



Cooperative Housing Foundation

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**BACKGROUND ON THE EVALUATION PLAN FOR
SELF-HELP HOUSING COOPERATIVES**

AND

**PRELIMINARY ANALYSIS OF BASELINE/EVALUATION DATA
FOR
COVIDEPROL
A FEHCOVIL SELF-HELP HOUSING COOPERATIVE
FUNDED BY THE COOPERATIVE HOUSING FOUNDATION (CHF)**

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Helping families throughout the world build better housing and communities

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PREFACE

The Cooperative Housing Foundation (CHF) has received grants from the U.S. Agency for International Development (USAID) to undertake a Cooperative Neighborhood Improvement and Job Program for Central America. The program is carried out by CHF with the participation of local private, non-profit organizations that, with CHF's technical and financial assistance, plan and implement shelter and community upgrading projects and employment generation opportunities for low income families in urban and rural communities.

One of the organizations that CHF is working with in Honduras is the Federation of Honduran Housing Cooperatives (FEHCOVIL). A project that FEHCOVIL is developing with CHF assistance is the COVIDEPROL self-help housing cooperative located in Tegucigalpa.

CHF is interested in the impact of the projects that it finances on the project beneficiaries. In order to acquire the information and data to prepare evaluations that would identify the impact of the project on the beneficiaries of the COVIDEPROL project, CHF contracted the services of Ms. Bonnie Bradford to conduct a baseline survey of the cooperative and the cooperative members. Ms. Bradford first prepared various survey instruments to gather information and data for both a baseline survey and/or impact evaluation. She then proceeded to recruit a field coordinator and interviewers, train the interviewers in the use of the survey instruments, supervise the surveyors field work, and prepare the baseline survey from the data gathered.

CHF plans to conduct other baseline surveys of projects that it is funding not only in Honduras but in the other countries in which it is implementing its Central American Program. It also intends to conduct follow-up surveys, impact evaluations, of some of its projects to assess the impact of better shelter and community services on the beneficiaries.

ACKNOWLEDGEMENTS

In addition to CHF and FEHCOVIL staff members, the author would like to acknowledge and thank a number of individuals who participated in planning and carrying out this project.

Celina Kawas Castillo provided technical assistance and support in nearly all aspects of the project. Her well-proven skills as a talented social science researcher and investigator were put to use as we worked together in constructing the "generic" survey instruments and manuals to be used in various studies of this kind for CHF. She was the fieldwork coordinator for the COVIDEPROL data collection project, and did a fine job of organizing the complex logistics of the fieldwork, as well as managing the field team once the fieldwork was underway, and overseeing the checking of all completed surveys for accuracy.

Lourdes Reyes provided valuable ongoing support as the assistant fieldwork coordinator. Sandra Zepeda, Sofia Fonseca, Leonarda Alcerro Garcia and Bertilia Irias Cantillano did an excellent job as interviewers and coders.

Georgina O'Connor and Aida Maradiaga of the Ministry of Health, Division of Nutrition, provided practical training to the interviewers in how to take anthropometric measurements (heights and weights) of children under 5 years of age.

Jose Antonio Gomez Castillo used his experience as an engineer with SANAA (the Honduran Water Company), and his training in water quality testing with Millipore Corporation, to carry out water testing in the homes of project participants as an important part of the study.

Orlando Hernandez designed the program for data entry and provided gifted technical assistance in the beginning stages of data analysis. Alfredo Rivera Huete entered the data into the computer with accuracy and speed; and also assisted in the preparation of many of the graphics used in this report.

Many thanks to those colleagues who reviewed the original drafts of the design, methodology, and survey instruments to be used, and who each provided invaluable input and feedback: Carl Kendall and Mary Anne Mercer, The Johns Hopkins University, School of Public Health; Elizabeth M. Booth, The Academy for Educational Development; and Michael Favin, Manoff International.

Special thanks to Gustavo Corrales, Management Sciences for Health; and Fidel Barahona, the Ministry of Health, Head of the Division of Science and Technology; who both gave generously of their time in helping to prepare health questions in our survey which would be comparable to important data being collected by the Honduran Ministry of Health.

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I. THE COVIDEPROL BASELINE DATA COLLECTION PROJECT

This report provides a basic outline of the design and methodology used (Sections II and III) to collect baseline information on the COVIDEPROL self-help housing cooperative. The COVIDEPROL self-help housing cooperative is described in Section IV, based on information collected from its board of directors. Section V presents a description of specific characteristics of cooperative member families prior to their move into COVIDEPROL.

The information presented in Sections IV and V serves as baseline information to be compared with data collected at various points in time after these families have moved. It is expected that data will be collected after the cooperative members move into their new house, so that an initial impact evaluation can be done. Information which is collected after this can be used to assess the kinds of changes that occur over time in COVIDEPROL.

II. AN OVERVIEW OF THE EVALUATION PLAN FOR SELF-HELP HOUSING COOPERATIVES

The overall objective of these longitudinal studies/evaluations is to document changes (both positive and negative) which occur to a community, family and individual basis in a number of CHF funded self-help housing cooperatives (SHHCs). Since it is expected that baseline information (before families move into SHHCs) and follow-up information (after families move into SHHCs) will be collected by CHF in other SHHCs in addition to COVIDEPROL, an overview of the design of these longitudinal studies is included here.

A. TYPE OF PROJECT TO BE EVALUATED

CHF is currently providing technical assistance and loan funds to private, non-profit Technical Service Organizations (TSOs) to develop various types of projects, including SHHCs. SHHCs are legally established, formal associations of people with common bonds who work together to improve the member's living conditions using self-help principles.

FEHCOVIL (The Federation of Honduran Housing Cooperatives) is the TSO for the COVIDEPROL SHHC. As a TSO, FEHCOVIL supervised the building of core houses; the installation of electricity (with connections to each house); and the installation of a water and sewage system (with individual house connections) in the COVIDEPROL project.

FEHCOVIL also provided assistance in the organization of the cooperative and the leadership training to the elected leadership the cooperative, as well as cooperative training to the members. Meetings of the leadership, and assemblies for the cooperative membership, are held on a regular basis. The assemblies provide an avenue for active participation by members in collective decision making. Training (with funding from CHF) sponsored jointly by FEHCOVIL and FAFH (The Federation of Honduran Women's Associations) for cooperative members is designed to increase and enhance the participation of women in the cooperatives.

Training and technical assistance to cooperative members (funded by CHF) provided by IDH (the Honduran Development Institute) are intended to foster the development and/or expansion of small businesses in COVIDEPROL. Cooperative members can also utilize special CHF funds to create or expand existing building materials production centers. These are designed to provide accessible building materials at competitive prices, as well as jobs and training for cooperative members who participate.

In addition to the training and loan programs already mentioned, members of the SHHC can also apply for subsequent short-term loans from FEHCOVIL, for home improvements to their home.

B. THE EVALUATION DESIGN

A practical study design, which combines the elements of three different kinds of social research models, was developed for use in evaluating impacts over time in SHHCs. This study design does not include the use of "control groups", since selecting a valid and comparable "control group" of families prior to the move into the SHHC would be fraught with difficulties, for a number of theoretical and practical reasons. The study design combines elements of a "before and after experiment" (in which conditions are compared before and after some intervention has occurred); a "non-experimental time series" (in which data is collected at regular intervals for a number of months or years) ; and a "panel" design (in which data is collected from the same people or groups over time).

According to the study design, interviews are done prior to the move (to collect baseline information) in the homes where members currently reside. Interviews are then to be done after the move to the SHHC takes place. Since the number of families in any given SHHC is expected to range between 50 and 200, the study is designed to be done with as close to 100% of the total

number of families as possible (to include the entire "universe" in the sample). These same families are to be interviewed in follow-up surveys, and surveys are also to be done in "replacement families" (any families who have moved in since the baseline).

Analyses of any follow-up data can therefore be done with either just the original "baseline" families (without including replacement families), or with all existing families (including all replacement families).

C. THE SURVEY INSTRUMENTS

Since changes are expected to occur on a cooperative level as well as a family and individual level, two different instruments were developed for use in the baseline and follow-up visits in SHHCs. The first instrument, the cooperative interview guide, is designed to gather information at the cooperative level. The second instrument, the family questionnaire, is designed to gather information about the cooperative members and their families.

1. COOPERATIVE INTERVIEW GUIDE

The interview is carried out by a member of the fieldwork team with a panel of 3-6 members of the elected board of directors of the cooperative.

The interviewer uses a semi-structured interview guide that includes, the cooperatives history; and organizational structure; membership; decision process; existing committees; participation by the membership; training received; access to credit; and improvements made, underway, and planned for the coming year. A copy of this interview guide is included as Annex 2.

2. FAMILY QUESTIONNAIRE

The data gathered in the family questionnaire provides the basis for assessing changes that occur over time on both a family and an individual basis in the SHHC. This survey is carried out by trained interviewers with a female member of each cooperative member's family.

A copy of the survey used in the COVIDEPROL project is included as Annex 3. Sections of the questionnaire which were not used in the COVIDEPROL baseline survey are crossed out in Annex 3. Sections in the questionnaire which were not used in the COVIDEPROL baseline analysis are generally designed either for use in follow-up surveys in SHHCs or for use in evaluations of other types of CHF funded projects.

A manual of instructions and codes was also developed for use with the family questionnaire. In the manual, the purpose of each question is explained, examples given where necessary, and codes too long to fit on the family questionnaire are included. The manual is used in the training program for field workers, and to code responses after the surveys are completed.

Careful consideration was given to the types of interventions that would definitely occur, interventions which were likely to occur, and interventions which might possibly occur during the long-term in SHHCs. A number of themes emerged, and those which were finally selected are described in the following list, along with the main reasons for including each of these themes.

- a. Basic socio-demographic data on each member of the household including age; sex; education completed; relationship to the head of household; and whether currently in school, working, or both. This information is needed in order to compare changes in family structure, educational achievement, school attendance, and work force participation within the same group over time. Basic socio-demographic data is also needed for making comparisons between SHHCs.
- b. Information on migration; length of time in the current city and current house; and the tenancy status of the household. These stability measures are important for making comparisons between SHHCs and to provide information of interest to CHF about rural to urban migration patterns.
- c. Levels of satisfaction/dissatisfaction with the current living situation and community; expectations for the move: what will be better and what will be worse. These questions will help to better understand the impacts the project has on a personal level for families. Since one of the principal goals of CHF as an organization is to build stronger communities and families, some measure of levels of current satisfaction was considered important to include. Positive and negative expectations will be compared to likes and dislikes after the move into the SHHC takes place.
- d. Participation in the housing cooperative; opinions on how well the housing cooperative functions; and participation in other types of organizations. One of the underlying assumptions in CHF's work is that working within a dynamic cooperative structure enhances the lives of cooperative members and their families. Questions are included not only on levels of participation in the cooperative, but also on opinions the members have on how the cooperative functions.
- e. Health and illness patterns among all family members, with special focus on children under 5 years of age. The relationship between housing and health has been established for several decades (annex 1. reference 3) CHF is interested in including some basic measures of changes in

health that occur over time in these projects. Since the burden of illness in developing countries such as Honduras falls most heavily on its children under 5 years of age, special attention was given to developing questions targeted to this group. Since the creation of jobs and increasing levels of employment is also a part of CHF's work in these projects, measures of work time lost due to illness were also included.

f. Occupation and employment information about the cooperative member and his/her spouse. As mentioned, job creation and increasing levels of employment are an important element in CHF's programs. An assessment of occupations and employment of members and spouses is needed in the baseline in order to assess changes over time in SHHCs, and for use in making comparisons between SHHCs.

g. Information on housing-related and food expenses, based on information collected about the month prior to the interview. Information on housing-related and food expenses will be used to make comparisons before and after the move into SHHCs, and for making comparisons between SHHCs.

h. Characteristics of the current home, including ratings of the home from a health standpoint and the quality of home construction. Since major changes are expected in the characteristics of the home for members of SHHCs, a series of questions for the interviewee and observations for the interviewer to complete were included. A system for rating the house on health and quality of home construction was designed, given the importance each has in CHF's programs.

i. Measurements of the size of the current home; and measures of the current levels of crowding. Crowding may or may not be affected by moves into the SHHCs. Some measures of the current levels of crowding (in terms of square meters and number of rooms) are presented in order to compare with the same crowding measures after the move.

j. Information on sources of water for household use; and testing of the quality of drinking water used by the family. Because of the tremendous importance of adequate supplies of water (especially drinking water) to participant satisfaction and to health, questions about sources of water were included. In addition, samples of water used for drinking are collected from each household in SHHCs before the move and analyzed for quality. Drinking water samples will also be taken after the move into SHHCs.

III. METHODOLOGY

A. INSTRUMENT PRETESTING

As mentioned previously, the cooperative interview is carried out using a semi-structured interviewed guide. The purpose of each section and each question was reviewed by the fieldwork coordinator with the assistant fieldwork coordinator (who conducted this interview). The fieldwork coordinator and the assistant fieldwork coordinator carried out several simulations of this interview prior to its being completed.

The family questionnaire was pretested and subsequently revised a total of four times. Pretesting took place in existing cooperatives and pre-cooperatives selected by FEHCOVIL. FEHCOVIL staff helped coordinate each round of pretesting, including introducing interviewers to cooperative leaders.

Special attention was paid to how much time each portion of the survey took during pretesting sessions. Sections which were especially time consuming were usually modified extensively. Also, more emphasis was placed on the complex and time-consuming sections during interviewer training so that interviewers could manage these sections as easily and rapidly as possible.

Most family interviews were completed in less than one hour, including observations of the home, measuring the living space, and weighing and measuring children under 5 years of age.

B. PERSONNEL

The COVIDEPROL baseline data collection project was carried out by a team of people hired in Honduras. This team included a project coordinator (Ms. Bonnie Bradford), a fieldwork coordinator, an assistant fieldwork coordinator, four interviewers, two trainers from the Ministry of Health, a water engineer, a data entry person, and a specialist in data processing and data analysis.

The project coordinator was responsible for the design and overall coordination of the project. She was also responsible for the cleaning, processing, and analysis of data; preparation of graphics; and writing up the results of major findings.

The project coordinator was also responsible for managing data collection; supervising all field staff; and overseeing and participating in the checking of all data collected.

The assistant fieldwork coordinator was responsible for carrying out the cooperative interview, checking all surveys for coding accuracy, and carrying out other tasks assigned to her by

the fieldwork coordinator. The four interviewers were responsible for completing the family questionnaires and coding the responses.

The two Ministry of Health trainers conducted the anthropometric training of interviewers. The water engineer collected and analyzed water samples in each of the households.

The data entry person entered all data from the family questionnaires. The specialist in data processing and analysis designed the data entry program and assisted the project coordinator at the beginning of data processing and analysis.

C. INTERVIEWER TRAINING

The interviewers received copies of the family survey, manual and other documents to be used in training two weeks prior to the training program. They were asked to study all materials before beginning the training program; to have done at least two "practice" surveys with their families or friends; to come prepared with a list of questions; and to come ready to begin practice sessions.

Interviewer training in management of the family survey was completed in four days, including a practice fieldwork day in a community selected with FEHCOVIL. The interviewers received training in taking anthropometric measures over a period of six days. The first day was spent in learning the theory and techniques of anthropometry, and proper handling of equipment. The other five days were split into half-day practice sessions at child-care centers, and half-days reviewing results and improving measurements.

By the end of the anthropometric training, each of the interviewers had successfully completed the "standardization" process - they were each able to weigh and measure children under 5 years of age within a small and acceptable margin of error compared with the weights and measurements taken by the Ministry of Health trainers.

D. ANTHROPOMETRIC EQUIPMENT AND MATERIALS

For weighing children under 5 years of age, interviewers used Salter Scales (Model 235) with a capacity of 25 kilograms at intervals of 100 grams. A weighing sheet was used for very young children, and weighing pants were used for children able to sit up. The scales are lightweight and portable since they are designed to be used in house-to-house surveys. The scales,

weighing sheet, and weighing pants fit into a simple shoulder bag for ease in carrying during fieldwork.

To measure lengths and heights of children under 5, interviewers used lightweight and portable measuring boards of wood, with a length of 150 centimeters using a scale of millimeters. The measuring boards folded (by hinges) into a manageable size so that they could also be put into a separate shoulder bag for easy carrying during the fieldwork.

The measuring boards, weighing sheets, weighing pants, and shoulder bags were made locally in Honduras and are identical to equipment used in the National Nutrition Survey carried out by the Ministry of Health in 1987 (annex 1, reference 5).

E. WATER TESTING EQUIPMENT

All water testing equipment and supplies used were purchased from Millipore Corporation in Bedford, Massachusetts, USA. The Fecal Coliform Field Kit with 47 mm diameter sterile filters; absorbent pads; M-FC broth medium; and the MF-Incubator, with a capacity to hold 30 disposable 47 mm Petri dishes; were used to collect and analyze water samples for fecal coliforms.

F. DATA COLLECTION/FIELDWORK

The cooperative interview was done by the assistant fieldwork coordinator during June 1988. The first family questionnaires were completed on April 27, 1988, and the last were completed by July 11, 1988. This extensive time period was needed to complete fieldwork since the selection of the last cooperative members was not complete until July.

The water samples were collected separately by a water engineer hired specifically for this purpose. He visited each household using maps revised by the interviewers one or two days after the family survey had been completed.

G. ORGANIZATION OF THE FIELDWORK

The project coordinator, the fieldwork coordinator, and the interviewers attended a general assembly meeting of the members of COVIDEPROL in March 1988 in order to explain the survey, answer questions, and collect information from cooperative members to help organize the fieldwork.

An interview guide was developed to determine the person to be interviewed in each household, the days and times of day most convenient to visit the household, and a sketch of the

location of the house so that interviewers could locate it more easily. For members who were not present at the meetings, information was gathered from others members who could provide this information, or from FEHCOVIL records.

The fieldwork coordinator used the information collected to organize the fieldwork and assign cases to each interviewer. While the interview guides proved useful, there were still difficulties in locating some of the houses, and in finding the interviewees home during the first visit. However, the main complication in organizing the fieldwork was the fact that the list of cooperative members kept changing throughout the data collection period.

The fieldwork coordinator attended four additional general assembly meetings of the members of the cooperative prior to and during the data collection period to collect information from new cooperative members who were being selected, and to clarify addresses which could not be located. She then used this information to update the organization of the fieldwork.

H. NUMBER OF INTERVIEWS COMPLETED

Seventy-nine (79) people had been considered cooperative members or likely candidates to be members during the course of the fieldwork. The fieldwork team interviewed a total of 68 people. Five of these were not selected to be among the final 63 members of the cooperative. Three cases were eliminated from analysis because data had not been collected in the homes of the cooperative members, who actually lived more than 3 hours (each way) from Tegucigalpa.

Surveys from 60 families, out of a total of 63 families in the cooperative, were analyzed. A response rate of 95% was therefore achieved for this baseline round of data collection, which should provide a good foundation for comparisons with data collected in the future from this group. The 60 families surveyed were spread out over 43 different neighborhoods in the Tegucigalpa area.

I. PREPARING DATA FOR DATA ENTRY

Interviewers were responsible for correctly coding each survey they completed prior to handing it in to the assistant field coordinator. The assistant field coordinator checked each survey for completeness and for errors in coding. The fieldwork coordinator spot checked a sample of surveys for accuracy in coding, and the project coordinator spot checked a sample of surveys as well as all data collected in the sections of each survey related to employment and health. The

project coordinator ran consistency checks and cleaned the data after the data was entered and before beginning data analysis.

J. DATA ENTRY, PROCESSING AND ANALYSIS OF DATA, AND REPORTING RESULTS

Data was entered into an IBM Personal Computer at the CHF Honduras office by a person specifically hired for this purpose. An interactive program prepared with SPSS Data Entry II was used to enter data. This interactive program identifies potential errors in data entry; logical relationships; and coding consistencies, so that these can be checked and corrected prior to data processing and analysis.

The project coordinator was responsible for data cleaning, processing and analysis, preparation of graphics, and writing up the results. SPSS PC+ was used to analyze all data other than the anthropometric data. The CDC (Centers for Disease Control) Anthropometric Software Package, Version 3.0, using CDC Growth Reference Curves derived from the NCHS/CDC Reference Population, was used to analyze anthropometric data of children under 5 years of age.

This report was prepared using Word Perfect, Version 5. Graphics were produced with Harvard Graphics.

Percentages shown in the graphics do not always add up to 100% due to rounding. However, all totals are within one percentage point of 100% (between 99.0% and 101.0%).

K. COMPARISON OF DATA ANALYZED WITH OTHER STUDIES

Since we did not select a "control" or "comparison" group with which to compare our results (see Part II, Section B), we have included comparisons between some of our data and data collected in a number of well-respected studies which have been carried out in Honduras in recent years. The intention is to help the reader interpret some of the data presented by being able to make comparisons with information from other sources.

Census data would probably be the best single source for making comparisons with some of our basic socio-economic data. However, only very preliminary data is currently available from the recent 1988 census. Since the last census before 1988 was done in 1974, we need to look at other sources of information with which to compare.

The Work Force study (annex 1, reference 4) results for Tegucigalpa are used a number of times, especially in Section 1 of the analysis (socio-demographic data), to compare with data for the COVIDEPROL group. The Ministry of Health's National Nutrition Study (annex 1, reference 5) results for Tegucigalpa are also used for comparisons, especially in Section 5 (health status indicators) and Section 8 (characteristics of the current home).

Both the Work Force study and the Nutrition study used a stratified sampling technique so that upper, middle, and lower socio-economic classes are represented. Probably because of the similarities in sampling technique, and because both studies were well implemented, the data on age, sex, and educational levels is nearly identical. This means that we can probably use the data from these Work Force and Nutrition studies in tandem to compare with data we have collected: information not available from one is probably similar to data that would have been collected in the other.

Another source of data which is used to compare with our group is the PRIMHUR study (annex 1, references 1 & 2). As in the case of the other studies, only data collected in Tegucigalpa is used to compare with the COVIDEPROL group. The data for Tegucigalpa was gathered from 575 homes in 7 "barrios marginales" (low-income neighborhoods). By design, only neighborhoods of low socio-economic status were included in the PRIMHUR study. Comparisons with this study will be useful since they will help characterize the COVIDEPROL group in terms of socio-economic class.

IV. SUMMARY OF THE COOPERATIVE INTERVIEW

The following is a summary of the interview held with members of the board of directors of the COVIDEPROL SHHC. Information in double brackets {{}} is additional information from other sources, added after the interview was completed and written up.

The key informants for the group interviewed were the president, vice-president, secretary, treasurer, vocal (also an elected council member), and a member of the first elected board of directors who is still a member of the cooperative. Three of the informants were women (the vice-president, the secretary, and the vocal), and three were men (the president, the treasurer, and the former board member).

A. BACKGROUND

{{The Roma Bakery Housing Cooperative (COVIDEPROL) received its "Personeria Juridica" (legal recognition by the Government of Honduras) on August 1, 1986. The acronym "COVIDEPROL" stands for "La Cooperativa de Vivienda Panificadora Roma, Ltda."}}

The formation of the cooperative was initiated by Mr. Henry Merriam, who is the owner of the Roma Bakery. He was interested in helping the employees of the bakery acquire their own homes. Mr. Merriam first met with the employees in November 1984 and discussed with them the possibility of their forming a housing cooperative. Additional meetings were held in December 1984 and January 1985 to discuss the idea further.

In February 1985, 17 employees of the bakery attended a course at INFOP (Instituto de Formacion Profesional - a technical and skills training institution). The course was on cooperatives, and Mr. Merriam paid the fees and other expenses for the employees to take the course.

After completing this training, these 17 people decided to form their own cooperative (COVIDEPROL), and swore themselves in as members. They began to work together as a cooperative in October 15, 1985.

The cooperative members made arrangements with Mr. Merriam to purchase land he owned. He offered to sell the land inexpensively {{at below market prices}}. He also suggested that they go to FEHCOVIL to learn more about how housing cooperatives function. He also suggested that FEHCOVIL might be able to help them obtain financing for the construction of houses, since he did not have funds to assist them.

The members contacted FEHCOVIL and met with a member of its Promotion Department. He helped them organize the cooperative, including the election of the board of directors and a vigilance board.

The first elected board of directors was composed of a president, vice-president, secretary, treasurer, and vocal. {{The treasurer is one of the key informants for this interview}}. All the members of the board were men. The vigilance board was made up of a president, secretary, and a vocal. All elected members of the first vigilance board were also men. Three substitutes were elected: two men, and one woman {{she is currently the secretary of the board of directors, and one of the key informants for this interview}}.

Once the board of directors were sworn in by FEHCOVIL, the members of the cooperative decided that they would try to increase the number of people in the cooperative by recruiting friends. They set four requirements for new members:

1. Lack of a home.
2. Have a job with an income of at least L. 350 to L 450.
3. Be of age, but no more than 50 years old.
4. Have funds available to help purchase the land offered for sale by Mr. Merriam.

The cooperative members purchased the land from Mr. Merriam using their own funds supplemented by a loan from FEHCOVIL. The loan was approved in November 1986, and the debt was repaid by the cooperative members in November 1987.

Serious discussions with FEHCOVIL about building the housing units and infrastructure began in November of 1986. All members had to have their documents in order in order to be eligible for a house. Many of the original members dropped out of the cooperative because the monthly installments would be too high for them to pay. Many people who were on a waiting list were accepted in order to keep the cooperative going. There was always an average of 45 members in the cooperative.

The cooperative is currently paying FEHCOVIL for the construction of housing and infrastructure on the land which they had purchased. They began paying back this loan in August 1988, and will be paying monthly installments of L. 158 for a period of 20 years.

{A note to interject here concerns the change of membership once a monthly quota was agreed upon by the majority of members of COVIDEPROL. During 1985, FEHCOVIL carried out a number of socio-economic surveys with members of various groups which were being considered to receive CHF project funding. A survey was carried out with 44 members of the Roma Bakery. Eighteen percent (18%) of the members were women, and the other 82% were men. All the members were employees of the Roma Bakery, in positions such as bakers, drivers, and janitors.

The median income for members was reported to be L. 377.29 per month. Only a small handful of members interviewed in the current study are employees of the Roma Bakery. It is not clear whether the median income in the FEHCOVIL surveys included just income from members, from members and spouses, or from all working members in the family. However, the median income for cooperative members alone was L.580 in the current study. Given the monthly quota

of L.158 for payback to FEHCOVIL for housing, many of the original members would have been unable to pay this amount, and probably dropped out of the cooperative at this point.

The monthly quota is based on the house option decided upon by the majority of members in a vote. Part of the basic design process for the housing project involves FEHCOVIL working with the members to come up with the type, size, and monthly quotas for various housing options. The majority of members decide what they want and vote on the options. If the housing is not acceptable or affordable to some of the members, they will most likely drop out of the cooperative since it does not meet their needs.}}

When the cooperative began in October of 1985, there were 17 members. In June 1988 there were a total of 63 members.

The main functions of the cooperative, as described by the group of key informants, are:

1. To keep the membership motivated to work together as a cooperative.
2. To plan and carry out community development activities such as creating recreational areas.
3. To be up to date on prices for home construction and development of the housing project during construction.
4. To maintain the housing project once it is completed.
5. To aid in the process of applying for loan monies for making home improvements in the future.

