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PRELIMINARY ANALYSIS OF BASELINE/EVALUATION DATA  
FOR  
COVICOL  
A CENTRO SAN JUAN BOSCO  
HOUSING COOPERATIVE  
FUNDED BY THE COOPERATIVE HOUSING FOUNDATION (CHF)

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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 Centro San Juan Bosco (CSJB). A project that CSJB is developing with CHF assistance is the COVICOL housing cooperative located in Tela, on the northern coast of Honduras.

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 COVICOL 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 fieldwork, and prepare an analysis of the data gathered in the baseline survey.

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 of some of its projects to assess the impact of better shelter and community services on the beneficiaries.

## ACKNOWLEDGEMENTS

In addition to CHF and Centro San Juan Bosco 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 COVICOL 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.

Sofia Fonseca and Sandra Zepeda did an excellent job as interviewers and coders.

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.

Robert Love and Pauline McDonald Switzer, Peace Corps Volunteers working with Centro San Juan Bosco, carried out the water quality testing for the COVICOL data collection project. Each worked with care and precision.

SSECOMPUTO, a Honduran computer services company, modified the program for data entry, carried out data entry, data cleaning, and data processing. They also prepared the graphics used in this report.

Shirley Peoples of CHF Washington did a superb job of preparing the document for final production, including the integration of the text with the graphics.

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.

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## TABLE OF CONTENTS

	Page
I. THE COVICOL BASELINE DATA COLLECTION PROJECT .....	1
II. AN OVERVIEW OF THE EVALUATION PLAN .....	2
A. Types of Projects to be Evaluated .....	2
B. The Evaluation Design .....	2
C. The Survey Instruments .....	3
1. Cooperative Interview Guide .....	3
2. Family Questionnaire .....	4
III. METHODOLOGY FOR THE COVICOL BASELINE DATA COLLECTION PROJECT .....	7
A. Instrument Pretesting .....	7
B. Personnel .....	7
C. Interviewer Training .....	8
D. Anthropometric Equipment and Materials .....	8
E. Water Testing Equipment and Fieldwork Procedures .....	9
F. Data Collection/Fieldwork .....	9
G. Organization of the Fieldwork .....	10
H. Number of Interviews Completed .....	10
I. Preparing Data for Data Entry .....	11
J. Data Entry, Processing and Analysis of Data, and Reporting Results .....	12
K. Comparison of Data Analyzed with Other Studies .....	12
IV. SUMMARY OF THE COOPERATIVE INTERVIEW FOR COVICOL .....	14
A. Background .....	14
B. Organizational Structure of the Cooperative .....	16
C. Projects Completed, Underway, and Planned .....	16
D. Training .....	17
E. Opinions on How the Cooperative Functions .....	17
V. ANALYSIS OF DATA FROM THE FAMILY QUESTIONNAIRE FOR COVICOL .....	19
1. Socio-Demographic Data .....	19
2. Migration and Stability Measures .....	26
3. Current Satisfaction Levels, and Expectations for the Move .....	29
4. Participation in Organizations, and Opinions about the Cooperative .....	33
5. Health Status Indicators .....	39
6. Occupation and Employment Information .....	49

7.	Housing Related and Food Expenses .....	65
8.	Characteristics of the Current Home .....	67
9.	House Size and Levels of Crowding .....	73
10.	Water Sources and Quality of Drinking Water .....	80

ANNEX 1:	Cited References	
ANNEX 2:	Interview Guide: Cooperative Structure and Functions	
ANNEX 3:	Family Questionnaire	

## **I. THE COVICOL BASELINE DATA COLLECTION PROJECT**

This report provides a basic outline of the design and methodology used (Sections II and III) to collect baseline information for the COVICOL housing cooperative. The COVICOL 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 COVICOL.

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 COVICOL.

In addition to the baseline study of COVICOL, located in Tela, Honduras, CHF has also completed a baseline study of COVIDEPROL - a Self-Help Housing Cooperative in Tegucigalpa, Honduras. Results of the COVIDEPROL baseline study are presented in a separate document, which can be obtained from CHF in Washington, D.C.

## **II. AN OVERVIEW OF THE EVALUATION PLAN**

The overall objective of these longitudinal studies/evaluations is to document changes (both positive and negative) which occur on a community, family and individual basis in a number of CHF funded housing cooperatives.

### **A. Types of Projects 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 "build on your own lot" housing cooperatives. These cooperatives are legally established, formal associations of people with common bonds who work together to improve the member's living conditions using self-help principles.

The Centro San Juan Bosco is the TSO for the COVICOL "build on your own lot" housing cooperative. As a TSO, the Centro San Juan Bosco 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 new neighborhood. Cooperative members individually contracted to have core houses built on their respective lots. This neighborhood is now a legally recognized neighborhood in Tela, known as "Monte Fresco".

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.

As members of the COVICOL housing cooperative, members can apply for subsequent short-term loans from the TSO (the Centro San Juan Bosco, in the case of COVICOL) for home improvements to their house.

### **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 housing cooperatives. This study design does not include the use of "control groups", since selecting a valid and comparable "control group" for the families prior to the move into the cooperative 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 housing cooperative takes place. Since the number of families in any given housing cooperative 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 to also 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 housing cooperatives. 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 3-5 members of the elected board of directors of the cooperative.

The interviewer uses a semi-structured interview guide that includes questions on the history of the cooperative; organizational structure; membership; decision making; 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 housing cooperatives. 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 COVICOL project is included as Annex 3. Sections of the questionnaire which were not used in the COVICOL baseline are crossed out in Annex 3. Sections in the questionnaire which were not used in the COVICOL baseline analysis are generally designed either for use in follow-up surveys in housing cooperatives 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 housing cooperatives. 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 housing cooperatives.
- 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 housing cooperatives 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 housing cooperative 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 1). 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 housing cooperatives, and for use in making comparisons between housing cooperatives.
- 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 housing cooperatives, and for making comparisons between housing cooperatives.

- 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 housing cooperatives, 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 were also 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 housing cooperatives. 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 housing cooperatives before the move and analyzed for quality. Drinking water samples will also be taken after the move into housing cooperatives.

### **III. METHODOLOGY FOR THE COVICOL BASELINE DATA COLLECTION PROJECT**

#### **A. Instrument Pretesting**

As mentioned previously, the cooperative interview is carried out using a semi-structured interview guide. The purpose of each section and each question was reviewed by the fieldwork coordinator with both interviewers (one conducted the interview and the other recorded the responses). The fieldwork coordinator and the interviewers 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 prior to its use in collecting baseline data for the COVIDEPROL project in Tegucigalpa. A few minor changes were made in the survey before its use in COVICOL. Most of these changes were necessary to adapt the survey for use in Tela rather than Tegucigalpa. Several questions which did not work as well as expected in COVIDEPROL were modified prior to collecting data in COVICOL.

Most family interviews in the COVICOL data collection project 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 COVICOL 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, two interviewers, one trainer from the Ministry of Health, two Peace Corps Volunteers, and a Honduran computer services company which was contracted to carry out data entry, data processing and to prepare graphics.

The project coordinator was responsible for the design and overall coordination of the project, including supervision of all field staff. She was responsible for supervising data entry, data cleaning, data processing, and preparation of graphics. She was also responsible for analyzing the data and writing up the results of major findings.

The project coordinator and the fieldwork coordinator developed the cooperative interview guide, the family questionnaire and manual, and materials for use in training field workers.

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

The two interviewers were responsible for completing the family questionnaires and coding the responses. They were also responsible for carrying out the cooperative interview.

A Ministry of Health trainer conducted the anthropometric training of interviewers.

Two Peace Corps Volunteers, assigned to work with the Centro San Juan Bosco, carried out water quality testing from each of the households. One volunteer was a civil engineer and the other a registered nurse.

A Honduran computer services company was hired to enter all data from the family questionnaires, to clean the data, to process the data, and to prepare the graphics to be used in the report of major findings.

### **C. Interviewer Training**

The two interviewers hired to collect baseline data in COVICOL were among the four who worked in the COVIDEPROL baseline data collection project.

The interviewers for the COVIDEPROL project had received 4 days of training in managing the family survey; including a field practice day, and 6 days of training in taking anthropometric measurements (heights and weights) of children under 5 years of age.

In preparation for the COVICOL data collection they received a one day refresher course in managing the family questionnaire, and a one day refresher course in anthropometry. Both successfully completed standardization in heights and weights during this time period.

### **D. Anthropometric Equipment and Materials**

For weighing children under 5 years of age, interviewers used ITAC Scales (Model 800) 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 3).

#### **E. Water Testing Equipment and Fieldwork Procedures**

Individual water samples were taken from each household using "Whirl-pak bags" purchased from NASCO. These sterile plastic bags are designed for collecting household water samples, and have a pre-marked 4 ounce fill line.

All other water testing equipment and supplies 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.

During fieldwork, water samples were collected by interviewers after they completed each family survey. Samples were collected using Whirl-pak bags and kept in a special thermos designed to keep the samples chilled until they could be brought to the water testing site. All samples were run within 4 hours of collection, according to Millipore field procedures.

#### **F. Data Collection/Fieldwork**

The Cooperative Interview was completed by the two interviewers in October 1989, one asking questions and the other taking notes. Additional information was obtained by one of the interviewers during the last revisit to Tela in August 1989.

The first family surveys were completed in October 1988 and the last surveys were completed in August 1989. Data entry and processing was delayed until December 15, 1989, at which time the cooperative was able to provide their final list of members who were either living in COVICOL or would definitely be moving into COVICOL.

#### **G. Organization of the Fieldwork**

The fieldwork coordinator and the interviewers met with staff members of the Centro San Juan Bosco and the COVICOL Board of Directors in October 1988 in order to explain the survey, answer questions, and to begin organizing the fieldwork.

A list of cooperative members and their addresses was compiled by the interviewers with the treasurer of the cooperative. The treasurer accompanied the interviewers to various neighborhoods to help orient them to the city and to point out houses that might otherwise have been difficult to locate.

The fieldwork coordinator used the information collected to organize the fieldwork and assign cases to each interviewer.

Fieldwork was scheduled to be carried out during October 1988 since it was originally anticipated that members would be moving to COVICOL in January 1989. However, due to a number of delays (related to the installation of electricity and several other factors), only about 70 families out of 119 had actually moved to COVICOL by October 1989 (a year after fieldwork had started).

The cooperative membership continued to change throughout the year, making it necessary to keep in contact every month by telephone with the Centro San Juan Bosco and the COVICOL Board of Directors regarding changes in the membership. Several re-visits by one of the interviewers were carried out during the year so that interviews could be conducted with as many families as possible prior to their moving into COVICOL.

#### **H. Number of Interviews Completed**

There are a total of 119 houses which have been constructed in the COVICOL housing cooperative. As of December 15, 1989, there were a total of 106 families who had either moved to COVICOL or were definitely slated to move to COVICOL. The other 13 houses had been assigned to members, but the cooperative board of directors expected that these 13 members would be replaced by new members (either because they would drop out of the cooperative or would be found ineligible to remain in the cooperative by the board of directors).

Since the baseline study is to include data only from families who eventually move into the housing cooperative, it was decided not to include data on the 13 families who would most

likely not be moving to COVICOL. A total of 96 interviews are therefore included in the current baseline study. This represents 81% of the total number of members who will eventually live in COVICOL (119 members). It also represents 91% of those members who were either living in COVICOL or were scheduled to move into COVICOL as of December 15, 1989 (106 members).

A small number of surveys (9%) were not completed out of the 106 definite members, either because (1) the member was replaced by a new member who moved to COVICOL before we could conduct a revisit; (2) the member lived more than 3 hours (one-way) from Tela; or (3) the member refused to be interviewed.

Surveys have been completed for 12 out of the 13 members who were in doubt as of December 15, 1989. When follow-up studies of COVICOL are carried out in the future, any of these families who in fact remained in the cooperative could be included as part of the baseline group for comparisons to be made with follow-up data.

When we compare the list of 106 definite members compiled in December 15, 1989, with the initial list of members compiled in October 1988, we find that 25% of the original members had been replaced by other members. If the 13 members who are currently in doubt are in fact replaced by other members, then 33% of the membership as of October 1988 will have been replaced by new members prior to their moves to COVICOL.

Most (86%) of the 96 families who were interviewed lived in Tela, and were spread out over 22 different neighborhoods. The other 14% of families lived in one of 11 small villages or towns located outside of Tela. All but one of these families lived between 1/2 hour to 2 hours by car from Tela. One family was accessible only by car and then boat (1 hour total time one-way) from Tela.

#### **I. Preparing Data for Data Entry**

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

#### **J. Data Entry, Processing and Analysis of Data, and Reporting Results**

Data was entered into an IBM Personal Computer at the SSECOMPUTO office. 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.

SSECOMPUTO was responsible for data cleaning, processing and preparation of graphics. The project coordinator was responsible for the analysis of the data and writing up the results. SPSS PC+ was used to process 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 would usually want to include comparisons between some of our data and data collected in other studies which have been carried out in Honduras in recent years. The intention would be to help the reader interpret some of the data presented by being able to make comparisons with information from other sources.

The Work Force study (annex 1, reference 2) and the Ministry of Health's National Nutrition study (annex 1, reference 3) were used to compare with data that was collected in the COVIDEPROL baseline study. Unfortunately, the Work Force study is only carried out in the two largest cities in Honduras (Tegucigalpa and San Pedro Sula), and not in Tela.

The Nutrition study did include Tela in its national sampling, but data has not been tabulated exclusively for Tela. Comparisons with the Nutrition study's data for Health Region 6 (which includes Tela), are included for a number of items related to the health of children under 5 years in Part V, Section 5. Census data would 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 (annex 1, reference 4). Separate census data will eventually be tabulated for Tela. While we cannot make comparisons with census data (either nationally or for Tela) at the present time, we should be able to do so in subsequent follow-up studies of COVICOL.

#### IV. SUMMARY OF THE COOPERATIVE INTERVIEW FOR COVICOL

The following is a summary of interviews held with members of the board of directors of the COVICOL housing cooperative. The interview guide, which was used in October 1988, is included as Annex 2. The key informants were the treasurer of the cooperative, and one of the members of the vigilance board (who was also the ex-president of the cooperative).

Given the length of the fieldwork (see Part III, Section G), some additional questions were asked during the August 1989 revisit to COVICOL. The key informants for these questions were the former treasurer (one of the original key informants), and the current secretary of the cooperative.

Information in double brackets {{}} is additional information from other sources, added after the interviews were completed and written up.

##### A. Background

{{The Ines Cose Housing Cooperative (COVICOL) received its "Personeria Juridica" (legal recognition by the Government of Honduras) on April 1987. The acronym "COVICOL" stands for "La Cooperativa de Vivienda Ines Cose, Ltda."}}

The formation of the cooperative was initiated by Angel Velasquez, who was then the director of the housing program at the Centro San Juan Bosco in Tela, and several individuals who needed housing. One of the most active individuals in the creation of the housing cooperative was Ines Cose, a nurse at the local health center. The cooperative was named after her in recognition of her early efforts in the formation of the group.

There were 37 people at the first meeting of the cooperative held on July 4, 1986. They elected the first board of directors at this initial meeting. During this same month, FEHCOVIL (the Honduran Federation of Housing Cooperatives) met with them about the possibilities of their becoming a legally recognized cooperative and how to become eligible to receive housing loans as a federated housing cooperative. FEHCOVIL explained, for example, that the cooperative would not be eligible to receive loans from FEHCOVIL until the cooperative purchased its own land upon which to build houses.

The cooperative members did purchase a plot of land in Tela in September 1986. The board of directors of the cooperative decided to work with the Centro San Juan Bosco, rather

than FEHCOVIL, in trying to build houses for the members of the cooperative on the land which had been purchased.

There was a great deal of interest in the housing cooperative during its early stages, and there were meetings in which up to 200 people attended in order to learn more about it. The first families began moving into COVICOL in January 1989. Approximately 25 families were living in COVICOL as of April 1989; 50 as of August 1989; and 70 as of October 1989.

The water system relies on a well water which is pumped into a storage tank and then piped into each home. Septic tanks are used for sanitation. Both the water system and the septic tanks had been completed by the time the first families moved into COVICOL.

The electrical connections to each home, and also for public lighting, were completed in July 1989. Families who moved to COVICOL before this date relied primarily on gas or kerosene lamps for lighting their homes at night.

According to the key informants interviewed in October 1988, the following regulations governed the selection of new members of the cooperative:

1. Members cannot currently own a house.
2. Members must be of legal age.
3. Members must have funds to be able to pay an equal share for the land purchased, and to be able to pay the monthly quotas to the cooperative for the house.
4. Members cannot have any major outstanding debts.
5. Membership will not be denied on the basis of race, sex, religion, or political party affiliation.

According to the key informants, cooperative members pay a total monthly installment of L. 114.04 to the cooperative, which includes L. 99.04 for the house; L. 5.00 for water; and a compulsory L. 10.00 contribution to a personal savings account. {{The Lempira (L.) is the national currency of Honduras. The official rate of exchange is 2 Lempiras to 1 U.S. dollar.}} The mortgage, based on the market interest rate of 14%, is to be paid by the cooperative members over a period of 15 years.

According to the initial interview carried out in October 1988, the main functions of the housing cooperative, as described by the key informants, are to:

1. Provide housing to the membership.
2. Raise funds that are necessary to manage and operate the cooperative.

3. Provide an environment in which each member can benefit by being a member of an organized group.

**B. Organizational Structure of the Cooperative**

The cooperative structure consists of the elected board of directors (president, vice-president, secretary, treasurer, and vocal); the elected vigilance board (made up of 3 members); and the membership.

The board of directors and the vigilance board are elected by the membership. Elections are held every 2 years. The first election was held in July 1986, and the second election in July 1988. The board of directors elected in July 1988 was made up of 4 men (the president, vice-president, treasurer, and vocal) and 1 woman (the secretary). By the time of the August 1989 re-revisit, two members of the board that was elected in July 1988 had resigned (the treasurer and the vocal).

There were no working committees as the time of the first interview of the board of directors in October 1988. The key informants expected that committees would be formed in the future, including a water committee, a health committee, and a committee to deal with defaults on loans.

Assembly meetings are held twice each month, and occasionally there are additional meetings. Generally about 80 people attend these meetings. If a member cannot attend a meeting he can have another member represent her/him in any votes which take place if he sends a note in writing to the meeting.

**C. Projects Completed, Underway, and Planned**

The cooperative is considering carrying out the following projects:

1. Buying a brick-making machine to start a brick-making business. Bricks would be used to build walls to separate the yards from one another.
2. Opening a grocery store in the neighborhood which would be run through the cooperative.
3. Building a bridge so that access into the neighborhood would be improved.
4. Improving the streets (they are currently unpaved).

5. Building a wall around the neighborhood to avoid flooding in the neighborhood when rains are heavy. (There is a creek adjacent to the cooperative's land that tends to overflow in the rainy season.)
6. Building an office for the cooperative where payments could be made. The office would be staffed by an administrator and a secretary. The office would also have a conference room where meetings could be held.
7. Building a school in the neighborhood.

#### **D. Training**

At the time of the first interview in October 1988, neither the members nor the board of directors had received any training related to cooperatives. The current president has had experience as manager of a credit union, and has received some training on cooperatives through the credit union.

The key informants said that the board of directives need training in cooperativism and administration so that they could better lead and make improvements in the cooperative. The rest of the members need training in how a cooperative should function, and their responsibilities as members of a cooperative.

