travel to the nearest school. Girls aged 15-19 years expressed their desire for vocational training in areas such as sewing, computer studies and cooking to earn income and elevate their status in their households and communities. With limited education and livelihood opportunities, the need to expand these girls' universe outside of the traditional household role of wives and mothers is needed to promote and make visible their capabilities in their communities. Income-generating projects through CHAI's vocational trainings can be expanded to include specific activities for younger youth, aged 15-19 where they can begin skill-building in similar areas to CHAI's capacity-building leadership and entrepreneurship activities. For example, 134 youth from the CHAI program are now operating small-scale business initiatives. These youth can employ a peer-to-peer methodology where they coach younger youth in skills to support their businesses and create opportunities for learning. These younger youth can be brought on as Interns who may then be eligible to participate in the next round of vocational trainings being offered by CHAI.

Girl's and Women's Participation in Community Development

Adolescent girls as young as nine and up to 19 years expressed wanting a voice in their communities by increasing their participation in initiatives lead by community leaders aimed at improving social and economic status of families in their communities. Adolescent girls feel left out of these initiatives that target mainly men and male youth, ignoring the critical voice these girls have to promote sustainable ways of improving the economic and social status of their communities. For example, girls in the 9-14 year FGD groups are aware of the Community Development Council (COCODES) role to help families access self-sustainable income generating opportunities such as learning how to grow different crops to help increase income, diversify their food groups and help create projects with their own resources. Yet, many girls said they have yet to see COCODES support their families in finding sustainable, long-term solutions to increasing their income. Increasing girls' participation in community development activities will not only empower them, but also empower their families and

communities overall, as girls and women have proven to increase rural development and household income when included in decision-making at the HH and community level.

Infrastructure Improvement Projects

Lack of access to clean, running water was cited during all FGDs with adolescent girls in Alta Verapaz. Unpaved roads were also a significant concern as girls walk long distances along such roads to collect water and firewood. Creating Water Management Committees with Youth groups to construct water catchments and water systems and oversee the regular maintenance and protection of water catchment areas are additional project areas that may be addressed under CHAI. Adolescent girls and boys can work together to form committees, assign roles and responsibilities and create work plans with Mercy Corps CHAI staff to implement natural resource management of local resources. Activities can also include a health and hygiene component to combat the prevalence of water borne disease in the communities by using advocacy and media to increase awareness on prevention mechanisms and importance of consumption of clean water.

Security

Health Services and Sexual & Reproductive Health Education

The lack of consistent medical services readily available was cited as a significant concern by adolescent girls from both age cohorts. Many families that participated in the household survey often had at least one child with an illness that was clearly visible to enumerators and Mercy Corps staff. In one of the households visited, an adolescent girl experiencing some paralysis in her right arm and had experienced seizures. The traditional Mayan healer had told her parents that she has a “demon” inside her causing her condition. The parents expressed their desire to take their daughter to the capital for further medical advice, however were unable to pay for transportation. They have also halted their daughters’ attendance in school due to the fear that she may experience an episode during her travel to school. Mercy Corps can work with CHAI Community Health Commissions to access the Health Emergency Fund for such cases where if the individual is not treated after symptoms are documented, their illness can lead to worsening condition and put them at increased risk.

Another limitation in providing reliable medical care for CHAI communities is due to absence of medical staff at the local health clinics. These medical points are not staffed daily or weekly and are short of essential medicines for treatment of illnesses. Mercy Corps can work with COCODES to advocate for increased medical coverage to provide staffing and medicines, i.e. weekly visit by doctor/nurse and increasing basic supplies.

CHAI provides sexual and reproductive health education for communities through Community facilitators and midwives, however to meet the needs of adolescent girls as expressed during the Girl Roster™/I’m Here Implementation, Mercy Corps can begin to include younger girls, starting at eight to ten years old in becoming more aware of their reproductive health and rights. These girls can be grouped together to provide sexual and reproductive health education tailored to their age group while older adolescent girls can be targeted to understand how to prevent STDs, access family planning and healthy birth spacing for married girls. Separate advocacy and awareness sessions should be conducted with mothers as many girls in CHAI communities shared that they do not receive sexual and reproductive health information from their parents. Including mothers in the health education sessions and advocating increased communication with their daughters through the help of the Community facilitators and midwives may help girls voice their concerns and ask seek their parents’ support.

Support Groups for Adolescent Girls

Support groups for adolescent girls can provide a platform and safe space for them to convene and share their concerns, fears and opportunities as a cohesive group. Mercy Corps will help these girls tap into their assets and use critical problem-solving skills to address common barriers to increasing their agency and elevate their voice in their homes and communities. Youth leaders will help organize the support groups and design action plans to address specific needs highlighted by the girls. The Action Plans will be presented to select group of parents and a member from COCODES to support implementation and create buy-in for overall community support.