B. ORGANIZATIONAL STRUCTURE OF THE COOPERATIVE

The cooperative's structure consists of the elected board of directors (president, vice-president, secretary, treasurer, and vocal); the elected vigilance board (president, secretary, and vocal); and the membership.

The board of directors and the vigilance board are elected by the membership. The current board members were elected in March 1988, the third election since the cooperative began. The current board of directors is made up of 3 women (the vice-president, secretary, and vocal) and 2 men (the president and the treasurer).

There are also 2 committees in the cooperative. One is the "work Committee", composed of 3 people. This committee is in charge of organizing improvements of the green areas in the community and maintaining these areas. The other committee is the "educational committee", also

with 3 members, which is in charge of promoting the cooperative system through cooperative education, courses, speeches, and organizing cooperative projects.

Assembly meetings are held the first Sunday of each month. During May 1988, meetings were held every week, since houses began to be assigned to members. There are usually between 45 and 52 members present at these meetings.

C. PROJECTS COMPLETED, UNDERWAY, AND PLANNED

The cooperative plans to carry out the following projects:

1. Reforestation of the green areas in the community.
2. Making housing improvements, especially to enlarge the houses.
3. To set up a food store for the cooperative members.
4. To form a credit union.
5. To build a community center where the COVIDEPROL office will be located.

In order to carry out these projects, they plan to contact various national and international organizations, such as FOVI and CHF, for assistance with financing. Applications for home improvement loans have already been submitted to CHF.

D. TRAINING

Some of the members of the board of directors said they had received various training courses, but the key informants were not able to remember many of the details about these courses. They did mention that the most recent course for members of the board was given by FEHCOVIL during February 1988. This was a 1 day course, and was attended by 4 people who were board members at that time. The informants said that cooperative members have also received training, but could not recall many details about these courses either. They said the course that had been given most recently was in May 1988. This course was given by FEHCOVIL and most of the members attended.

The key informants said that they feel the board of directors do need additional training, especially since many of them are new. They said they need courses on (1) human relations, (2)

the cooperative system and, (3) other courses which long-time members have received.

E. OPINIONS ON HOW THE COOPERATIVE FUNCTIONS

The informants felt that the way their cooperative currently functions could be improved. They said that the success of the cooperative depends most importantly on the participation of its members. They expressed frustration at the difficulties in locating members to let them know about meetings, and that participation in the activities of the cooperative always involves the same members.

The key informants were asked how they think the majority of cooperative members view the way the coop functions, especially how decisions are made, how the board members are elected, and the participation of the members. Note: Questions on these subjects were included in the family questionnaire.

They said that most people feel that decisions are made by the majority of the members during cooperative assemblies. They said that the board of directors does make certain administrative decisions, but that the members make decisions about global problems in assembly meetings.

When asked what they think the majority of cooperative members think about the way the board is elected, they said that most would say the board is elected during assemblies with active participation in the election by the members. They said that most would say that participation by the members is mixed: about half the members are active and about half are passive and do not participate in the cooperative very much.

The informants said they feel that self-help housing cooperatives provide a great alternative for people who can only afford low cost housing. When asked how they view the future of their cooperative, they said that the cooperative system will help in terms of organizing community development, but that the future of their cooperative will depend on the participation of the members. They felt that in order to succeed, the cooperative will need the participation of each member.

V. ANALYSIS OF THE FAMILY QUESTIONNAIRE

1. SOCIO-DEMOGRAPHIC DATA

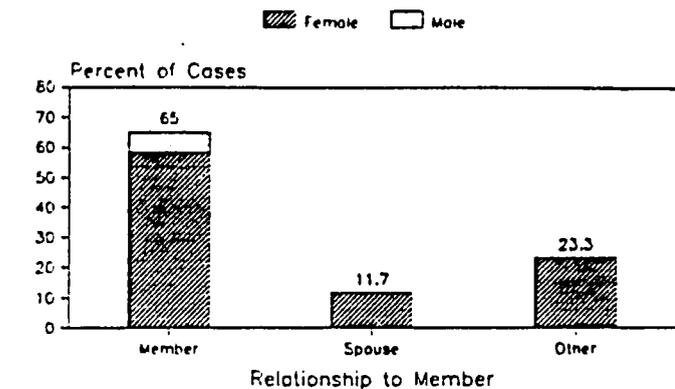
1.1 PERSON INTERVIEWED

It was decided that a principal female member of the household would be interviewed, since she would probably be the best key informant for general information on the members of the household, and would probably have the most knowledge of recent illnesses in the family. It has been shown in other studies that the principal female member of the household is usually the manager of household expenditures, so she would probably be the best key informant in the sections on income and employment for the family as well.

Interviewers followed a pre-determined format for selecting the person to be interviewed in the household. If the cooperative member was female, the interview would be done with her. If the cooperative member was male and married, the interview would be done with the spouse. If the cooperative member was male and single, then the interview would be done with the woman living in the household who knew the most about the household. If there were no women living in the household, the interview would be done with the male cooperative member.

As seen in Figure 1.1, 93% of the interviews were done with a female member of the household. In 65% of the families, the interview was done with the cooperative member; in 11.7% with the spouse of the cooperative member; and in 23.3 with another female member of the household.

Figure 1.1 COVIDEPROL BASELINE
Person Interviewed



By Relationship to Member and By Sex

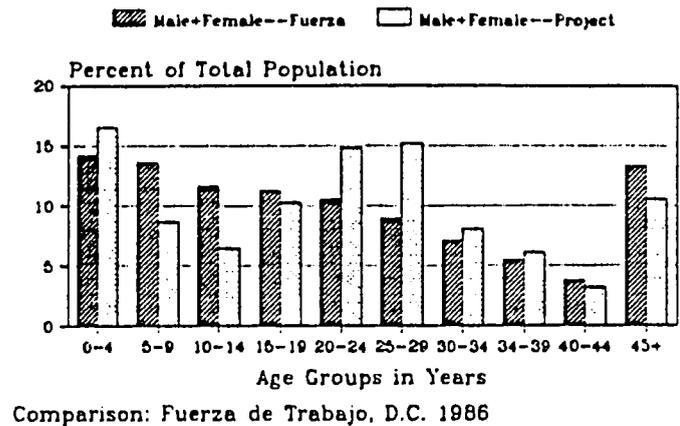
1.2 TOTAL POPULATION BY AGE GROUPS

Figure 1.2 shows the breakdown of the project population by age groups. This breakdown is compared with a major ongoing study of the work force of Tegucigalpa (annex 1, reference 4). As mentioned in Part III (Methodology), Section J, this Work Force study will be used in several comparisons with the project group, especially since detailed results from the 1988 Honduran Census (annex 1, reference 6) are not yet available.

The youngest members of the population are less than 1 year old; the oldest member is 74 years old. The average age of cooperative members is 30 years old (30 years is the mean for male members, and 31 years is the mean for female members). The average age of spouses of cooperative members is 31 years old (the difference between male and female spouses is more striking than for members: 35 years is the mean for male spouses, and 26 years is the mean for female spouses).

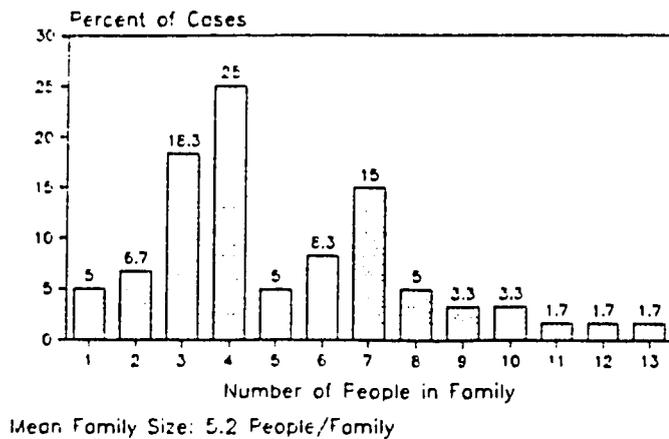
As seen in Figure 1.2, the project population has a higher percentage of children under 5 years of age than the Work Force study population. The project population also has a significantly higher percentage of young adults than the Work Force population, especially in the 20-29 year age groups. This implies that there are more young people of working age who are beginning to have families in the project group as compared with the Work Force study population.

Figure 1.2 COVIDEPROL BASELINE
Total Population by Age Groups



1.3 FAMILY SIZE

Figure 1.3 COVIDEPROL BASELINE
Family Size



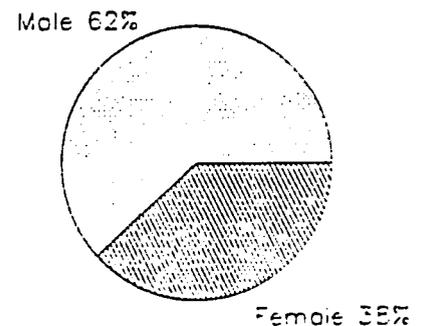
Sixty families were interviewed, and there were a total of 310 people in these families. The average family size is 5.2 people per family. The distribution of family size for the project population is shown in Figure 1.3. Preliminary data available from the 1988 Honduran Census (annex 1, reference 6) shows an average family size of 4.98 for Tegucigalpa (the average family size was 5.87 in 1974, when the last national census was done in Honduras). As mentioned in Part III (Methodology), Section J, the PRIMHUR study (annex 1, reference 1) collected data

from 7 "barrios marginales" (low-income neighborhoods) in Tegucigalpa. Their overall average family size was 5.8.

1.4 HEAD OF HOUSEHOLD BY SEX

As shown in Figure 1.4, over half of all households (62%) in the project group are currently headed by men. In the Work Force study (annex 1, reference 4), an even higher percentage of households (73.4) are headed by men.

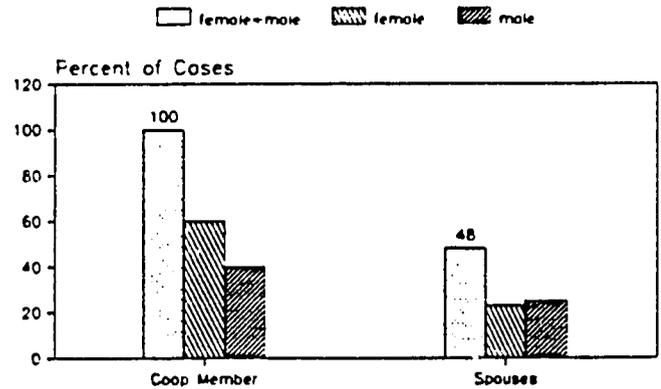
Figure 1.4 COVIDEPROL BASELINE
Head of Household by Sex



1.5 COOP MEMBERS & SPOUSES BY SEX

Over half (60%) of cooperative members are women. The other 40% are men. A total of 48% of cooperative members are married. About half of the spouses are male (52%) and the other half are female (48%). See Figure 1.5.

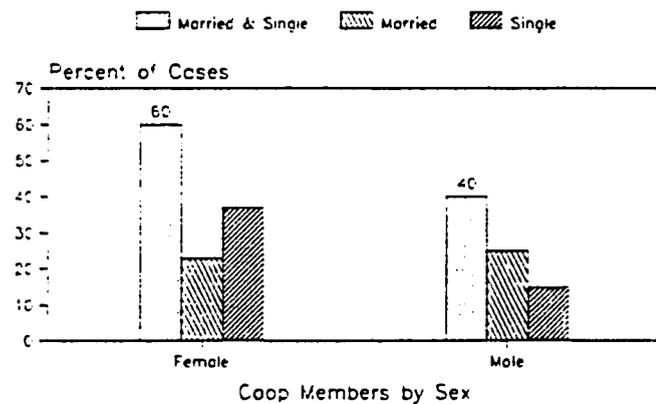
Figure 1.5 COVIDEPROL BASELINE
Coop Members & Spouses by Sex



1.6 MARITAL STATUS OF COOP MEMBERS BY SEX

Figure 1.6 presents some of the same information as in Figure 1.5. While the actual percentages of members who are married and single do not appear in the graph, the trends in the data can be followed with the graphic. Most (61%) female cooperative members are single, and the other 39% are married. The situation is reversed for male cooperative members: most (63%) are married, and the other 37% are single.

Figure 1.6 COVIDEPROL BASELINE
Marital Status of Coop Members

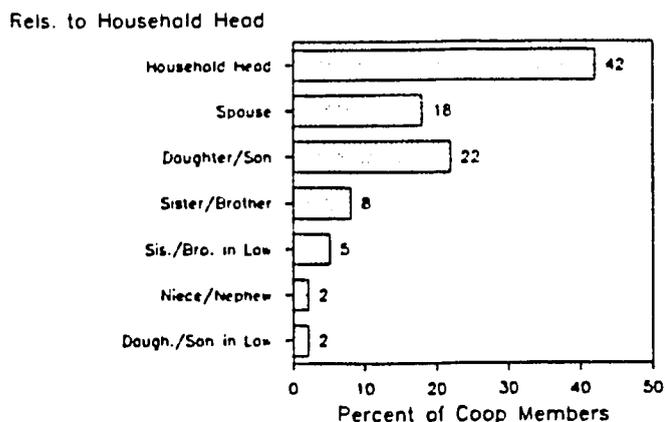


As mentioned in Section 1.5, a total of 48% of cooperative members are married, however, a much higher percentage of male members are married than female members.

1.7 POSITION IN FAMILY-COOP MEMBERS

Less than half (42%) of cooperative members are currently the head of household. Many (22%) are either daughters or sons of the household head. See Figure 1.7.

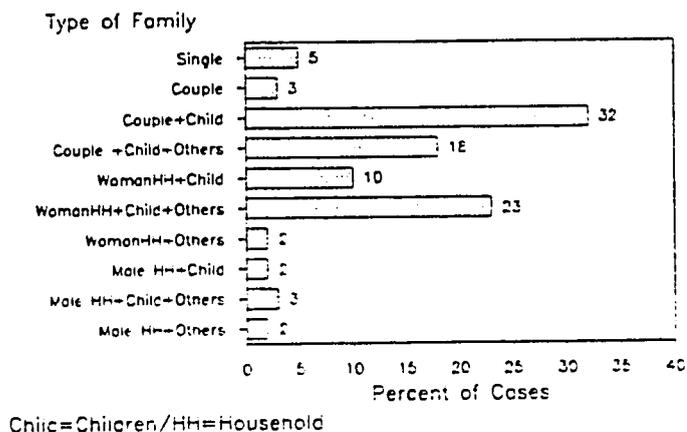
Figure 1.7 COVIDEPROL BASELINE
Position in Family-Coop Members



1.8 FAMILY COMPOSITION

There are a number of ways to look at the data presented in Figure 1.8. One method of describing the data will be discussed here. There are very few (8%) single person families or families made up of a couple without children or other people living with them. The single most predominant family structure is the nuclear family: a married couple with one or more children living with them.

Figure 1.8 COVIDEPROL BASELINE
Family Composition



Married couples living either with children (nuclear) or with other people (extended) make up half (50%) of the study group. Women-headed households (no spouse present) that are either nuclear (with children only) or extended (with other people) make up another 35%. Male-headed households (with no spouse present) that are either nuclear (with

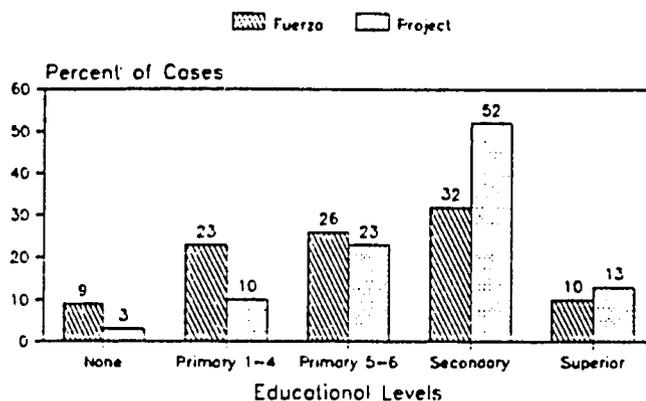
children only) or extended (with other people) make up a very small percentage (7%) of the study group.

1.9 EDUCATION-POP. 10+ YEARS OF AGE

Figure 1.9 shows the percentage of people who have completed various levels of education in the Work Force study (annex 1, reference 4) group and in the project for all individuals 10 years of age or older. Only individuals over 10 years of age are included in the Work Force study.

The project participants have completed higher levels of schooling than the population surveyed in the Work Force study for Tegucigalpa. In particular, a much higher percentage of project participants have completed secondary school studies than in the Work Force group.

Figure 1.9 COVIDEPROL BASELINE
Education - Popn. 10+ Years of Age

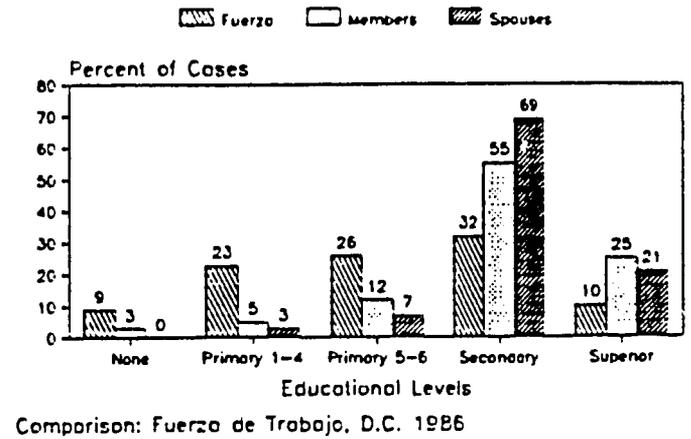


Comparison: Fuerza de Trabajo, D.C. 1986

1.10 EDUCATION-COOP MEMBERS & SPOUSES

Figure 1.10 shows the highest level of education achieved by cooperative members and spouses as compared to the Work Force group. Members have completed an average of 10.8 years of education (10.6 years for males; 10.9 years for females). Spouses have completed an average of 11.0 years of education (11.4 years for males; and 10.6 years for females).

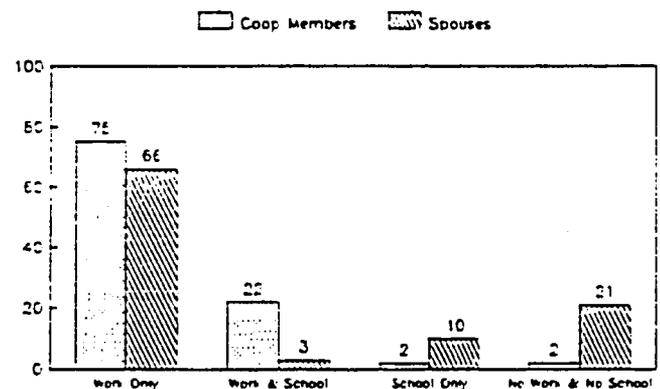
Figure 1.10 COVIDEPROL BASELINE Education - Coop Members & Spouses



1.11 SCHOOL & WORKING - MEMBERS & SPOUSES

Based on information from the previous month (the month prior to the interview), most members (75%) and spouses (66%) are currently working and not attending school. This is split fairly evenly between male and female members. Of the spouses who are in school and not working (10%), nearly all are female. A significant percentage of spouses (21%) are neither working nor in school. Most of these spouses are female. See Figure 1.11.

Figure 1.11 COVIDEPROL BASELINE School & Working - Members & Spouses

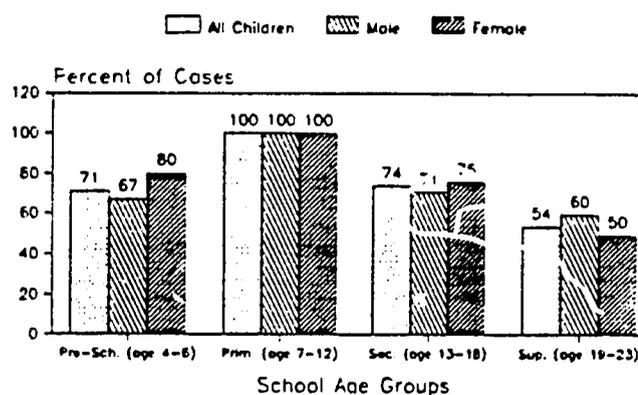


1.12 IN SCHOOL BY AGE AND BY SEX

Figure 1.12 shows data on the percentage of school-aged children and young adults who are actually attending school at the present time. The age groups roughly coincide with pre-school, primary school, secondary school, and university ages in the Honduran educational system. As in the United States, there are some variations in when children begin first grade: some children begin when they are 6 and others when they are 7. In Honduras, some children may start at later ages. Depending on the course of study, some secondary school programs last only 3 years, others last 6 years. The length of university training also depends on the course of study.

A very high percentage of pre-school aged children (71%) are currently attending school. Eighty percent (80%) of all pre-school aged girls and 67% of all pre-school aged boys are currently in school. One hundred percent (100%) of both boys and girls of primary school age are currently attending school. A high percentage (74%) of all secondary school age young adults are currently in secondary school. As in the pre-school age group, girls are more likely to be in secondary school (76%) than boys (71%). Slightly over half (54%) of those of university age are currently in school. At the university level, young men are more likely to be in school (60%) than young women (50%).

Figure 1.12 COVIDEPROL BASELINE
In School by Age and by Sex



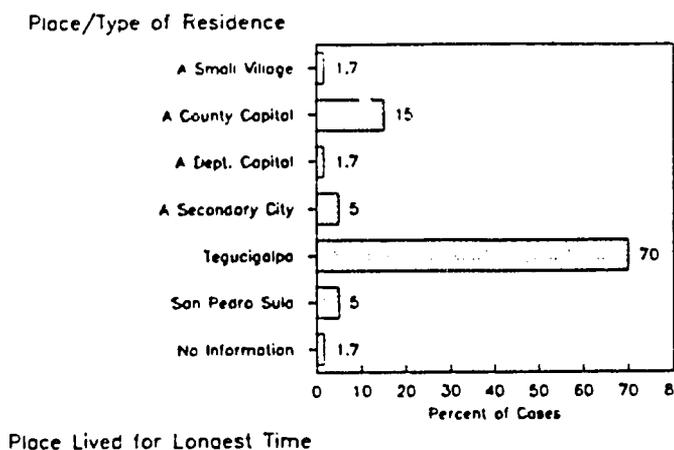
2. MIGRATION AND STABILITY MEASURES

2.1 PRINCIPAL RESIDENCE-COOP MEMBERS

Interviewees were asked where the cooperative member has lived most of his/her life. We asked this question rather than the typical series of questions about migration since we mainly wanted an idea of whether or not the cooperative members are fairly recent immigrants into Tegucigalpa. All the surveys were carried out in the Tegucigalpa area.

Most (70%) cooperative members have lived over half their lives in Tegucigalpa. With this information, we can say that most of the households interviewed are fairly well established in Tegucigalpa, rather than part of the massive rural to urban migration occurring in recent years. See Figure 2.1.

Figure 2.1 COVIDEPROL BASELINE
Principal Residence—Coop Members

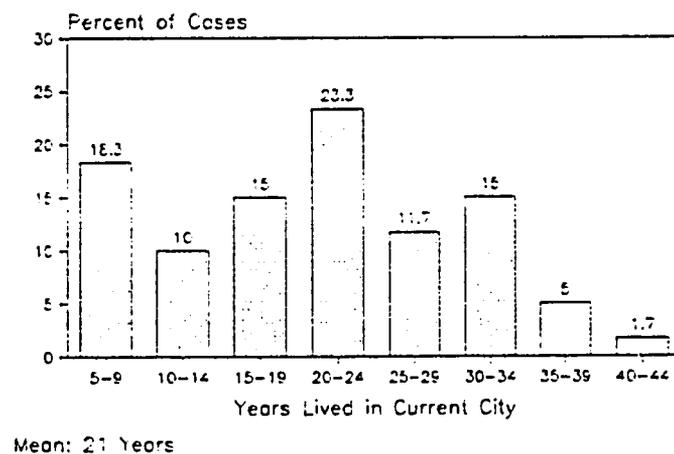


Place Lived for Longest Time

2.2 TIME IN CURRENT CITY-COOP MEMBERS

Most cooperative members have lived in Tegucigalpa for a relatively long time - an average of 21 years. All have lived in Tegucigalpa at least 5 years. This supports the idea that the households interviewed are fairly long-term residents of Tegucigalpa, rather than recent immigrants into the city. See Figure 2.2.

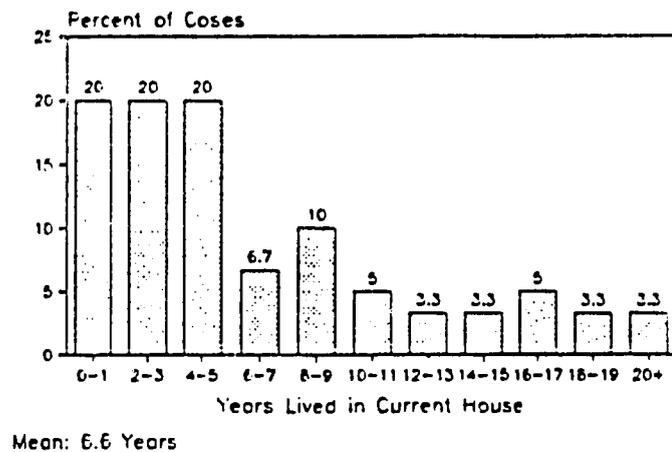
Figure 2.2 COVIDEPROL BASELINE
Time in Current City — Coop Members



2.3 TIME IN CURRENT HOUSE-COOP MEMBERS

The average length of time in the current home is 6.6 years. Sixty percent (60%) of members moved into their current residences within the past five years. For many, this was probably a move by the parents to a new home. For others, the most recent move was probably a move out of the parental home. See Figure 2.3.

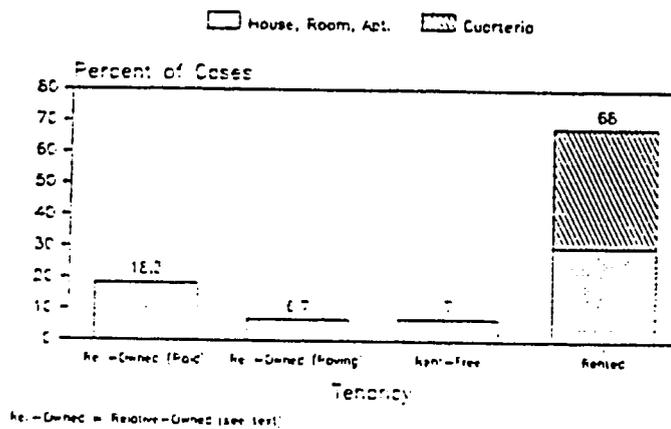
Figure 2.3 COVIDEPROL BASELINE
Time in Current House-Coop Members



2.4 TENANCY STATUS-HOUSEHOLD

Most families interviewed (68%) are currently renting their homes. See Figure 2.4. This means that one or more members of the household (not necessarily the cooperative member or the spouse) pay rent to a landlord who owns the house or rental unit. A total

Figure 2.4 COVIDEPROL BASELINE
Tenancy Status - Household



of 38% of families are living in cuarterias, and a total of 30% of families are living in either a rented house, a room in a house, or in a rented apartment.

A small percentage (6.7%) of families are living in rent-free situations. This means that no one in the household pays rent to the home owner, and the home owner is not a member of the household. The rent-free category would be used, for example, if the family is house-sitting for a certain period of time and does not pay rent to the owner during this time period.