#### **E. Opinions on How the Cooperative Functions**

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. {{These questions were also asked in the family interviews - see Part V, Sections 4.6 to 4.10.}}

According to the key informants, the members rely too heavily on the board of directors to make their decisions for them. While many decisions are made in the assemblies, the members often try to rush the meetings, and are not as interested as they should be in decision-making.

The members do elect the board, however, the key informants felt that there was not enough interest in who was elected to the positions. Concern was expressed that well qualified members decline being nominated to the board of directors.

The key informants said that member participation was higher when the cooperative was just starting. Once the houses began to be built, participation by the members decreased.

The informants felt the future of the cooperative will be very good, in large part because there are many talented people who are members of the cooperative. They also felt that, while there are currently some problems, the cooperative will continue to improve with time.

## V. ANALYSIS OF DATA FROM THE FAMILY QUESTIONNAIRE FOR COVICOL

### 1. SOCIO-DEMOGRAPHIC DATA

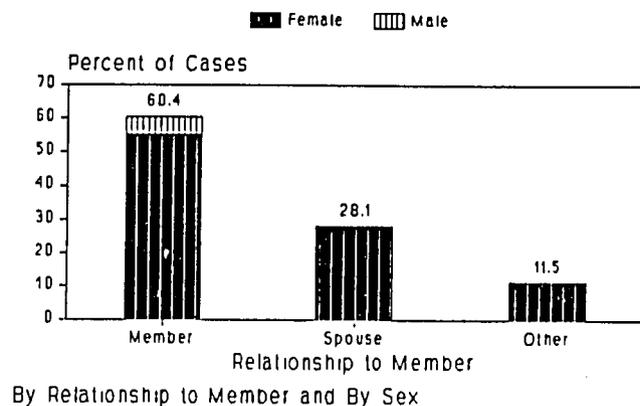
#### 1.1 Person Interviewed

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, 94.8% of the interviews were done with a female member of the household. In 60.4% of the families, the interview was done with the cooperative member; in 28.1% with the spouse of the cooperative member; and in 11.5% with another female member of the household.

Figure 1.1 COVICOL BASELINE  
Person Interviewed



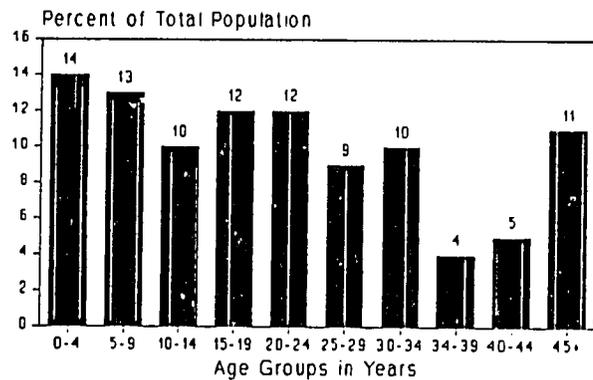
#### 1.2 TOTAL POPULATION BY AGE GROUPS

Figure 1.2 shows the breakdown of the project population by age groups.

The youngest members of the population are less than 1 year old; the oldest member is 84 years old. The average age of cooperative members is 34 years old (33 years is the mean

for male members, and 35 years is the mean for female members). The average age of spouses of cooperative members is 36 years old (the difference between male and female spouses is more striking than for members: 40 years is the mean for male spouses, and 31 years is the mean for female spouses).

Figure 1.2 COVICOL BASELINE  
Total Population by Age Groups

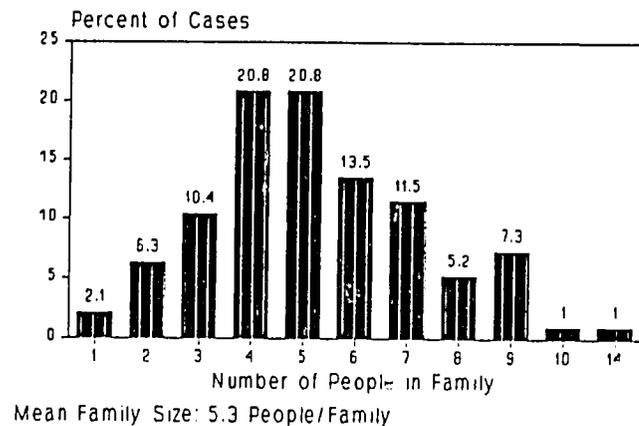


### 1.3 Family Size

Ninety-six families are included in the COVICOL baseline, and there were a total of 505 people in these families. The average family size is 5.3 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 4) shows an average family size of 5.3 for Tela (the average family size was also 5.3 in 1974, when the last national census was done in Honduras).

Figure 1.3 COVICOL BASELINE  
Family Size



There are a number of spouses who work either on foreign ships or who live and work in the United States for most of the year. This is actually quite a common occurrence in Tela, and on the northern coast of Honduras in general. We had to modify our original definition of a family member to accommodate this type of family unit.

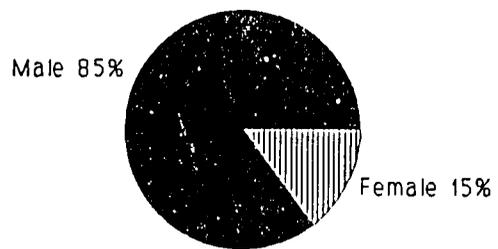
We did include these spouses who live and work outside Tela as family members since they do provide financial support to the family in Tela (usually on a regular monthly basis);

they do return to Tela and live in the household at some point each year (usually 3 to 4 months for those who work on foreign ships); and they are considered by other family members to be members of the household.

#### 1.4 Head of Household by Sex

As shown in Figure 1.4, over half of all households (85%) in the project group are currently headed by men.

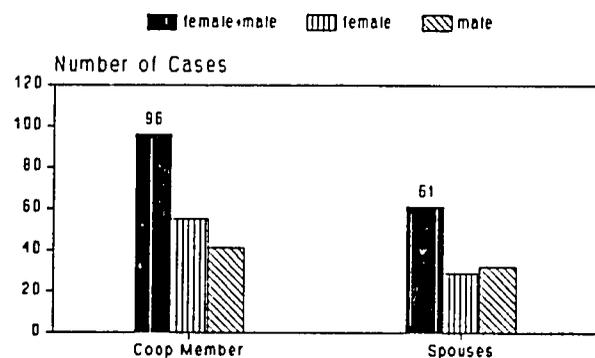
Figure 1.4 COVICOL BASELINE  
Head of Household by Sex



#### 1.5 Coop Members & Spouses By Sex

There are a total of 96 cooperative members and 61 spouses. Over half (57%) of cooperative members are women. The other 43% are men. About half of the spouses are male (52%) and the other half are female (48%). See Figure 1.5.

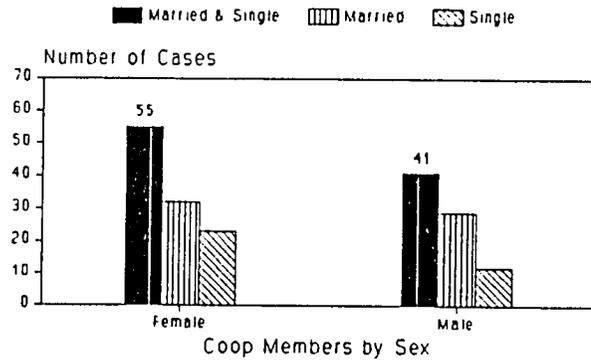
Figure 1.5 COVICOL BASELINE  
Coop Members & Spouses by Sex



### 1.6 Marital Status of Coop Members by Sex

This figure presents some of the same information as in Figure 1.5. Most (64%) cooperative members are married. Most (58%) female cooperative members are married, and the other 42% are single. The situation is reversed for male cooperative members: most (71%) are married, and the other 29% are single.

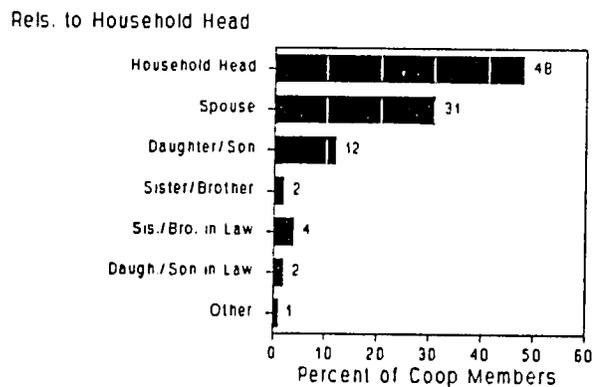
Figure 1.6 COVICOL BASELINE Marital Status of Coop Members



### 1.7 Position in Family-Coop Members

Slightly less than half (48%) of cooperative members are currently the head of household. Many (31%) are spouses of the head of household. Another 12% are either daughters or sons of the household head. See Figure 1.7.

Figure 1.7 COVICOL BASELINE Position in Family-Coop Members



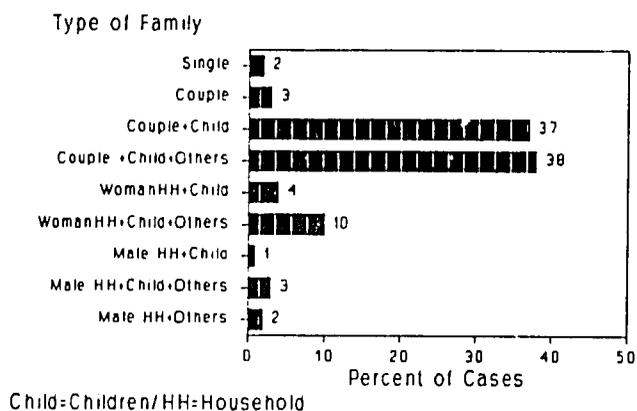
### 1.8 Family Composition

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 (5%) 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 extended nuclear family: a married couple either with

one or more children living with them, or one or more children plus other types of family members.

Married couples living either with children (nuclear) or with other people (extended) make up three-fourths (75%) 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 14%. 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 (6%) of the study group.

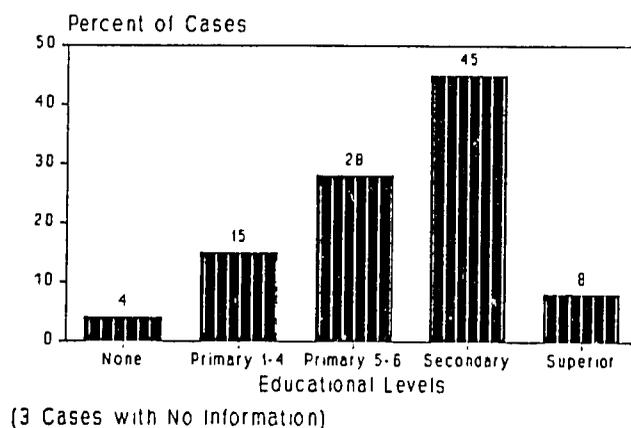
Figure 1.8 COVICOL BASELINE Family Composition



### 1.9 Education-Popn. 10+ Years of Age

Figure 1.9 shows the percentage of people who have completed various levels of education for all individuals 10 years of age or older. A high percentage (45%) of the population have completed some secondary school studies.

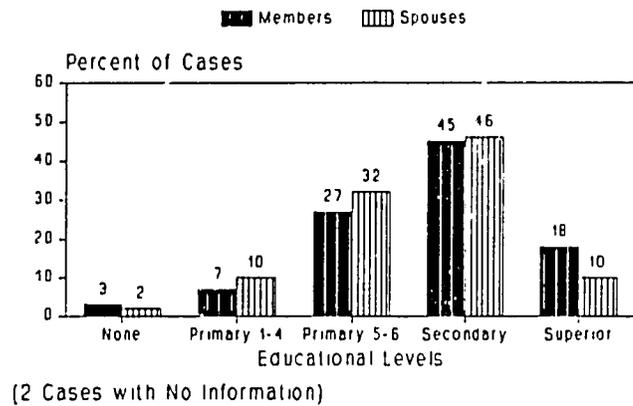
Figure 1.9 COVICOL BASELINE Education - Popn. 10+ Years of Age



### 1.10 Education-Coop Members & Spouses

Figure 1.10 shows the highest level of education achieved by cooperative members and spouses. Members have completed an average of 9.1 years of education (10.2 years for males; 8.3 years for females). Spouses have completed an average of 11.0 years of education (13 years for males; and 8.8 years for females).

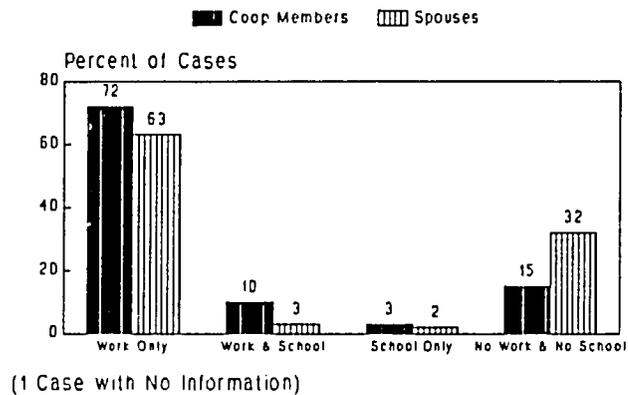
Figure 1.10 COVICOL BASELINE Education - Coop Members & Spouses



### 1.11 School & Working - Members & Spouses

Based on information from the previous month (the month prior to the interview), most members (72%) and spouses (63%) are currently working and not attending school. Ten percent (10%) of members and 3% of spouses are working and also attending school. Three percent (3%) of cooperative members and 2% of spouses are currently attending school and not working. Fifteen percent (15%) of cooperative members and 32% of spouses were neither working nor in school during the previous month. See Figure 1.11.

Figure 1.11 COVICOL BASELINE School & Working - Members & Spouses



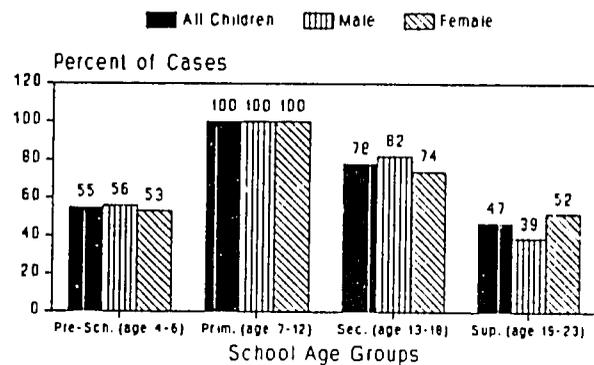
### 1.12 In School By Age and By Sex

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.

Slightly more than half (55%) of pre-school aged children are currently attending school. Fifty-three percent (53%) of all pre-school aged girls and 56% 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 (78%) of all secondary school age young adults are currently in secondary school. As in the pre-school age group, boys are more likely to be in secondary school (82%) than girls (74%). Slightly less than half (47%) of those of university age are currently in school. At the university level, young women are more likely to be in school (52%) than young men (39%).

Figure 1.12 COVICOL BASELINE  
In School by Age and by Sex



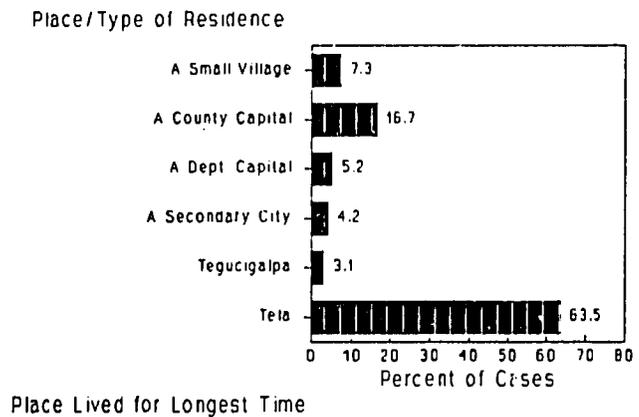
## 2. MIGRATION AND STABILITY MEASURES

### 2.1 Principal Residence-Coop Members

Interviewees were asked where the cooperative member has lived most of his/her life. Most (63.5%) cooperative members have lived over half their lives in Tela.

Only a few (7.3%) members have lived most of their lives in small villages. The rest have come from a county capital (16.7%); a department (state) capital (5.2%); a secondary city (4.2) other than Tela; or from Tegucigalpa (3.1%), the capital of Honduras. See Figure 2.1.

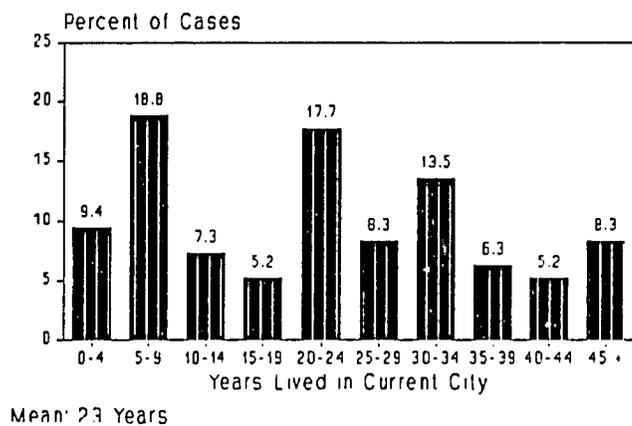
Figure 2.1 COVICOL BASELINE  
Principal Residence-Coop Members



### 2.2 TIME IN CURRENT CITY-COOP MEMBERS

Most cooperative members have lived in Tela for a relatively long time - an average of 23 years. See Figure 2.2.

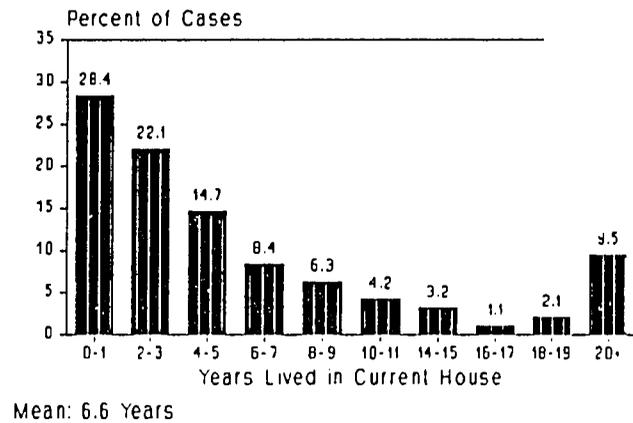
Figure 2.2 COVICOL BASELINE  
Time in Current City - Coop Members



### 2.3 Time in Current House-Coop Members

The average length of time in the current home is 6.6 years. More than half (65.2%) of members moved into their current residences within the past five years. See Figure 2.3.

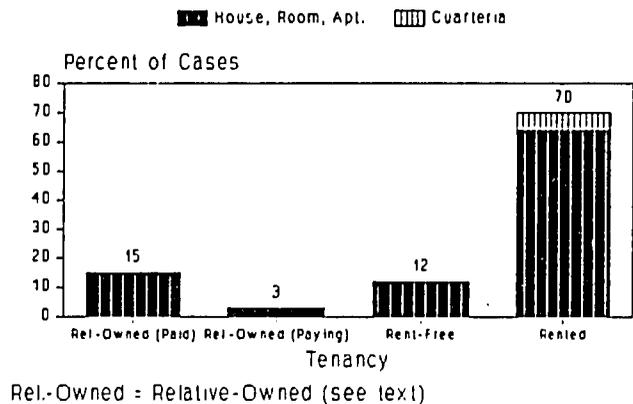
Figure 2.3 COVICOL BASELINE  
Time in Current House-Coop Members



### 2.4 Tenancy Status-Household

As seen in Figure 2.4, most families interviewed (70%) are currently renting their homes. 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.