Conditions for Success:

1. **Ensure Family Support and Buy-in.** Parents and gatekeepers should be involved in key discussions promoting higher agency for girls. Without their buy-in, girls will face barriers to participation and time given household responsibilities they are responsible for. It is imperative for parents and guardians to understand the importance of creating a more gender equitable environment at the household level so that they, in turn, can support measures that elevate girls' standing at the community level. Without this support it will be challenging to engage girls in any program activities. Showcase girls' core assets to strengthen justifications around providing basic rights for girls which ultimately supports Mercy Corps' mission to provide just, productive and secure communities.
2. **Start Young.** Girls as young as 9-14 years of age cited the same needs and vulnerabilities as girls 15-19 years. Given these insights, Mercy Corps needs to target girls as young as eight to ten years to provide them with the knowledge to make more informed choices for themselves, while including gate keepers at every step. Even at this age, girls are cognizant of the economic and social barriers that exist within their families and express their willingness and desire to help support their families.

APPENDIX I: INTERVIEW GUIDES (A, B)

INTERVIEW GUIDE A

HOUSEHOLD SURVEY IN ALTA VERAPAZ WITH FEMALE HEADS OF HOUSEHOLDS

GUIDANCE TO ENUMERATOR TEAMS

Please read the following Informed Consent Statement:

“You are volunteering to participate in a survey conducted by Mercy Corps, an independent global organization. You understand that the project is designed to gather information about your household and the members who reside here.

- 1. Your participation in this project is voluntary. You understand that you will not be paid for participation. You may withdraw and discontinue participation at any time.*
- 2. If you feel uncomfortable in any way during the interview session, you have the right to decline to answer any question or to end the interview.*
- 3. Participation involves being interviewed by researchers from Mercy Corps. The interview will last approximately 15 minutes. Notes will be written during the interview. The conversations will not be recorded.*
- 4. The respondent’s identity will not in any way be captured or shared, and all responses will be anonymous. Absolutely no attribution will be made between the respondent and the responses, and an identifying number will be created by the interviewer that will be used for any quotes included in the research. Your confidentiality as a participant in this study will remain secure.*

Do you have any questions before we begin? Do you give verbal acknowledgement and consent to be interviewed?”

Please make note whether the respondent gave consent to be interviewed? Yes/No

If yes, please proceed to the questions.

Pre-Interview Information:

- Date of interview
- Name of village/community
- Gender of respondent
- Age of respondent [please ask for precision]
- Ethnicity of respondent

HOUSEHOLD HOLD QUESTIONS

seccion 1. Ingresar esta información antes de tocar la puerta de la casa
Fecha
Comunidad
Qué número de tablet está utilizando?
Si están disponibles, ingresar las coordenadas de esta casa
seccion 2a. Permisos

Iniciar la entrevista con una breve presentación de su persona, el programa y el propósito de la entrevista. Dígale a la persona que tomará menos de 10 minutos. La información será usada para diseñar programas que incluyan a las niñas. El/la entrevistado/a puede decidir no contestar alguna pregunta. Encuestadores/as DEBEN tener permiso verbal para continuar la entrevista.
Solicitar entrevistar a la mujer que está a cargo de la casa (ama de casa) o la mujer que tenga más edad. Si no está disponible, está bien entrevistar al hombre.
Auto chequeo: El ama de casa (u hombre) ha dado permiso para hacer la entrevista?
Auto chequeo: NO se consiguió el permiso para realizar la entrevista porque:
seccion 2b. Información del hogar
Cual es su nombre (sin apellido)?
Cuál es su rol en el hogar?
Cuánto tiempo lleva esta familia viviendo en esta casa?
Ha escuchado acerca del proyecto Chai de Mercy Corps?
Alguien de esta familia participa en el proyecto Chai de Mercy Corps?
Cuántas personas viven en esta casa la mayor parte del tiempo?
Cuántas de las personas que viven en esta casa tienen más de 25 años?
Cuántos hombres (niños y jóvenes) menores de 25 años viven en esta casa (no olvide mencionar a los bebés o trabajadores)?
Cuántas mujeres (niñas y jóvenes) menores de 25 años viven en esta casa (no olvide mencionar a las bebés o trabajadoras)?
seccion 3. Información acerca de los jóvenes y niños
Diga: "Ahora, voy a hacerle algunas preguntas acerca de cada uno de los jóvenes o niños que viven en esta casa, empezando por el mayor."
Por favor, cuénteme acerca del joven o niño ...
Cuál es su nombre?
Qué edad tiene?
Encuestador: Preguntar la edad estimada y anotarla
Su madre o su padre vive aquí?
Estudia y/o trabaja para generar ingresos para la familia? Seleccionar todo lo que aplica
En qué jornada va a la escuela?
Cuál fue el último grado que terminó?
A qué hora trabaja?
Tiene algún hijo/hija?
Cuántos hijos tiene?
seccion 4. Información acerca de las jóvenes y niñas
Diga: "Ahora, voy a hacerle algunas preguntas acerca de cada una de las jóvenes y niñas que viven en esta casa, empezando por la mayor."
Cuénteme acerca de la joven o niña
Cómo se llama?
Cuántos años tiene?