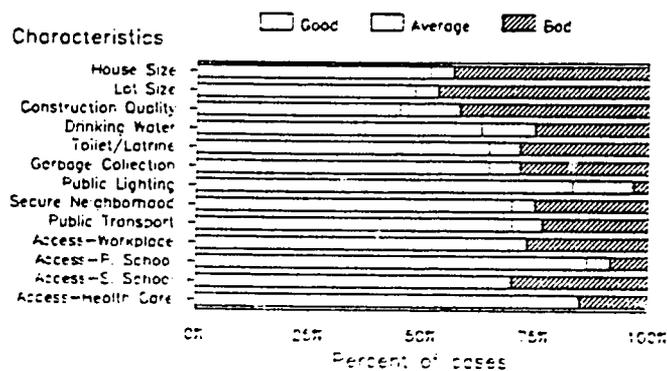
One quarter (25%) of cooperative members are living in homes that are owned by a relative of the cooperative member. This relative (who is the home owner) is a member of the same household as the cooperative member.

There are no cases in which the cooperative member is the home owner, and only one case in which the spouse of the cooperative member is the home owner. This one case is unusual, however, because the cooperative member and spouse were married just two weeks before the interview (the cooperative member was living in a rental unit up until the time of the marriage).

3. CURRENT SATISFACTION LEVELS AND EXPECTATIONS FOR THE MOVE

3.1 OPINIONS-CURRENT HOME & COMMUNITY

Figure 3.1 COVIDEPROL BASELINE
Opinions—Current Home & Community



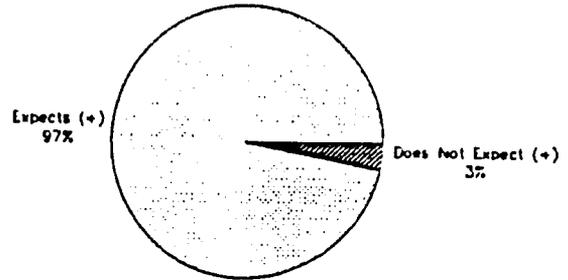
Interviewees were asked to rate a number of characteristics related to their current home and community. For each item, they were asked if they would rate it as "good", "average", or "bad". As shown in Figure 3.1, the majority of respondents gave "good" ratings to availability of drinking water (63.3%); type of sanitary facility (toilet or latrine)(65%); garbage collection (65%); public lighting (83.3%); security in the neighborhood (70%); access to public transportation (70%); access of the cooperative member to the work place (60%); access to primary schools (86.7%); access to secondary schools (61.7%); and access to health services (70%).

Interviewees were less satisfied with the size of their house (51.7%); the size of the lot (48.3%); and the quality of construction of their home (45%).

3.2 POSITIVE EXPECTATIONS

Nearly all interviewees (97%) felt that there were things that would be better in the new house/community. See Figure 3.2.

Figure 3.2 COVIDEPROL BASELINE Positive Expectations

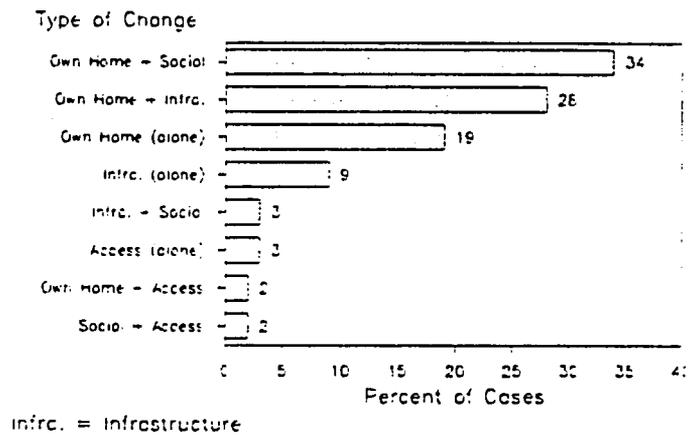


(+) = Positive Changes

3.3 POSITIVE CHANGES EXPECTED

The responses given were coded and analyzed using certain broad categories. These categories are listed in Figure 3.3. "Own home" includes responses such as owning one's home; not having to pay rent any longer; and being able to make home improvements of one's choice. "Social" includes such responses as the whole family being able to live together; having other family members in the same neighborhood; having friends in the neighborhood; and having a better environment for their children. "Infrastructure" includes not having to share bathroom, bathing, and/or washing facilities with other families; and having better

Figure 3.3 COVIDEPROL BASELINE Positive Changes Expected



public services such as water or garbage collection services. "Access" includes having better access to schools, the work place, or health services.

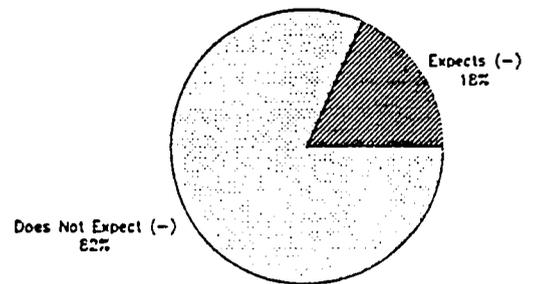
While home ownership was the most frequent response, it was generally coupled with another item as well. Only 19% mentioned home ownership as the only thing that would be better in the new home/community. Thirty-four percent (34%) mentioned home ownership and social factors; 28% mentioned home ownership and infrastructure; and 3% mentioned home ownership and access.

Infrastructure alone was mentioned by 9% of interviewees. The remaining responses mentioned infrastructure and social factors (3%); access alone (3%); and social factors and access (2%).

3.4 NEGATIVE EXPECTATIONS

Only 18% of those interviewed felt there would be certain things that would be worse in the new home/community. See Figure 3.4.

Figure 3.4 COVIDEPROL BASELINE Negative Expectations



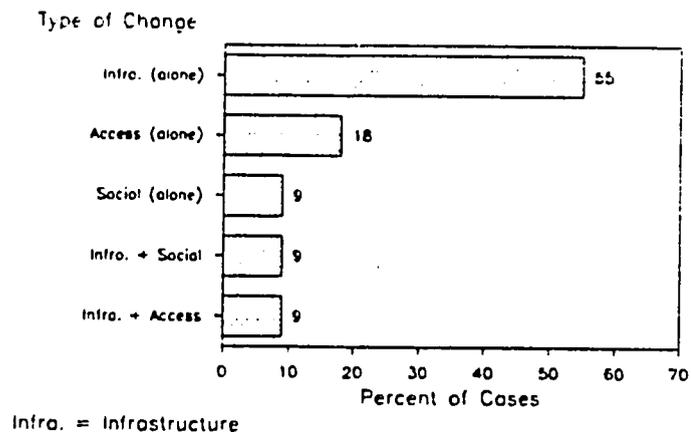
(-) = Negative Changes

3.5 NEGATIVE CHANGES EXPECTED

The same basic categories were used in this question as for positive changes expected (Section 3.3 above). "Infrastructure" includes responses such as having a smaller living space; worse public services; and not having paved streets in the new community. "Access" includes worse access to the work place and schools, and feeling the neighborhood is generally out of the way. "Social" includes responses such as feeling the neighborhood is more dangerous; and not having friends in the neighborhood.

Of those who said they expected some things to be worse, 55% mentioned infrastructure concerns alone. Another 18% mentioned access as an expected problem. Social factors alone; infrastructure and social; and infrastructure and access were each mentioned by 9% of the people interviewed. See Figure 3.5.

Figure 3.5 COVIDEPROL BASELINE
Negative Changes Expected



4. PARTICIPATION IN ORGANIZATIONS AND OPINIONS ABOUT THE COOPERATIVE

4.1 MEMBERSHIP TIME-COOP MEMBERS

Interviewees were asked how long the member had been a member of the cooperative. Referring back to Figure 1.1, 65% of those interviewed were members; 11.7 were spouses of members; and 23.3 were other female members of the household. The members are obviously the best key informant for this question, as well as other questions in this section. Spouses are probably better informants than other members of the household, but are not as likely to provide information as well as the cooperative members themselves.

Ten percent (10%) of interviewees did not know how long the member had been affiliated with the cooperative. In 23.3% the member had been affiliated with the cooperative for less than one year; 11.7% for 1 year; 28.3% for 2 years; 23.3% for 3 years; and 3.3% for 4 years.

Most of the members who had been affiliated with the cooperative for less than one year actually joined the cooperative during the time of the fieldwork for this study. Twenty-two percent (22%) of the 63 members who finally moved into the COVIDEPROL project were added (including those who replaced existing members) during the time of the fieldwork (April through July of 1988). These members, in particular, would not be able to answer or respond as well to many of the questions in this Section, compared with people who have been affiliated with the cooperative for a longer time. See Figure 4.1.

4.2 FREQUENCY OF MEETINGS

Most (83.3%) of the interviewees knew that cooperative meetings are held once each month. Another 6.7% did not know how often meetings are held. The other 10% gave incorrect responses to this questions. Most of those who did not know how often meetings are held or gave incorrect responses are either not members themselves, or are new members of the cooperative. See Figure 4.2.

Figure 4.1 COVIDEPROL BASELINE Membership Time – Coop Members

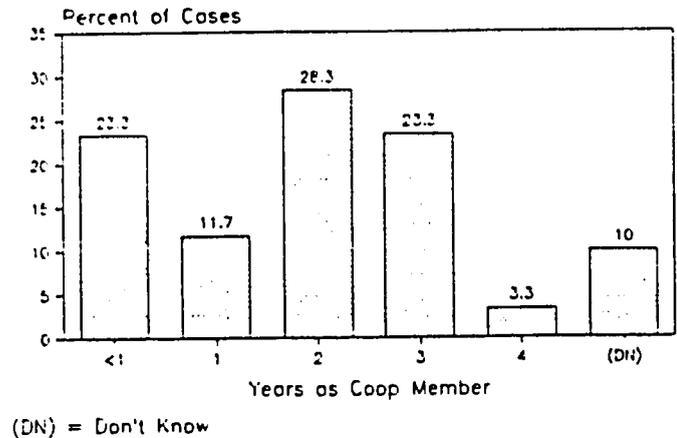
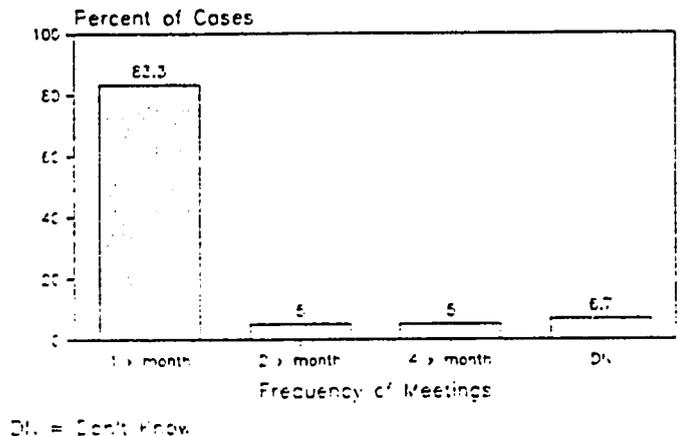


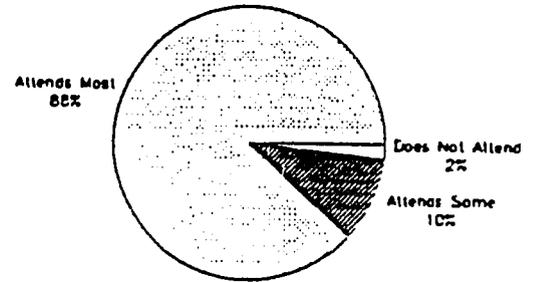
Figure 4.2 COVIDEPROL BASELINE Frequency of Meetings



4.3 MEETING ATTENDANCE-COOP MEMBERS

Most (88%) interviewees said that coop members attend most meetings held by the cooperative. Another 10% said that members attend some, but not all meetings. The remaining 2% said that members do not attend meetings. See Figure 4.3.

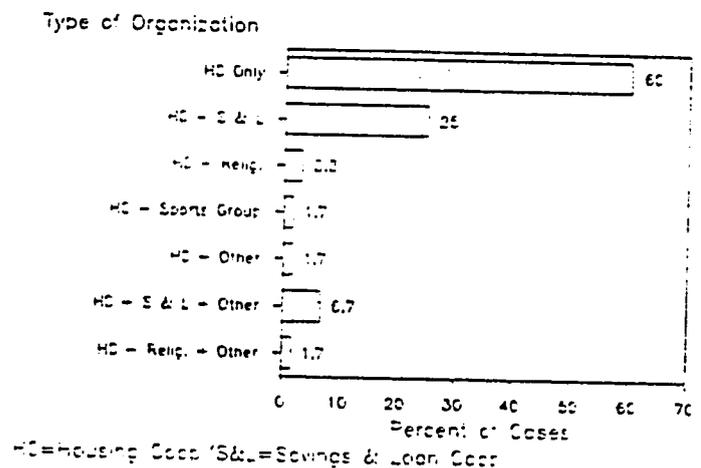
Figure 4.3 COVIDEPROL BASELINE Meeting Attendance—Coop Members



4.4 MEMBERSHIP IN ORGANIZATIONS-COOP MEMBERS

Interviewees were asked about whether cooperative members belong to any type of organizations, either inside or outside the community. Sixty percent of cooperative members belong only to the housing cooperative. Thirty-two percent (32%) of members belong to the housing cooperative and one other organization. Eight percent (8%) belong to two other organizations in addition to the housing cooperative. See Figure 4.4.

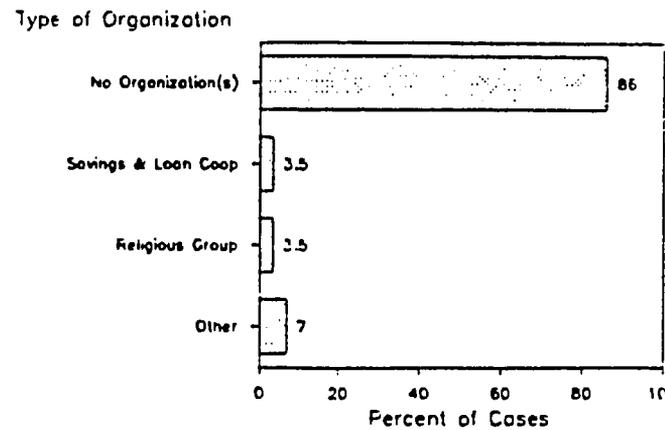
Figure 4.4 COVIDEPROL BASELINE Membership in Organizations—Coop Members



4.5 MEMBERSHIP IN ORGANIZATIONS-SPOUSES

Interviewees were also asked about participation of spouses in organizations both inside and outside the community. Eighty-six percent (86%) of spouses do not belong to any community organizations. None consider themselves to be members of the housing cooperative. A small percentage of spouses belong to savings and loan cooperatives (3.3%) and to religious groups (3.3%). Another 7% belong to other types of organizations. See Figure 4.5.

Figure 4.5 COVIDPRDL BASELINE
Membership in Organizations—Spouses



4.6 OPINIONS ABOUT THE COOPERATIVE

Interviewees were asked how they think the majority of people in the housing coop feel about certain aspects of the cooperative. The questions were phrased this way because direct questions (such as "How do you feel about...") would probably be threatening to some people. This was found to be true in pretesting the survey - many people seemed uncomfortable when questioned about their own opinions on the cooperative, but not when asked how the majority felt.

As mentioned in Section 4.1, the interviewees were not always the best key informants for questions about the cooperative. In Figures 4.7 through 4.10, a high percentage of interviewees were not able to give an opinion on how the cooperative functions. In some cases this is because the interviewees are not members themselves, and in other cases members are new to the cooperative and have not yet formed opinions about how it functions.

These four questions were among the few open-ended questions in the survey. Interviewees were asked to write down exactly what the interviewees said in their responses. Codes were later developed for the actual responses. Broad categories of "good", "average", and "bad" are used in the graphics, and the meaning of these categories is described in the sections below.

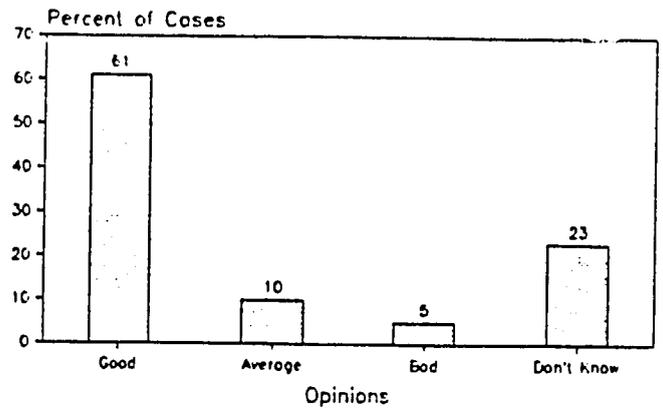
4.7 OPINIONS-HOW DECISIONS ARE MADE

Interviewees were asked what most people think about how decisions are made in the cooperative. Over half (61%), Figure 4.7, felt that the process for making decisions in the cooperative was "good." This includes responses such as decisions are made by the majority of cooperative members; the members decide in assemblies; decisions are made democratically; and good, although members do not always agree on what is decided.

Only 10% of the responses fall into the "average" category. This category includes responses such as some members are not very responsible about the decision making process; and that FEHCOVIL actually makes the decisions. These opinions were usually qualified as being neither good nor bad by the interviewees themselves.

Very few (5%) said they felt the decision making process was "bad." This category includes responses such as the majority of members do not participate; and most members do not contribute to making decisions. A substantial percentage (23%) of interviewees said they didn't know or couldn't give an opinion about how decisions are made in the cooperative.

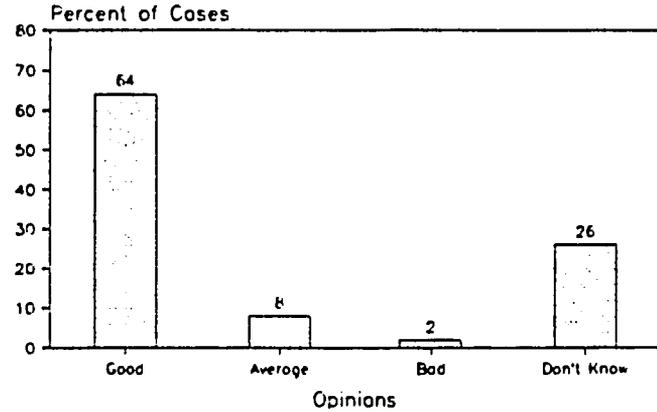
Figure 4.7 COVIDEPROL BASELINE
Opinions—How Decisions are Made



4.8 OPINIONS-HOW DIRECTORS FUNCTION

Interviewees were asked about opinions on how the board of directors of the housing cooperative functions. Over half (64%), Figure 4.8, the responses would fall into the category "good." This includes responses such as they have the support of the members; they are responsible people; they are well organized; they are capable; and the housing project works.

Figure 4.8 COVIDEPROL BASELINE Opinions—How Directors Function



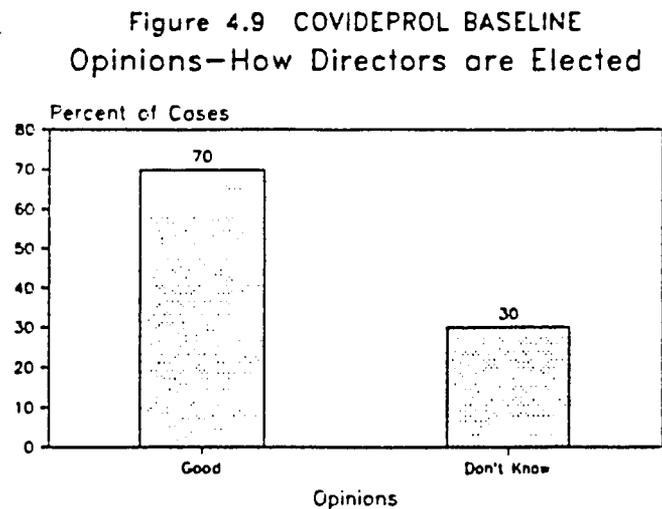
Only 8% of the responses fall into the "average" category. This category includes responses such as the directors lack training; and not very well because some of the old directors have been replaced. Very few (2%) responses would fall into the category of "bad." This includes responses such as the board of directors does not function well.

Again, a large percentage (26%) of interviewees said they didn't know or couldn't give an opinion about how decisions are made in the cooperative. Several of them said they could not give an opinion because they were on the board of directors, or that they were too new to the cooperative to offer an opinion.

4.9 OPINIONS-HOW DIRECTORS ARE ELECTED

When asked about how the board of directors are elected, most (70%), Figure 4.9, interviewees gave responses categorized here as "good." Responses included the assembly decides in accordance with the statutes of the cooperative; the members decide by voting; and the directors are selected by a majority vote.

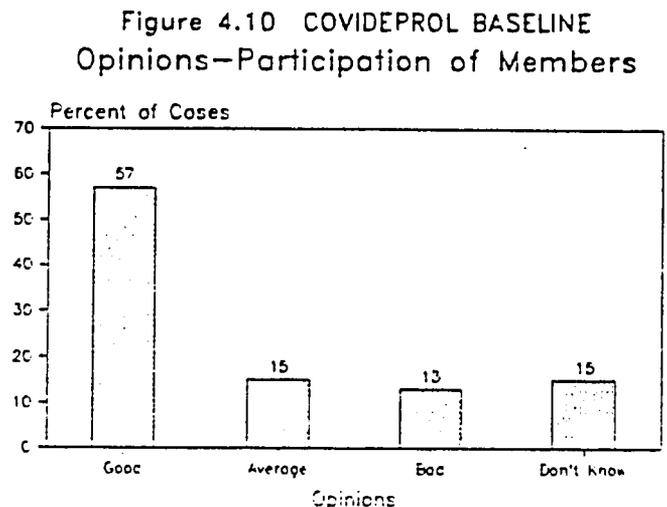
Of all questions asked regarding opinions about the cooperative, this one had the highest percentage of "don't know" responses (30%).



4.10 OPINIONS-PARTICIPATION OF MEMBERS

Interviewees were asked about the level of participation of the members in the housing cooperative. As seen in Figure 4.10, more than half (57%) gave responses categorized as "good", including most people participate; everyone participates; and that there is a lot of participation.

Fifteen percent (15%) gave responses that can be categorized as "average." These responses include not everyone participates; and some participate and others do not. Thirteen percent (13%) said that participation was "bad". Responses categorized as "bad" include few participate in the cooperative; and that the members do not know what it means to be members of an organization or of a cooperative. Fifteen percent (15%) said they could not give an opinion about levels of member participation.

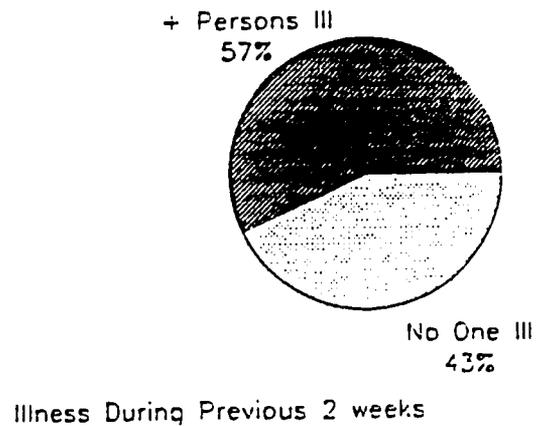


5. HEALTH STATUS INDICATORS

5.1 FAMILIES WITH AT LEAST 1 PERSON ILL

As seen in Figure 5.1, 57% of families reported having at least one person in the family ill during the two weeks prior to the survey. This includes illnesses reported for people of all ages, including children under 5 years of age.

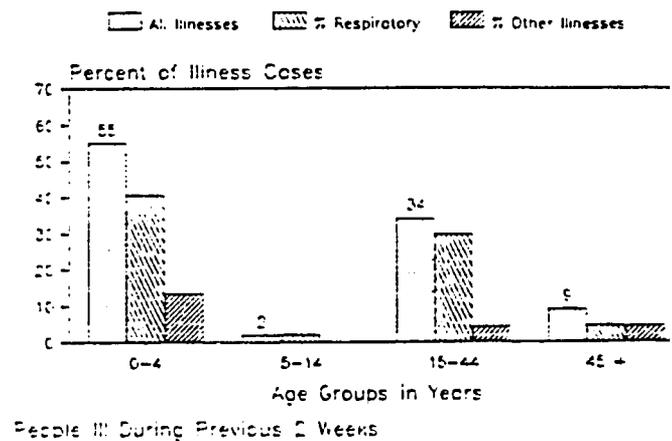
Figure 5.1 COVIDEPROL BASELINE Families With At Least 1 Person Ill



5.2 BURDEN OF ILLNESS-BY AGE GROUPS

Figure 5.2 shows how illnesses are distributed by age groups. Even though children under 5 years of age represent 16% of the total COVIDEPROL population (Figure 1.2), they experienced 55% of all the illnesses reported. Those 4-14 years of age represent 15% of the total population, yet only 2% of all illnesses were reported in this age group. Those 15-44 years of age represent 58% of the total population, and experienced 34% of all illnesses. Those 45 years and older represent 11% of the total population, and experienced 9% of the illnesses reported.

Figure 5.2 COVIDEPROL BASELINE Burden of Illness—By Age Groups

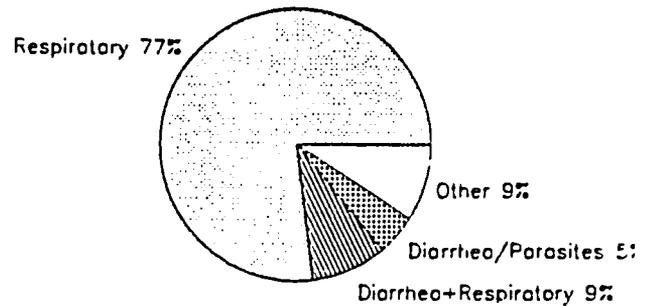


Respiratory problems accounted for at least half of all illnesses in each age group. Respiratory problems accounted for 75% of all illnesses reported in the 0-4 age group; 100% in the 5-14 age group; 87% in the 15-44 age group; and 50% in the 45+ age group.

5.3 ILLNESSES BY CATEGORIES-ALL AGES

Figure 5.3 presents more detailed information about the types of illnesses reported. Acute respiratory infections and respiratory problems accounted for 77% of all illnesses; diarrhea plus respiratory problems for 9%; diarrhea or parasites for 5%; and other illnesses for another 9% of all illnesses.

Figure 5.3 COVIDEPROL BASELINE Illnesses by Categories—All Ages



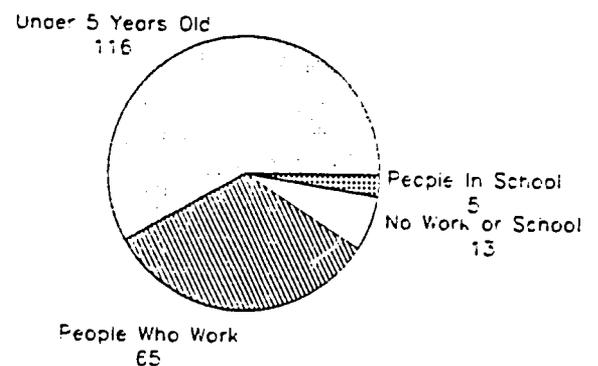
People Ill During Previous 2 Weeks

5.4 DAYS "LOST" DUE TO ILLNESS-BY TYPE

For each type of illness, interviewees were asked how many days the person had this illness during the past two weeks. The person may or may not have been unable to perform their usual activities during these days ill, but in any case we can say that these days were compromised to some extent by illness.