Figure 2.4 COVICOL BASELINE  
Tenancy Status - Household



A small percentage (12%) 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.

Eighteen percent (18%) of cooperative members are living in homes that are categorized as "relative-owned" since someone in the household (most frequently a relative of the cooperative member) is the home owner. In 13%, the current home owner is a relative of the cooperative member and lives in the same household as the cooperative member.

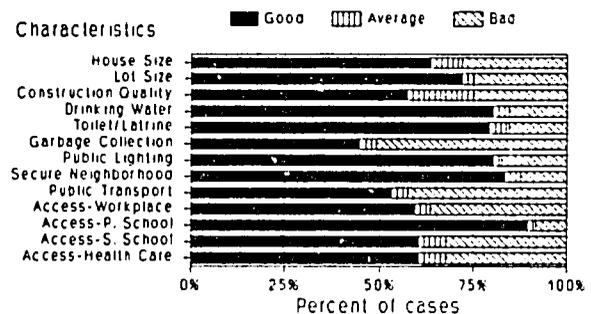
In the other 5%, either the cooperative member or the spouse is the home owner, however these cases tend to be unusual. In some cases, the spouse is the home owner, but will not be moving to the house in COVICOL. In other cases, the children of the member or spouse will be moving to the new house in COVICOL in order to attend school. Since they are not yet old enough to be cooperative members (according to the regulations of the cooperative), one of their parents is listed as the member. The parents will not be moving to the new home in these cases.

### 3. CURRENT SATISFACTION LEVELS AND EXPECTATIONS FOR THE MOVE

#### 3.1 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 the size of their current house (63.5%); the size of their current lot (71.9%); the quality of construction of their home (57.3%); the availability of drinking water (80.2%); type of sanitary facility (toilet or latrine)(79.2%); public lighting (80.2%); security in the neighborhood (83.3%); access to public transportation (53.1%); access of the cooperative member to the work place (59.4%); access to primary schools (89.6%); access to secondary schools (60.4%); and access to health services (60.4%).

Figure 3.1 COVICOL BASELINE Opinions-Current Home & Community

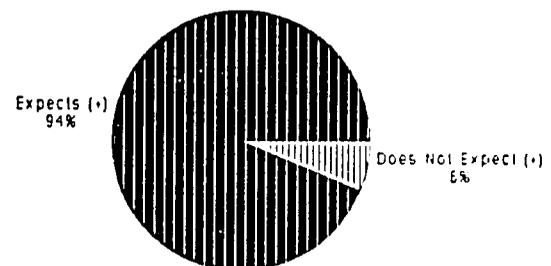


Interviewees were less satisfied with garbage collection services (44.8%), however, this was the only item in which the majority did not rate their current home or community as "good."

#### 3.2 Positive Expectations

Nearly all interviewees (94%) felt that there were things that would be better in the new house/community. See Figure 3.2.

Figure 3.2 COVICOL BASELINE Positive Expectations



(+) = Positive Changes

### 3.3 Positive Changes Expected

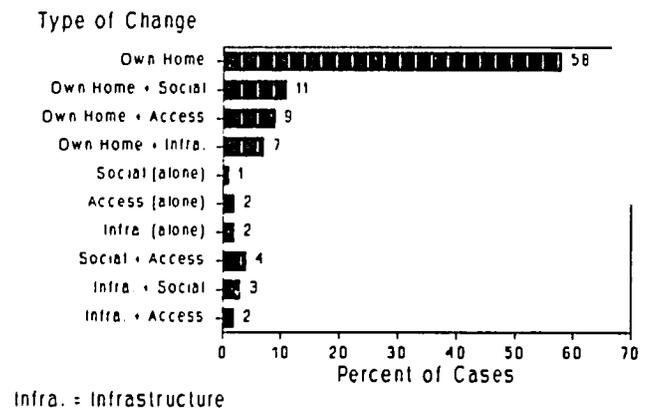
The responses given were coded and analyzed using certain broad categories. These categories are listed in Figure 3.3. "Own home" includes responses such as owning one's home; not having to pay rent any longer; being able to make home improvements of one's choice; and being able to start a home business. "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; having a better environment for their children; living in a less dangerous neighborhood; and living in a cooperative.

"Infrastructure" includes not having to share bathroom, bathing, and/or washing facilities with other families; and having better public services such as water or garbage collection services. "Access" includes having better access to schools, the work place, or health services.

The overwhelming majority (85%) felt that home ownership, either alone or with other factors, was the most positive change they were looking forward to in the new neighborhood. Home ownership alone was the most frequent response (58%). Home ownership was also coupled with social factors (11%), with access (9%); and with infrastructure (7%).

The remaining responses mentioned were social factors alone (1%); access alone (2%); infrastructure alone (2%); social factors and access (4%); infrastructure and social factors (3%) and infrastructure and access (2%).

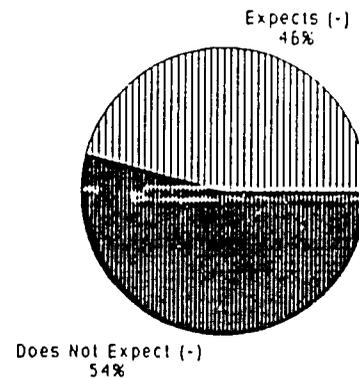
Figure 3.3 COVICOL BASELINE  
Positive Changes Expected



### 3.4 Negative Expectations

Nearly half (46%) 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 COVICOL BASELINE  
Negative Expectations



(-) : Negative Changes

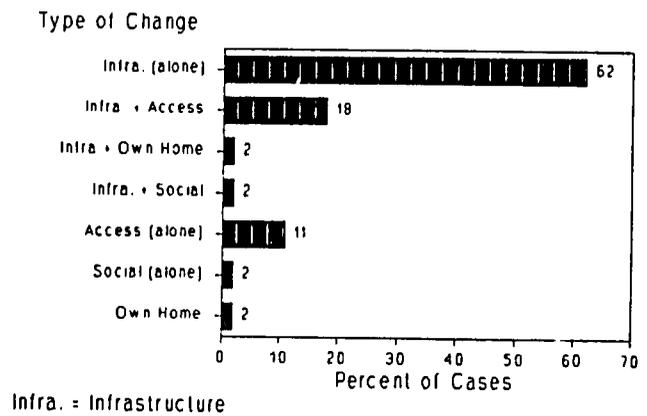
### 3.5 Negative Changes Expected

The same basic categories were used in this question as for positive changes expected (Section 3.3 above). "Infrastructure" includes responses such as having inferior public services; not having paved streets in the new community; and having problems with flooding in the rainy season. "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. "Own home" includes responses such as having to pay more each month; and having to give up a family business until an addition can be built in the new house.

Of those who said they expected some things to be worse, most (84%) felt that infrastructure, either alone or with other factors, was likely to be the most negative change that would occur. Sixty-two percent (62%) mentioned infrastructure concerns alone. Infrastructure was also combined with access (18%); with home ownership (2%); and social factors (2%).

The remaining responses mentioned were access alone (11%); social factors alone (2%); and factors related to home ownership alone (2%). See Figure 3.5.

Figure 3.5 COVICOL BASELINE  
Negative Changes Expected

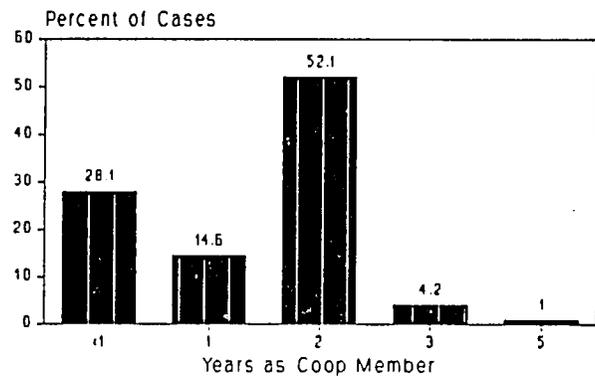


#### 4. PARTICIPATION IN ORGANIZATIONS, AND OPINIONS ABOUT THE COOPERATIVE

##### 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, 60% of those interviewed were members; 28.1% were spouses of members; and 11.5% 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.

Figure 4.1 COVICOL BASELINE Membership Time - Coop Members



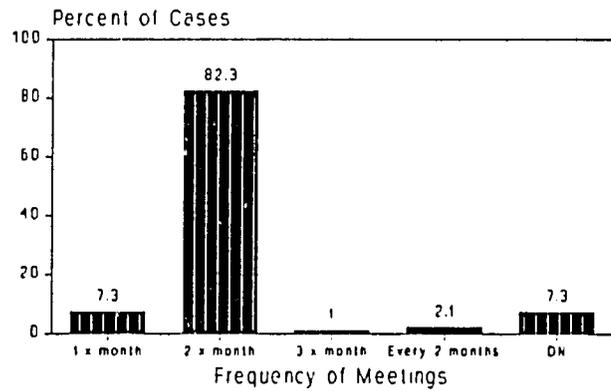
As shown in Figure 4.1, 28.1% of respondents said the member had been affiliated with the cooperative for less than one year; 14.6% for 1 year; 52.1% for 2 years; 4.2% for 3 years; and 1% for 5 years. Since the cooperative was first organized in July 1986 and fieldwork took place between October 1988 and August 1989, 5 years is not a correct response.

Many of the members who had been affiliated with the cooperative for less than one year joined the cooperative during the time of the fieldwork for this study. These members 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.

#### 4.2 Frequency of Meetings

Most (82.3%) of the interviewees knew that cooperative meetings are held twice each month. Another 7.3% did not know how often meetings are held. The other 10.4% 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 4.2 COVICOL BASELINE  
Frequency of Meetings

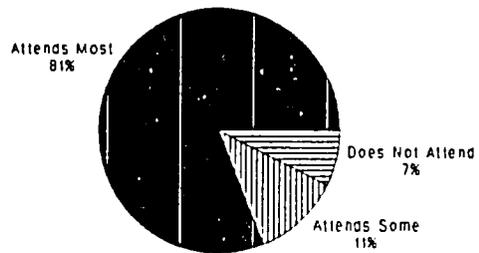


DN = Don't Know

#### 4.3 Meeting Attendance-Coop Members

Most (81%) interviewees said that coop members attend most meetings held by the cooperative. Another 11% said that members attend some, but not all meetings. The remaining 7% said that members do not attend meetings. See Figure 4.3.

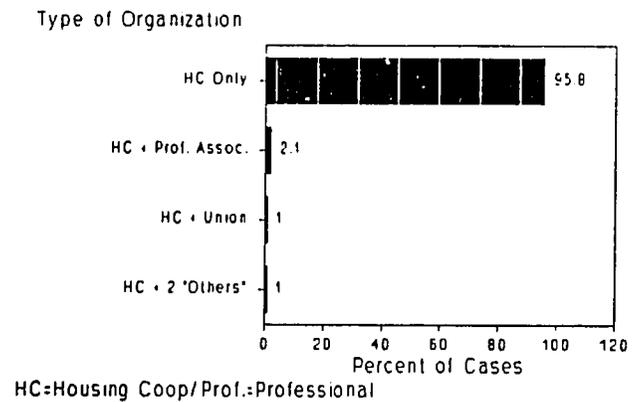
Figure 4.3 COVICOL BASELINE  
Meeting Attendance-Coop Members



#### 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. Nearly all (95.8%) of cooperative members belong only to the housing cooperative. Of the remaining 4.1%, 2.1% belong the housing cooperative and a union; 1% to the housing cooperative and a professional association; and 1% to the housing cooperative and two other organizations. See Figure 4.4.

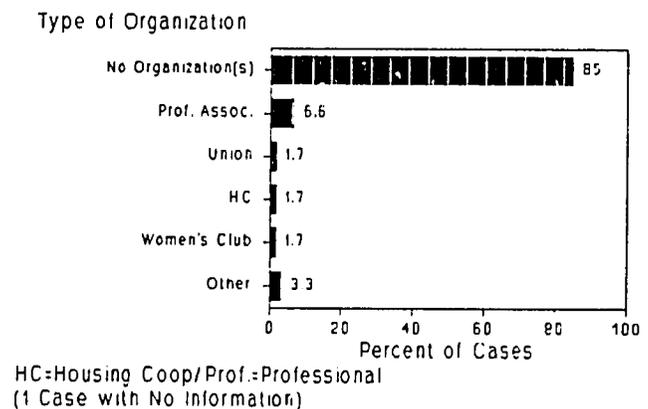
Figure 4.4 COVICOL BASELINE Membership in Organizations-Coop Members



#### 4.5 Membership In Organizations-Spouses

Interviewees were also asked about participation of spouses in organizations both inside and outside the community. Eighty-five percent (85%) of spouses do not belong to any community organizations. Of the other 15%, 6.6% belong to a professional organization; 1.7% to a union; 1.7% to women's clubs; 1.7% consider themselves members of the housing cooperative; and 3.3% belong to other types of organizations. See Figure 4.5.

Figure 4.5 COVICOL 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, or gave an answer that was very imprecise and could not later be classified as "good," "average," or "bad." 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.

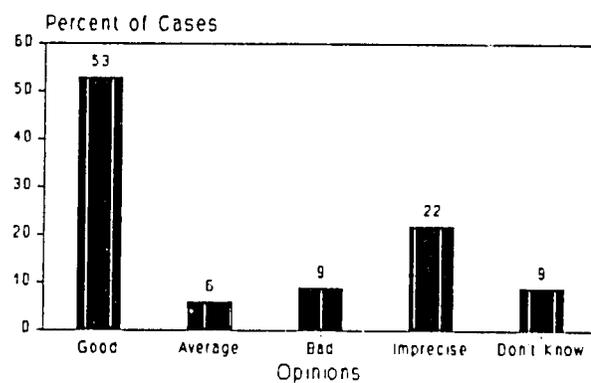
These four questions were among the few open-ended questions in the survey. Interviewees were asked to write down exactly what the interviewees said in their responses. Codes were later developed for the actual responses. Broad categories of "good", "average", and "bad" are used in the graphics, and 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. The responses are shown in Figure 4.7. Slightly over half (53%) 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 6% 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 the board makes some decisions rather than the members. These opinions were usually qualified as being neither good nor bad by the interviewees themselves.

Figure 4.7 COVICOL BASELINE  
Opinions-How Decisions are Made



Very few (9%) 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 (31%) of interviewees said they didn't know or didn't have a clear response about how decisions are made in the cooperative.

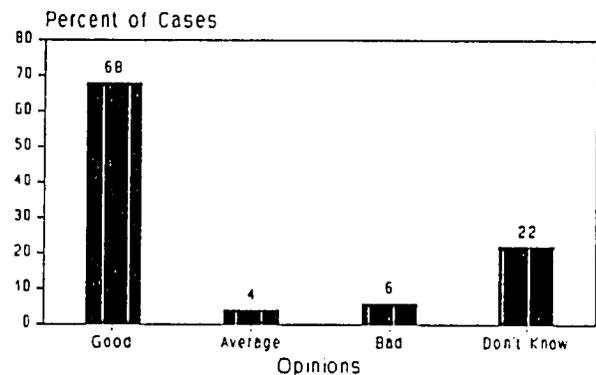
#### 4.8 Opinions-How Directors Function

Interviewees were asked about opinions on how the board of directors of the housing cooperative functions. The responses are given in Figure 4.8. Over half (68%) 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.

Only 4% 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 (6%) 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 (22%) 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 too new to the cooperative to offer an opinion.

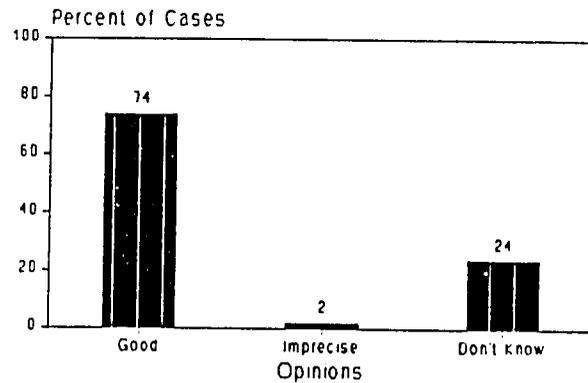
Figure 4.8 COVICOL BASELINE Opinions-How Directors Function



#### 4.9 Opinions-How Directors Are Elected

When asked about how the board of directors are elected, most (74%) 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. The other 26% said they didn't know or gave an imprecise response about the directors are elected. See Figure 4.9.

Figure 4.9 COVICOL BASELINE Opinions-How Directors are Elected

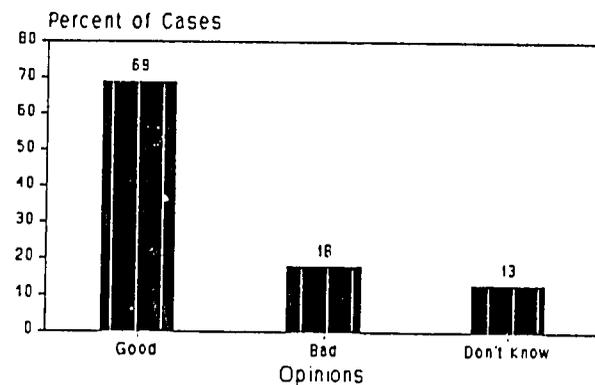


#### 4.10 Opinions-Participation of Members

Interviewees were asked about the level of participation of the members in the housing cooperative. As seen in Figure 4.10, more than half (69%) gave responses categorized as "good", including most people participate; everyone participates; and that there is a lot of participation.

Eighteen percent (18%) 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 they could not give an opinion about levels of member participation.

Figure 4.10 COVICOL BASELINE Opinions-Participation of Members

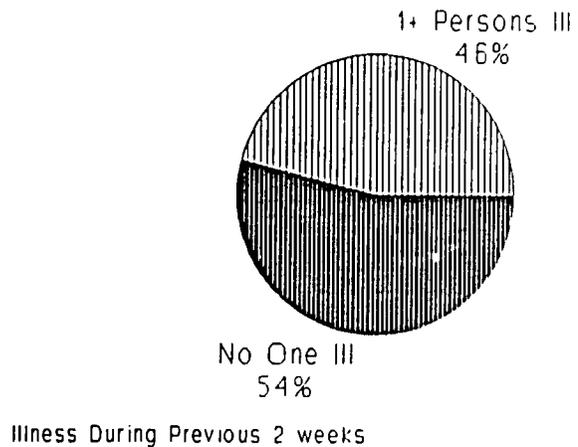


**5. HEALTH STATUS INDICATORS**

**5.1 Families with at Least 1 Person Ill**

As seen in Figure 5.1, 46% 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.