Encuestador: anote una edad estimada
Su madre o su padre vive aquí?
Ha ido alguna vez a la escuela?
Actualmente, va a la escuela?
En qué jornada va a la escuela?
Cuál fue el último grado que terminó?
Cuál es su estado civil? Preguntar a partir de los 12 años (si es menor que 12, marque soltera)
Tiene algún hijo/hija? Preguntar a partir de los 12 años (si es menor de 12 años, marcar no)
Cúantos hijos tiene?
Si iniciamos actividades para las niñas o jovencitas en la comunidad, cuáles serían los días de la semana más adecuados para que ella asistiera? (seleccione tres)
Cuál sería la hora más conveniente?
Comentarios acerca de la niña o la joven
seccion 5. Capacidades especiales
Gracias. Ahora le voy a hacer una pregunta acerca de dificultades generales que tal vez alguna persona de su casa pueda tener. Le voy a leer una lista de seis dificultades, por favor díganos si algun miembro de su familia (adulto, joven o niño) las padece.
Algún miembro de su familia tiene una o más de las siguientes dificultades de forma leve o severa?(seleccione todas las que apliquen)
Ceguera
Sordera
No camina
Enfermedades mentales
Dificultades para cuidarse a sí mismo/a
No habla (mudo)
seccion 6. informacion de contacto
Tengo un par de preguntas más que hacerle, si me lo permite.
Podemos contactarla para darle más información acerca de actividades para jovencitas o niñas, más adelante?
Verificar información de contacto. Número de teléfono
A qué grupo étnico pertenece su familia?
Agradecer el tiempo nuevamente. Invitar a la niña o jovencita al grupo focal de la comunidad

Thank the respondent for his/her time and helpfulness.

Leave contact information for Mercy Corps Coban, in case the respondent has any subsequent questions.

INTERVIEW GUIDE B

Focus Group Discussions with mothers (age??) and adolescent girls (14-18)

GUIDANCE TO ENUMERATOR TEAMS

Please read the following Informed Consent Statement:

“You are volunteering to participate in a survey conducted by Mercy Corps, an independent global organization. You understand that the project is designed to gather information about your household and the members who reside here.

- 1. Your participation in this project is voluntary. You understand that you will not be paid for participation. You may withdraw and discontinue participation at any time.*
- 2. If you feel uncomfortable in any way during the interview session, you have the right to decline to answer any question or to end the interview.*
- 3. Participation involves being interviewed by researchers from Mercy Corps. The interview will last approximately 15 minutes. Notes will be written during the interview. The conversations will not be recorded.*
- 4. The respondent’s identity will not in any way be captured or shared, and all responses will be anonymous. Absolutely no attribution will be made between the respondent and the responses, and an identifying number will be created by the interviewer that will be used for any quotes included in the research. Your confidentiality as a participant in this study will remain secure.*

Do you have any questions before we begin? Do you give verbal acknowledgement and consent to be interviewed?”

Please make note whether the respondent gave consent to be interviewed? Yes/No

If yes, please proceed to the questions.

Pre-Interview Information: [Please determine and note the following information through observation, where possible. If not readily observable, please ask the respondent.]

- Date of interview
- Name of village/community
- Gender of respondent
- Age of respondent [please ask for precision]
- Ethnicity of respondent

It is essential that enumerator teams listen closely to the conversation and probe with logical and timely follow-up questions that help reveal relevant information for the research topic. Do not rush the conversation. Use strategic pauses to elicit meaningful responses.

Honest feedback between enumerator teams is essential for ensuring collection of valuable and reliable information. To this end, team members should reflect on the interviewer language, interaction and behavior during the interview in order to make any needed adjustments for subsequent interviews.

PRM DATA COLLECTION FORM

Framing

Question:

Adolescent Girls

1) For adolescent girls like you in the community, what type of support would be most helpful for you right now?

2) For adolescent girls like you in the community, what are your main concerns or fears right now?

Mothers

1) For mothers like you in this community, what type of support would be most helpful for your daughter(s) right now?

2) For mothers like you in the community, what are your main concerns or fears for your daughter(s) right now?

Facilitator:

Notetaker:

Location:

Number in Group:

Date:

Group Details:

(e.g. positions, age, gender etc.)

Key Issues Identified:

Free List:

Rank Order:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

6. _____

6. _____

7. _____

7. _____

8. _____

8. _____

9. _____

9. _____

10. _____

10. _____

Comments:

(Please use the back of this paper to write down what people say, using their own words – don't paraphrase).

Thank the respondents for their time and helpfulness.

Leave contact information for Mercy Corps Coban, in case the respondent has any subsequent questions.

APPENDIX II: CHAI COMMUNITIES, ALTA VERAPAZ, COBAN

Community	HH	Families	Individuals
Río Palmeras	37	53	248
Yalchacti I	70	74	327
Salvador Chitzol	55	58	242
Rubel Tzul	33	33	165
Yalchacti II	29	30	132
Tontzul Ucula	119	120	543
Campur	38	38	163
las Promesas	105	107	496
La Paz	15	15	68
Samox	101	102	518
Total	602	630	2902

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About Mercy Corps

Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.



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