There were a total of 199 illness days. Of these, 116 days (58%), Figure 5.4, were of children less than 5 years old. There were a total of 65 days (33%) "lost" by people who

Figure 5.4 COVIDEPROL BASELINE Days "Lost" Due to Illness—by Type



199 Total Days Lost

currently work; 5 days (2.5%) by people who are currently in school; and another 13 days (6.5%) by people who are not working or in school.

In addition to time "lost" by the person ill, there is often someone else in the family who needs to take care of the person during the time they are ill. This is especially true for young children under 5 years of age, who experienced the greatest percentage of days ill. Women who work outside the home, and who have children under 5 who are ill, would be expected to have the most working days "lost" as they take time off from work to take care of their young children while they are ill.

5.5 HEALTH AND ILLNESSES IN CHILDREN UNDER 5

Because children under 5 years old in developing countries such as Honduras do bear the highest burden of illnesses and deaths of all age groups, special attention was given to measuring the prevalence of the illnesses most common to under 5s. Diarrhea, acute respiratory infections (ARIs), diseases for which immunizations are available, and malnutrition account for most of the cases of illness and death among this age group. Sections were included in the survey on diarrhea, ARIs, immunizations, and nutritional status.

The nutritional status of a population, especially of children under 5 years old, is one of the best known indicators of socio-economic status. Since one of the goals of this study is to measure changes over time related to socio-economic status, a measure of levels of malnutrition was included in the survey.

There is a well documented, dynamic relationship between diarrheal disease, acute respiratory infections, and malnutrition in children under 5. Each one of these conditions exacerbates the other, and a vicious cycle often occurs in which children who suffer from diarrhea fail to gain weight or lose weight, are more prone to contracting acute respiratory infections, lose more weight, and so on. This is another reason for including measures of each of these problems, so that relationships such as these can be analyzed. For example, in the COVIDEPROL group, 80% of the children who had diarrhea during the previous 2 weeks also had a acute respiratory infection during this same time period.

Measures of immunization status and anthropometric measures (heights and weights) taken at one year intervals, or even less frequently, should be adequate to track changes. Ideally, information would be collected on the recent prevalence of diarrhea and ARIs in children under

5 more often than once a year. For example, studies of diarrheal diseases generally ask for this information at least twice a year - once in the dry season and once in the rainy season. Some studies ask mothers as often as twice a month. However, even if this information is gathered only once a year, it will provide some indication of trends in the under 5 population. Also, follow-up surveys will be done at the same time each year, so that data collected will be comparable in terms of seasonality.

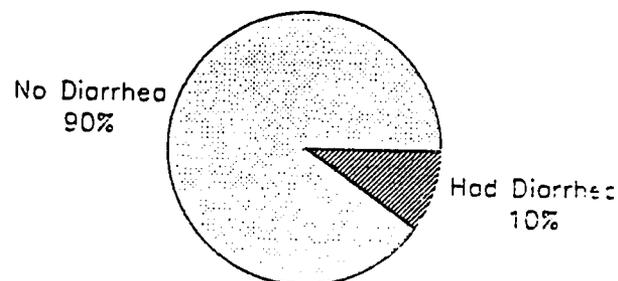
As discussed in Part III (Methodology), Section J, a number of comparisons will be made between data we collected, and data from the Nutrition study (annex 1, reference 5) carried out by the Ministry of Health of Honduras in 1987.

5.6 DIARRHEA IN CHILDREN UNDER 5

Diarrheal diseases, in addition to being among the leading cause of illnesses and deaths among young children, are closely linked to water and sanitation. Since changes are expected in the COVIDEPROL project in improving both water and sanitation after the move, a measure of prevalence of diarrheal diseases was included.

Ten percent (10%) of children under 5 had diarrhea during the previous two weeks. This is a relatively low percentage, for example, data collected in the Nutrition study (annex 1, reference 5) reported a prevalence rate of 22.4% for diarrhea in under 5s. See Figure 5.6.

Figure 5.6 COVIDEPROL BASELINE
Diarrhea in Children Under 5



Diarrhea During Previous 2 Weeks

5.7 ARI IN CHILDREN UNDER 5

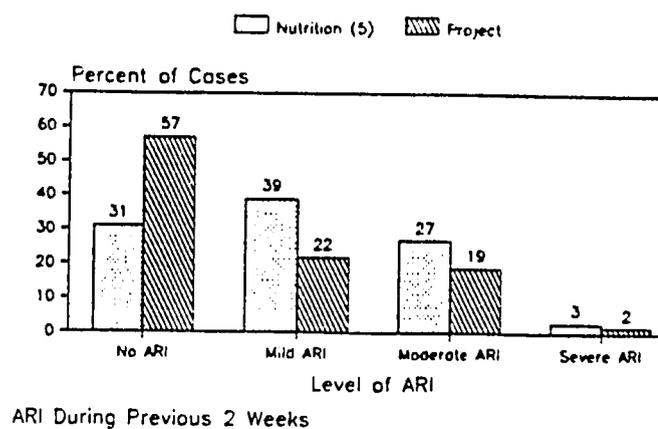
As discussed in Sections 5.2 and 5.3 above, respiratory problems account for the largest percentage of illnesses of all ages in the COVIDEPROL group. Acute respiratory infections in children have surpassed diarrheal diseases as a major cause of both illnesses and death in children under 5 worldwide. Deaths are most often due to complications from pneumonia, a severe acute respiratory infection. Many researchers believe that children who suffer recurrent acute respiratory infections during infancy and childhood are more likely to suffer respiratory problems later

in life. Acute respiratory infections in under 5s are related to a number of factors related to housing, including crowded living conditions and levels of indoor air pollution, most often from smoking in the home, or fumes from cooking fuel such as gas or wood.

Interviewees were asked whether or not each child under 5 years of age had experienced any of a list of symptoms in the past two weeks. This method for determining the presence of acute respiratory infections was developed by the Ministry of Health for use in its Nutrition study (annex 1, reference 5). The Ministry of Health in Honduras is currently in the forefront worldwide in preparing a mass-communications program to combat ARI in children. The Ministry has carried out extensive research on acute respiratory infections in children in Honduras, including ways to categorize severity of ARIs.

As seen in Figure 5.7, children under 5 in the COVIDEPROL group experienced less episodes of ARI than found in the Nutrition study (annex 1, reference 5) for Tegucigalpa. While 57% of the COVIDEPROL children under 5 did not have ARI during the previous 2 weeks, only 31% of the Nutrition study group did not have ARIs. As in the Nutrition study, there were more cases of mild ARI than moderate ARI, and a very small percentage of cases of severe ARI.

Figure 5.7 COVIDEPROL BASELINE
ARI in Children Under 5

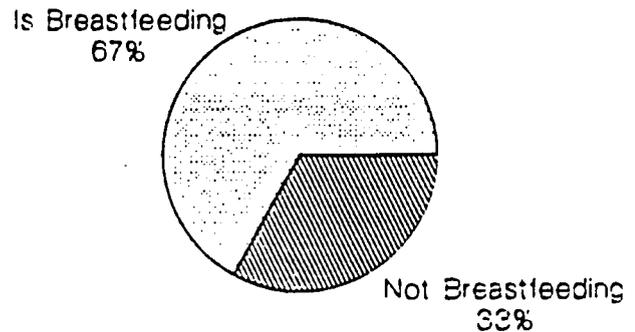


5.8 BREAST-FEEDING-CHILDREN UNDER 1

Since breast-feeding practices, especially for children under 6 months of age, greatly affect levels of illnesses, a short section was included on breast-feeding of infants under 1 year of age. Infants who are breast-fed, especially those who are exclusively breast-fed (do not receive other types of milk or solid foods), have fewer and less severe episodes of diarrhea and acute respiratory infections than infants who are not breast-fed.

Interviewees in the Nutrition study (annex 1, reference 5) were asked a series of questions about breast-feeding of children under 2 years of age. They found that 52% of children under 2 were currently being breast-fed. As seen in Figure 5.8, 67% of children under 1 in the COVIDEPROL group are currently being breast-fed.

Figure 5.8 COVIDEPROL BASELINE
Breast-feeding-Children Under 1



(1 Case with No Information)

5.9 IMMUNIZATIONS-CHILDREN UNDER 5

Interviewees were asked to show vaccination cards for each child in the house under 5 years of age. The majority (86%) of interviewees were able to present vaccination cards, as compared with 76% of interviewees in the Nutrition study (annex 1, reference 5).

For those who were able to present vaccination cards, 98% of children under 5 have received adequate vaccinations for both polio and D.P.T. (diphtheria, pertussis, and tetanus). All (100%) children under 5 have received adequate vaccinations against measles and tuberculosis. This compares to 90% for polio; 89% for D.P.T.; 90% for measles; and 91% for tuberculosis in the Nutrition study (5) for children under 5 whose vaccination cards were presented during the interview.

5.10 NUTRITIONAL STATUS (MEASURES OF MALNUTRITION)

As mentioned in Section 5.5, the nutritional status of a population, especially of children under 5 years old, is one of the best known indicators of socio-economic status. The measures most commonly used to assess nutritional status in under 5s are weight and height. These measures can be combined with age information (weight for age; height for age), or used alone (weight for height). Each child's measurements are compared to values for a reference population to assess nutritional well-being.

We used the same reference population (CDC Growth Reference Curves derived from the NCHS/CDC Reference Population); intervals of Z scores; and interpretation of Z scores; as were used in the analysis of the National Nutritional Survey (annex 1, reference 5) done in Honduras in 1987.

Each combination of measures (weight for age; height for age; and weight for height) give a specific type of information on the nutritional status of children. Basically, weight for age is most often used to assess both acute and chronic malnutrition. Height for age is most often used to assess past nutritional problems. Weight for height is most often used to assess acute malnutrition. This is a simple way to describe the uses of the three measures, and much more could be said about the strengths and weaknesses of each of these measurements.

Experts in the field of nutrition generally suggest using weight for height as the key indicator to identify the nutritional status of children who are screened periodically, and for use in evaluating the effectiveness of interventions for groups of children. While we will also include information on weight for age and height for age, we will rely primarily on weight for height to assess changes in nutritional status of children under 5 over time.

There are various ways to express cut-off points between adequate and inadequate nutritional status. There are three basic systems that are used: (1) percentage of the median; (2) percentiles; and (3) standard deviation units (also known as "Z scores"). Z scores are used most often to express survey results, so we use Z scores to present our results.

Table 5.10 shows the Nutrition survey (5) interpretations of various intervals of Z scores. The intervals are the same for weight for height; weight for age; and height for age. The interpretations are also similar. except that scores of greater than "+1.0" refer to risks of obesity for weight for height and weight for age, and refer to children who are tall or very tall in the height for age category.

TABLE 5.10

INTERPRETATION OF Z SCORES
FOR ANTHROPOMETRIC MEASUREMENTS

<u>Z SCORES</u>	<u>WEIGHT FOR HEIGHT</u>
-3.0 or less	Severe Malnutrition
-2.0 to -2.9	High Risk - Malnutrition
-1.9 to -1.0	Moderate Risk - Malnutrition
-0.9 to +0.9	Normal
+1.0 to +1.9	Mild Risk - Obesity
+2.0 or more	High Risk - Obesity
<u>Z SCORES</u>	<u>WEIGHT FOR AGE</u>
-3.0 or less	Severe Malnutrition
-2.0 to -2.9	High Risk - Malnutrition
-1.9 to -1.0	Moderate Risk - Malnutrition
-0.9 to +0.9	Normal
+1.0 to +1.9	Mild Risk - Obesity
+2.0 or more	High Risk - Obesity
<u>Z SCORES</u>	<u>HEIGHT FOR AGE</u>
-3.0 or less	Severe Malnutrition
-2.0 to -2.9	High Risk - Malnutrition
-1.9 to -1.0	Moderate Risk - Malnutrition
-0.9 to +0.9	Normal
+1.0 to +1.9	Tall
+2.0 or more	Very Tall

The information in Figures 5.11, 5.12, and 5.13 from the COVIDEPROL project is compared to results from the Nutrition study (5). Even though our sample was small, the trends are very similar to those found in the National Nutrition survey results for Tegucigalpa. This implies that our interviewers were well trained in taking measurements, and that the COVIDEPROL children show similar patterns in nutritional status as the Tegucigalpa population as a whole (which includes low, middle and upper class families).

The figures which are presented are based on "raw" data. A statistical correction factor can be applied to the data so that it more realistically reflects the true prevalence of malnutrition. Once the correction factor is applied, the statistical prevalence of malnutrition decreases, in some cases showing that no malnutrition exists. Therefore, the graphics show the raw data (prior to applying the correction factor) so that the comparison between the Nutrition and COVIDEPROL data can be seen more clearly.

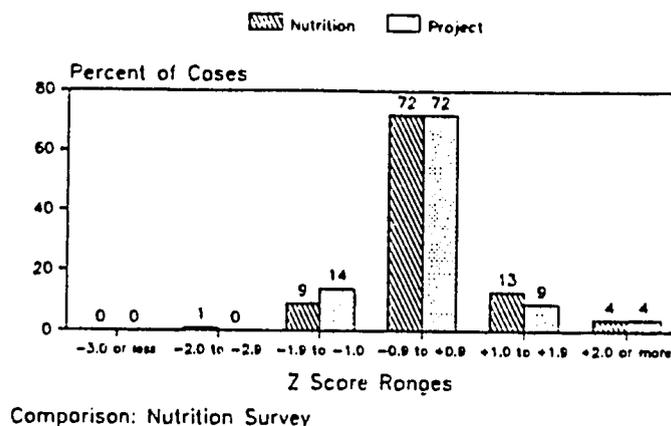
There were a total of 51 children under 5 years of age in the COVIDEPROL project. As mentioned in Section 5.2, children under 5 represent 16% of the total population in the COVIDEPROL group. Five of the children could not be measured during the time of the interview because they either were not at home (even during repeat visits) or because they were ill and the interviewee (or mother of the child) did not want them measured. In two cases, the data collected was out of the allowable ranges for the CDC statistical package, and therefore were eliminated from the rest of the analysis. The COVIDEPROL data presented in Sections 5.11 - 5.13 is therefore based on data from 44 children under 5.

5.11 WEIGHT FOR HEIGHT - Z SCORES

As seen in Figure 5.11, the trends in data from COVIDEPROL and the Nutrition study as almost identical. Most (72%) children in both groups have normal measures (no malnutrition or obesity). Slightly more children in our group (14%) are in the category "moderate risk-malnutrition" than in the Nutrition group (9%). Slightly fewer children (9%) are in the category "mild risk-obesity" than in the Nutrition population (13%).

When the correction factor was applied in the Nutrition survey, it was found that 0.1% of children suffered from malnutrition (which represented about 900 children), using the weight for height measure, in Tegucigalpa. When the correction factor is applied to our group, there are no cases of malnutrition, using the weight for height measure.

Figure 5.11 COVIDEPROL BASELINE Weight for Height – Z Scores

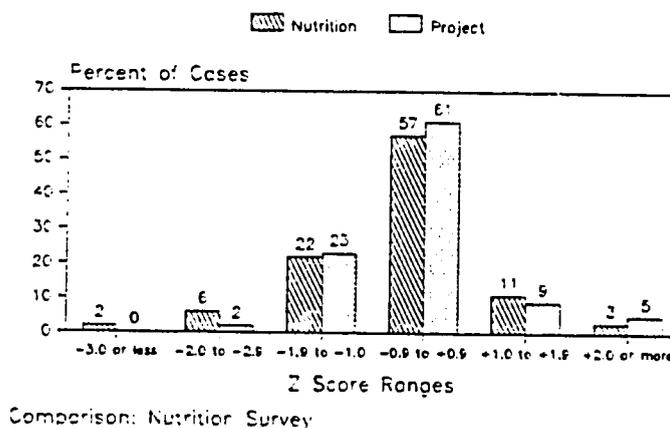


5.12 WEIGHT FOR AGE - Z SCORES

As in weight for height, the trends in the weight for age data (seen in Figure 5.12) are again nearly identical to trends in the Nutrition survey. Over half the children in the Nutrition survey (57%) and in the COVIDEPROL group (61%) have normal weight for age.

There are more children in the Nutrition survey who are in the categories of "severe malnutrition" and "high risk-malnutrition". The rest of the categories have very similar results. When the correction factor was applied in the Nutrition

Figure 5.12 COVIDEPROL BASELINE Weight for Age – Z Scores



survey, it was found that 13.5% of children have a deficit in their weight for age. When the correction factor is applied to our group, 9.3% of the children have a deficit in their weight for age.

5.13 HEIGHT FOR AGE - Z SCORES

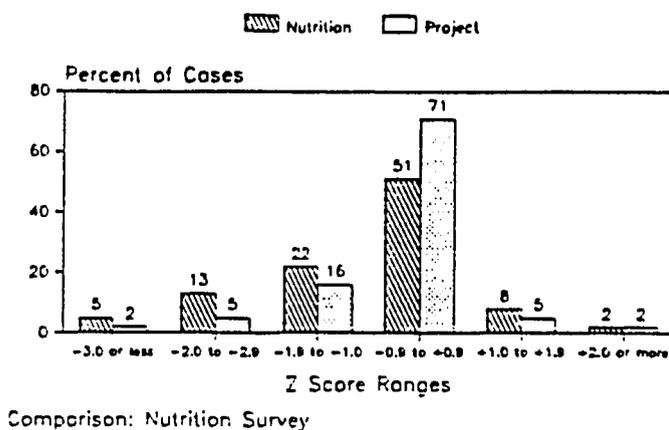
When we compare the data from the Nutrition study and the COVIDEPROL group on measures of height for age, we can see that the trends in the data do differ more than in the other measures. There are more children in the COVIDEPROL group (71%) who have normal height for their age as compared with the Nutrition group (51%). There are more children in the Nutrition group who are in the categories "severe malnutrition," "high risk-malnutrition", and "moderate risk-malnutrition". There is also a slightly higher percentage of children who are classified as "mild risk-obesity"

(8%) in the Nutrition group as compared with the COVIDEPROL children (5%). See Figure 5.13.

Recall from Section 5.10 that height for age can be considered a measure of past nutritional problems. Low height for age reflects stunting, which is often associated with chronic malnutrition. Low height for age is found most often in children over 2 years of age. Unlike weight, height does not change rapidly and does not decrease in young children, but can be slowed by long-term nutritional deprivation.

When the correction factor was applied in the Nutrition survey, it was found that 23.4% of children have a deficit in height for age. When the correction factor was applied to the COVIDEPROL group, 6.8% of the children were found to have a deficit in height for their age.

Figure 5.13 COVIDEPROL BASELINE Height for Age – Z Scores



6. OCCUPATION AND EMPLOYMENT INFORMATION

The data presented in Figures 6.1 and 6.2 is based on information gathered about all family members, including but not limited to cooperative members and their spouses, for the month prior to the interview only. The data presented in Figure 6.4 is based on information gathered about cooperative members and their spouses for the month prior to the interview only.

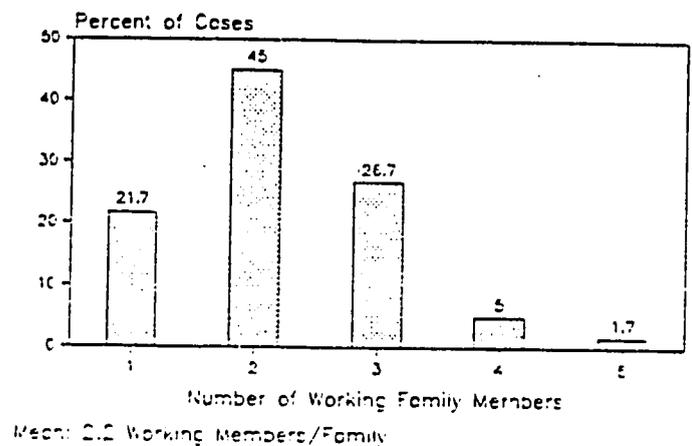
The data presented in Figures 6.3 through 6.24 is based on information gathered about cooperative members and their spouses for the previous year (covering the 12 month period prior to the interview).

6.1 WORK FORCE

Interviewees were asked whether or not each person in the family over 10 years of age worked during the month prior to the interview. Two-thirds (66.7%) of the COVIDEPROL group have either one or two people in the family working. Another 26.7% have 3 members working; 5% have 4 members working; and only 1.7% have 5 members in the family who work.

Even though the largest families in COVIDEPROL have 13 members (Figure 1.3), five is the highest number of working members in any family. The larger families probably have higher numbers of economically dependent family members - young children and older people who no longer work. See Figure 6.1.

Figure 6.1 COVIDEPROL BASELINE Work Force



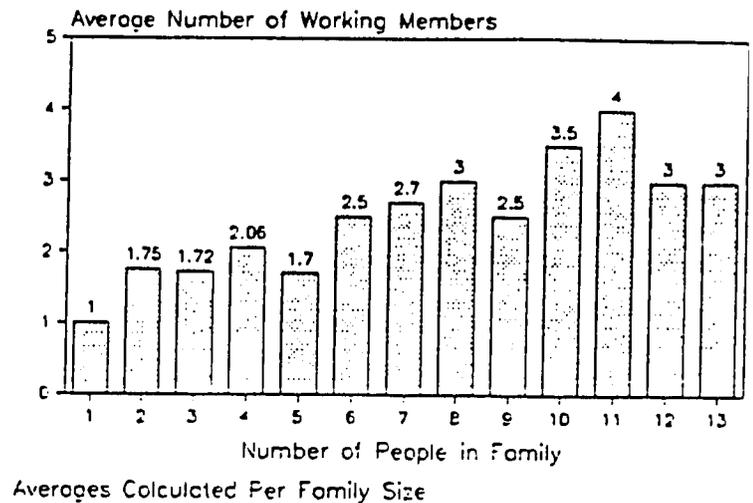
6.2 AVERAGE WORK FORCE BY FAMILY SIZE

Figure 6.2 shows the relationship between the work force (the number of people in the family who worked during the previous month) and family size.

An average number of people working was calculated for each family size shown in Figure 6.2 (from a family size of 1 person to a family size of 13 people).

As family size increases, the average number of people who work also tends to increase, but not exponentially. For example, families of 2 people have an average of nearly 2 (1.75) people working. Families with 4 people have an average of 2.06 people working. Families with 6 people have an average of 2.5 people working.

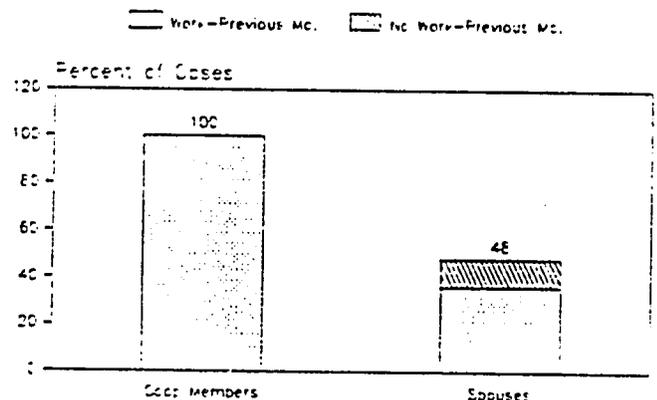
Figure 6.2 COVIDEPROL BASELINE
Average Work Force by Family Size



6.3 WORK STATUS-MEMBERS & SPOUSES-PREVIOUS YEAR

All cooperative members worked at some time during the previous year. As seen in Figure 6.3, most spouses also worked at some time during the previous year. The percentage does not appear in the graphic (although the graphic is based on the actual percentage), but 76% of all spouses worked at some time during the previous year. All spouses who are male worked at some time during the previous year. Slightly over half (53%) of female spouses worked at some time during the previous year.

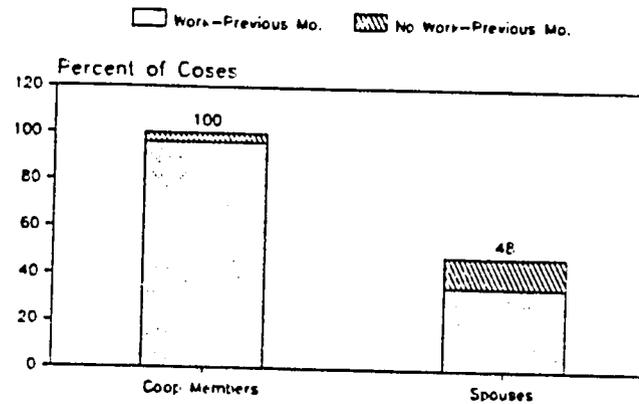
Figure 6.3 COVIDEPROL BASELINE
Work Status—Members & Spouses—Previous Yr.



6.4 WORK STATUS-MEMBERS & SPOUSES-PREVIOUS MONTH

Nearly all (96%) cooperative members worked during the month prior to the interview. As seen in Figure 6.4 most spouses also worked during the previous month. The percentage does not appear in the graphic (although the graphic is based on the actual percentage), but 72% of all spouses worked during the previous month. Most (93%) of spouses who are male worked during the previous month. Slightly over half (53%) of female spouses worked during the previous month.

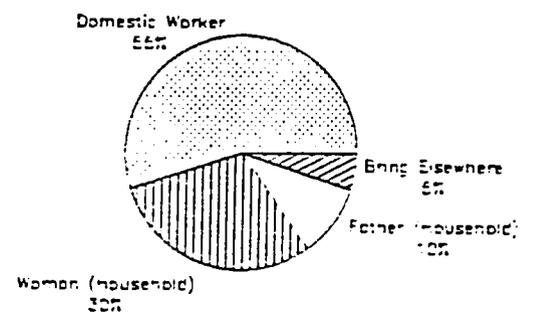
Figure 6.4 COVIDEPROL BASELINE
Work Status—Members&Spouses—Previous M



6.5 CHILD CARE-CHILDREN UNDER 5

A question about child care was included in certain cases. This question was asked if the member (if female) or the spouse (if female) worked outside the home during the previous year, and had at least one child under 5 years of age. Information is not available in two cases because the interviewer did not ask the question.

Figure 6.5 COVIDEPROL BASELINE
Child Care—Children Under 5



(No information in 2 cases)

Slightly over half (55%), Figure 6.5, leave the child in the house with a domestic worker. In 30% of the cases, another woman who lives in the household takes care of the child. In 10% of the cases, the child is taken care of by the father, who also lives in the household. In 5% of the cases, the child is brought elsewhere for child care during the day. None reported leaving the child with older children in the household, or leaving the child alone in the house.

6.6 PRINCIPAL JOB - COOP MEMBERS & SPOUSES

Cooperative members and spouses were asked to describe up to three jobs held during the previous year. It was assumed that a certain number of members and spouses would have changed jobs during the past year, and that a certain number would have at least one job in addition to their principal job. It was also assumed that many of those working in the informal sector have probably held a series of jobs during the past year rather than one job.

To facilitate the analysis and presentation of the data collected, a "principal job" was defined for each cooperative member and spouse. If only one job had been held in the previous year, then this job was the principal job. If two or three jobs had been held, then a number of factors were considered in selecting the principal job. The principal job is basically the job which generated the most income for that person during the previous year. Information on the number of months the job was held, and the number of days worked each month in each job, was used to help determine which was the principal job for each member and spouse who worked during the previous year.