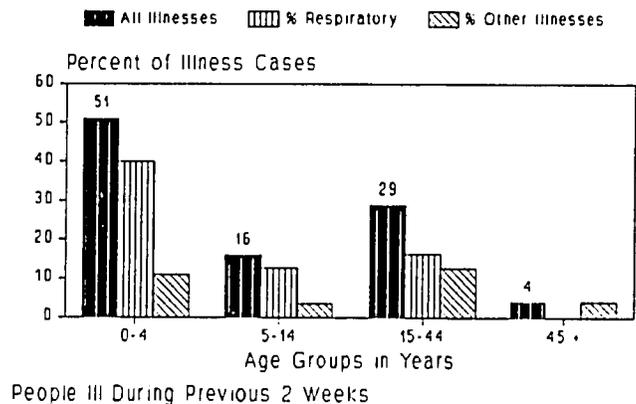
Figure 5.1 COVICOL BASELINE Families With At Least 1 Person Ill



**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 14% of the total COVICOL population (Figure 1.2), they experienced 51% of all the illnesses reported. Those 5-14 years of age represent 23% of the total population, and 16% of all illnesses were reported in this age group. Those 15-44 years of age represent 52% of the total population, and experienced 29% of all illnesses. Those 45 years and older represent 11% of the total population, and experienced 4% of the illnesses reported.

Figure 5.2 COVICOL BASELINE Burden of Illness-By Age Groups

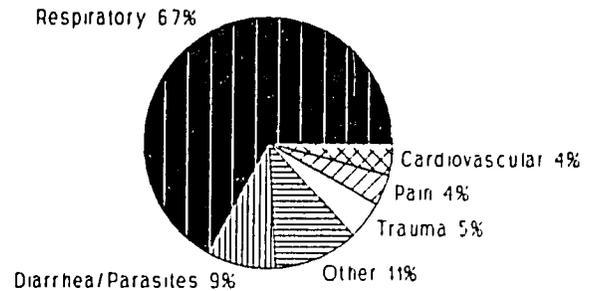


Respiratory problems accounted for at least half of all illnesses in all but those in the over 45 age group. Respiratory problems accounted for 78% of all illnesses reported in the 0-4 age group; 79% in the 5-14 age group; and 57% in the 15-44 age group.

### 5.3 Illnesses by Categories - All Ages

Figure 5.3 presents more detailed information about the types of illnesses reported during the two weeks prior to the interview. Acute respiratory infections and respiratory problems accounted for 67% of all illnesses; diarrhea or parasitic infections for 9%; trauma (such as broken bones) for 5%; pain (such as headaches) for 4%; cardiovascular (such as high blood pressure) for 4%; and other illnesses (including kidney infections, dengue, and allergies) for 11% of all illnesses.

Figure 5.3 COVICOL BASELINE Illnesses by Categories-All Ages



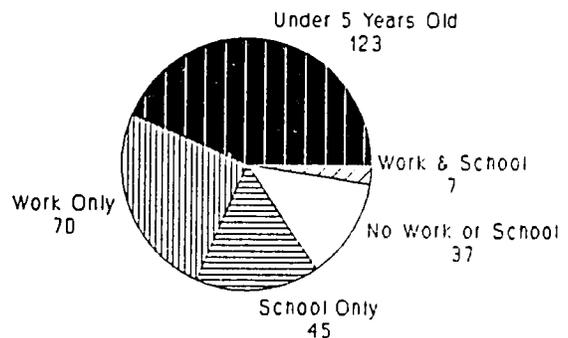
People Ill During Previous 2 Weeks

### 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 282 illness days. Of these, 123 days (44%) were of children less than 5 years old. There were a total of 70 days (25%) "lost" by people who currently work and are not in school; 45 days (16%) by people who are currently in school only; 7 days (2%) by people who are in school and working; and 37 days (13%) by people who are not in school and not working. See Figure 5.4.

Figure 5.4 COVICOL BASELINE Days "Lost" Due to Illness-by Type



282 Total Days Ill

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 children under 5 years of age. 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 diarrhea, 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.

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 K, a number of comparisons will be made between data we collected, and data from the Nutrition study (annex 1, reference 3) carried out by the Ministry of Health of Honduras in 1987. Data from COVICOL will be compared with Nutrition data from Health Region 6, since Tela is a part of this health region.

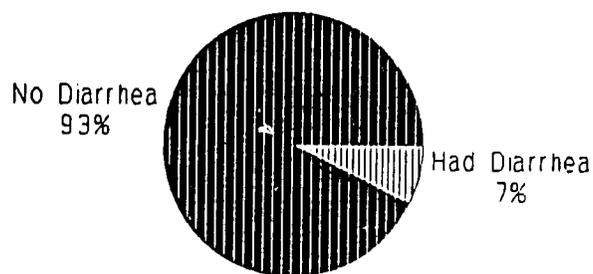
Two children under 5 years of age were not present in the house during the time of the interview. Data is not included for these 2 children in the rest of this Section (Section 5), and they were not included in the total number of children used as denominators in data processing for the rest of this Section.

### 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 COVICOL project in improving both water and sanitation after the move, a measure of prevalence of diarrheal diseases was included.

Seven percent (7%) of children under 5 had diarrhea during the previous two weeks. This is a very low percentage as compared with data from the Nutrition study (annex 1, reference 3). Data from Health Region 6 (which includes Tela) shows a prevalence rate of 28.3% for children under 5 during the two weeks prior to the interview. See Figure 5.6.

Figure 5.6 COVICOL BASELINE  
Diarrhea in Children Under 5



Previous 2 Weeks (2 Cases Excl.)

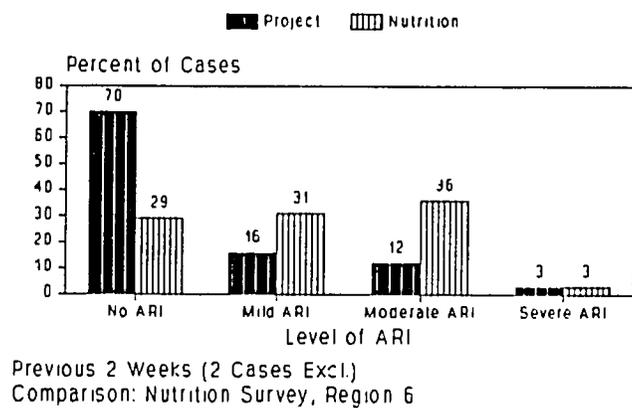
### 5.7 ARI in Children Under 5

As discussed in Sections 5.2 and 5.3 above, respiratory problems account for the largest percentage of illnesses of all ages in the COVICOL 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 3). 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.

Figure 5.7 COVICOL BASELINE ARI in Children Under 5



As seen in Figure 5.7, most (70%) of the COVICOL children did not have ARI during the previous 2 weeks. Of those who did have ARI, 16% had mild ARI; 12% had moderate ARI; and 3% had severe ARI.

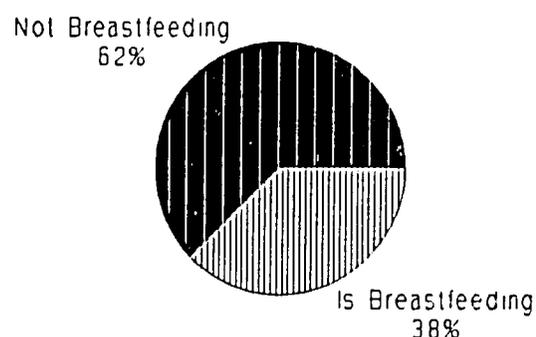
Data from the Nutrition study (Health Region 6), shows that only 29% of children did not ARI during the previous 2 weeks. Of those who did have ARI, 31% had mild ARI; 36% had moderate ARI; and 3% had severe ARI.

## 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 3) were asked a series of questions about breast-feeding of children under 2 years of age. They found that, in Health Region 6, 61% of children under 2 were currently being breast-fed. As seen in Figure 5.8, only 38% of children under 1 in the COVICOL group are currently being breast-fed.

Figure 5.8 COVICOL BASELINE  
Breast-feeding- Children Under 1



### 5.9 Immunizations - Children Under 5

Interviewees were asked to show vaccination cards for each child in the house under 5 years of age. Seventy-two percent of interviewees were able to present vaccination cards, as compared with 80% of interviewees in Health Region 6 of the Nutrition study (annex 1, reference 3).

For those who were able to present vaccination cards, 100% of children under 5 have received adequate vaccinations for polio; D.P.T. (diphtheria, pertussis, and tetanus); measles and tuberculosis. This compares to 89% for polio; 87% for D.P.T.; 94% for measles; and 85% for tuberculosis in the Nutrition study (Health Region 6) 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 3) 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 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.

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 COVICOL data can be seen more clearly.

There were a total of 71 children under 5 years of age in the COVICOL project. As mentioned in Section 5.2, children under 5 represent 14% of the total population in the COVICOL group. Two of the children could not be measured during the time of the

interview because they were not at home (even during repeat visits). In one case, 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 COVICOL data presented in Sections 5.11 - 5.12 is therefore based on data from 68 children under 5.

TABLE 5.10  
 INTERPRETATION OF Z SCORES  
 FOR ANTHROPOMETRIC MEASUREMENTS

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

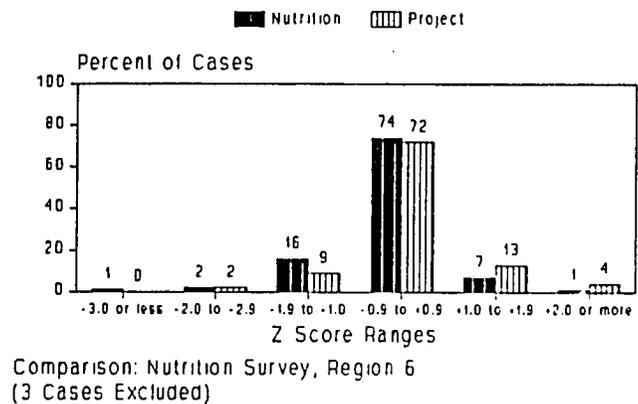
### 5.11 Weight for Height - Z Scores

As seen in Figure 5.11, most children (74%) in the Nutrition study, Health Region 6 (annex 1, reference 3) and the COVICOL group (72%) have normal measures (no malnutrition or obesity). More children in the Nutrition group fall into the categories of "moderate;" "high-risk;" and "severe" malnutrition (a total of 19%) than in the COVICOL group (a total of 11%).

More children in the COVICOL group were in the categories of "mild-risk" or "high-risk" for obesity (a total of 17%) as compared with the Nutrition group (a total of 8%).

When the correction factor was applied in the Nutrition survey, it was found that 2.5% of children suffered from malnutrition, using the weight for height measure, in Health Region 6. When the correction factor is applied to our group, there are no cases of malnutrition, using the weight for height measure.

Figure 5.11 COVICOL BASELINE Weight for Height - Z Scores

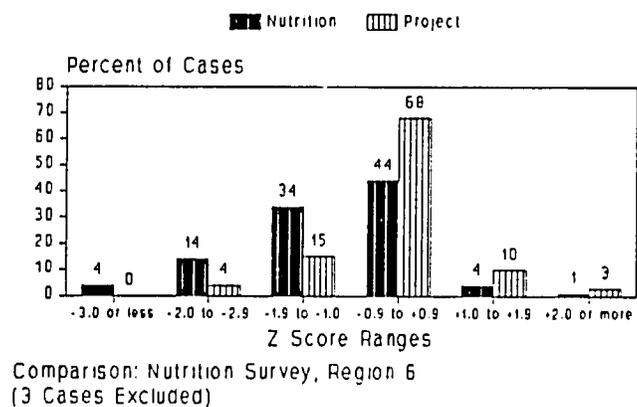


### 5.12 Weight for Age - Z Scores

Fewer children both in the Nutrition study (annex 1, reference 3) and the COVICOL group had normal measures of weight for age as compared with weight for height. Sixty-eight percent (68%) of children in the COVICOL group had normal weight for age; while only 44% of children in the Nutrition study fell into this category. See Figure 5.12.

More children in the Nutrition survey are in the categories of "moderate;" "high-risk;" and "severe" malnutrition (a total of 52%) as compared with both their weight for height

Figure 5.12 COVICOL BASELINE Weight for Age - Z Scores



measures (a total of 19%) and the COVICOL group. Fewer children in the COVICOL group fall into one of these three categories (a total of 19%). However, this is a higher total than the 11% who were deficient in weight for height.

When the correction factor was applied in the Nutrition survey, it was found that 35.4% of children have a deficit in their weight for age in Health Region 6. When the correction factor is applied to our group, 3.3% of the children have a deficit in their weight for age.

### 5.13 Height for Age - Z Scores

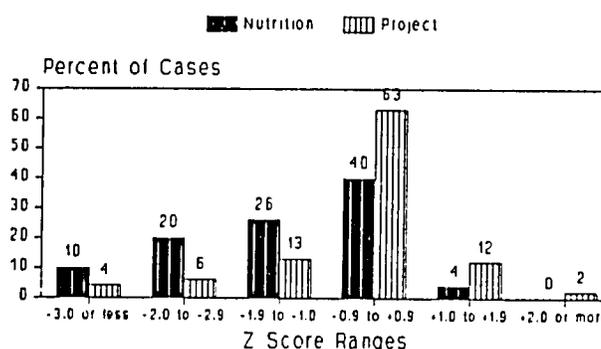
When we compare the data from the Nutrition study (annex 1, reference 3) and the COVICOL group on measures of height for age, see Figure 5.13, we can see that the trends in the data are similar to those for weight for age. There are more children in the COVICOL group (63%) who have normal height for their age as compared with the Nutrition group (40%).

There are more children in the Nutrition group who are in the categories of "moderate," "high-risk;" and "severe" malnutrition (a total of 56%) as compared with the COVICOL group (a total of 23%).

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 40% of children have a deficit in height for age. When the correction factor was applied to the COVICOL group, 7.7% of the children were found to have a deficit in height for their age.

Figure 5.13 COVICOL BASELINE Height for Age - Z Scores



Comparison: Nutrition Survey, Region 6 (3 Cases Excluded)

## 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 and 6.5 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).

As mentioned in Section 1.3, there are a significant number of spouses who work either on foreign ships or who live and work in the United States for most of the year. Many families in Tela, including some families in the COVICOL baseline study, depend, at least in part, on money which is sent back from the United States.

As mentioned in Section 1.3, we had to modify our definition of a family member to accommodate this type of family unit. We did include spouses who live and work outside Tela as family members since they do provide financial support to the family in Tela (usually on a regular monthly basis); they do return to Tela and live in the household at some point each year (usually 3 to 4 months for those who work on foreign ships); and they are considered members of the household by other family members.

There are families in which the cooperative member did not work during the previous year (see Section 6.3). In some of these cases the spouses of the members work. In other cases, the person identified as the member is either the son or daughter of the head of household and is still being supported by the parents while he/she is in school. There are also cases in which the family relies on income transfers from someone outside the family, often children who work in the United States.

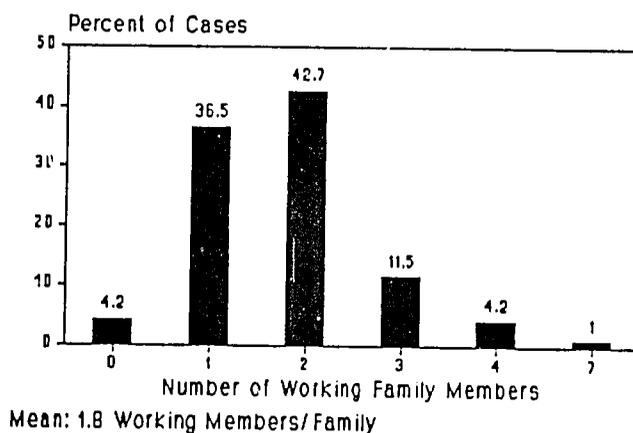
### 6.1 Work Force

Interviewees were asked whether or not each person in the family over 10 years of age worked during the month prior to the interview. Most (79.2%) of the COVICOL group have either one or two people in the family working. Another 11.5% have 3 members working; 4.2% have 4 members working; and 1% have 7 members in the family who work. In a small

percent (4.2%) of families, no one in the family worked during the previous month. Two of these cases rely on money received regularly from people outside the family unit (income transfers). In the other two cases, the person who normally works in the household did not work in the previous month.

Even though the largest family in COVICOL has 14 members (Figure 1.3), seven is the highest number of working members in any family. The overall average number of family members who worked in the previous month was 1.8 members per family. See Figure 6.1.

Figure 6.1 COVICOL BASELINE Work Force

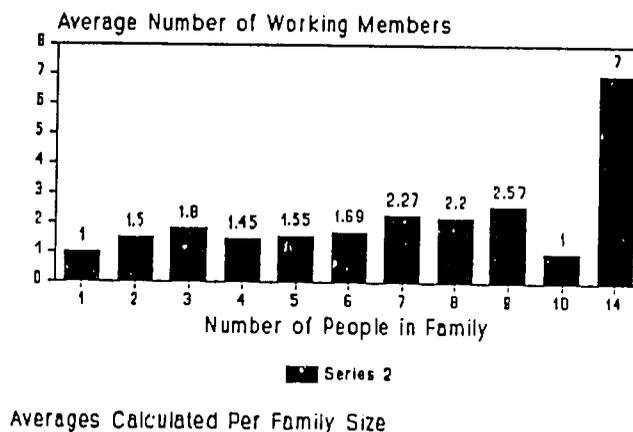


## 6.2 Average Work Force By Family Size

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 14 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 1.5 people working. Families with 4 people have an average of 1.45 people working. Families with 6 people have an average of 1.69 people working.

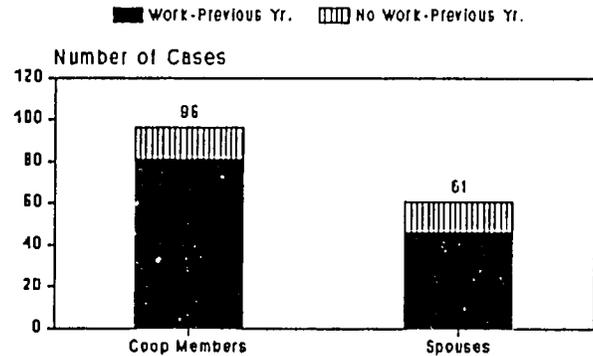
Figure 6.2 COVICOL BASELINE Average Work Force by Family Size



### 6.3 Work Status-Members & Spouses-Previous Year

Most cooperative members (84%) worked at some time during the previous year. As seen in Figure 6.3, most spouses (75%) also worked at some time during the previous year.

Figure 6.3 COVICOL BASELINE Work Status-Members&Spouses-Previous Yr.

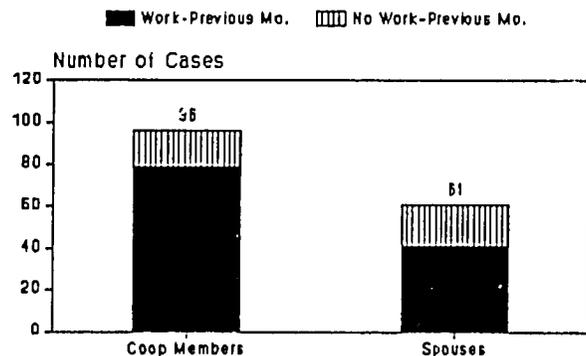


### 6.4 Work Staus-Members & Spouses-Previous Month

Nearly all (82%) cooperative members worked during the month prior to the interview. Most male cooperative members (95%) worked during the previous month. Fewer female cooperative members (73%) worked during the previous month.

As seen in Figure 6.4, 67% of spouses worked in the previous month. Most (84%) male spouses worked, and slightly less than half (48%) of female spouses worked during the previous month.

Figure 6.4 COVICOL BASELINE Work Status-Members&Spouses-Previous Mo.

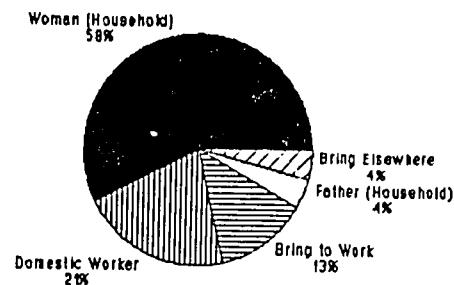


### 6.5 Child Care-Children Under 5

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.

In over half (58%), Figure 6.5, the child is cared for by another woman family member who lives in the house. In 21%, a domestic worker cares for the child. In 13%, the woman brings the child to her place of work. In 4% of the cases, the child is taken care of by the father, who also lives in the household. In 4% 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.

Figure 6.5 COVICOL BASELINE  
Child Care-Children Under 5



### 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 who worked during the previous year, 94% of the principal jobs are also the jobs currently held by members. For spouses who worked during the previous year, 96% of the principal jobs are also the jobs currently held by spouses.

Percentages given in the rest of this Section (Section 6), are based on information only for those members and spouses who worked. When cases have been excluded (as noted on several of the Figures in this Section), it is because the interviewee could not provide the information being asked.

### 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 and titles used by the Honduran census carried out in 1988 (annex 1, reference 4). 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 (43.2%) of the COVICOL cooperative members are in the professional/technical category. The next largest categories are administrative (11.1%) and service (11.1%).

Figure 6.7 COVICOL BASELINE Occupation-Principal Job-Coop Members

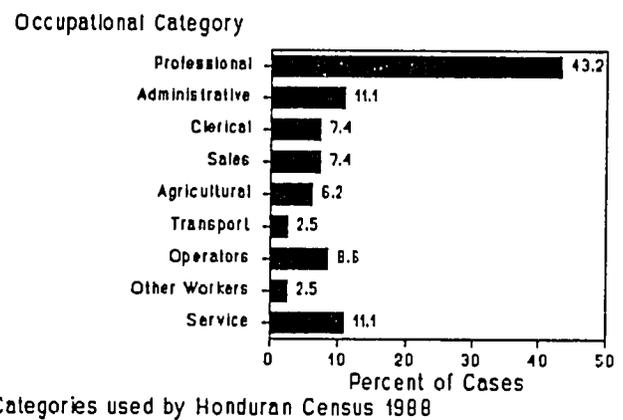


TABLE 6.7  
PRINCIPAL OCCUPATION - COOP MEMBERS

<u>Occupation</u>	<u>No. of Cases</u>	<u>Occupation</u>	<u>No. of Cases</u>
<u>Professional/Technical:</u>		<u>Transport:</u>	
Agronomist	1	Taxi, Bus, Truck or Cart Driver	2
Anesthesiologist	1		
Nurse's Assistant	8	<u>Operators:</u>	
Teacher-Secondary School	5	Seamstress, Tailor	2
Teacher-Primary School	13	Bricklayer	1
Teacher-PreSchool	2	Welder	1
Other Professionals- Social Sciences	5	Electrician with Power Company	2
		Vehicle Mechanic	1
<u>Administrative:</u>		<u>Other Workers:</u>	
Department Head-Public Agency	2	Warehouse Manager	1
Pensione/Boarding House Administrator	7	Electrician	1
<u>Clerical:</u>		<u>Service:</u>	
Cashier	1	Domestic Servant	4
Secretary, Receptionist	4	Waiter, Cook	1
Telephone Operator	1	Bar or Cafeteria Owner	1
<u>Sales:</u>		Laundress	1
Small-Scale Merchant	2	Janitor	1
Lottery or Newspaper Sales	1	Barber, Hairdresser	1
Street Vendor	3		
<u>Agriculture:</u>		TOTAL:	81
Agricultural Day Laborer	2		
Agricultural Fumigation, Vector Control	2		
Tree Cutter	1		

## 6.8 Occupation-Principal Job-Spouses

The largest percentage of spouses worked either in the professional/technical category (19.6%) or service (19.6%). See Figure 6.8.

Figure 6.8 COVICOL BASELINE Occupation-Principal Job-Spouses

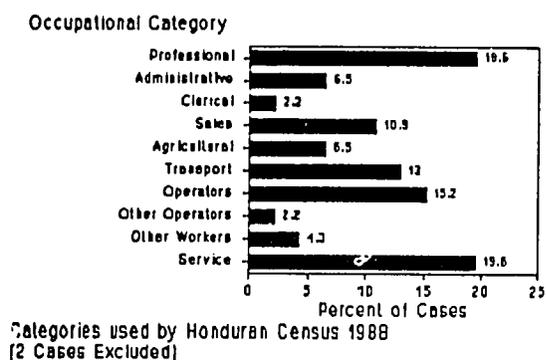


TABLE 6.8  
PRINCIPAL OCCUPATION - SPOUSES

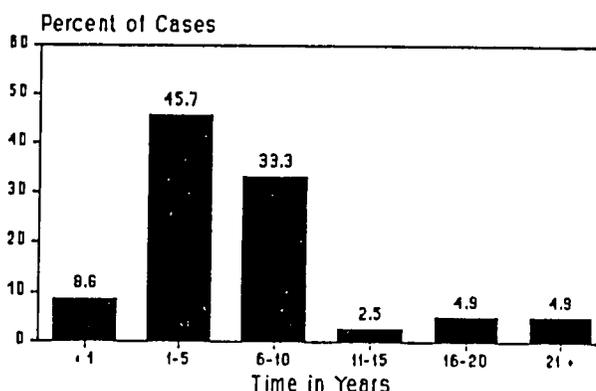
<u>Occupation</u>	<u>No. of Cases</u>	<u>Occupation</u>	<u>No. of Cases</u>
<u>Professional/Technical:</u>		<u>Transport:</u>	
Laboratory Technician	2	Sailor	3
Registered Nurse	1	Dock Worker	3
Teacher-Secondary School	1	<u>Operators:</u>	
Teacher-Primary School	3	Seamstress, Tailor	1
Other Professionals-		Assistant Bricklayer	1
Social Sciences	1	Automobile Painter	1
Lawyer	1	Welder	2
<u>Administrative:</u>		Electrician with Power	
Pensione/Boarding		Company	1
House Administrator	3	Train Mechanic	1
<u>Clerical:</u>		<u>Other Workers:</u>	
Secretary, Receptionist	1	Freight Shipper	1
<u>Sales:</u>		<u>Service:</u>	
Small-Scale Merchant	2	Night Guard	2
Store Clerk	1	Waiter, Cook	5
Street Vendor	2	Steward, Chambermaid	2
<u>Agriculture:</u>		TOTAL:	44
Farmer	2		
Cattleman	1		

(2 Cases Excluded - No Information)

### 6.9 Time in Principal Job-Coop-Members

Members have been in their principal job for an average of 6.4 years, reflecting fairly stable employment for cooperative members as a group. Only 8.6% have been in their principal job for less than one year. See Figure 6.9.

Figure 6.9 COVICOL BASELINE  
Time in Principal Job-Coop Members

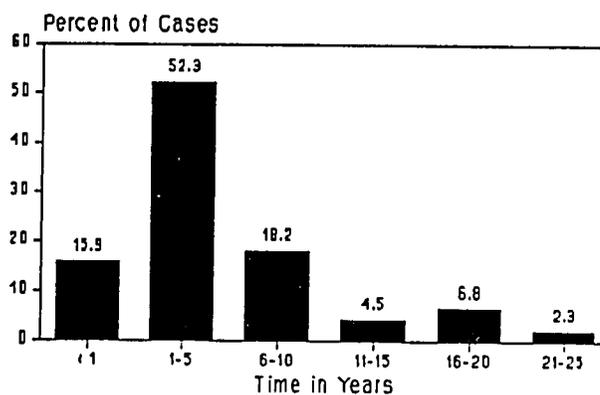


Mean: 6.4 Years

### 6.10 Time in Principal Job-Spouses

Spouses of members have been in their principal job for an average of 5.2 years, which also reflects fairly stable employment. Only 15.9% have been in their principal job for less than one year. See Figure 6.10.

Figure 6.10 COVICOL BASELINE  
Time in Principal Job-Spouses



Mean: 5.2 Years (2 Cases Excl.)

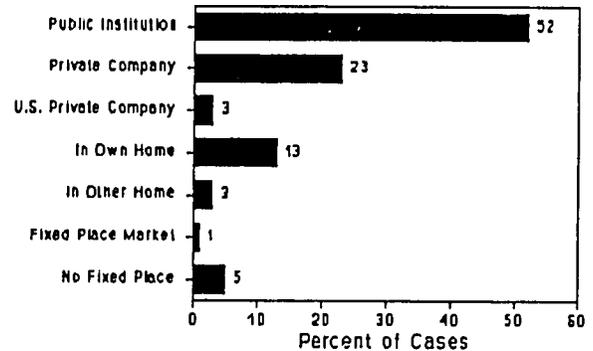
### 6.11 Work Place-Principal Job-Members

As seen in Figure 6.11, slightly over half (52%) of coop members are employed by either state or autonomous public institutions. Another 23% are employed by private companies, organizations, or businesses. A small percentage (3%) of cooperative members work in U.S. private companies, organizations, or businesses. These members are among those who live outside Tela for a large part of the year, but do return to their families who live in Tela

year round and are considered to be members of the household.

The remainder worked out of their own homes (13%); in someone else's home (3%); in a fixed place in the market (1%) or without any fixed place (5%).

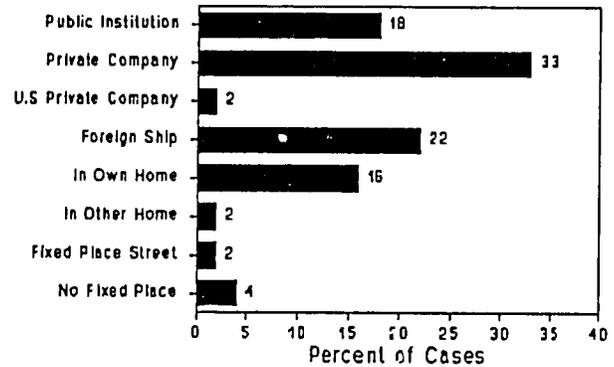
Figure 6.11 COVICOL BASELINE Work Place-Principal Job-Members



### 6.12 Work Place-Principal Job-Spouses

One-third (33%) of spouses work in private companies, organizations, or businesses. Another 18% work in either state or autonomous public institutions. A sizable number (24%) of spouses worked either in a U.S. private company, organization, or business, or on a foreign ship during the previous year. As for members, these spouses are among those who live outside Tela for a large part of the year, but do return to their families who live

Figure 6.12 COVICOL BASELINE Work Place-Principal Job-Spouses



(2 Cases Excluded)

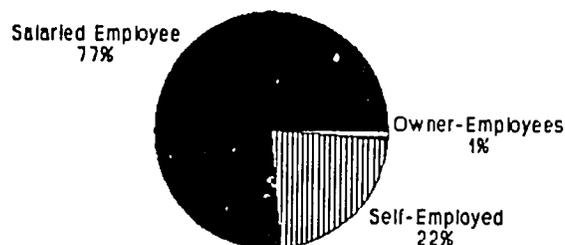
in Tela year round and are considered to be members of the household.

The remaining spouses worked in their own homes (16%); in another person's home (2%); in a fixed place in the street (2%); or without a fixed place (4%). See Figure 6.12.

### 6.13 Employee Type-Principal Job-Members

As shown in Figure 6.13, the majority of members (77%) are salaried employees. A smaller percentage are self-employed (22%), or owners with employees (1%).

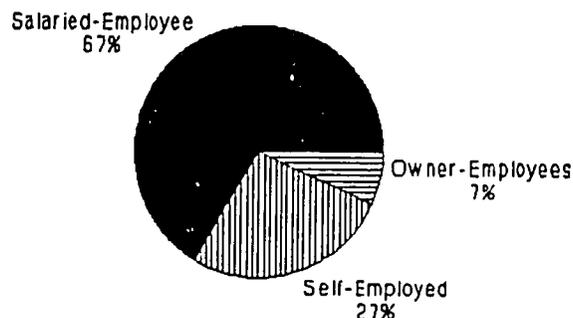
Figure 6.13 COVICOL BASELINE  
Employee Type-Principal Job-Members



### 6.14 Employee Type-Principal Job-Spouses

The majority of spouses (67%) are salaried employees. Twenty-seven percent (27%) are self-employed, and 7% are owners with employees. See Figure 6.14.

Figure 6.14 COVICOL BASELINE  
Employee Type-Principal Job-Spouses



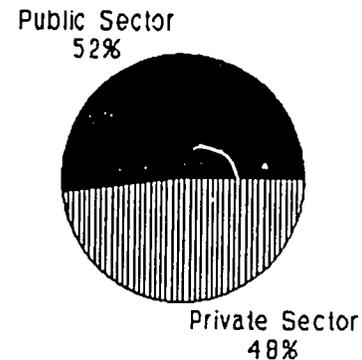
(1 Case with No Information)

### 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 half (48%) of members are working in the private sector, and the other half (52%) in the public sector. See Figure 6.15.

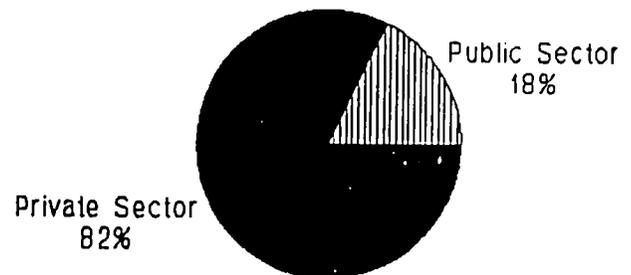
Figure 6.15 COVICOL BASELINE  
Public/Priv.-Principal Job-Coop Members



#### 6.16 Public/Private-Principal Job-Spouses

The majority of spouses (82%) are working in the private sector. The remainder (18%) are working in the public sector. See Figure 6.16.

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



(1 Case with No Information)

#### 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; U.S. private company; foreign ship; in one's own home; in someone else's home; fixed place in the street; 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	+	U.S. private company
salaried employee	+	foreign ship
owner (w/employees)	+	private company

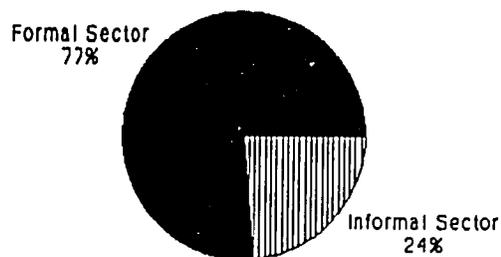
The following combinations were categorized as informal sector:

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

The last category (self-employed + private company) is made up of people who are temporary dock-workers for the banana company. These individuals are hired on a "as-needed" basis, and do not receive regular salaries or benefits from the company.

Using these definitions of the formal and informal sectors, it can be seen in Figure 6.17 that most (77%) cooperative members would be categorized as being in the formal sector. The other 24% would be categorized as being in the informal sector.

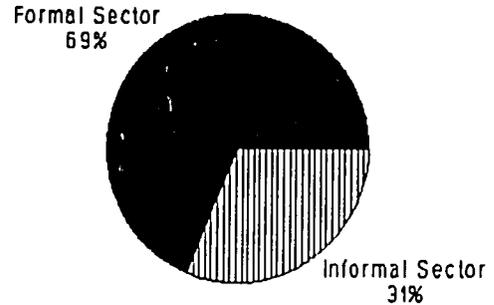
Figure 6.17 COVICOL BASELINE  
Formal/Informal-Principal Job-Members



**6.18 Formal/Informal-Principal Job-Spouses**

Using the same definitions as in Section 6.17, Figure 6.18 shows that 69% of all spouses work in the formal sector, and 31% work in the informal sector. A higher percentage of spouses work in the informal sector as compared with cooperative members.

Figure 6.18 COVICOL BASELINE Formal/ Informal-Principal Job-Spouses



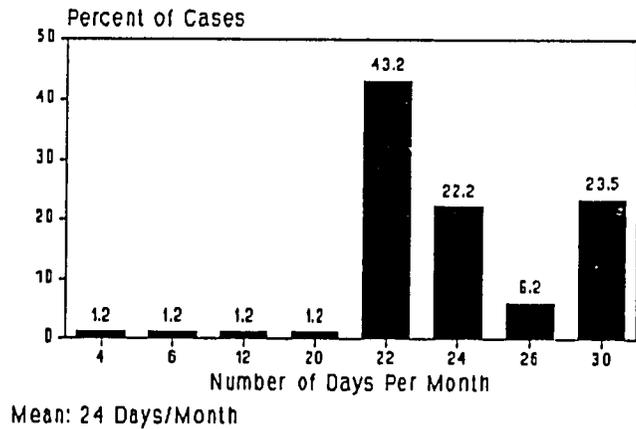
(1 Case with No Information)

**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 (95.1%) worked at least 22 days a month in their principal job. The average number of days worked each month is 24 days.

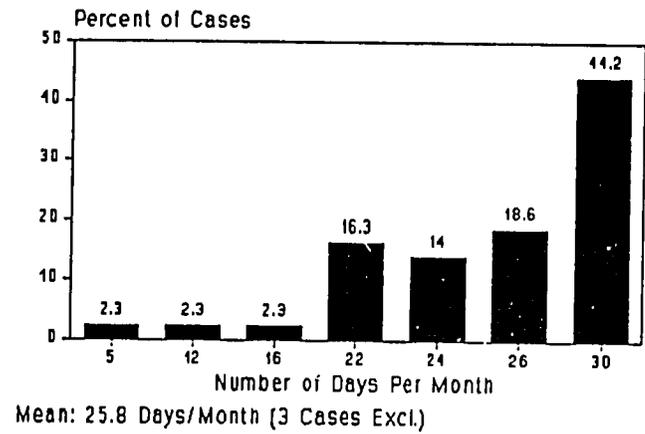
Figure 6.19 COVICOL BASELINE Days/Month-Principal Job-Members



### 6.20 Days/Month-Principal Job-Spouses

Nearly all (93.1%) spouses of members worked at least 22 days a month in their principal job. The average number of days worked each month is 25.8 days. See Figure 6.20.

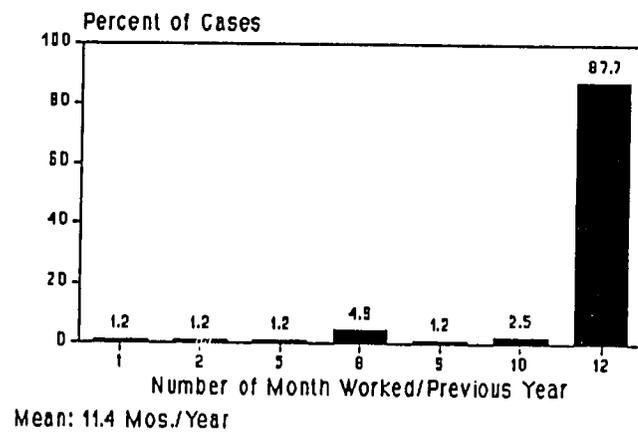
Figure 6.20 COVICOL BASELINE Days/Month-Principal Job-Spouses



### 6.21 Months/Year-Principal Job-Members

Most (87.7%) 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 11.4. See Figure 6.21.