The information presented in Sections 6.7 through 6.22 are based on data concerning the principal job only. In nearly all cases, the principal job is also the job currently held: for cooperative members, 97% of the principal jobs are jobs currently held by members; for spouses, 96% of the principal jobs are jobs currently held by spouses.

6.7 OCCUPATION-PRINCIPAL JOB-COOP MEMBERS

Figure 6.7 presents the occupational categories of the principal job of cooperative members, using the same categories used by the Honduran Census carried out in 1988 (annex 1, reference 6). Since data is not yet available on occupations from the Census, we cannot compare our data with Census data at the present time. The Work Force study (annex 1, reference 4) uses a different system for coding occupations, so data cannot be compared with the Work Force study.

We used the same names as Census for the major occupational categories (used in Figure 6.7 and Figure 6.8). These titles are often misleading, for example, "Professional/Technical" includes kindergarten teachers and community organizers as well as doctors, lawyers, and university professors. For this reason, we have also included Table 6.7 and Table 6.8, which list the actual occupation codes for the principal jobs held by the cooperative members and working spouses of

cooperative members. The Census codes usually include several jobs within the same code. When more than one type of job is included, we have tried to describe the general kind of work included in the code.

A fairly large percentage (36.7%) of the COVIDEPROL cooperative members are in the professional/technical category. The next largest categories are clerical (20%) and sales (11.7).

Figure 6.7 COVIDEPROL BASELINE
Occupation—Principal Job—Coop Members

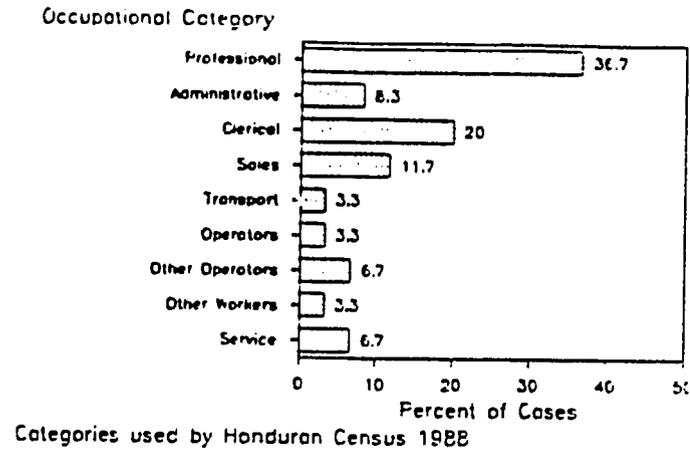


TABLE 6.7

PRINCIPAL OCCUPATION - COOP MEMBERS

<u>Occupation</u>	<u>No. of Cases</u>
<u>Professional/Technical:</u>	
Draftsman	3
Teacher-Secondary School	1
Teacher-Primary School	6
Arts & Crafts Teacher-Secondary School	1
School Supervisor	1
Accountant, Auditor	9
Other Professionals-Social Sciences	1
<u>Administrative:</u>	
Department Head-Public Agency	1
Office Worker-Nat'l. Government	1
Manager-Wholesale Business	1
Manager-Industry	1
Administrator	1
<u>Clerical:</u>	
File Clerk	1
Assistant Accountant	3
Cashier	2
Secretary, Receptionist	6
<u>Sales:</u>	
Small-Scale Merchant	2
Store Clerk	2
Street Vendor	2
Sales Supervisor	1
<u>Transport:</u>	
Taxi, Bus, Truck Driver	2
<u>Operators:</u>	
Seamstress, Tailor	1
Car or Furniture Upholsterer	1
<u>Other Operators:</u>	
Typographer	1
Worker in Mineral Industry	1
Bread Maker	1
Factory Machine Operator	1
<u>Other Workers:</u>	
Warehouse Manager	2
<u>Service:</u>	
Waiter, Cook	1
Bar or Cafeteria Owner	2
Laundress	1
TOTAL:	<u>60</u>

TABLE 6.8

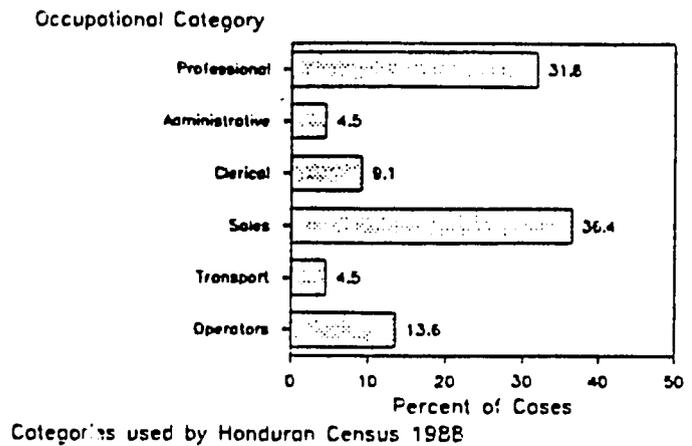
PRINCIPAL OCCUPATION - SPOUSES

<u>Occupation</u>	<u>No. of Cases</u>
<u>Professional/Technical:</u>	
Draftsman	1
Teacher-Primary School	3
Actuary	1
Accountant, Auditor	2
<u>Administrative:</u>	
Manager-Retail Stores	1
<u>Clerical:</u>	
Assistant Accountant	1
Secretary, Receptionist	1
<u>Sales:</u>	
Owner-Wholesale Business	1
Small-Scale Merchant	3
Street Vendor	2
Delivery Person	1
Sales Supervisor	1
<u>Transport:</u>	
Taxi, Bus, Truck Driver	1
<u>Operators:</u>	
Seamstress, Tailor	1
Vehicle Mechanic	2
TOTAL:	<u>22</u>

6.8 OCCUPATION-PRINCIPAL JOB-SPOUSES

The largest percentage of spouses worked in the sales category (36.4%), followed by the professional/technical category (31.8%) and operators (13.6). See Figure 6.8.

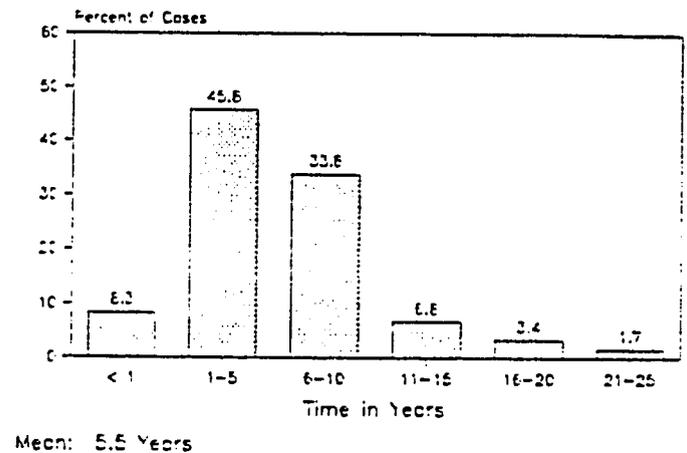
Figure 6.8 COVIDEPROL BASELINE
Occupation—Principal Job—Spouses



6.9 TIME IN PRINCIPAL JOB-COOP MEMBERS

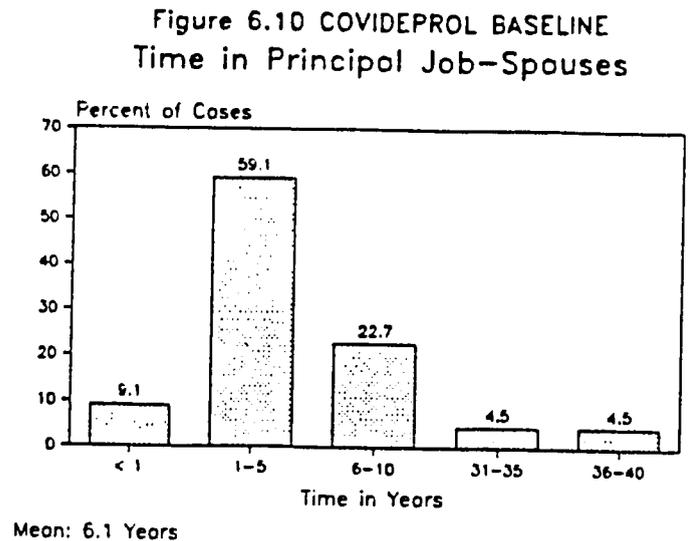
Members have been in their principal job for an average of 5.5 years, reflecting fairly stable employment for cooperative members as a group. Only 8.3% have been in their principal job for less than one year. See Figure 6.9.

Figure 6.9 COVIDEPROL BASELINE
Time in Principal Job—Coop Members



6.10 TIME IN PRINCIPAL JOB-SPOUSES

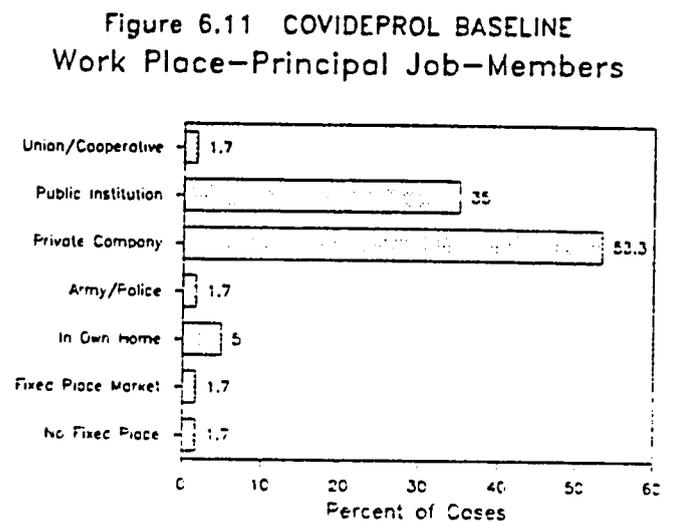
Spouses of members have been in their principal job for an average of 6.1 years, even longer than members. Again, this reflects fairly stable employment. Only 9.1% have been in their principal job for less than one year. See Figure 6.10.



6.11 WORK PLACE-PRINCIPAL JOB-MEMBERS

As seen in Figure 6.11, slightly over half (53.3%) of coop members are employed by private companies, organizations, or businesses. Another 35% are employed by either state or autonomous public institutions. A very small percentage work in unions or cooperatives (1.7%); the army or police (1.7%); their own home (5%); a fixed place in the market (1.7%) or without any fixed place (1.7%).

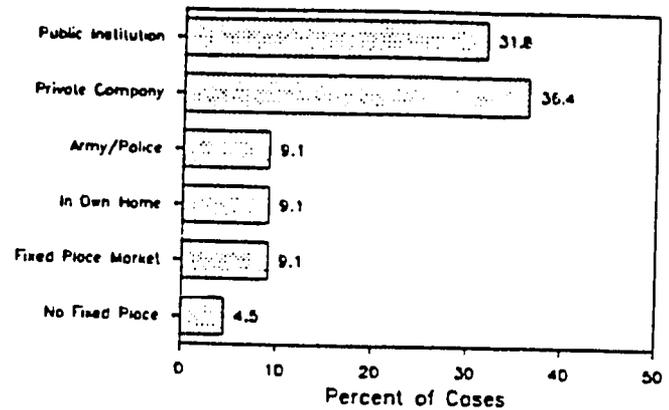
The categories for one's own home, a fixed place in the market and without any fixed place typically reflect work in the informal sector of the economy. The overall percentage of people whose principal job is in one of these categories is fairly small.



6.12 WORK PLACE-PRINCIPAL JOB-SPOUSES

Approximately one-third (36.4%) of spouses work in private companies, organizations, or businesses. About another one-third (31.8%) work in either state or autonomous public institutions. Slightly more spouses than members work in the army or police (9.1%); in their own home (9.1%); in a fixed place in the market (9.1%); or without any fixed place (4.5%); but the numbers are still small. This implies that more spouses than members work in the informal sector of the economy, but the overall percentage is still relatively small. See Figure 6.12.

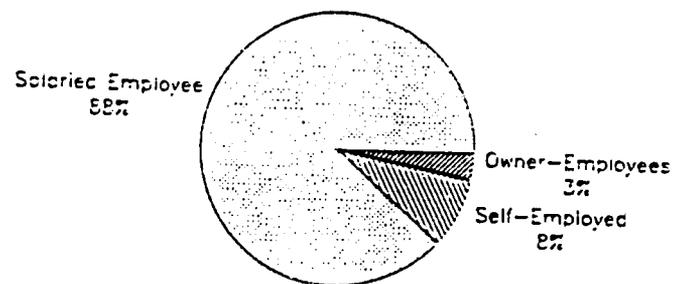
Figure 6.12 COVIDEPROL BASELINE
Work Place-Principal Job-Spouses



6.13 EMPLOYEE TYPE-PRINCIPAL JOB-MEMBERS

As shown in Figure 6.13, the majority of members are salaried employees. A small percentage are self-employed (8%), or owners with employees (3%).

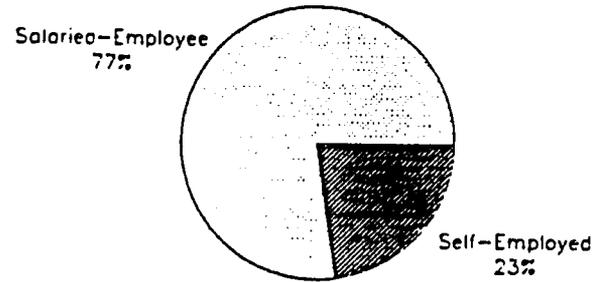
Figure 6.13 COVIDEPROL BASELINE
Employee Type-Principal Job-Members



6.14 EMPLOYEE TYPE-PRINCIPAL JOB-SPOUSES

The majority of spouses are also salaried employees. There are no spouses who are owners with employees in their principal jobs. There are more spouses who are self-employed (23%) than members. See Figure 6.14.

Figure 6.14 COVIDEPROL BASELINE Employee Type-Principal Job-Spouses

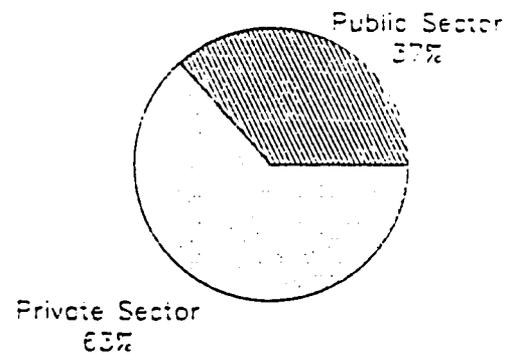


6.15 PUBLIC/PRIVATE-PRINCIPAL JOB-COOP MEMBERS

The categories described in Sections 6.11 and 6.12 were used to group principal jobs for members and spouses into the private sector or public sector. Those working in either state or autonomous public institutions; or with the army or police force were categorized as working in the public sector. Those working in the other categories listed in Sections 6.11 and 6.12 were categorized as working in the private sector.

About two-thirds (63%) of members are working in the private sector. The remainder (37%) are working in the public sector. See Figure 6.15.

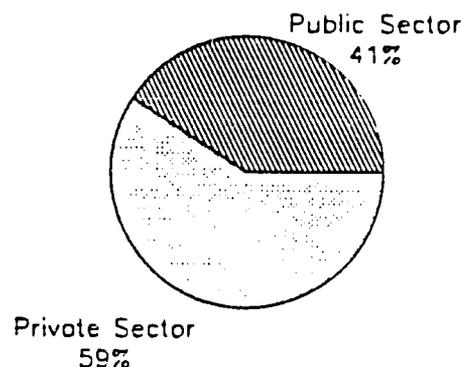
Figure 6.15 COVIDEPROL BASELINE Public/Priv.-Principal Job-Coop Members



6.16 PUBLIC/PRIVATE-PRINCIPAL JOB-SPOUSES

Over half (59%) of spouses are working in the private sector. The remainder (41%) are working in the public sector. See Figure 6.16.

Figure 6.16 COVIDEPROL BASELINE
Public/Private-Principal Job-Spouses



6.17 FORMAL/INFORMAL-PRINCIPAL JOB-MEMBERS

Information presented in Sections 6.13 and 6.14 on the conditions of work (salaried employee; self-employed; or owner with employees) and in Sections 6.11 and 6.12 on the work place (public institution; private company; union/cooperative; army/police; in one's own home; fixed place in the market; or without a fixed place) were used to categorize cooperative members and spouses as working in either the formal or informal sectors of the economy.

The following combinations were categorized as formal sector:

salaried employee	+	private company
salaried employee	+	public institution
salaried employee	+	army/police
salaried employee	+	union/cooperative
owner (w/employees)	+	private company

The following combinations were categorized as informal sector:

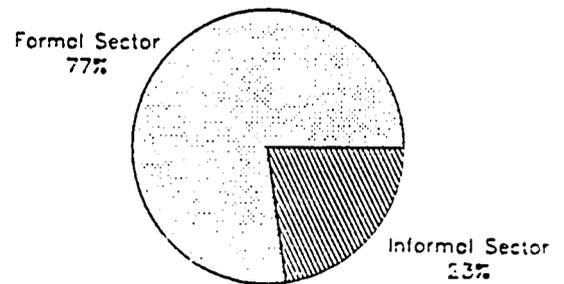
salaried employee	+	in someone else's home
owner (w/employees)	+	in one's own home
self-employed	+	in one's own home
self-employed	+	fixed place in the market
self-employed	+	without a fixed place

Using these definitions of the formal and informal sectors, it is estimated that most (92%) cooperative members would be categorized as being in the formal sector. A small percentage (8%) would be categorized as being in the informal sector.

6.18 FORMAL/INFORMAL-PRINCIPAL JOB-SPOUSES

Using the same definitions as in Section 6.17, Figure 6.18 shows that there are more spouses who work in the informal sector (23%) than cooperative members. However, the majority of spouses (77%) also work in the formal sector.

Figure 6.18 COVIDEPROL BASELINE
Formal/Informal-Principal Job-Spouse

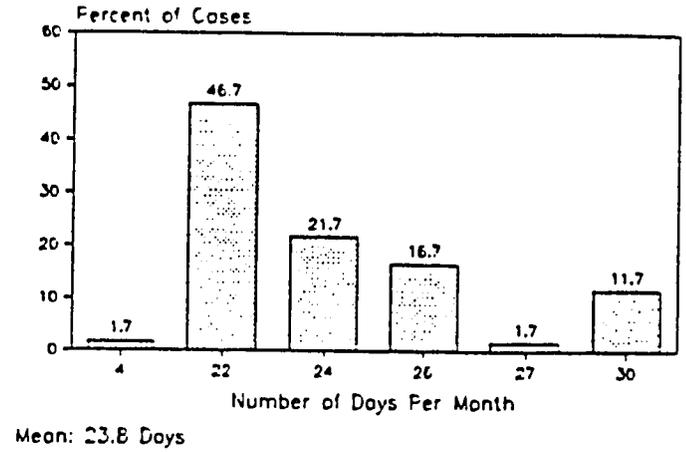


6.19 DAYS/MONTH-PRINCIPAL JOB-MEMBERS

Interviewees were asked how many days each month the cooperative members and spouses worked in each job listed. To assist in calculating days worked per month, the following instructions were given to interviewers in the manual. People working from Mondays through Fridays work 22 days a month; Monday through Friday plus half a day on Saturdays work 24 days a month; Monday through Friday plus a full day on Saturdays work 26 days a month; and Monday through Friday plus a full day on Saturdays and Sundays work 30 days a month.

As seen in Figure 6.19, nearly all members (98.3%) worked at least 22 days a month in their principal job. The average number of days worked each month is 23.8 days.

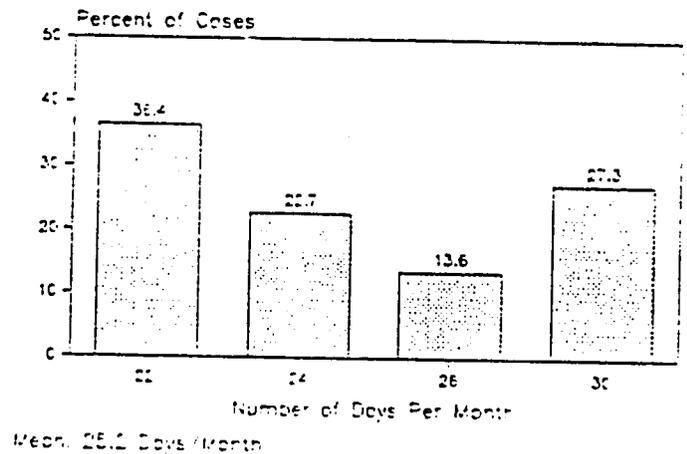
Figure 6.19 COVIDEPROL BASELINE Days/Month-Principal Job-Members



6.20 DAYS/MONTH-PRINCIPAL JOB-SPOUSES

All spouses of members worked at least 22 days a month in their principal job. The average number of days worked each month is 25.2 days. Spouses worked more days each month, on an average, than members. This can probably be explained by the higher percentage of spouses who work in the informal sector. Typically, people who work in the informal sector tend to work more days per month than those in formal sector jobs, who have a set number of days they are expected to work each month. See Figure 6.20.

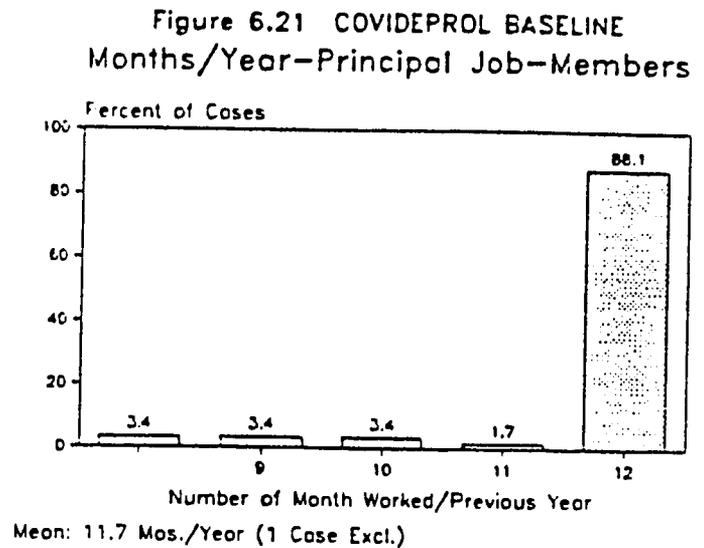
Figure 6.20 COVIDEPROL BASELINE Days/Month-Principal Job-Spouses



6.21 MONTHS/YEAR-PRINCIPAL JOB-MEMBERS

One case was excluded from analysis in this section because the interviewee did not know how many months the member worked in the principal job during the previous year.

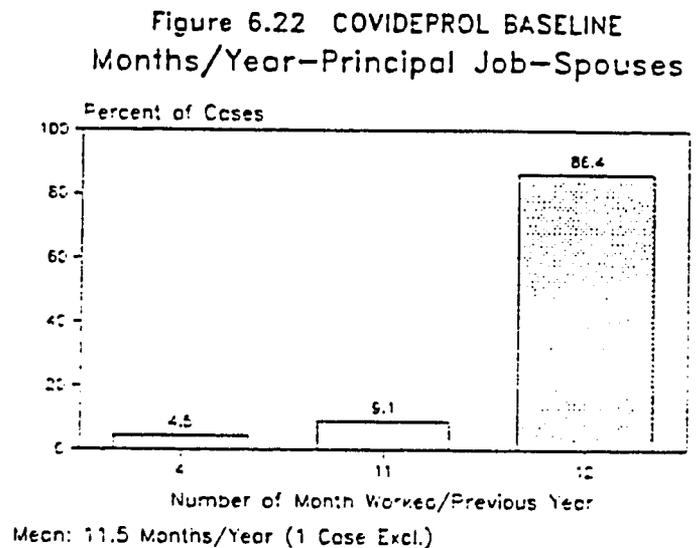
Most (88.1%) members worked 12 months during the previous year in their principal job. The average number of months worked in the previous year in the principal job was 11.7. See Figure 6.21.



6.22 MONTHS/YEAR-PRINCIPAL JOB-SPOUSES

One case was excluded from analysis in this section because the interviewee did not know how many months the spouse worked in the principal job during the previous year.

Most (86.4%) spouses worked 12 months during the previous year in their principal job. The average number of months worked in the previous year in the principal job was 11.5. See Figure 6.22.

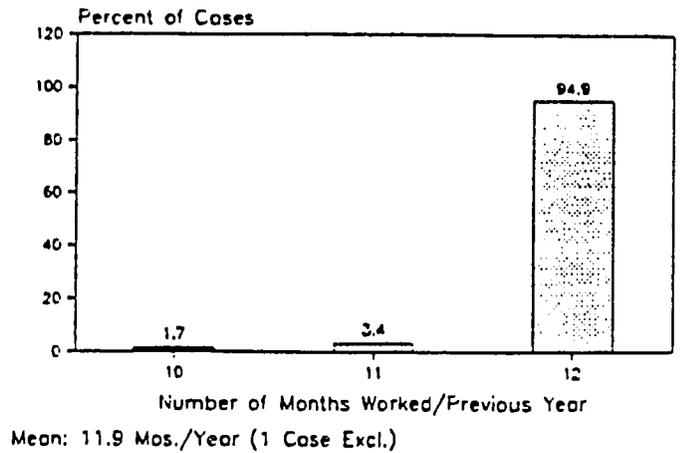


6.23 MONTHS/YEAR ALL JOBS-MEMBERS

In addition to knowing how stable the principal job was during the past year, we also wanted an idea of how many months during the previous year the members and spouses had work of some kind. In the COVIDEPROL group, this variable illustrated very stable employment during the previous year.

Nearly all members (94.9%) worked all 12 months of the previous year. Only 1.7% worked 10 months, and 3.4% worked a total of 11 months. The average number of months worked during the previous 12 months was 11.9. See Figure 6.23.

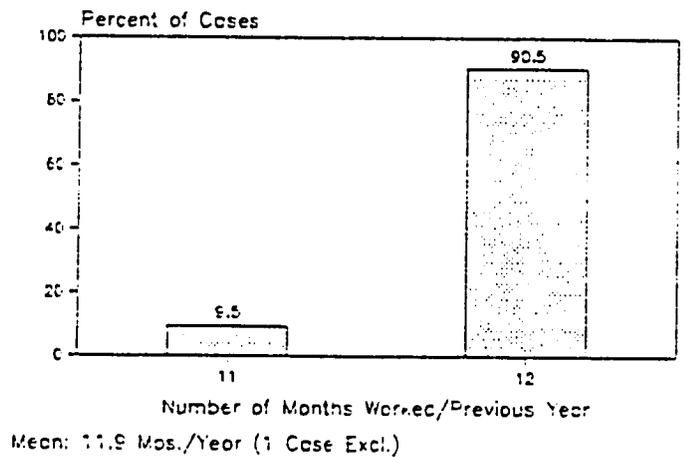
Figure 6.23 COVIDEPROL BASELINE
Months/Year All Jobs—Members



6.24 MONTHS/YEAR ALL JOBS-SPOUSES

Spouses also held jobs during most of the previous year. Nearly all spouses (90.5%) worked all 12 months during the previous year. Only 9.5% worked 11 months. The average number of months worked during the previous 12 months was the same as for members: 11.9. See Figure 6.24.

Figure 6.24 COVIDEPROL BASELINE
Months/Year All Jobs—Spouses



7. HOUSING RELATED AND FOOD EXPENSES

The data on housing related and food expenses presented in Figures 7.1 and 7.2 is based on information collected about these household expenditures for the month prior to the interview.

7.1 TOTAL HOUSING RELATED EXPENSES

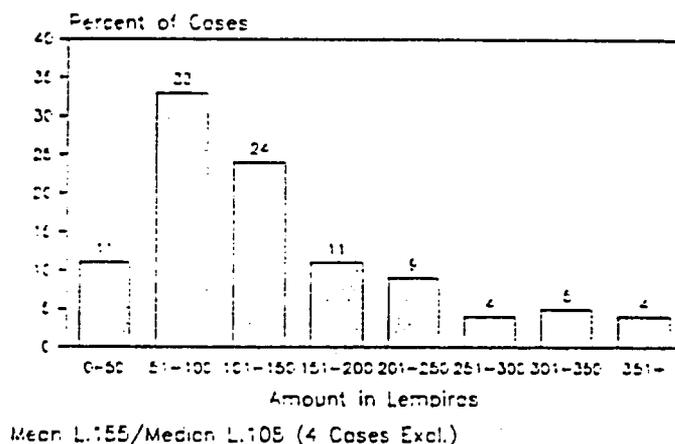
Interviewees were asked how much the family spent on housing related expenses during the month prior to the interview. Housing related expenses included: rent or mortgage payments; land payments; home improvement loans; water; electricity; and fuel for cooking or lighting. None of the families paid any amount for land.

Four cases were excluded from analysis in this section because they could not provide complete information on housing related or food expenses.

The amount of money families paid during the previous month for housing related expenditures is shown in Figure 7.1. The average amount paid was L. 155. The median was L. 108.

In most cases, when families are renting their home, water and electricity are included in the amount paid in rent each month. Families generally do not know how much each of these items costs separately. Since most of the families are currently renting (66.7% - from Section 2.4), it is not possible to isolate percentages for rent, water, and electricity costs for the majority of cases, since most renters gave a total rent cost that included water and electricity.

Figure 7.1 COVIDEPROL BASELINE
Total Housing Related Expenses



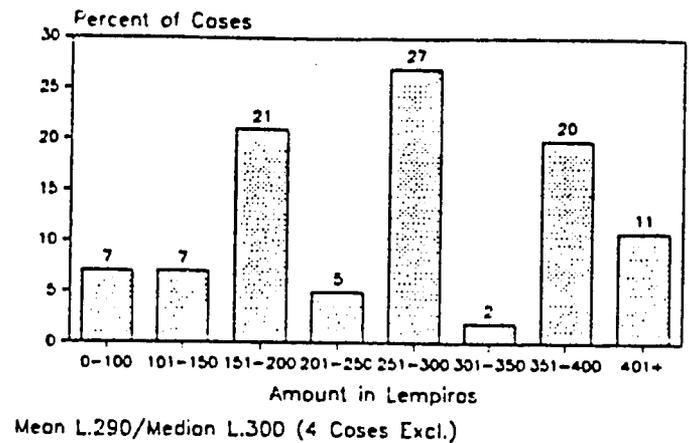
7.2 TOTAL FOOD EXPENSES

Interviewees were asked how much the family spent on food during the previous month. Four cases were excluded from analysis in this section because they could not provide complete information on housing related or food expenses.

The amount of money families paid during the previous month for food is shown in Figure 7.2. The average amount paid was L. 290. The median was L. 300.

The PRIMHUR study (1,2) also asked about food expenditures in the low-income neighborhoods they surveyed. The means for the seven neighborhoods ranged from L. 164 to L. 287. The overall mean was L. 242. The overall average family size for these neighborhoods was 5.8, as compared with an overall family size of 5.2 in the COVIDEPROL group. The per capita expenditure for food is therefore likely to be higher in the COVIDEPROL group than in the groups surveyed in the PRIMHUR study.

Figure 7.2 COVIDEPROL BASELINE
Total Food Expenses



8. CHARACTERISTICS OF THE CURRENT HOME

8.1 TYPE OF HOUSING

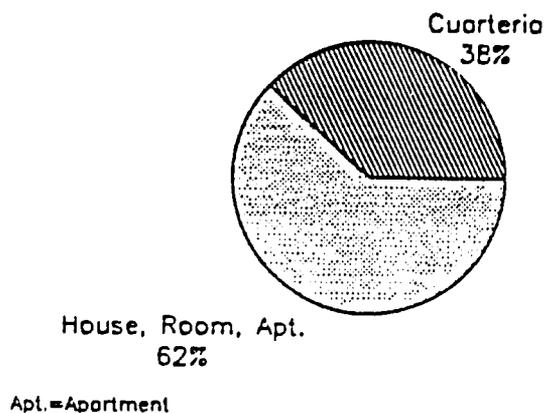
The majority of families (62%) are currently living in homes that are relative-owned (see Section 2.4, for a definition of this term), renting rooms in a house, or living in rental apartments. However, a substantial number (38%) are currently living in cuarterias. See Figure 8.1.

Cuarterias can be thought of as rooming houses. They tend to be located in older sections of the city and are usually considered to be sub-standard housing. Generally families rent out one or two rooms, and share water taps, toilets, and bathing facilities with other people in the cuarteria. Refrigerators and stoves for cooking are not generally provided, and families either need to supply their own or buy prepared food elsewhere.

The Work Force study (annex 1, reference 4) also included the type of house in their surveys. They found that 83.4% live in independent houses; 2.5% live in apartments; 11% live in cuarterias; 1.9% live in other types of dwellings; and in 1.2 there is no information. The COVIDEPROL group has a much higher percentage of families (38%) who live in cuarterias as compared with the general population of Tegucigalpa.

It would be expected that families in this sub-group of families who live in cuarterias would be of a lower socio-economic class as compared with the population surveyed in the Work Force study, and also as compared with other families in the COVIDEPROL project.

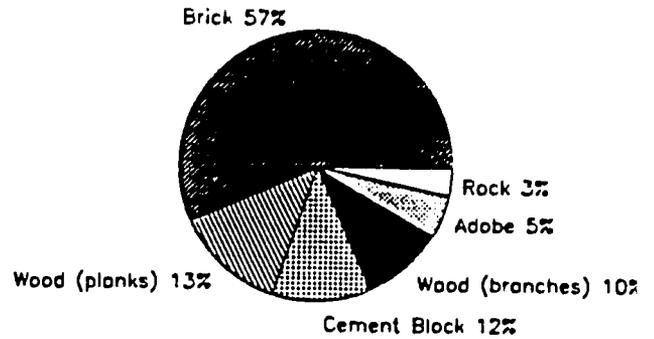
Figure 8.1 COVIDEPROL BASELINE
Type of Housing



8.2 EXTERIOR WALL MATERIAL

Over half (57%) of homes have walls made of brick; 13% of wooden planks; 12% of cement block; 10% of wood branches; 5% of adobe; and 3% of rock. None of the families are currently living in houses with walls of plywood, bajareque (wattle and daub), or discarded materials. See Figure 8.2.

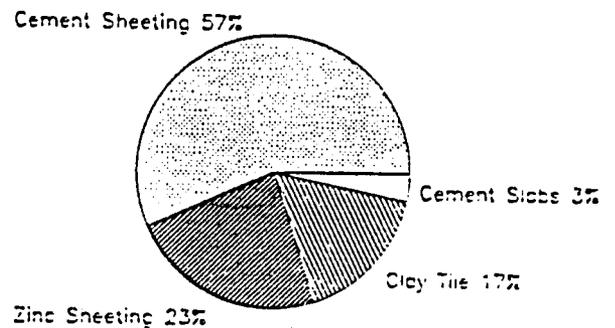
Figure 8.2 COVIDEPROL BASELINE Exterior Wall Material



8.3 EXTERIOR ROOF MATERIAL

Over half (57%) have roofs of cement sheeting; 23% have zinc sheeting; 17% clay tile; and 3% cement slabs. None have roofs made of thatch or discarded materials. See Figure 8.3.

Figure 8.3 COVIDEPROL BASELINE Exterior Roof Material

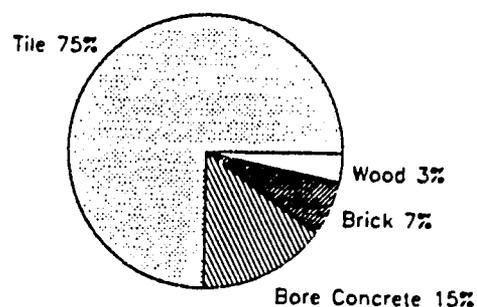


8.4 FLOOR MATERIAL

Three-fourths (75%) of families are living in homes with tile floors; 15% with bare concrete; 7% with brick; and 3% with wooden floors. None of the families are living in homes with dirt floors. See Figure 8.4.

The floor material is one of the key indicators used in many studies since it often correlates well with socio-economic status. Dirt floors are generally considered to indicate low socio-economic status, and to indicate a family that is at higher risk in terms of health status. The Nutrition study (annex 1, reference 5) found that 55.3% had floors of tile; 22.5% with cement floors; 2.9% with brick; 3.1% with wood; and 16.2% had dirt floors. The COVIDEPROL population would have a better rating overall on this indicator than would the general population of Tegucigalpa.

Figure 8.4 COVIDEPROL BASELINE Floor Material

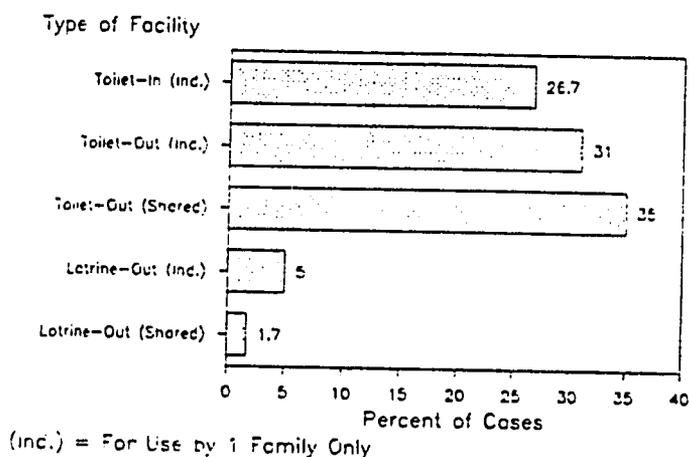


8.5 TYPE OF SANITARY FACILITY

Figure 8.5 shows the type of sanitary facility used by families in the homes where they are current living. "Individual" means that the toilet or latrine is for use by one family only. "Shared" means that the toilet or latrine is shared by more than one family.

A total of 26.7% have an individual toilet inside the home. Thirty-one percent (31%) of families have an toilet outside the home for their own use. Five percent (5%) have a latrine outside the home for their own use.

Figure 8.5 COVIDEPROL BASELINE Type of Sanitary Facility



Thirty-five percent (35%) of families share a toilet outside the home. Only 1.7% use a latrine outside the home that is also shared by other families.

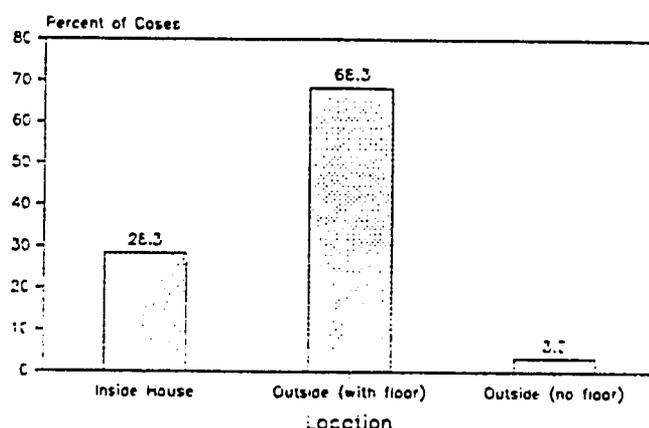
The Work Force study (4) found that 64.7% had flush toilets (they combine inside and outside the home); 25.4% had latrines; 8.7% had no type of facility; and no information was obtained for the other 1.2%. The COVIDEPROL group had a much higher percentage (92.7%) of families using flush toilets, and a much lower percentage (6.7%) using latrines than the Work Force study. In the COVIDEPROL project, families will have their own toilet inside the home. This will mean an improvement in terms of convenience as well as health conditions for those who currently use latrines (6.7%) and for others who currently share toilets with other families outside the home (35%). It will also be an improvement, in terms of convenience, for the 31% who currently have toilets outside the home.

8.6 LOCATION AND TYPE OF BATHING FACILITY

Only 28.3% of families have bathing facilities (for showers and/or baths) inside their homes. Over half (68.3) use bathing facilities, with a platform or floor, outside the house. Having a platform or floor to stand on rather than bare dirt is important from a health standpoint. Only 3.3% have bathing facilities with no platform or floor outside the house.

Since the COVIDEPROL houses will have individual bathing facilities inside the house, this will be an improvement in terms of health conditions for 3.3% of the families. For an additional 68.3%, this will mean an improvement in terms of convenience for the family, especially for those who currently share bathing facilities with other families. See Figure 8.6.

Figure 8.6 COVIDEPROL BASELINE
Location and Type of Bathing Facility



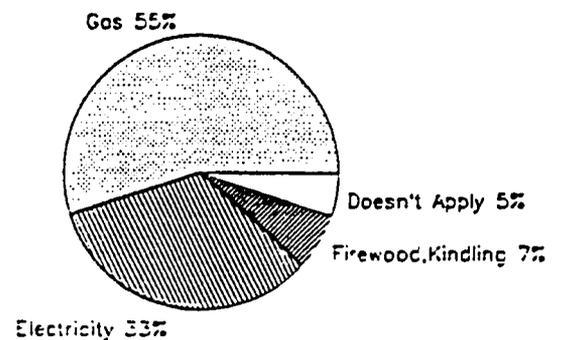
8.7 TYPE OF LIGHTING

All families currently have electricity for lighting their homes at night. None rely on gas or battery run lamps, or candles. The Nutrition study (annex 1, reference 5) found that 94.7% of homes had electricity. The Work Force study (annex 1, reference 4) found that 88.2% had electricity; 10.6% did not have electricity, and no information was available for 1.2%. The figures from these two studies also show nearly all homes in Tegucigalpa have electricity.

8.8 TYPE OF COOKING FUEL

Slightly over half (55%) of the families use gas for cooking fuel. Another 33% use electricity; and 7% use firewood or kindling. Five percent (5%) of families do not have cooking facilities in their home, so the question did not apply. See Figure 8.8.

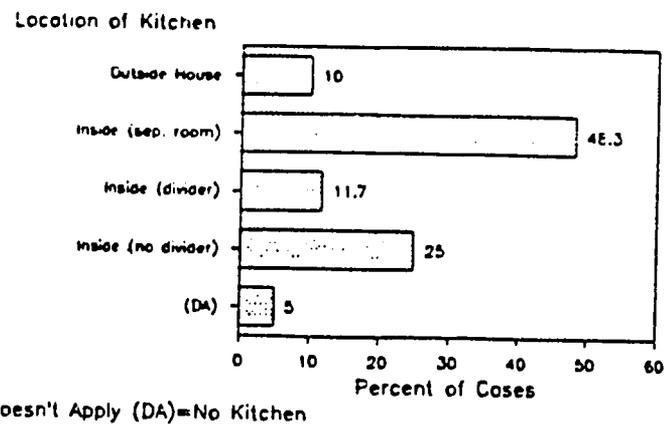
Figure 8.8 COVIDEPROL BASELINE
Type of Cooking Fuel



8.9 LOCATION OF KITCHEN

Ten percent (10%) of families have kitchens located outside the house. Nearly half (48.3%) have kitchens inside the house as a separate room; 11.7% have a kitchen inside the house with some sort of temporary divider separating it from other rooms; and 25% have kitchens with no dividers. Five percent (5%) of families do not have kitchens in their homes or on their lots. See Figure 8.9.

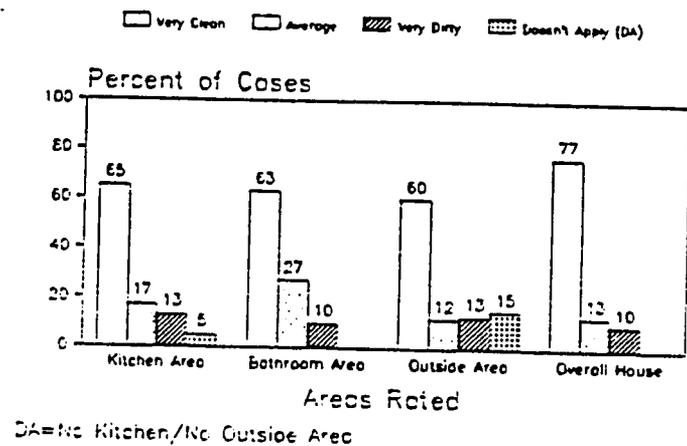
Figure 8.9 COVIDEPROL BASELINE Location of Kitchen



8.10 RATINGS-HOME HYGIENE CONDITIONS

Interviewers were asked to rate the cleanliness of certain areas of the home, and then to rate their impressions of the overall cleanliness of the home. The focus was on conditions from a health standpoint, not whether the home was orderly or disorderly. Time was spent in the training program on standardizing the ratings of these observations by the interviewers using a series of slides and photographs of various houses.

Figure 8.10 COVIDEPROL BASELINE Ratings-Home Hygiene Conditions



Interviewers rated the home hygiene conditions of the kitchen area, bathroom area, and the area around the house as "very clean", "average", or "very dirty". Interviewers also rated their overall impression of hygiene conditions of the entire home, including (but not limited to) the areas rated.

As seen in Figure 8.10, 65% of kitchen areas; 63% of bathroom areas; and 60% of outside areas were rated very clean. Overall, 77% of homes were rated as very clean.

Thirteen percent (13%) of kitchen areas; 10% of bathroom areas; and 13% of outside areas were rated very dirty. Overall 10% of homes were rated as very dirty. See Figure 8.10.

8.11 RATINGS-HOME CONSTRUCTION QUALITY

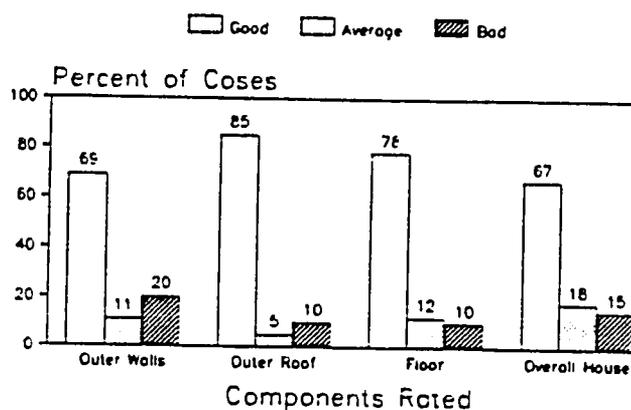
Interviewers were also asked to rate the quality of construction of the homes, and to rate their impressions of overall home construction quality. As in the case of hygiene conditions, time was spent in the training program on standardizing the ratings of these observations by the interviewers using a series of slides and photographs of various houses.

Interviewers rated the quality of construction of the outer walls; outer roof; and floor of the home, as "good", "average" or "bad". Interviewers also rated their overall impression of the quality of construction of the home.

As seen in Figure 8.11, 69% outer walls; 85% of outer roofs; and 78% of floors of homes were rated good. Overall, 67% of homes were rated as having good quality construction.

Twenty percent (20%) of outer walls; 10% of outer roofs and 10% of floors of homes were rated bad. Overall, 15% of homes were rated as having poor quality construction.

Figure 8.11 COVIDEPROL BASELINE Ratings—Home Construction Quality



9. HOUSE SIZE AND LEVELS OF CROWDING

Because of the importance of house size and crowding to levels of satisfaction, these measures were included in the survey. Crowding levels are also important in the transmission of certain diseases, especially respiratory infections, so that these measures are important from a health standpoint as well.

Interviewers counted the number of rooms with permanent walls in the home. They also made a separate count of the number of rooms with any types of divisions, whether permanent walls, curtains, dividers, or other temporary divisions. Bathrooms were not counted as rooms.

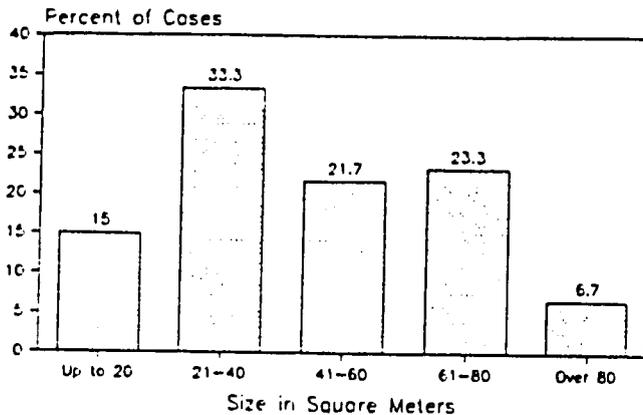
Because rooms vary greatly in size from one house to another, the interviewers also measured the living space in square meters, using meter sticks. With the assistance of the interviewee or someone else in the house, the interviewers measured the living space, using outside dimensions whenever possible. In cases where it was impossible to measure from the outside (such as houses with one side built on a steep slope), measurements were taken from inside the home. Interviewers drew a simple sketch of the house and labeled all sides with the measurements taken. The assistant field supervisor did all calculations of house size, which were checked by the project coordinator prior to data entry.

The information presented in Figures 9.5 through 9.9 is basically background information for the analysis of crowding, which is presented in Figures 9.10 through 9.12. Figures 9.6 provides information on average family size according to tenancy. Figures 9.7 through 9.9 provides information on the size of the house (by square meters; number of rooms with permanent walls; and number of rooms with any type of division). This information on family size and space available are used to calculate the levels of crowding. Those interested in the crowding measures alone can skip Sections and Figures 9.5 through 9.9.

When we refer to the "house" or "home," this means the dwelling where the family is currently living. In the case of cuarterias, the "house" or "home" refers to the room or rooms that the family rents.

9.1 HOUSE SIZE IN SQUARE METERS

Figure 9.1 COVIDEPROL BASELINE
House Size in Square Meters



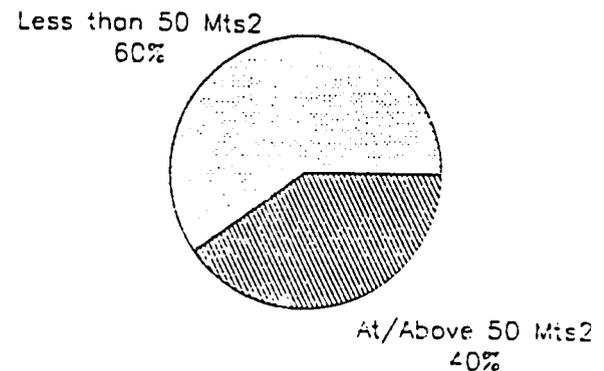
Average: 47 Square Meters

Figure 9.2 shows how the size of the current home compared with the size of the homes in the COVIDEPROL project (prior to any expansion/home improvements being made by families). Sixty percent (60%) of families are currently living in homes of less than 50 square meters (the size of the new home). For these families, the move will mean having additional living space.

Forty percent (40%) of families are currently living in homes at or above 50 square meters, so will either have the same amount or a smaller living space. Since we do not know how the composition of the family will change after the move, it is hard to predict whether conditions will be more or less crowded for most families.

Figure 9.1 presents information on the size of the house in square meters. The average home measured 47 square meters. The smallest home measured 9 square meters, and the largest home measured 142 square meters.

Figure 9.2 COVIDEPROL BASELINE
House Size Compared to New House

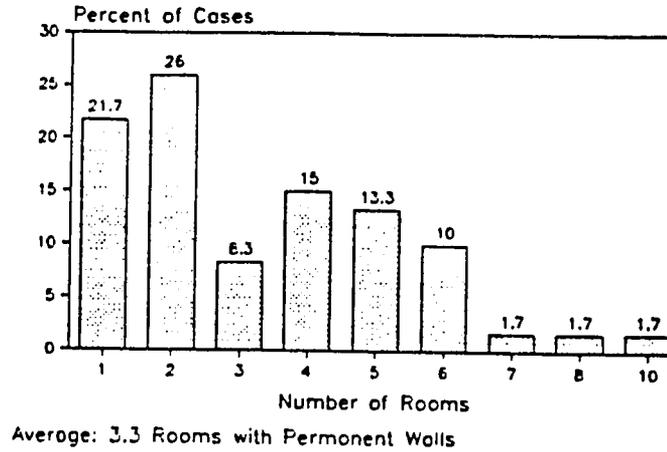


New House = 50 Mts²

9.3 NUMBER OF ROOMS-PERMANENT

The distribution of number of rooms with permanent walls is shown in Figure 9.3. The average number of rooms with permanent walls is 3.3.

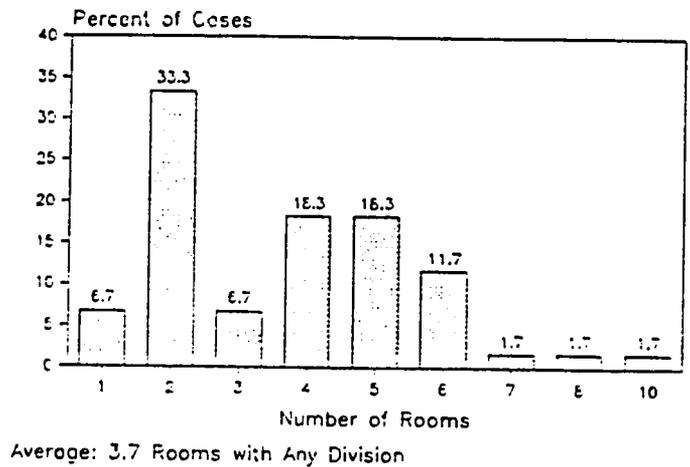
Figure 9.3 COVIDEPROL BASELINE
Number of Rooms – Permanent



9.4 NUMBER OF ROOMS-PERMANENT & TEMPORARY

The distribution of number of rooms with all types of divisions is shown in Figure 9.4. The average number of rooms with any type of division is 3.7. The difference between the number of rooms with permanent walls (3.3) and with any type of divider (3.7) implies that many families would like to have an additional room available in the house.

Figure 9.4 COVIDEPROL BASELINE
No. of Rooms – Permanent & Temporary



9.5 TENANCY STATUS II-HOUSEHOLD

The information in Figure 9.5 is the same as that in Figure 2.4, but presented in a slightly different way. Definitions of the categories used in Figure 9.5 are given in Section 2.4.

According to Figure 9.5, 25% of families live in relative-owned homes; 7% are living in rent-free situations; 38% are renting in cuarterias; and 30% are renting either a home, a room in a house, or an apartment.

Because the characteristics described in the rest of this section are markedly different in cuarterias than other types of rental situations, cuarterias and other types of rentals are presented separately in the graphs in the rest of Section 9.