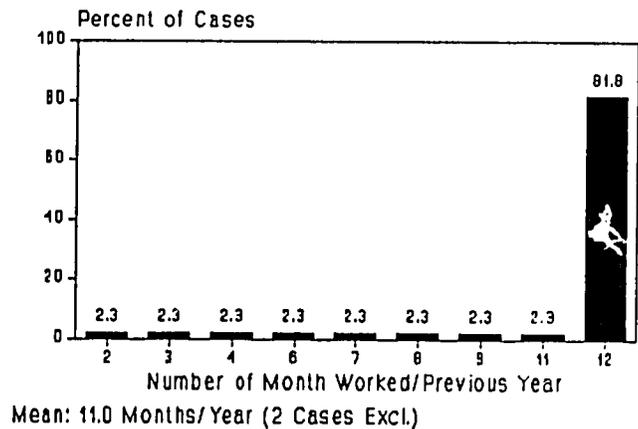
Figure 6.21 COVICOL BASELINE Months/Year-Principal Job-Members



### 6.22 Months/Year-Principal Job-Spouses

Most (81.8%) 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. See Figure 6.22.

Figure 6.22 COVICOL BASELINE Months/Year-Principal Job-Spouses

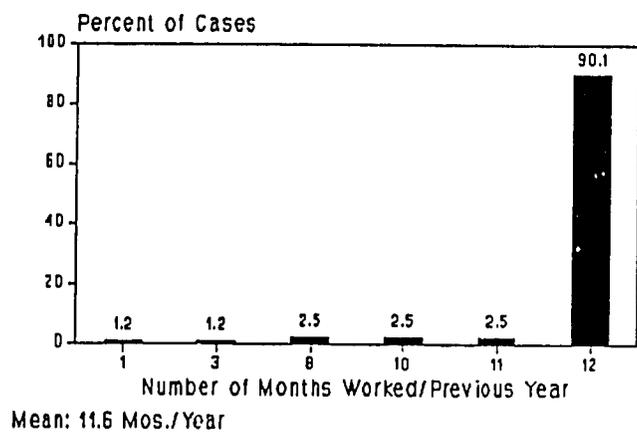


### 6.23 Months/Year All Jobs-Members

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 COVICOL group, this variable illustrated very stable employment during the previous year.

Nearly all members (90.1%) who worked, had employment all 12 months of the previous year. The average number of months worked during the previous 12 months was 11.6. See Figure 6.23.

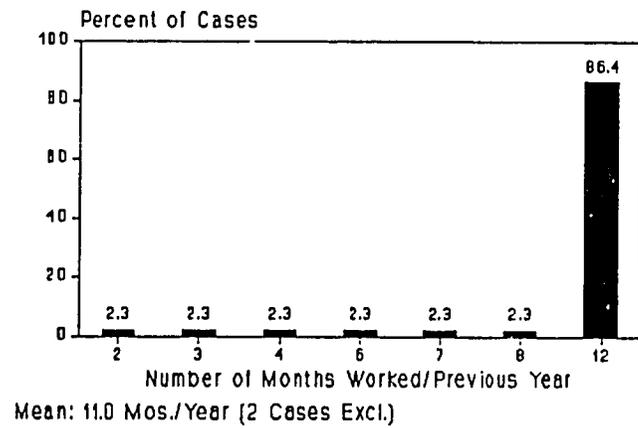
Figure 6.23 COVICOL BASELINE Months/Year All Jobs-Members



### 6.24 Months/Year All Jobs-Spouses

Most spouses (86.4%) who were employed during the previous year worked all 12 months during the previous year. The average number of months worked during the previous 12 months was nearly the same as for members: 11.0. See Figure 6.24.

Figure 6.24 COVICOL 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.

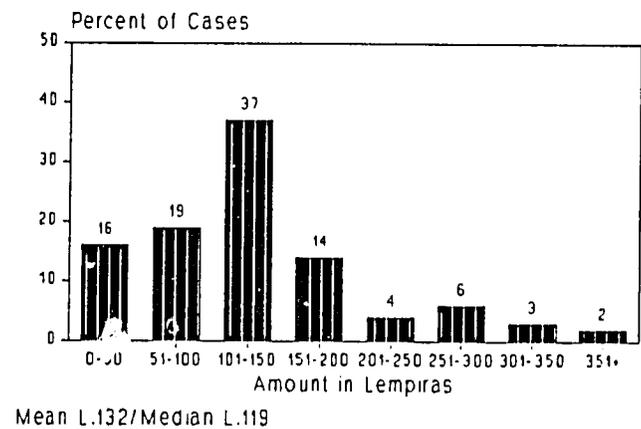
The amount of money families paid during the previous month for housing related expenditures is shown in Figure 7.1. The average amount paid was L. 132. The median was L. 119.

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 (70% - 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.

### 7.2 Total Food Expenses

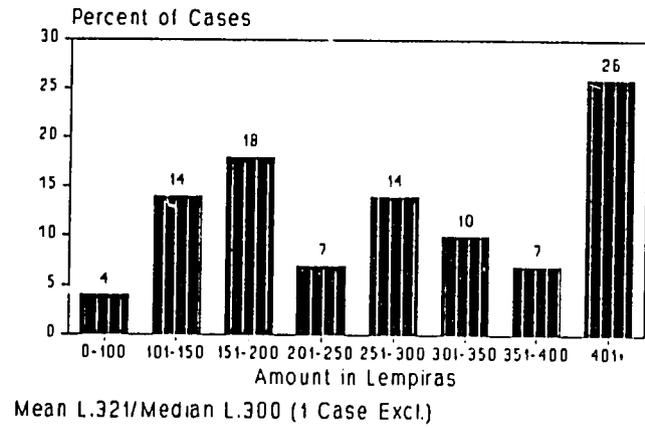
Interviewees were asked how much the family spent on food during the previous month. One case was excluded from analysis in this Section because complete information was not given by the interviewee.

Figure 7.1 COVICOL BASELINE  
Total Housing Related 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. 321. The median was L. 300.

Figure 7.2 COVICOL BASELINE  
Total Food Expenses

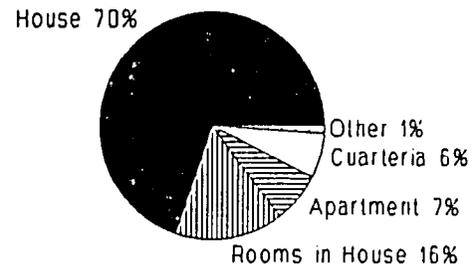


## 8. CHARACTERISTICS OF THE CURRENT HOME

### 8.1 Type of Housing

As shown in Figure 8.1, the majority of families (70%) are currently living in independent houses. Sixteen percent (16%) are renting rooms in a house; 7% are living in rental apartments; 6% are living in cuarterias; and 1% are living in other types of dwellings. Cuarterias can be thought of as rooming houses with shared water taps, toilets, and bathing facilities, and without cooking facilities or refrigerators.

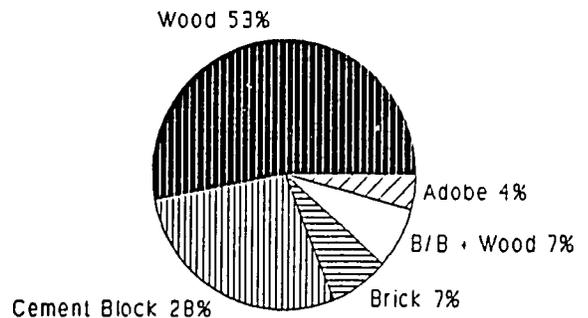
Figure 8.1 COVICOL BASELINE  
Type of Housing



### 8.2 Exterior Wall Material

Over half (53%) of homes have walls made of finished wood; 28% of cement block; 7% of brick; 7% of either block or brick combined with wood; and 4% of adobe. 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 COVICOL BASELINE  
Exterior Wall Material



B/B=Block or Brick

### 8.3 Exterior Roof Material

The majority (83%) have roofs of zinc sheeting; 14% have cement sheeting; and 3% have cement slabs. None have roofs made of thatch or discarded materials. See Figure 8.3.

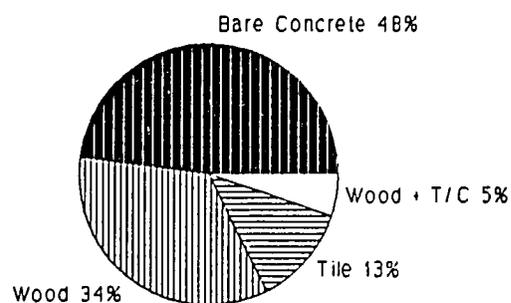
Figure 8.3 COVICOL BASELINE  
Exterior Roof Material



### 8.4 Floor Material

Nearly half (48%) of families are living in homes with bare concrete floors; 34% with wooden floors; 13% with tile; and 5% with a combination of wood and either tile or concrete. None of the families are living in homes with dirt floors. See Figure 8.4.

Figure 8.4 COVICOL BASELINE  
Floor Material



The floor material is one of the key indicators used in many studies since it often correlates well with socio-economic status.

T/C=Tile or Concrete

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.

### 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.

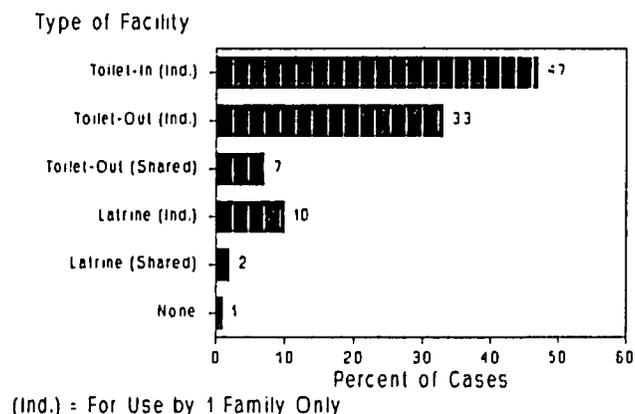
"Shared" means that the toilet or latrine is shared by more than one family.

A total of 47% have an individual toilet inside the home. Another 33% of families have a toilet outside the home for their own use. Ten percent (10%) have a latrine outside the home for their own use.

Seven percent (7%) of families share a toilet outside the home. Only 2% use a latrine outside the home that is also shared by other families. One percent (1%) had no toilet or latrine in the house or on the lot.

In the COVICOL 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 have no facility (1%); use latrines (12%); and for others who currently share toilets with other families outside the home (7%). It will also be an improvement, in terms of convenience, for the 33% who currently have toilets outside the home.

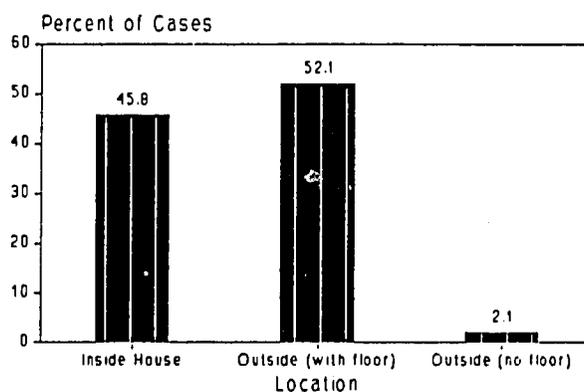
Figure 8.5 COVICOL BASELINE  
Type of Sanitary Facility



### 8.6 Location and Type of Bathing Facility

Slightly less than half (45.8%) of families have bathing facilities (for showers and/or baths) inside their homes. Slightly more than half (52.1%) 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 2.1% have bathing facilities with no platform or floor outside the house. See Figure 8.6.

Figure 8.6 COVICOL BASELINE  
Location and Type of Bathing Facility



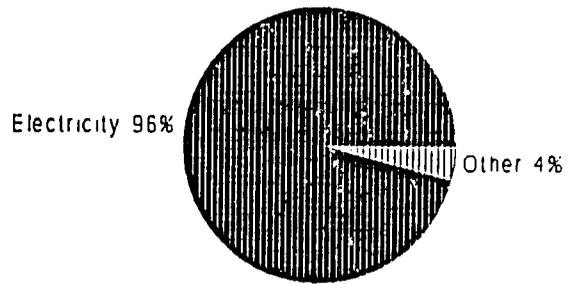
Since the COVICOL houses will have individual bathing facilities inside the house, this will be an improvement in terms of health

conditions for 2.1% of the families. For an additional 52.1%, this will mean an improvement in terms of convenience for the family, especially for those who currently share bathing facilities with other families.

**8.7 Type of Lighting**

Most families (96%) currently have electricity for lighting their homes at night. Few (4%) rely on either kerosene or gas lamps, or candles. See Figure 8.7.

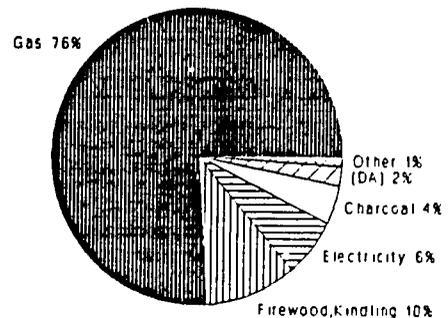
Figure 8.7 COVICOL BASELINE Type of Lighting



**8.8 TYPE OF COOKING FUEL**

Three-fourths (76%) of the families use gas for cooking fuel. Another 10% firewood or kindling; 6% use electricity; 4% use charcoal; and 1% use other sources of cooking fuel. Two percent (2%) of families do not have cooking facilities in their home, so the question did not apply. See Figure 8.8.

Figure 8.8 COVICOL BASELINE Type of Cooking Fuel

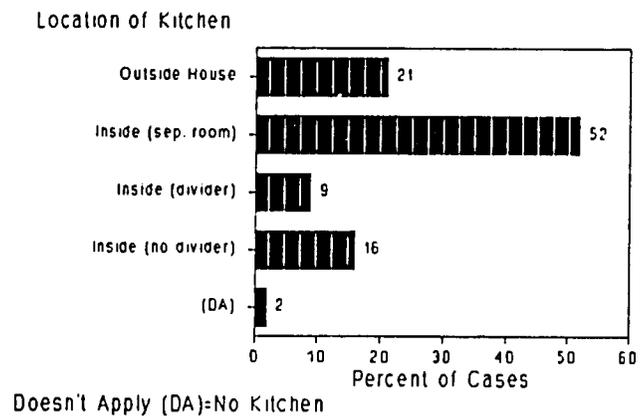


Doesn't Apply (DA)=No Kitchen

### 8.9 Location of Kitchen

A relatively small number (21%) of families have kitchens located outside the house. Over half (52%) have kitchens inside the house as a separate room; 9% have a kitchen inside the house with some sort of temporary divider separating it from other rooms; and 16% have kitchens with no dividers. Two percent (2%) of families do not have kitchens in their homes or on their lots. See Figure 8.9.

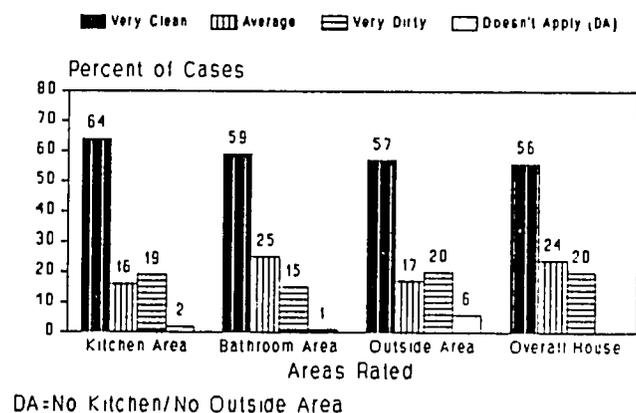
Figure 8.9 COVICOL BASELINE  
Location of Kitchen



### 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 COVICOL 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, 64% of kitchen areas; 59% of bathroom areas; and 57% of outside areas were rated very clean. Overall, 56% of homes were rated as very clean.

Nineteen percent (19%) of kitchen areas; 15% of bathroom areas; and 20% of outside areas were rated very dirty. Overall 20% of homes were rated as very dirty. See Figure 8.10.

### 8.11 Ratings-Home Construction Quality

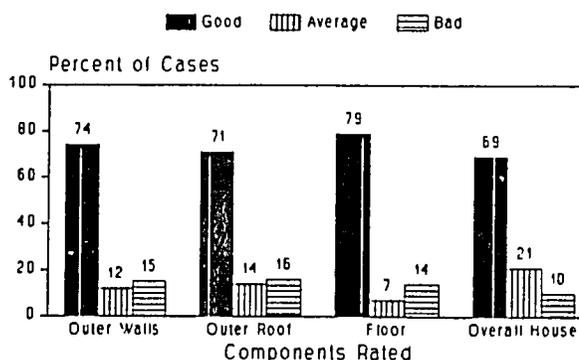
Interviewers were also asked to rate the quality of construction of the homes, and to rate their impressions of overall home construction quality. As in the case of hygiene conditions, time was spent in the training program on standardizing the ratings of these observations by the interviewers using 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, 74% outer walls; 71% of outer roofs; and 79% of floors of homes were rated good. Overall, 69% of homes were rated as having good quality construction.

Fifteen percent (15%) of outer walls; 16% of outer roofs and 14% of floors of homes were rated bad. Overall, 10% of homes were rated as having poor quality construction.

Figure 8.11 COVICOL 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 interviewers did all calculations of house size, which were checked by the fieldwork 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. For example, in the case of cuarterias, the "house" or "home" refers to the room or rooms that the family rents.

As mentioned in Section 1.3 and Section 6.0, a number of families have family members who do not live in the year all year. Given this situation, the measures related to family size in this Section (Figures 9.6, 9.10, 9.11, and 9.12) are calculated based on the number of family

members who are present in the household during the entire year. This was done so that the conditions of crowding would reflect the actual situation during most of the year.

Note that the average family size, which was 5.3 in Figure 1.3, decreases to 5.1 when only members who live in the household year round are included.

### 9.1 House Size in Square Meters

Figure 9.1 presents information on the size of the house in square meters. The average home measured 63 square meters. The smallest home measured 8 square meters, and the largest home measured 166 square meters.

Figure 9.2 shows how the size of the current home compared with the size of the homes in the COVICOL project (prior to any expansion/home improvements being made by families). Thirty-four percent (34%) of families are currently living in homes of less than 50 square meters (the size of the new house).

Well over half (66%) of families are currently living in homes at or above 50 square meters.

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 COVICOL BASELINE House Size in Square Meters

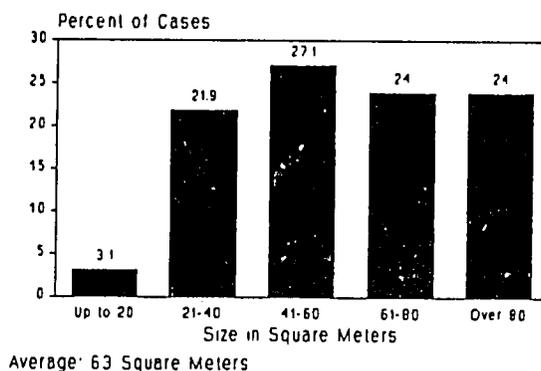
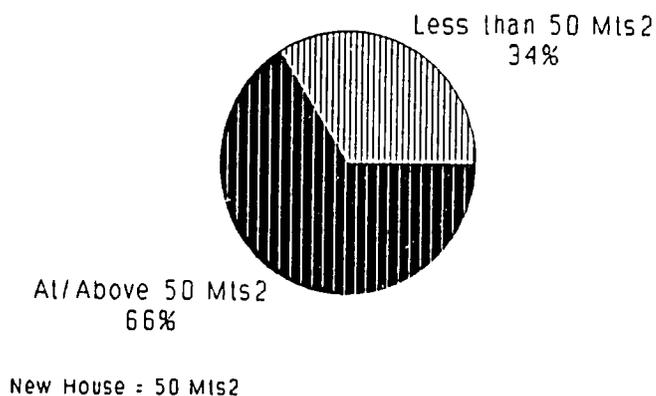


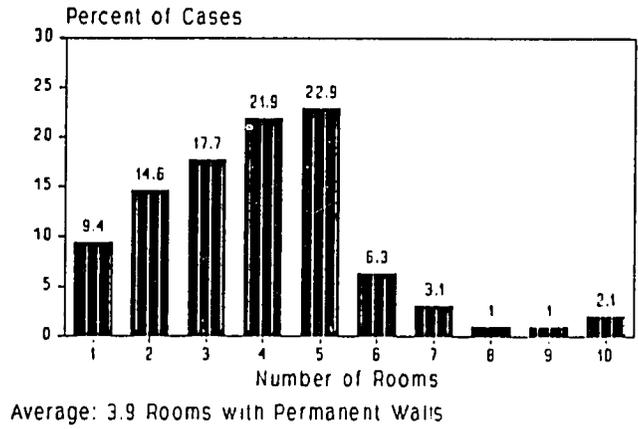
Figure 9.2 COVICOL BASELINE House Size Compared to New House



**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 3.9.

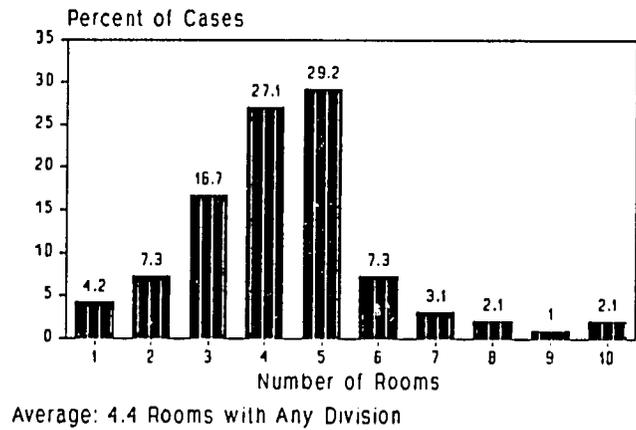
Figure 9.3 COVICOL BASELINE  
Number of Rooms - Permanent



**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 4.4. The difference between the number of rooms with permanent walls (3.9) and with any type of divider (4.4) implies that many families would like to have an additional room available in the house.

Figure 9.4 COVICOL BASELINE  
No. of Rooms-Permanent & Temporary

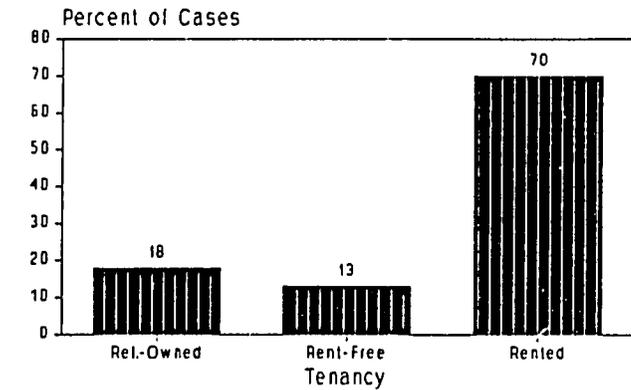


**9.5 Tenancy Status II-Household**

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, 18% of families live in relative-owned homes; 13% are living in rent-free situations; and 70% are renting either a house, rooms in a house, an apartment, or a cuarteria.

Figure 9.5 COVICOL BASELINE Tenancy Status II - Household

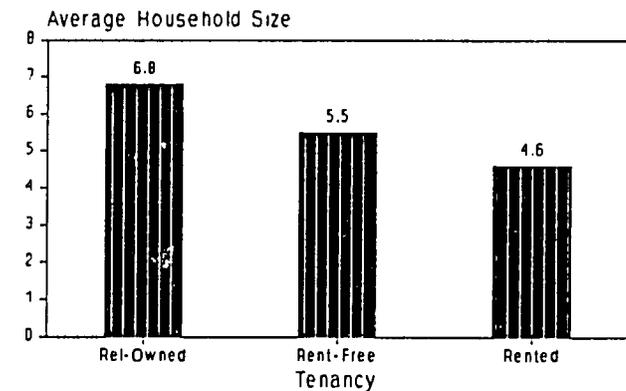


Rel.-Owned = Relative-Owned (see text)

### 9.6 Average Family Size by Tenancy

Families in relative-owned homes have the largest average family size (6.8 people per family); followed by those in rent-free situations (5.5 people per family). Those in rental units have an average family size (4.6 people per family) which is less than the overall average for COVICOL. See Figure 9.6.

Figure 9.6 COVICOL BASELINE Average Family Size by Tenancy

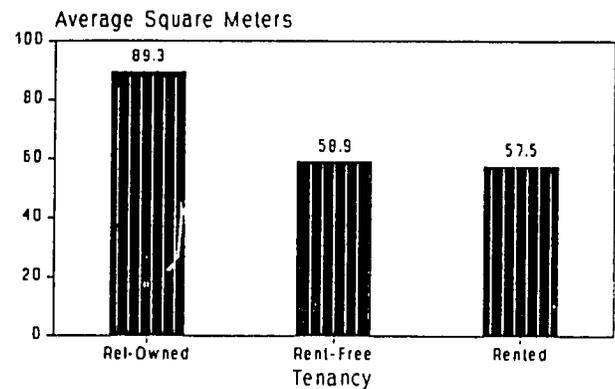


Overall Mean: 5.1 People/Family

### 9.7 Average Square Meters by Tenancy

Families in relative-owned homes have the largest living areas (89.3 square meters). Families in rent-free homes have an average of 58.9 square meters. Families who are in rental units have an average of 57.5 square meters. Families who are in rent-free situations or renting their homes have averages less than the overall average for COVICOL. See Figure 9.7.

Figure 9.7 COVICOL BASELINE  
Average Square Meters by Tenancy

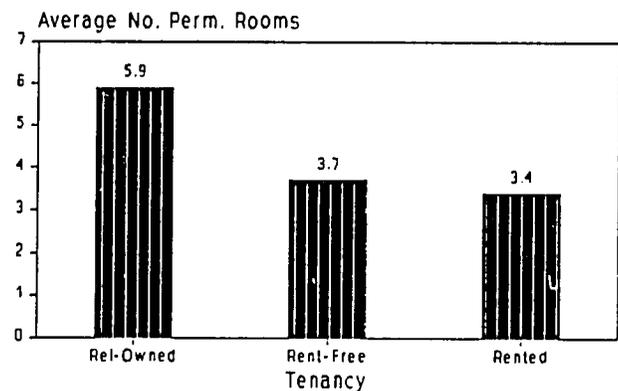


Overall Mean: 63 Square Meters

### 9.8 Average Perm. Rooms by Tenancy

Families in relative-owned homes have the largest number of rooms (5.9); rent-free families have an average of 3.7 rooms; and rentals have an average of 3.4 rooms. Those living in rent-free homes and rentals have averages below the overall average of 3.9 permanent rooms. See Figure 9.8.

Figure 9.8 COVICOL BASELINE  
Average Perm. Rooms by Tenancy

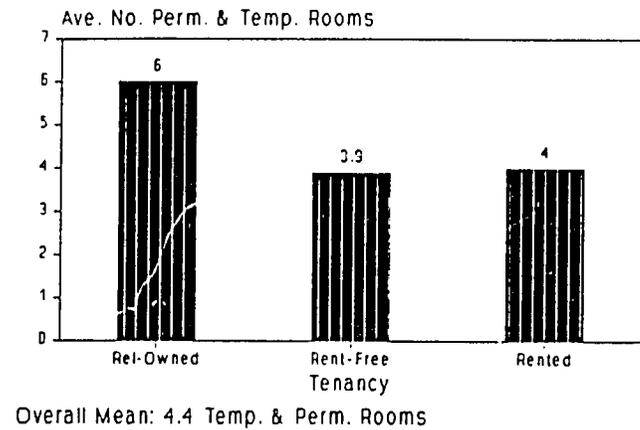


Overall Mean: 3.9 Perm. Rooms

### 9.9 Average Temp. & Perm. Rooms by Tenancy

When we consider both temporary and permanent rooms, families in relative-owned homes have the largest number of rooms (6); followed by rent-free families (3.9 rooms); and rentals (4 rooms). Those living in both rent-free and rental units have averages lower than the overall average of 4.4 rooms. See Figure 9.9.

Figure 9.9 COVICOL BASELINE  
Average Temp. & Perm. Rooms by Tenancy

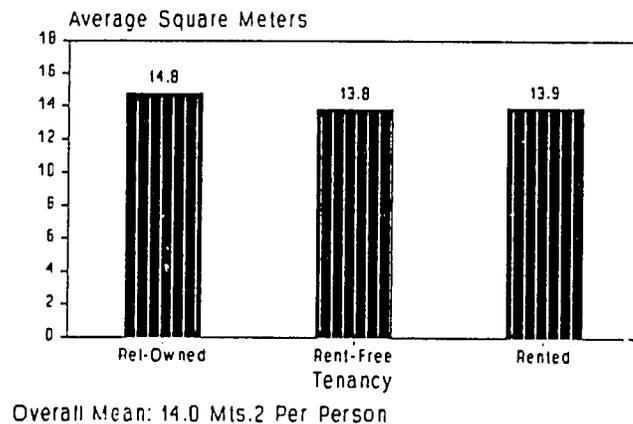


### 9.10 Crowding - Square Meters by Tenancy

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 relative-owned homes have the largest number of square meters per person (14.8), and therefore the least amount of crowding, as compared with the other categories. Families in relative-owned homes have the largest families (Figure 9.6), but also have the largest amount of living space, in terms of average square meters (Figure 9.7); number of permanent rooms in the house (Figure 9.8); and number of rooms with any type of division (Figure 9.9).

Figure 9.10 COVICOL BASELINE  
Crowding - Square Meters by Tenancy



Families living in rent-free and rental units have nearly the same number of square meters per person (13.8 and 13.9 respectively). Levels of crowding, based on the average number of square meters in the house, is virtually the same for these two categories.

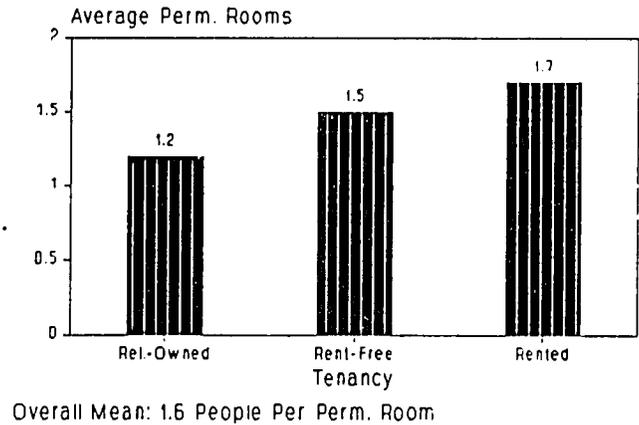
**9.11 Crowding - Perm. Rooms by Tenancy**

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

Families in relative-owned homes have an average of 1.2 people per room (the least crowded conditions). Families in rent-free situations have an average of 1.5 people per room, which is slightly more crowded.

Families in rental units have the most crowded conditions in terms of permanent rooms, with an average of 1.7 people per room.

Figure 9.11 COVICOL BASELINE Crowding - Perm. Rooms by Tenancy

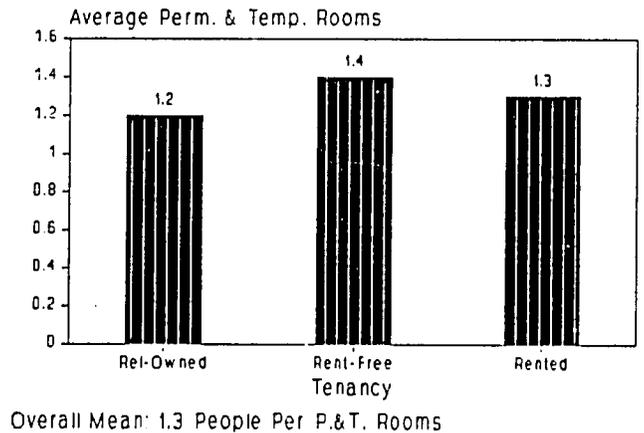


**9.12 Crowding-Perm. & Temp. Rooms by Tenancy**

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

There is little difference between each of the three categories (relative-owned, rent-free, and rented) when we consider crowding based on the number of people per room with any type of room division. Those in relative-owned homes have 1.2 people per room; those in rent-free situations have an average of 1.4 people per room, and those in rental units have an average of 1.3 people per room. See Figure 9.12.

Figure 9.12 COVICOL 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.

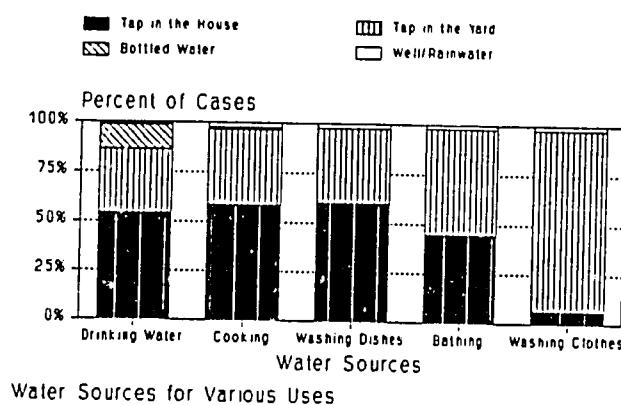
### 10.1 Household Water Sources-Rainy Season

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.

Bottled water is used by 13% of the households for drinking water. The rest use a tap in the house (54%); a tap in the yard (32%); or a well (1%) for drinking water.

Taps either in the house or in the yard are used for all other purposes by nearly all (98%) families. None of the families use water from rivers for any purpose, including bathing or washing clothes.

Figure 10.1 COVICOL BASELINE Household Water Sources-Rainy Season



### 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. Bottled water is used by 12% of the households for drinking water. The rest use a tap in the house (54%); a tap in the yard (33%); or a well (1%) for drinking water.

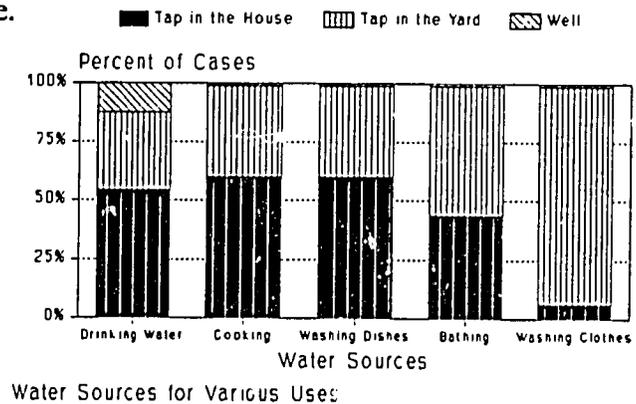
Taps either in the house or yard are used for all other purposes by nearly all (99%) families. See Figure 10.2.

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 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.

Figure 10.2 COVICOL 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 Honduras 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.

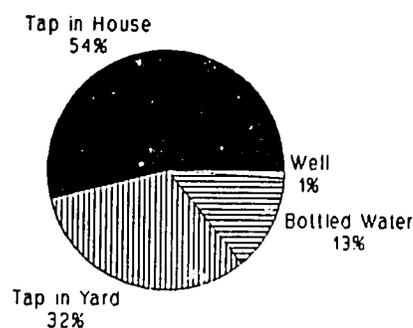
After each family interview was completed, the interviewer collected a sample of drinking water to analyze for quality (see Part III, Section E for details on methodology and equipment used). Water sampling was not done in 2 cases.

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.

As seen in Figure 10.3, 54% of samples originated from a tap in the house and 32% from a tap in the yard. Another 13% of samples were taken from bottled water; and 1% originated from a well.

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.

Figure 10.3 COVICOL BASELINE Water Sample Source



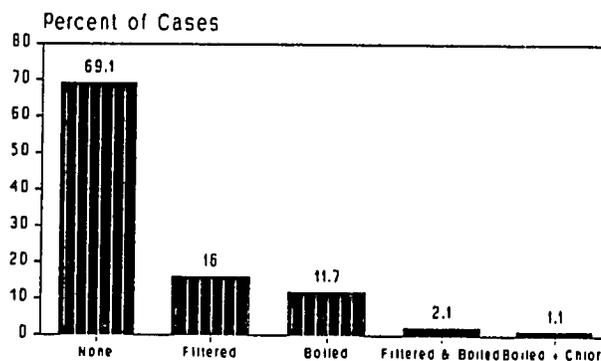
(2 Cases Not Done)

#### 10.4 Water Treatment

Interviewees were asked whether the drinking water that was sampled had been treated in any way. The responses are shown in Figure 10.4. Most (69.1%) said that the water had not been treated. This includes the 13% of those who use bottled drinking water.

Sixteen percent (16%) said the water had been filtered. Of these, most use a filtering process that involves pouring the water through a piece of cloth, not running the water through a filtration device. A small percentage (11.7%) said the water had been boiled. The remaining households said the water had been filtered and then boiled (2.1%), or boiled and then chlorinated by adding chlorine (1.1%).

Figure 10.4 COVICOL BASELINE Water Treatment



Chlor.: Chlorinated  
(2 Cases Not Done)

#### 10.5 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.

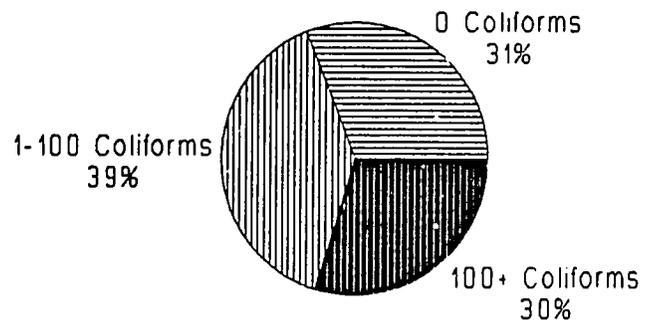
### 10.6 Results of Water Testing

Figure 10.6 shows the results of the water testing done in families moving to the COVICOL housing cooperative. Samples were collected and analyzed in all but two homes. 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.

Slightly less than one-third (31%) had "0" coliforms in their drinking water, in other words, they had good quality drinking water. Thirty-nine percent (39%) had drinking water with between 1 and 100 fecal coliforms, which are considered unhealthy levels. Another 30% had water with over 100 fecal coliforms, which is generally considered to be very contaminated water.

A number of samples which were taken directly from bottled water had results which ranged from 1 to 100 fecal coliforms. Each of these cases was repeated, and each time the results continued to show the water was contaminated. It is probable that either: (1) the bottle/container is not sterilized properly at the local bottling plant; (2) the water itself is contaminated; or (3) the bottled water is contaminated once it is in the home.