9.6 AVERAGE FAMILY SIZE BY TENANCY

Families in relative-owned homes have the largest average family size (8.1 people per family); followed by those in rent-free situations (5.3 people per family). Those in other rentals have an average family size (4.2 people per family), which is less than the overall average for COVIDEPROL. Families renting in cuarterias have the smallest average family size (3.9 people per family) compared with the other types of tenancy situations. See Figure 9.6.

Figure 9.5 COVIDEPROL BASELINE
Tenancy Status II - Household

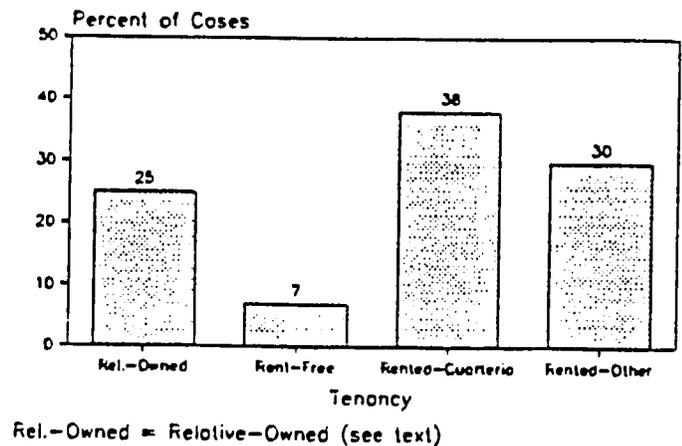
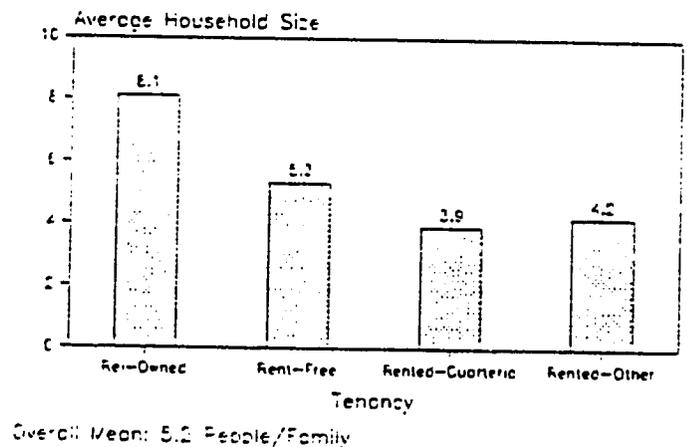


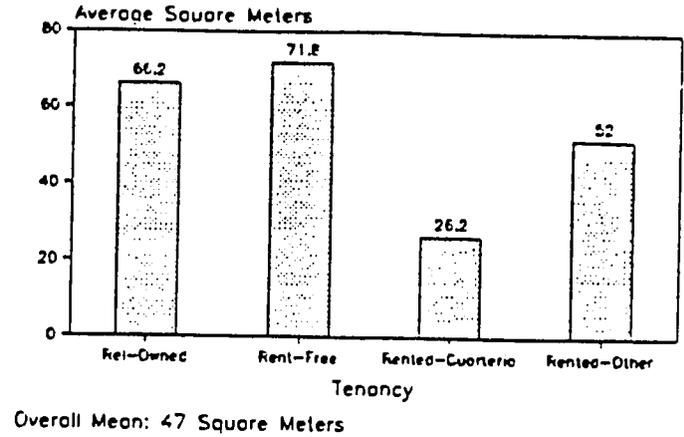
Figure 9.6 COVIDEPROL BASELINE
Average Family Size by Tenancy



9.7 AVERAGE SQUARE METERS BY TENANCY

Families in rent-free situations have the largest living areas (71.8 square meters). Families in relative-owned houses have an average of 66.2 square meters. Other types of rentals have an average of 52 square meters, just above the overall average of 47 square meters. Families living in cuarterias have an average of 26.2 square meters, well below the overall average of 47 square meters. See Figure 9.7.

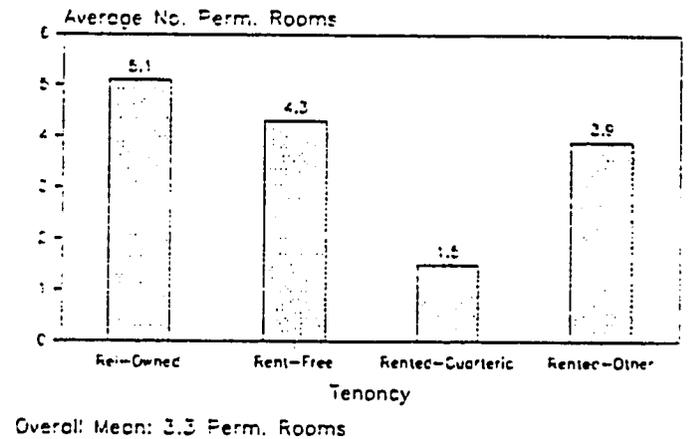
Figure 9.7 COVIDEPROL BASELINE Average Square Meters by Tenancy



9.8 AVERAGE PERM. ROOMS BY TENANCY

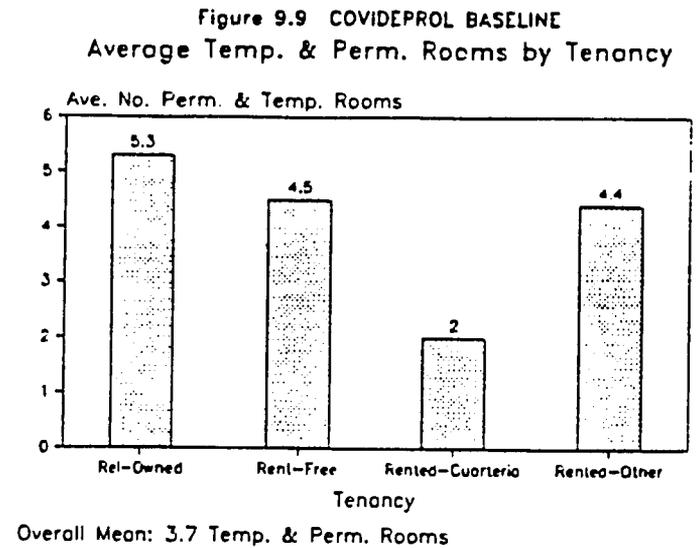
Families in relative-owned homes have the largest number of rooms (5.1); rent-free families have an average of 4.3 rooms; other types of rentals have an average of 3.9 rooms. Those living in cuarterias have an average of 1.5 rooms, again below the overall average of 3.3 permanent rooms. See Figure 9.8.

Figure 9.8 COVIDEPROL BASELINE Average Perm. Rooms by Tenancy



9.9 AVERAGE TEMP. & PERM. ROOMS BY TENANCY

As for permanent rooms, families in relative-owned homes have the largest number of rooms (5.3); followed by rent-free families (4.5 rooms); other types of rentals (4.4 rooms). Families living in cuarterias have an average of 2 rooms, which is below the overall average of 3.7 rooms with any type of division. See Figure 9.9.

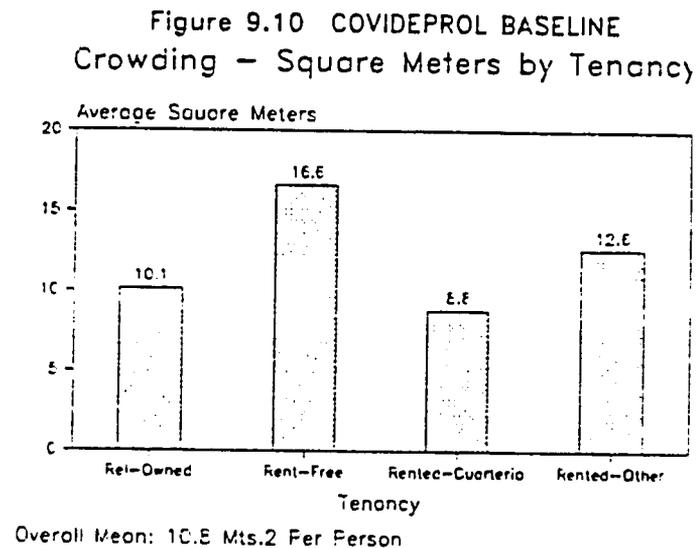


9.10 CROWDING - SQUARE METERS BY TENANCY

Sections 9.10 through 9.12 present an analysis of levels of crowding according to types of tenancy. These sections use information from Sections 9.5 through 9.9.

In Figure 9.10, the number of square meters per person in the current house has been calculated by type of tenancy. Families in rent-free situations have the largest number of square meters per person (16.6), and therefore the least amount of crowding, as compared with the other categories.

Families living in other types of rentals have 12.6 square meters per person, which is above the overall average of 10.8 square meters per person.



Families in relative-owned homes have 10.1 square meters per person, just below the overall average. They tend to have the largest families, but also have relatively large living spaces.

Families in cuarterias have the most crowded conditions (8.8 square meters per person) in terms of square meters per person. They have the smallest families, but also have the smallest amount of living space available.

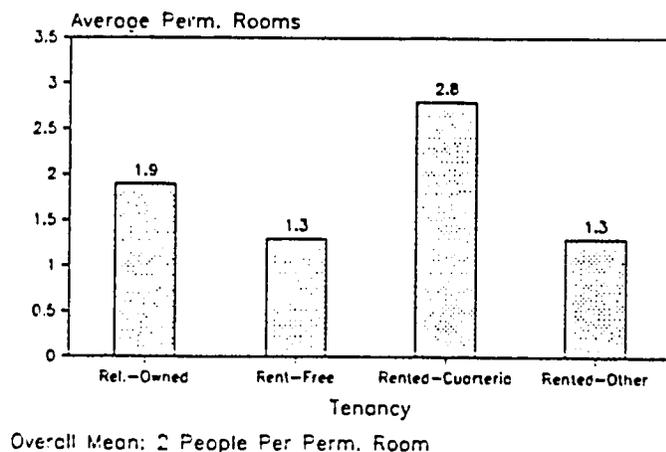
9.11 CROWDING - PERM. ROOMS BY TENANCY

Figure 9.11 presents information on levels of crowding according to the number of permanent rooms in the house.

Families in rent-free situations and other types of rental both have an average of 1.3 people per room (the least crowded conditions). Families in relative-owned homes have an average of 1.9 people per room.

Families in cuarterias have the most crowded conditions in terms of permanent rooms, with an average of 2.8 people per room.

Figure 9.11
Crowding - Perm. Rooms by Tenancy



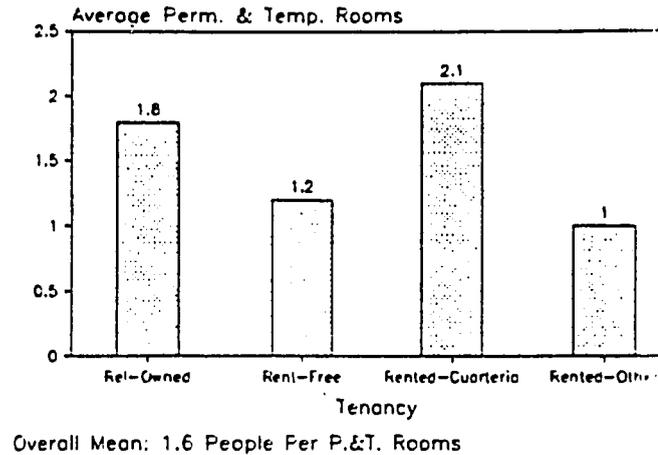
9.12 CROWDING-PERM. & TEMP. ROOMS BY TENANCY

The last measure of crowding is based on the number of rooms with any type of division in the current home.

Those in other types of rentals have the least crowded conditions (1 person per room). Those in rent-free situations have an average of 1.2 persons per room. Families in relative-owned homes have an average of 1.8 people per room.

Cuarterias again have the most crowded conditions: there are an average of 2.1 people per room. See Figure 9.12.

Figure 9.12 COVIDEPROL BASELINE Crowding-Perm. & Temp. Rooms by Tenancy



10. WATER SOURCES AND QUALITY OF DRINKING WATER

The sources of water for various uses that a household relies upon are important in terms of satisfaction and also in terms of basic health conditions. The quality of water, especially drinking water, is very important to health, since so many illnesses in a developing country such as Honduras are directly related to the quality of the water in the household.

10.1 HOUSEHOLD WATER SOURCES-RAINY SEASON

Figure 10.1 shows the sources that families use for a variety of purposes. We asked about the sources of water for drinking, for cooking, for washing dishes, for bathing, and for washing clothes. We found that there is little variation in the sources of water used for these purposes in the COVIDEPROL group.

There is very little reliance on water vendors, or rainwater collection. None of the families use water from rivers for any purpose, including bathing or washing clothes.

Taps either in the house or in the yard are used for all purposes by nearly all (95%) families. The remainder use either water vendors or rainwater collection.

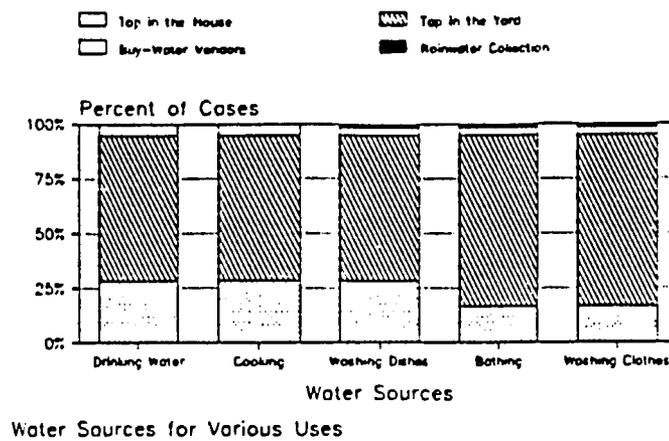
10.2 HOUSEHOLD WATER SOURCES-DRY SEASON

A similar pattern of water use is found in the dry season as in the rainy season for the families interviewed. Between 92% and 93% use taps inside or outside the home for all uses. There is relatively little reliance (7% to 8%) on either water vendors; or purchasing or being given water by private persons (usually neighbors, relatives, or friends).

After the move, more families will be able to get water from a tap inside the house (rather than outside the house) for drinking water, cooking, and washing dishes. Since bathing facilities will be inside the home, most will also use water inside the house for bathing. Most will probably use a tap outside the house for washing clothes, since the area for washing clothes is just outside and adjacent to the house.

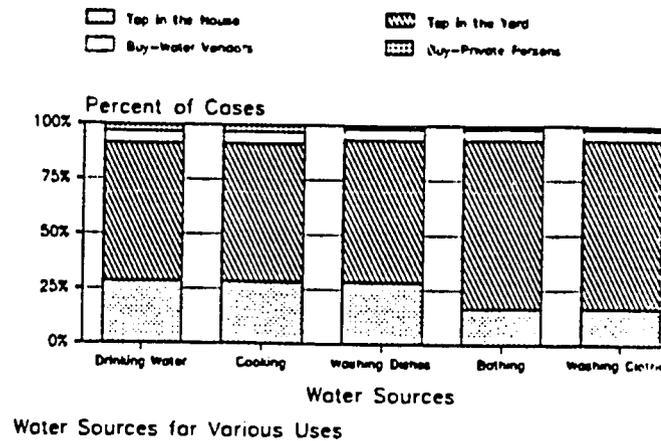
From a health standpoint, there is little difference between getting water from a tap outside rather than inside the house. The only exception might be water collected outside and stored inside to be used for drinking water. Changes in the sources of drinking water for the group

Figure 10.1 COVIDEPROL BASELINE Household Water Sources—Rainy Season



will largely be a matter of increased convenience and satisfaction for those who do not currently have inside taps, since nearly all families currently have access to water coming into their homes or lots. See Figure 10.2.

Figure 10.2 COVIDEPROL BASELINE Household Water Sources—Dry Season



10.3 WATER SAMPLE SOURCE

We did not ask questions related to the quantity of water available during the rainy and dry seasons. In most parts of Tegucigalpa water is much more scarce during the months of the dry season. Water does not necessarily flow from taps throughout the day, there may only be water for several hours each day.

A day or two after the family interviews were completed, a water engineer visited each home to collect a sample of drinking water to analyze for quality. He was to ask where the family kept their water for drinking and to take a sample of this water. If the family drank water directly from the tap, the sample was taken from the tap. If the water was stored in a container, then the water was taken from the container. If the water had been treated by the family in some way (for example, boiled, filtered, or chlorinated), then the sample was taken from water that had been treated.

Most of the interviews and water sampling was done at the end of the dry season and the beginning of the rainy season. Even though most families reported using water from taps in the house or yard (92%-95%), the water engineer found that in many cases there was no water in the taps when he visited the households.

As seen in Figure 10.3, only 73% of samples were taken from a tap in the house or the yard. The other 27% were taken from water which was being stored. In some cases, water had been collected from taps at a time of day when water was available and stored for later use. Families who treated their water in some way would then store the water.

Untreated stored drinking water is more likely to be contaminated since there is likely to be more handling of this water and more contact with various containers. For example, the container in which the water is stored may not be clean; if the water is stored in a large container and a cup is dipped into the container to collect water, the cup may not be clean; and if the container is uncovered, this can also lead to contamination.

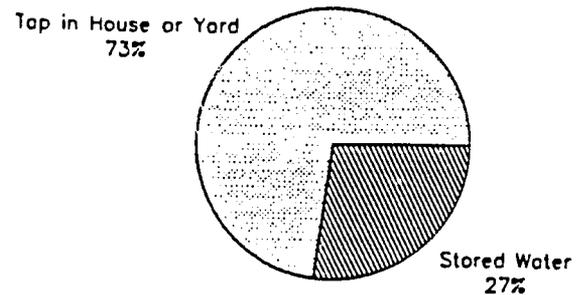
While we will not be able to compare the differences between quantity of water and steady access to water before and after the move, the results of the water quality testing will help to determine whether the quality of water improves, is worse, or has remained about the same.

10.4 WATER TESTING

There are a number of tests that can be done to analyze water supplies. The test generally considered most useful to determine whether water is safe to drink is one that checks for fecal coliforms. Basically, this type of analysis is used to determine whether or not the water contains disease-producing organisms (pathogens). If the water does not contain fecal coliforms (if the test result is "0"), then these pathogens are probably not present. If the water does contain fecal coliforms (if the test result is "1" or more), then the pathogens probably exist in the water.

According to standards set by the World Health Organization, drinking water should not contain any fecal coliforms (only results of "0" are acceptable). The higher the number of fecal coliforms found, the more contamination there is in the water sampled.

Figure 10.3 COVIDEPROL BASELINE Water Sample Source



(1 Case Not Done)

10.5 RESULTS OF WATER TESTING

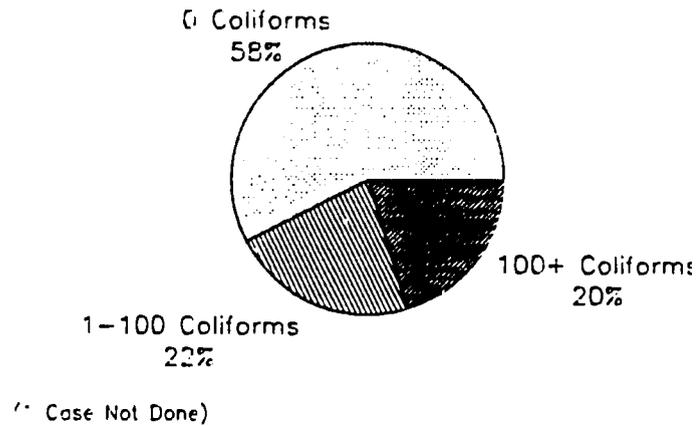
Figure 10.5 shows the results of the water testing done in families moving to the COVIDEPROL housing cooperative. Samples were collected and analyzed in all but one home. While the results reflect the quality of water on the day at the time the sample was taken, the results can be used as a general indicator of the quality of water prior to the move.

Over half (58%) had "0" coliforms in their drinking water, in other words, they had good quality drinking water. Twenty-two percent (22%) had drinking water with

between 1 and 100 fecal coliforms, which are considered unhealthy levels. Another 20% had water with over 100 fecal coliforms, which is generally considered to be very contaminated water.

The same test of water quality will be done in a sample of homes after the move to COVIDEPROL. Prior to the move, we can say that 58% had good quality drinking water, while the other 42% had poor quality drinking water, based on the results of bacteriological testing of drinking water samples to detect the presence or absence of fecal coliforms.

Figure 10.5 COVIDEPROL BASELINE
Results of Water Testing



ANNEX 1

CITED REFERENCES

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PROYECTO DE RECOLECCION DE INFORMACION BASICA
FEHCOVIL-CHF
HONDURAS, 1988

ANNEX 2

Guia de Entrevista: Organización de la Cooperativa (SHHC)

SECCION 1. IDENTIFICACION

Nombre del Proyecto/Comunidad: _____

Nombres de los informantes

Cargos que desempeñan

1. _____

2. _____

3. _____

Entrevistó

Revisó
Coordinador

Nombre _____

Fecha _____

día mes año

día mes año

Duración de la entrevista: _____

Hora de inicio - hora que terminó

Calidad de los datos según:

Entrevistador: _____

Coordinador: _____

Comentarios adicionales del entrevistador: _____

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SECCION 2. ANTECEDENTES

1. ¿En que fecha (mes y año) se organizo la cooperativa de vivienda?
2. ¿Me podria contar un poco sobre los origenes de la cooperativa?
3. ¿Como se organizo la cooperativa?
4. ¿Porque fueron a FEHCOVIL?
5. ¿Quien o quienes se pusieron en contacto con FEHCOVIL?
6. ¿Como se dio cuenta la mayoria de la gente de la cooperativa?
7. Como consiguieron la tierra?
8. ¿Desde que se organizó la cooperativa, ¿Por que etapas (procesos) ha pasado (fases, epocas, acontecimientos principales) la cooperativa de vivienda?
9. ¿Cuales son las funciones principales de la cooperativa de vivienda?

SECCION 3. ESTRUCTURA ORGANIZATIVA

1. ¿Cómo esta organizada la cooperativa de vivienda?
2. ¿Que cargos existen en la junta directiva?
3. ¿Cuáles son las obligaciones de cada miembro de la junta directiva?
4. ¿Cómo se nombra la junta directiva? (PROCESO; ESPECIFICANDO SI ES POR ELECCION, NOMBRAMIENTO U OTRO)
5. ¿Desde que se organizó la cooperativa de vivienda, cuántas directivas han habido?
6. ¿Cuándo se formó (eligió) la directiva actual?
7. ¿Quienes integran esta directiva? - nombre y cargo. (LO QUE INTERESA ES CONOCER CUANTOS DE LOS DIRECTIVOS SON HOMBRES Y CUANTOS SON MUJERES)
8. ¿Existen comités de trabajo? ¿ Cuáles? ¿Cuántas personas integran cada comité? Que hace cada uno de los comites?

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SECCION 4. MEMBRESIA - TOMA DE DECISIONES

1. ¿Como se define si una persona es miembro de la cooperativa?
¿Quien puede ser miembro?

AVERIGUE TODOS LOS DETALLES, POR EJEMPLO, SI DENTRO DE UN MISMO HOGAR PUEDE EXISTIR MAS DE UN MIEMBRO, ¿SI EL MIEMBRO ES EL INDIVIDUO O LA FAMILIA? ¿QUIEN(ES) PUEDEN ASISTIR A LAS SESIONES? ¿QUIENES PUEDEN VOTAR?

2. ¿Cuando se organizó la cooperativa, cuántos socios habían?
(VER LAS ACTAS Y OTROS DOCUMENTOS)
3. ¿Actualmente cuantas personas pertenecen a la cooperativa de vivienda? ¿Cuantas son mujeres? ¿Cuantos son hombres?
4. ¿Cada cuánto tiempo sesiona la cooperativa de vivienda?
5. ¿Mas o menos cuántas personas vienen a las sesiones?
6. ¿Mas o menos cuántas de las personas que asisten a las sesiones son miembros de la cooperativa de vivienda?

SECCION 5. PROYECTOS

1. ¿Tiene la cooperativa algun(os) proyecto(os) planificado? (ANOTE LA INFORMACION EN EL CUADRO NO. 3.)

89'

SECCION 6. CAPACITACION

1. En el ultimo año, ¿han recibido algunos de los miembros de la directiva capacitación, especialmente en organización (tales como administración, contabilidad, dirigir sesiones, etc.) o cooperativismo? (OBTENGA LOS DETALLES DE LA CAPACITACION Y ANOTELOS EN EL CUADRO NO. 4.)
2. Y los miembros no directivos de la cooperativa, ¿han recibido capacitación por medio de la cooperativa de vivienda? Por ejemplo, organización, derechos y responsabilidades como miembros, etc. (OBTENGA LOS DETALLES DE LA CAPACITACION Y ANOTELOS EN EL CUADRO NO. 5.)
3. ¿Creen Uds. que los miembros de la directiva necesitan capacitación? ¿En que?
4. ¿Y los miembros no directivos?

SECCION 7. IMPACTO

1. En su opinión, ¿cómo cree usted que está funcionando la cooperativa de vivienda? ¿Que aspectos podrian mejorarse?
2. ¿Cuál es el nivel de participación de los socios en las actividades de la cooperativa de vivienda?
¿Ha aumentado o disminuido desde _____?
(fecha en que se organizó)
¿En cuáles actividades (aumentado/disminuido)? ¿Porque?
3. ¿Como creen ustedes que piensan de la cooperativa de vivienda la mayoría de los socios? Se refiere especialmente:
 - a. Sobre como se toman las decisiones
 - b. Sobre como funciona la junta directiva
 - c. Sobre como se elige la junta directiva
 - d. Sobre la participacion de los socios
4. ¿Cómo ven ustedes el futuro de la cooperativa de vivienda?

PROYECTO DE RECOLECCION DE INFORMACION BASICA
FEHCOVIL-CHF
HONDURAS, 1988

Guia de Entrevista: Organización de la Cooperativa de Vivienda

Nombre del Proyecto/Comunidad: -----

Fecha: -----
dia/mes/año

CUADRO NO. 4 - CAPACITACION - JUNTA DIRECTIVA

El Ultimo Año

Nombres de la personas que recibió el curso	Cargo que Desempeña	Tema del Curso/ Taller	¿Quién lo Impartió? Institución	Fecha de	
				Inicio mes/año	Termino mes/año
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
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PROYECTO DE RECOLECCION DE INFORMACION BASICA
 FEHCOVIL-CHF
 HONDURAS, 1988

Guia de Entrevista: Organización de la Cooperativa de Vivienda

Nombre del Proyecto/Comunidad: _____

Fecha: _____
 día/mes/año

CUADRO NO. 5 - CAPACITACION - MIEMBROS NO DIRECTIVOS

El Ultimo Año

Nombre del Curso Taller o Seminario	Numero de Miembros que Asistieron	Quien lo Impartió? Institución	Fecha de	
			Inicio mes/año	Termino mes/año

PROYECTO DE RECOLECCION DE INFORMACION BASICA

FENCOVIL - CNP
HONDURAS, 1988

ENCUESTA FAMILIAR

100

BUENOS DIAS / TARDES SEÑORA _____

MI NOMBRE ES _____

VENGO DE PARTE DE LA FUNDACION PARA LA VIVIENDA COOPERATIVA. ESTAMOS VISITANDO A LAS FAMILIAS DE LOS ASOCIADOS A LA COOPERATIVA DE VIVIENDA PARTICIPADORA ROMA (COVIDEPROL) PARA CONVERSAR UN POCO ANTES DE QUE SE MUDEN A LA NUEVA CASA.

QUEREMOS PLATICAR DE COMO SON LAS COSAS AHORITA. LA INFORMACION QUE NOS DE ES MUY IMPORTANTE PARA PODER COMPARAR SI CAMBIAN LAS COSAS DESPUES DE DE QUE VIVAN EN LA NUEVA CASA.

TODO LO QUE USTED ME DIGA ES CONFIDENCIAL.

OBSERVACIONES

A B R I L 1988

D	L	M	M	J	V	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

M A Y O 1988

D	L	M	M	J	V	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

ANNEX 3

PROYECTO DE RECOLECCION DE INFORMACION BASICA
 FEIKOVIL-CIB
 HONDURAS, 1980
 Encuesta Familiar

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SECCION I. IDENTIFICACION

1. Nombre del Proyecto/Comunidad _____
2. No. de la casa _____
- 1a. Nombre del Asociado (a) (FEIKOVIL) _____
escriba el nombre completo
- 4a. Nombre de la Compañera (a) (FEIKOVIL) _____
escriba el nombre completo
- ~~5a. Nombre del Jefe (a) (Compañero/a) _____
escriba el nombre completo~~
- ~~6a. Nombre de la Compañera (a) (Compañero/a) _____
escriba el nombre completo~~
5. Nombre de la Entrevistada _____
escriba el nombre completo
7. Dirección _____

CODIGO ESTANDAR 1-si 2-no 7-sin dato 8-no sabe 9-no se aplica
--

- IDENTIFICACION
1. No. del Proyecto _____
 2. No. de la Casa _____
 - 1a. I.D. del Asociado (FEIKOVIL) _____
 - 4a. I.D. de la Compañera (a) (FEIKOVIL) _____
 6. I.D. de la Entrevistada _____
 7. Barrio (CACUs) _____
 - 8a. No. de la Entrevistada _____
 - 8b. Fecha de la Entrevista _____

	Entrevistó			Revisó-Supervisor			Revisó-Coordinador		
a. Nombre									
b. Fecha									
	día	mes	año	día	mes	año	día	mes	año

Dirección de la entrevista _____
hora de inicio - hora que terminó
 (codifique en minutos)

Calidad de los datos y comentarios según:

Entrevistadoras _____

Supervisores _____

Coordenadores _____

400113. MIGRACION Y TENENCIA

LAS PREGUNTAS 17 a 19 SE APLICAN UNICAMENTE AL ASOCIADO (A) (FEHCOVIL) O AL JEFE (A) (COMPARACION).

17. En que lugar ha vivido _____ la mayor parte de su vida? (Más de la mitad de los años que tiene.)
 asociado (a) (FEHCOVIL)
 o jefe (a) (Comparacion)

Lugar	Municipio	Departamento

- 1) - aldea o caserío
- 2 - cabecera municipal, que no sea Puerto Cortés, Siguatepeque, Progreso o Danlí
- 3 - cabecera departamental, que no sea La Ceiba, Choluteca, Sta. Rosa de Copán, Comayagua
- 4 - ciudad intermedia - (La Ceiba, Choluteca, Sta. Rosa de Copán, Comayagua, Siguatepeque, Danlí, Puerto Cortés, El Progreso.)
- 5 - Tegucigalpa, Comayagüela
- 6 - San Pedro Sula
- 7 - otro país
- 8 - sin dato
- 9 - no sabe
- 0 - no se aplica

18. Cuanto tiempo tiene _____ de vivir en esta ciudad?
 asociado (a) (FEHCOVIL)
 o jefe (a) (Comparacion)
 años (meses si es menos de 1 año)

19. Cuanto tiempo tiene _____ de vivir en esta casa?
 asociado (a) (FEHCOVIL)
 o jefe (a) (Comparacion)
 años (meses si es menos de 1 año)

20. De quien es ésta casa? _____ (tenencia)

- 1 - propia, ya cancelada
- 2 - propia, pagándose a plazos
- 3 - prestada (no paga ningún tipo de remuneración ya sea en efectivo o en especie)
- 4 - alquilada
- 5 - otro, especifique _____
- 6 - sin dato
- 7 - no sabe

SI LA RESPUESTA ES 1 O 2, HAGA LA PREGUNTA 21. SI NO, PASE A 22.

21. Cual es la forma de tenencia del lote?

- 1 - pagada, dominio pleno
- 2 - pagada, dominio útil
- 3 - pagada, documento privado
- 4 - pagando a la municipalidad
- 5 - pagando a una institución pública o privada
- 6 - pagando a una institución privada
- 7 - pagando a una persona
- 8 - ocupación
- 9 - otro, especifique _____
- 77 - sin dato
- 88 - no sabe
- 99 - no se aplica

SI LAS PREGUNTAS 22 A 24 SE APLICAN UNICAMENTE A LOS CHMS Y LOS BARRIOS DE COMPARACION.

22. Alguien de la casa es socio de una cooperativa de vivienda? _____ si/no

SI RESPONDE SI, HAGA LA PREGUNTA 23. SI NO, PASE A LA PREGUNTA 24.

23. Porque decidieron asociarse a la cooperativa de vivienda?

24. Porque no se asociaron a la cooperativa de vivienda?

Página 3
 No. de Cuestionario

--	--	--	--

ASOCIADO (A) (FEHCOVIL)
 O JEFE (A) (COMPARACION)

I.D. 17 18 19

--	--	--

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

SECCIÓN 1. SATISFACCIÓN/EXPECTATIVAS

LAS PREGUNTAS 25 a 30 ÚNICAMENTE SE APLICAN EN LOS CIVIS Y LOS BARRIOS DE COMPARACION.

25. Hay algunas cosas que le gustan de vivir aquí en _____? ¿
 mencione el barrio

 si/no

SI RESPONDE NO, PASE A LA PREGUNTA 26.

26. Cuales son las dos cosas más importantes que le gusta de vivir aquí en _____?
 mencione el barrio

26.1 _____

27.1 _____

28. Hay algunas cosas que no le gusta de vivir aquí en _____? ¿
 mencione el barrio

 si/no

SI RESPONDE NO, PASE A LA PREGUNTA 29.

29. Cuales son las dos cosas más importantes que no le gusta de vivir aquí en _____?
 mencione el barrio

29.1 _____

30.1 _____

LAS PREGUNTAS 31 a 36 ÚNICAMENTE SE APLICAN EN LOS CACUs.

Quisiera que platicáramos un poco sobre como cree usted y su familia que va a ser la vida en el nuevo barrio.

31. Hay algunas cosas que creen que van a ser mejores? _____
 si/no

SI RESPONDE NO, PASE A LA PREGUNTA 32.

32. Cuales son las dos cosas más importantes que van a ser mejores?

32.1 _____

33.1 _____

34. Hay algunas cosas que creen que van a ser peores? _____
 si/no

SI RESPONDE NO, PASE A LA PREGUNTA 35.

35. Cuales son las dos cosas más importantes que van a ser peores?

35.1 _____

36.1 _____

LAS PREGUNTAS 37 a 45 SE REFIEREN AL LUGAR DONDE RESIDE LA FAMILIA ACTUALMENTE. LAS PREGUNTAS 38 a 45 ÚNICAMENTE SE APLICAN EN LOS CACUs.

37. Como se siente usted con:	2 bueno	1 regular	0 malo
37a. el tamaño de su casa			
37b. el tamaño del lote			
37c. la calidad de construcción de la casa			
37d. la disponibilidad de agua para tomar			
37e. el tipo de servicio sanitario con que cuentan			
38. el servicio de tren de aseo			
39. alumbrado público			
40. seguridad en el barrio			
41. transporte público			
42. acceso al trabajo asociado(a) (FEM.)/jefe(a) (Comp.)			
43. acceso a escuelas primarias			
44. acceso a escuelas secundarias			
45. acceso a servicios de salud			

- 37. _____
- 38. _____
- 39. _____
- 40. _____
- 41. _____
- 42. _____
- 43. _____
- 44. _____
- 45. _____

61a. En los últimos 15 días, ha estado enciende cada niño (menores de 5 años) gravemente enfermo del pecho? sí/no

SI RESPONDE SÍ, HAGA LA PREGUNTA 61b. SI NO PASE A LA PREGUNTA 62.

61b. Durante esa gravedad ha tenido algunos de los siguientes síntomas?

I.D.	Quelones? Membre	Tiraje supraesternal/intercostal (hervimiento de las costillas/pecho)	Aleteo Nasal	Morado (cianosis)	Estridor (gugido u aguillo)	IRA GRAVE

62. En los últimos 15 días (también) ha tenido:

I.D.	Catarro (con moco purulento) (moco amarillo/verdoso)	Dolor de oído/pus de oído	Gargajo	Tos intensa/ fuerte	Dolor de pecho/ costado	Hervor de pecho (ruidos)	Sibilancias (chiflido)	IRA MOD.

63. En los últimos 15 días ha tenido:

I.D.	Tapazón de nariz	Catarro (moquera o moco claro)	Dolor de Garganta	Ronquera/ Afbónico	Tos leve o poca	IRA LEVE	(64) Resumen de IRA

64. RESUMEN DE IRA
- 0 - sin IRA
 - 1 - IRA leve
 - 2 - IRA moderada
 - 3 - IRA grave
 - 7 - sin dato
 - 8 - no sabe
 - 9 - no se aplica

64

SI RESPONDE SÍ A ALGUNO(S) DE LOS SINTOMAS, HAGA LAS PREGUNTAS 65 A 68. SI NO PASE A LA PREGUNTA 69.

104

E.D.	(65) Que enfermedad tiene/tuvo	(66) Tiene algun(los) de estos sín- tomas hoy? si/no	(67) Durante los últi- mos 15 días cuan- tos días ha tenido esta enfermedad?	(68) Cual es su impresión de la enfermedad? Fue:		
				1 Leve	2 Moderada	3 Seria

--	--	--	--	--	--

ID	65	66	67	68

B. LACTANCIA MATERNA

LAS PREGUNTAS 69 Y 70 SE APLICAN ÚNICAMENTE A LOS NIÑOS DE 12 MESES Y MENOS QUE VIVEN EN LA CASA.

69. Toma pecho _____ actualmente? _____
mencione cada niño de 12 meses y menos si/no

SI RESPONDE SI, IRMA LA PREGUNTA 70 SI NO, PASE A LA PREGUNTA 71.

I.D.	Nombre	(69)	(70)
		Toma pecho actualmente? si/no	Y toma e come otras cosas como pepo, les, chupón, atol, tortilla, sopas, jugos, otras leches, u otras? si/no

I.D.	69	70

SECCION 6. AFILIACION A ORGANIZACIONES

77. Actualmente pertenece a alguna organizacion?
 asociado (a) (FEHCOVIL)
 o jefe (a) (Comparacion)

si/no

Y pertenece a alguna organizacion?
 companera (a)

si/no

SI NINGUNO DE LOS DOS PERTENECE A ORGANIZACIONES, PASE A LA PREGUNTA 81.

Distritos?	(78) A cuales organizaciones pertenece?	(79) Nivel de participacion?	(80) En barrio o fuera?
I.D.	Nombre		
	a	a	a
	b	b	b
	c	c	c
	d	d	d
	e	e	e
	b	b	b
	c	c	c
	d	d	d

78. CLAVES ORGANIZACIONES

- 1 - patronato
- 2 - cooperativa de vivienda
- 3 - cooperativa de ahorro y credito
- 4 - club de amas de casa (Org. de mujeres)
- 5 - sociedad de padres de familia
- 6 - asociaciones religiosas
- 7 - alcoholicos anonimos
- 8 - equipos deportivos
- 9 - otros, especifique _____
- 77 - sin dato
- 88 - no sabe
- 99 - no se aplica

HAGA LAS PREGUNTAS 81 A 87 SOBRE LA COOPERATIVA DE VIVIENDA EN LOS PROYECTOS DE FEHCOVIL (CACV) Y CHV).

SI EL JEFE(A) (COMPARACION) O COMPAÑERA(O) (COMPARACION) PERTENECE AL PATRONATO, HAGA LAS PREGUNTAS 81 A 87 SOBRE EL PATRONATO. SI NINGUNO PERTENECE, PASE A LA PREGUNTA 88.

81. Desde cuando es miembro del patronato/cooperativa de vivienda?

Asociado (a) (FEHCOVIL): _____ años
 o jefe (a) (Comparacion) _____ años
 (meses si es menos de 1 año) (meses si es menos de 1 año)

82. Tiene sesiones de asamblea el patronato/cooperativa de vivienda?

si/no

SI RESPONDE QUE SI, HAGA LA PREGUNTA 83. SI RESPONDE QUE NO PASE A LA PREGUNTA 85.

83. Cada cuanto tiempo hay sesiones de asamblea del patronato/cooperativa de vivienda?

84. Va a las sesiones de asamblea del patronato/cooperativa de vivienda?

Asociado (a) (FEHCOVIL): _____
 o jefe (a) (Comparacion) con que frecuencia?

Companera (a): _____
 con que frecuencia?

- 1 - si, a la mayoria
- 2 - si, algunas veces
- 3 - no, nunca
- 4 - no han habido sesiones desde que ingreso a la organizacion
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

79. NIVEL DE PART.

- 1 - es socio unicamente
- 2 - es socio y participa en un conito
- 3 - es socio y directivo
- 4 - es socio, directivo y participa en un conito
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

80. DONDE

- 1 - en el barrio
- 2 - fuera del barrio
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

Foja 9
 No. de Cuestionario

--	--	--	--	--

ASOCIADO (A) (FEHCOVIL)
 O JEFE (A) (COMPARACION)

I.D.	77	78	79	80	81
	a	a	a		
	b	b	b		
	c	c	c		
	d	d	d		

COMPAÑERA (O)

I.D.	77	78	79	80	81
	a	a	a		
	b	b	b		
	c	c	c		
	d	d	d		

82. _____

83. _____

85. En el último año, ha recibido algún entrenamiento por medio del patronato/cooperativa de vivienda?

Asociado (a) (FEMCOVIL): _____ Compañero (a): _____
 o jefe (a) (Comparación) sí/no sí/no

SI RESPONDE SÍ, HAGA LA PREGUNTA 86. SI LA RESPUESTA ES NO, PASE A LA PREGUNTA 87.

(86)

Quien asistió?	(a) De que se trataba el curso/taller?	(b) Cuien impartió el curso/taller?	(c) Cuando? (fecha)
I.D. : Nombre :			
	a		
	b		
	c		
	d		
	e		
	b		
	c		

87. Que cree usted que piensan del patronato/cooperativa de vivienda la mayoría de los sucesos?

- a. Sobre como se toman las decisiones? _____
- b. Sobre como funciona la junta directiva? _____
- c. Sobre como se elige la junta directiva? _____
- d. Sobre la participación de los socios? _____

- 98-122 Y 121-122. AYUDA Y PRESTAMOS
- 1 - nadie, no buscaría ayuda
 - 2 - amigo
 - 3 - jefe o patrón
 - 4 - patronato
 - 5 - otra organización comunal
 - 6 - FEMCOVIL/CIF
 - 7 - organizaciones privadas de desarrollo excepto FEMCOVIL/CIF (i.e. I.M. ASEPADE, FAH etc.)
 - 8 - asociación de ahorro y crédito

LAS PREGUNTAS 88 AL 92 SE APLICAN UNICAMENTE A LOS CNPS Y LOS BARRIOS DE COMPARACION.

¿A quien o a quienes acudirían si:

Persona o institución

88. La familia tuviera problemas o preguntas sobre tenencia de su lote

89. Necesitaran un préstamo para mejorar su casa o su lote

90. Necesitaría asistencia sobre como construir una nueva casa o reparar o mejorar la casa que ya tienen

91. Si ustedes y algunos vecinos quisieran hacer algún proyecto comunal y necesitaran apoyo económico

92. Necesitaría un préstamo para empezar o ampliar un negocio

- 9 - cooperativa de ahorro y crédito
- 10 - prestamista
- 11 - un banco
- 12 - un profesional (abogado, ingeniero, albanil, etc.)
- 13 - distrito central
- 14 - institución gubernamental
- 15 - otro, especifique _____
- 77 - sin dato
- 88 - no sabe

ASOCIADO (A) (FEMCOVIL)
 O JEFE (A) (COMPARACION)

85.

86.

COMPAÑERO (A)

85.

86.

- 87a. _____
- 87b. _____
- 87c. _____
- 87d. _____
- 88. _____
- 89. _____
- 90. _____
- 91. _____
- 92. _____

SI LA ASOCIADA/JEFA O COMPAÑERA TIENE NIÑOS MENORES DE 5 AÑOS Y TRABAJO FUERA DEL HOGAR DURANTE EL ÚLTIMO AÑO, HAGA LA PREGUNTA 100. SI NO TIENE NIÑOS MENORES DE 5 AÑOS O NO TRABAJO FUERA DEL HOGAR PASE A LA PREGUNTA 101.

100. Generalmente quien cuida _____
 mencione los hijos menores de 5 años
 mientras usted está trabajando?

- 1 - el padre de los niños
- 2 - los hermanos(a) mayores
- 3 - una de las mujeres que viven en la casa
- 4 - otra mujer que no vive en la casa y viene a cuidarlos
- 5 - los lleva a la casa de un pariente o amigo
- 6 - los lleva a una guardería o kinder
- 7 - se cuidan solos
- 8 - otro, especifique _____
- 99 - no se aplica

Que entradas tuvo la familia el mes pasado?

101. Por salarios y sueldos (efectivo): Asoc.(a) Comp.(o) Otros miembros

a. _____ b. _____ c. _____

102. Ganancias provenientes de la venta de productos (agropecuarios, alimentos, artesanía, etc.), y ganancias por reventa de artículos y/o pulpería (verduras, frutas, etc.):

a. _____ b. _____ c. _____

103. Ganancia provenientes de pago por servicios prestados (lavado de ropa, reparaciones, costura, etc.):

a. _____ b. _____ c. _____

104. Renta por alquileres de casa o solares:

105. Renta por alquileres de cuartos:

106. Ayuda de familiares o particulares (que no viven en la casa):

107. Otros, especifique _____
 (intereses por dinero prestado o invertido, pensiones, etc.)

108. Como compararía Ud. el ingreso del mes pasado con otros meses del último año?

- 1 - más que en otros meses del año pasado
- 2 - menos que en otros meses del año pasado
- 3 - igual o casi igual en los otros meses
- 7 - sin dato
- 8 - no sabe

SI RESPONDE QUE ESTE NO FUE UN MES TIPICO HAGA LA PREGUNTA 109. SI ES UN MES TIPICO, PASE A LA SECCION 8.

109. Podría decirme más o menos cuanto dinero el mes le entra a la familia normalmente (durante el último año)?

_____ mes típico

SECCION 8. GASTO FAMILIAR

Me podría decir, Cuanto gastaron el mes pasado en:

(110)	(111)	(112)	(113)	(114)	(115)	(116)
Renta/cuota de la casa	terreno pago de cuota	Préstamos para mejoras de la vivienda	Agua (Total)	Elect.	Combust./ Alumbrado	En comida
_____	_____	_____	_____	_____	_____	_____

Cálculos: _____

- 100a. _____
- 100b. _____
- 101a. _____
- 101b. _____
- 101c. _____
- 101d. _____
- 101e. _____
- 101f. _____
- 101g. _____
- 101h. _____
- 101i. _____
- 101j. _____
- 101k. _____
- 101l. _____
- 101m. _____
- 101n. _____
- 101o. _____
- 101p. _____
- 101q. _____
- 101r. _____
- 101s. _____
- 101t. _____
- 101u. _____
- 101v. _____
- 101w. _____
- 101x. _____
- 101y. _____
- 101z. _____

SECCION 9. MEJORAS EN EL HOGAR

117. Durante el ultimo ano....Le han hecho algunas mejoras

LAS PREGUNTAS 118 A 122 SE APLICAN UNICAMENTE A LOS CVHS Y LOS BARRIOS DE COMPARACION.

a. A la casa? si/no b. Al tipo de servicio sanitario? si/no c. Al sistema de agua? si/no d. A su lote? si/no

SI RESPONDE SI, HAGA LAS PREGUNTAS 118-122. SI LA RESPUESTA ES NO, PASE A LA PREGUNTA 10.

(118)	(119)	(120)	(121)	(122)
Que mejoras han hecho? (ultime ano solamente)	Cuando? mes/ano	En total Cuanto le costo?	¿O alguien le prestano? si/no	Quien/quienes le dieron el prestano? Fuente 1 Fuente 2
a.				
b.				
c.				
d.				
e.				
f.				

120. CODIGO
1 - si, para toda
2 - si, para parte
3 - no
7 - sin dato
8 - no sabe
9 - no se aplica

0000

X

1a	1b	1c	1d	1e	1f
2a	2b	2c	2d	2e	2f
3a	3b	3c	3d	3e	3f
4a	4b	4c	4d	4e	4f
5a	5b	5c	5d	5e	5f
6a	6b	6c	6d	6e	6f

SECCION 10. ABASTECIMIENTO DE AGUA

EN LAS PREGUNTAS 123 a 132, SI LA RESPUESTA ES LLAVE O POZO, PREGUNTE SI ESTE ESTA UBICADO Y SI ES PROPIO O PUBLICO.

De donde sacan el agua para:	Durante el invierno	Durante el verano
Tomar?	123.	128.
Cocinar?	124.	129.
Lavar trastes?	125.	130.
Bañarse?	126.	131.
Lavar ropa?	127.	132.

123-132. CODIGO
1 - llave adentro de la casa
2 - llave en solar de la casa
3 - llave pública
4 - pozo con bomba pública
5 - pozo con bomba propia
6 - pozo sin bomba pública
7 - pozo sin bomba propia
8 - río o quebrada directamente
9 - vendedores ambulantes
10 - la compra a particulares (incluye vendedores ambulantes)
 (a) llave (b) pozo (c) otro, especifique _____
11 - agua de lluvia
12 - otro, especifique _____
77 - sin dato
88 - no sabe

- 123. ---
- 124. ---
- 125. ---
- 126. ---
- 127. ---
- 128. ---
- 129. ---
- 130. ---
- 131. ---
- 132. ---

SECCION II. LA VIVIENDA Y OBSERVACIONES

OBSEVE LO SIGUIENTE (PREGUNTA 133).

133. En que tipo de vivienda vive la familia?

- 1 - una cuarteria
- 2 - una casa independiente
- 3 - otro, especifique _____
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

HAGA LAS SIGUIENTES PREGUNTAS 134 - 139.

Cuales son los materiales de construcción de la vivienda?

Paradas (exteriores)	Techo (exterior)	Piso
134. _____	135. _____	136. _____
1 - desperdicios	1 - latón o desperdicios	1 - tierra
2 - madera rústica o vara	2 - palma, paja, manaca	2 - ladrillo de barro
3 - madera blanda (tablones)	3 - lamina negra de techón	3 - madera
4 - plywood	4 - lamina de zinc	4 - fundición
5 - panelit	5 - teja de barro	5 - mosaicos ladrillo de cemento
6 - madera machimbre	6 - lamina de cemento	7 - sin dato
7 - bajareque	7 - leza de cemento	8 - no sabe
8 - adobe	77 - sin dato	
9 - ladrillo	88 - no sabe	
10- bloque		
11- piedra		
77- sin dato		
88- no sabe		

137. Con que se alumbra en la noche?

- 1 - ocote
- 2 - candil o velas
- 3 - lampara de gas (quinque o kerosene)
- 4 - lampara o linterna con baterias
- 5 - electricidad
- 6 - otros _____
- 7 - sin dato
- 8 - no sabe

138. Con que cocina?

- 1 - leña, ocote
- 2 - carbón
- 3 - gas
- 4 - electricidad
- 5 - aserrín
- 7 - sin dato
- 8 - no sabe

EN LA PREGUNTA 139 INCLUYA LA UBICACION Y EL TIPO DE INSTALACION

139. Donde hace sus necesidades la familia?

- 1 - servicio lavable individual (inodoro, tasa campesina) - dentro de la vivienda
- 2 - servicio lavable individual (inodoro, tasa campesina) - fuera de la vivienda - dentro del lote
- 3 - servicio lavable colectivo - dentro de la vivienda
- 4 - servicio lavable colectivo - fuera de la vivienda - dentro del lote
- 5 - letrina individual
- 6 - letrina colectiva
- 7 - ninguna facilidad, no tiene (van al monte)
- 8 - en una nico
- 9 - otro, especifique _____
- 77 - sin dato
- 88 - no sabe
- 99 - no se aplica

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- 133. _____
- 134. _____
- 135. _____
- 136. _____
- 137. _____
- 138. _____
- 139. _____

PIDA PERMISO PARA VER LA CASA Y EL SOLAR. OBSERVE LO SIGUIENTE (PREGUNTAS 140 - 152). HAGA PREGUNTAS, SI ES NECESARIO.

140. Cuales son las condiciones de limpieza de la cocina? Observe especialmente lo siguientes

mesas; chineros; estantes; estufas; fogón; techo; paredes; piso

Conclusiones ___ 0 bien sucio ___ 1 regular ___ 2 bien limpio

141. Dónde está ubicada la cocina de la casa?

- 1 - separada de la casa (afuera)
- 2 - adentro de la casa pero separada (como cuarto)
- 3 - adentro de la casa con una división (cortina, biombos, cancelas, etc.)
- 4 - adentro de la casa sin ninguna división
- 7 - sin dato
- 8 - no sabe

EN LAS PREGUNTAS 142 Y 143 NO INCLUYA EL BAÑO, LA LETRINA O EL SERVICIO SANITARIO SI SON HABITACIONES SEPARADAS.

142. Cuantos cuartos (habitaciones) con paredes permanentes tiene la vivienda?

anote el número directamente

143. En total, cuantos cuartos (habitaciones) tiene la vivienda? (incluye paredes permanentes, cancelas, cortinas, biombos, etc.)

anote el número directamente

144. Cuales son las condiciones de limpieza de la letrina o inodoro? Observe especialmente lo siguientes

higiene de las paredes; higiene del techo; higiene del piso (agua, papel, heces, etc.); higiene de la taza o asiento

Conclusiones ___ 0 bien sucio ___ 1 regular ___ 2 bien limpio
___ 4 se usó para otras cosas

EN LA PREGUNTA 145 INCLUYA LA UBICACION Y EL TIPO DE INSTALACION.

145. Adonde se baña la familia?

- 1 - baño adentro de la casa
- 2 - baño o llave en el patio de la casa con piso o plataforma (con drenaje)
- 3 - baño o llave en el patio de la casa sin piso o plataforma (sin drenaje)
- 4 - río o quebrada
- 5 - otro, especifique _____
- 7 - sin dato
- 8 - no sabe

146. Tiene la casa algún espacio afuera (terreno, jardín, áreas enconventadas)? _____
si/no

SI HAY ALGUN ESPACIO AFUERA, PASE A LA PREGUNTA 147. SI NO HAY ALGUN ESPACIO AFUERA, PASE A LA PREGUNTA 148.

147. Observe especialmente lo siguientes

charcos de agua; basura tirada en el terreno; heces humanas o de animales; ubicación de los animales

Conclusiones ___ 0 bien sucio ___ 1 regular ___ 2 bien limpio

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140. ___

141. ___

142. ___

143. ___

144. ___

145. ___

146. ___

147. ___