Figure 10.6 COVICOL BASELINE Results of Water Testing



(2 Cases Not Done)

The same test of water quality will be done in a sample of homes after the move to COVICOL. Prior to the move, we can say that 31% had good quality drinking water, while the other 69% 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.

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PROYECTO DE RECOLECCION DE INFORMACION BASICA  
CENTRO SAN JUAN BOSCO-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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41

## SECCION 2. ANTECEDENTES

1. ¿En que fecha (mes y año) se organizo la cooperativa de vivienda?
2. ¿Me podria contar un poco sobre los origines de la cooperativa?
3. ¿Como se organizo la cooperativa?
4. ¿Porque fueron al Centro San Juan Bosco?
5. ¿Quien o quienes se pusieron en contacto con el Centro San Juan Bosco?
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?



#### 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 habian?  
(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.)

## SECCION 6. CAPACITACION

1. En el ultimo año, ¿han recibido algunos de los miembros de la directiva capacitación, especialmente en organización (tales como administracion, 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 podrían 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**  
**CENTRO SAN JUAN BOSCO**  
**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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92

PROYECTO DE RECOLECCION DE INFORMACION BASICA  
 CENTRO SAN JUAN BOSCO  
 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  
 CENTRO SAN JUAN BOSCO - CHF  
 HONDURAS, 1988  
 ENCUESTA FAMILIAR

No. de Cuestionario

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BUENOS DIAS / TARDES SENORA \_\_\_\_\_

MI NOMBRE ES \_\_\_\_\_

VENGO DE PARTE DE LA FUNDACION PARA LA VIVIENDA COOPERATIVA, ESTAMOS VISITANDO A LAS FAMILIAS DE LOS ASOCIADOS DE COVICOL PARA CONVERSAR UN POCO ANTES DE QUE SE MUDEN A LA NUEVA CASA.

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

TODO LO QUE USTED ME DIGA ES CONFIDENCIAL.

OBSERVACIONES


JULIO 1989

D	L	M	M	J	V	S
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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					

AGOSTO 1989

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		

24

PROYECTO DE RECOLECCION DE INFORMACION BASICA  
CENTRO SAN JUAN BOSCO-CHF  
HONDURAS, 1988-1989  
Encuesta Familiar

0000

SECCION 1. IDENTIFICACION

1. Nombre del Proyecto/Comunidad: \_\_\_\_\_  
 \_\_\_\_\_

2. No. de la Casa: \_\_\_\_\_  
 \_\_\_\_\_

1a. Nombre del Asociado (a): \_\_\_\_\_  
 escriba el nombre completo

1b. Nombre de la Compañera (a): \_\_\_\_\_  
 escriba el nombre completo

~~5a. Nombre del Jefe (a) (Comparación): \_\_\_\_\_  
 escriba el nombre completo~~

~~5b. Nombre de la Compañera (a) (Comparación): \_\_\_\_\_  
 escriba el nombre completo~~

6. 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 \_\_\_\_\_

1b. I.D. de la Compañera (a) \_\_\_\_\_

6. I.D. de la Entrevistada \_\_\_\_\_

7. Barrio (CCEUs) \_\_\_\_\_

8a. No. de la Entrevistadora \_\_\_\_\_

8b. Fecha de la Entrevista \_\_\_\_\_

Calidad de los datos y comentarios según:

Entrevistadoras: \_\_\_\_\_

Supervisoras: \_\_\_\_\_

Coordinadoras: \_\_\_\_\_

	(B) Entrevistó	Revisó-Supervisor	Revisó-Coordinador
a. Nombre	_____	_____	_____
b. Fecha	_____ día mes año	_____ día mes año	_____ día mes año

Duración de la entrevista: \_\_\_\_\_  
 hora de inicio - hora que terminó  
 (codifique en minutos)

2



SECCION 3. MIGRACION Y TENENCIA

LAS PREGUNTAS 17 a 19 SE APLICAN UNICAMENTE AL ASOCIADO (A)

17. En que lugar ha vivido \_\_\_\_\_ la mayor  
asociado (a)  
parte de su vida? (Más de la mitad de los años que tiene.)

Lugar	Municipio	Departamento

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

18. Cuanto tiempo tiene \_\_\_\_\_ de vivir  
asociado (a)  
en esta ciudad?  
\_\_\_\_\_ años (meses si es menos de 1 año)

19. Cuanto tiempo tiene \_\_\_\_\_ de vivir en ésta  
asociado (a)  
casa?  
\_\_\_\_\_ años (meses si es menos de 1 año)

20. De quien es ésta casa? \_\_\_\_\_  
(tenencia)

- 1 - propia, ya cancelada
- 2 - propia, pagandose a plazos
- 3 - prestada (no paga ningun tipo de remuneración ya sea en efectivo o en especie)
- 4 - alquilada
- 5 - otro, especifique \_\_\_\_\_
- 7 - sin dato
- 8 - 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 lotificadora privada
- 7 - pagando a una persona
- 8 - ocupación
- 9 - otro, especifique \_\_\_\_\_
- 77 - sin dato
- 88 - no sabe
- 99 - no se aplica

LAS PREGUNTAS 22 A 24 SE APLICAN UNICAMENTE A LOS CHVS 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)

I.D. 17 18 19  
\_\_\_\_\_  
\_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23a. \_\_\_\_\_

23b. \_\_\_\_\_

23c. \_\_\_\_\_

24a. \_\_\_\_\_

24b. \_\_\_\_\_

24c. \_\_\_\_\_

1b





C. I.R.R.

Página 6  
No. de Cuestionario

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

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

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

I.D.	¿Quiénes? Nombre	Tiraje supraesternal/intercostal (movimiento de las costillas/pecho):	Alatoo Nasal	Morado (cianosis):	Estridor (oguido u oguillo)	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 (noquera o moco claro)	Dolor de Garganta	Ronquera/ afónico	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
- 4 - un síntoma IRA Leve
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

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

I.D.	(65)	(66)	(67)	(68)		
	Que enfermedad tiene/tuvo	Tiene algun(ops) de estos sintomas hoy? si/no	Durante los últimos 15 días cuantos días ha tenido esta enfermedad?	Cual es su impresión de la enfermedad? Fue:		
				1 Leve	2 Moderada	3 Seria

Página 7  
No. de Cuestionario

ID	64	65	66	67	68

D. 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, HAGA LA PREGUNTA 70 SI NO, PASE A LA PREGUNTA 71.

I.D.	Nombre	(69)	(70)
		Toma pecho actualmente? si/no	Y toma o come otras cosas como pepe, tes, chupén, atol, tortilla, sopas, jugos, otras leches, u otros? si/no

I.D. 69 70


101



SECCION 6. AFILIACION A ORGANIZACIONES

77. Actualmente pertenece \_\_\_\_\_ a alguna organización?  
asociado (a)

-----  
si/no

Y \_\_\_\_\_ pertenece a alguna organización?  
compañera (o)

-----  
si/no

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

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

78. CUALES ORGANIZACIONES

- 1 - patronato
- 2 - cooperativa de vivienda
- 3 - cooperativa de ahorro y crédito
- 4 - club de amas de casa (org. de mujeres)
- 5 - sociedad de padres de familia
- 6 - asociaciones religiosas
- 7 - alcoholicas anónimas
- 8 - equipos deportivos
- 9 - otros, especifique \_\_\_\_\_
- 10 - sindicato de trabajadores y maestros
- 11 - colegio o asociación de profesionales
- 77 - sin dato
- 88 - no sabe
- 99 - no se aplica

79. NIVEL DE PART.

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

80. DÓNDE

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

81. Desde cuando es miembro de la cooperativa de vivienda?

Asociado (a) : \_\_\_\_\_ Compañera (o): \_\_\_\_\_  
años años  
(meses si es (meses si es  
menos de 1 año) menos de 1 año)

82. Tiene sesiones de asamblea la cooperativa de vivienda?

-----  
si/no

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

83. Cada cuanto tiempo hay sesiones de asamblea de la cooperativa de vivienda?

84. Va a las sesiones de asamblea de la cooperativa de vivienda?

Asociado (a) : \_\_\_\_\_ con que frecuencia?

Compañera (o): \_\_\_\_\_ con que frecuencia?

- 1 - si, a la mayoría
- 2 - si, algunos veces
- 3 - no, nunca
- 4 - no han habido sesiones desde que ingresó a la organización
- 5 - no han habido sesiones desde que entro el asociado
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

Página 9  
No. de Cuestionario

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ASOCIADO (A)

I.D.	77	78	79	80	81	84
	a	a	a			
	b	b	b			
	c	c	c			
	d	d	d			

COMPAÑERA (O)

I.D.	77	78	79	80	81	84
	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) : \_\_\_\_\_ si/no      Compañera (o): \_\_\_\_\_ si/no

SI RESPONDE SI, 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) Quien impartió el curso/taller?	(c) Cuando? (fecha)
I.D. : Nombre :			
	a		
	b		
	c		
	a		
	b		
	c		

87. Que cree usted que piensan de la cooperativa de vivienda la mayoría de los socios?

- 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? \_\_\_\_\_

88-92 Y 121-122. AYUDA Y PRESTAMOS

- 1 - nadie, no buscaría ayuda
- 2 - amigo
- 3 - jefe o patrón
- 4 - patronato
- 5 - otra organización comunal
- 6 - CSJB/CHF
- 7 - organizaciones privadas de desarrollo excepto CSJB/CHF (i.e. IDH, ASEPADE, FAFH etc.)
- 8 - asociación de ahorro y crédito

LAS PREGUNTAS 88 AL 92 SE APLICAN UNICAMENTE A LOS CHVS 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. Necesitaran asistencia sobre como construir una nueva casa o reparar o mejorar la casa que ya tienen
91. Si ustedes y algunos vecinos quisieran hacer algun proyecto comunal y necesitaran apoyo economico
92. Necesitaran un préstamo para empezar o ampliar un negocio

Página 10  
No. de Cuestionario

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ASOCIADO (A)

V.D. 85 86

	a	
	b	
	c	

COMPAÑERA (O)

I.D. 85 86

	a	
	b	
	c	

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

- 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 \_\_\_\_\_
- ?? - sin dato
- 88 - no sabe

SECCION 7. HISTORIA DE EMPLEO E INGRESO

93. Trabajó \_\_\_\_\_ el último año? \_\_\_\_\_ Y \_\_\_\_\_ trabajo el último año? \_\_\_\_\_  
 Asociado (a) si/no compañera (o) si/no

Página 11  
 No. de Cuestionario

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SI TRABAJARON, HAGA LAS PREGUNTAS 94 a 99. SI NINGUNO TRABAJO, PASE A PREGUNTA 101.

Ahora quiero que me cuente un poco sobre los trabajos o empleos que tuvo \_\_\_\_\_ y \_\_\_\_\_ por  
 más tiempo en el último año. asociado (a) compañera (o)

ASOCIADO (A)

ASOC. (A)

I.D. y Nombre	(94) En que trabajó?	(95) Para Quién?	(96) Donde trabajó?
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

(97) En que fechas hizo ese trabajo?		(98) Por cuantos días al mes?	(99) Cuanto gana/ganaba al día : sem : mes : destajo?	
Inicio mes/año	Termino mes/año		dia	sem : mes : destajo?
a)	_____	_____	a)	_____
b)	_____	_____	b)	_____
c)	_____	_____	c)	_____

I.D.	93	94	95	96	97-1	97-2
a)						
b)						
c)						

97-3	98	99/mes
a)		
b)		
c)		
d)		

COMPAÑERA (O)

I.D. y Nombre	(94) En que trabajo?	(95) Para Quién?	(96) Donde trabajó?
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

(97) En que fechas hizo ese trabajo?		(98) Por cuantos días al mes?	(99) Cuanto gana/ganaba al día : sem : mes : destajo?	
Inicio mes/año	Termino mes/año		dia	sem : mes : destajo?
a)	_____	_____	a)	_____
b)	_____	_____	b)	_____
c)	_____	_____	c)	_____

I.D.	93	94	95	96	97-1	98-2
a)						
b)						
c)						

COMPAÑERA (O)

97-3	98	99/mes
a)		
b)		
c)		
d)		

95. PARA QUIEN

- 1 - es el patrono (es el dueño y tiene empleados)
- 2 - trabajador por cuenta propia
- 3 - empleado/obrero a sueldo
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

96. DONDE TRABAJA

- 1 - empresa u organización gremial, cooperativa
- 2 - oficina o institución pública (estado, instituciones autónomas)
- 3 - empresa u oficina privada (negocios, fábricas, servicios, talleres, etc.)
- 4 - ejército
- 5 - en su propia casa
- 6 - en una casa particular
- 7 - en un puesto en el mercado - en un lugar fijo
- 8 - en la calle - en un lugar fijo
- 9 - sin lugar fijo (en la calle, el mercado u otros lugares según contrato o chamba)
- 10 - en un barco extranjero
- ?? - sin dato
- 88 - no sabe
- 99 - no se aplica

SI LA ASOCIADA 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 - trabajadora domestica (que duerme o no en la casa)
- 9 - los lleva con ella a su lugar de trabajo
- 77 - sin dato
- 88 - no sabe
- 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 pulperia (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 compararia 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. Podria decirme más o menos cuanto dinero al 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. -----
- 102a. -----
- 102b. -----
- 102c. -----
- 103a. -----
- 103b. -----
- 103c. -----
- 104. -----
- 105. -----
- 106. -----
- 107. -----
- 108. -----
- 109. -----
- 110. -----
- 111. -----
- 112. -----
- 113. -----
- 114. -----
- 115. -----
- 116. -----

SECCION 9. MEJORAS EN EL HOGAR

117. Durante el último año...Le han hecho algunas mejoras:

LAS PREGUNTAS 117 A 122 SE APLICAN ÚNICAMENTE A LOS CVHS Y LOS BARRIOS DE COMPARACIÓN.

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

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

(118)	(119)	(120)	(121)	(122)
Que mejoras han hecho? (último año solamente)	Cuando? mes/año	En total Cuanto le costo?	Obtuvo algun préstamo? si para toda la mejora no para parte	Quien/quienes le dieron el préstamo? 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

Página 13  
 No. de Cuestionario

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117. -----

	118	119	120	121	122
a	a	a	a	a	a
b	b	b	b	b	b
c	c	c	c	c	c
d	d	d	d	d	d
e	e	e	e	e	e
f	f	f	f	f	f

SECCION 10. ABASTECIMIENTO DE AGUA

EN LAS PREGUNTAS 123 a 132, SI LA RESPUESTA ES LLAVE O POZO, PREGUNTE DUNDE 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 (en carro)
- 10 - la compra a particulares (excluya vendedores ambulantes) o se la regalan - agua de llave
- 11 - agua de lluvia
- 12 - otro, especifique \_\_\_\_\_
- 13 - agua purificada
- 14 - la compra a particulares (excluya vendedores ambulantes) o se la regalan - agua de pozo
- 77 - sin dato
- 88 - no sabe

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

SECCION 11. LA VIVIENDA Y OBSERVACIONES

CONSERVE LO SIGUIENTE (PREGUNTA 133).

133. En que tipo de vivienda vive la familia?

- 
- 1 - una cuarteria
  - 2 - una casa independiente
  - 3 - uno o mas cuartos de una casa o apartamento
  - 4 - un apartamento
  - 5 - otra, especifique \_\_\_\_\_
  - 7 - sin dato
  - 8 - no sabe

HAGA LAS SIGUIENTES PREGUNTAS 134 - 139.

Cuáles son los materiales de construcción de la vivienda?

Paredes (exteriores)	Techo (exterior)	Piso
134. _____	135. _____	136. _____
1 - desperdicios	1 - latón o desperdicios	1 - tierra
2 - madera rustica o vara	2 - palma, paja, manaca	2 - ladrillo de barro
3 - madera botagua (tablonos)	3 - lamina negra de techón	3 - madera
4 - plywood	4 - lamina de zinc	4 - fundición
5 - panalit	5 - teja de barro	5 - mosaico; ladrillo de cemento
6 - madera machimbre	6 - lamina de cemento	6 - madera u mosaico o fundición
7 - bajareque	7 - loza de cemento	7 - sin dato
8 - adobe	?? - sin dato	8 - no sabe
9 - ladrillo	88 - no sabe	
10- bloque		
11- piedra		
12- ladrillo o bloque y madera botagua		
13- paredes pro- fabricados de cemento		
??- sin dato		
88- no sabe		

137. Con que se alumbran 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 - lena, ocote
  - 2 - carbón
  - 3 - gas
  - 4 - electricidad
  - 5 - aserrin
  - 7 - sin dato
  - 8 - no sabe
  - 9 - no se aplica

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 nica
  - 9 - otro, especifique \_\_\_\_\_
  - ?? - sin dato
  - 88 - no sabe
  - 99 - no se aplica

Pagina 14  
No. de Cuestionario

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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 siguiente:

mesas; chineros; estantes; estufa; fogón; tucho; paredes; piso

-----  
Conclusión: \_\_\_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, biombo, cancelos, etc.)
- 4 - adentro de la casa sin ninguna división
- 7 - sin dato
- 8 - no sabe
- 9 - no se aplica

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, cancelos, cortinas, biombo, etc.)

-----  
anote el número directamente

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

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

-----  
Conclusión: \_\_\_0 bien sucio \_\_\_1 regular \_\_\_2 bien limpio  
\_\_\_4 se usa 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 - rio 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 140.

147. Observe especialmente lo siguiente:

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

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Conclusión: \_\_\_0 bien sucio \_\_\_1 regular \_\_\_2 bien limpio

Página 15  
No. de Cuestionario

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140. \_\_\_

141. \_\_\_

142. \_\_\_

143. \_\_\_

144. \_\_\_

145. \_\_\_

146. \_\_\_

147. \_\_\_

109

148. Cual es su impresión del estado de las paredes exteriores?

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-----  
Conclusión: \_\_0 mala      \_\_\_1 regular      \_\_\_2 buena  
-----  
-----

149. Cual es su impresión del estado del techo (exterior e interior)?

-----  
-----  
Conclusión: \_\_0 mala      \_\_\_1 regular      \_\_\_2 buena  
-----  
-----

150. Cual es su impresión del estado del piso?

-----  
-----  
Conclusión: \_\_0 mala      \_\_\_1 regular      \_\_\_2 buena  
-----  
-----

151. Cual es su impresión general de las condiciones de limpieza de la vivienda (adentro y afuera)?

-----  
-----  
Conclusión: \_\_0 bien sucio      \_\_\_1 regular      \_\_\_2 bien limpio  
-----  
-----

152. Cual es su impresión general de la calidad de construcción de la casa (adentro y afuera)?

-----  
-----  
Conclusión: \_\_0 mala      \_\_\_1 regular      \_\_\_2 buena  
-----  
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SECCION 12. TAMANO DE LA CASA

153. Cual es el tamaño de la casa?

largo: \_\_\_\_\_ x ancho: \_\_\_\_\_ = \_\_\_\_\_  
         metros                    metros                    metros<sup>2</sup>

SECCION 13. PESO Y TALLA DE NIÑOS MENORES DE 5 AÑOS

I.D.	Nombre	(154) Peso kg.	(155) Talla cm.

Página 16  
No. de Cuestionario

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148. \_\_\_  
149. \_\_\_  
150. \_\_\_  
151. \_\_\_  
152. \_\_\_  
153. \_\_\_

I.D.	154	155

