

Spatial Dimensions of Social Policies in Santiago and Montevideo

Summer Field Research Report

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Introduction

This document contains the preliminary analysis, reflections and findings that resulted from a two month fieldwork trip to Santiago and Montevideo which took place between May 14th and July 16th 2003.

As a graduate student in the sociology department, I took this research project as a first exploration of the feasibility and potential of the topic for a master and doctoral thesis. Also building contacts and getting acquainted with the field were lateral objectives that I kept in mind when submitting the proposal.

Therefore, while the project remained focused in a territorial approach of the social policies, it also followed some hints and traces of uncertain destination, but worthy in order to explore the dynamics of social exclusion and the articulation of possible solutions. Specific topics like the role of NGOs, the conception of participation, the mobilization of assets in extreme poor contexts were lines that guided our approach to the communities we visited in Santiago and Montevideo.

The amount of information collected during the fieldwork was overwhelming, and the first challenge was to find a path to map it, organize it, and start going through it in a way that could make sense of all what was gathered. After one month of my arrival, this report should be taken as a first trial of many others that, I hope, will enable to take the most of a mass of testimonies, books, interviews and papers.

A list of published and unpublished materials that I brought, as well as further information about the contacts listed in *Appendix I*, are available to anyone who might be interested in them.

My gratitude to those that with generosity shared their time and their spaces, their coffees and their *mates*¹, particularly those living in the *asentamientos* of Casavalle, el Cerro and the poor sectors of La Florida. Also to CLASPO and all the other agencies and persons that supported this initiative.

Problem, Objectives and Research Questions

The research is motivated by recent studies of the nature of urban poverty in the largest cities of Latin America that document an increase in urban “ghettoization.” Central to the proposed research are important studies on the association between work and citizenship (Kaztman and Wormald, 2002), as well as a new typology of poor urban neighborhoods proposed by Kaztman (2001). The study seeks to provide a better understanding of the spatial and social dimensions of urban poverty and of the complex interaction among neighborhood resources, the family’s social assets, and more formal entities, including governmental and non-governmental organizations (NGOs). The

¹ Popular name for *Ilex Paraguayensis*, a tea originally from Paraguay also popular in Uruguay, Argentina and south Brazil.

research will provide intellectually and practically useful information on the problems that the nature and location of urban poverty pose for governments and for policies aimed at addressing the needs of the poor in Latin America's major cities.

The Practical Problem

Interventions based on standard policy assumptions typically focus on those urban areas in which the highest concentrations of poor individuals and families are located. Yet a high concentration of poverty is only one indicator of neighborhood type. Within the category of high poverty, each neighborhood represents an ecological area with a unique set of problems and barriers to the provision of social services. Each area is characterized by a set of social risks and assets that are the result of historical processes related to the ways in which economic development and previous public policy played out at the local level. Neighborhoods, as ecological areas, are characterized by constant change that results from both internal and external forces. The traditional "worker neighborhood" or the ones that were the result of migration from the countryside to the city are no longer the paradigm for poor areas in Latin American cities. Increasingly we see evidence of a new "urban ghettos" with elevated levels of social disorganization and need. As of yet the extent and nature of this new urban poverty are poorly understood. The proposed research is intended to shed light on this new phenomenon.

The objective of this project is to provide comparable data on the way in which community context affects the success or failure of community development initiatives in specific contexts in Santiago and Montevideo. More specifically, this project analyzes how the characteristics of different poor urban contexts influence the outcomes of social programs and policies. Answering this question will help us identify the mechanisms through which local historical and institutional factors affect the outcome of similar social policies.

The project focuses on four levels of analysis, all of which are interrelated and which cannot be understood independently. These foci serve as guidelines for the project analysis but should be seen as articulated within and outside the boundaries of any specific spatial unit and its context.

a) **The neighborhood.** At this level we will pay special attention to the resources available at the local community level; the ways in which social services are provided to the residents; the existence and interconnection of social programs; the institutional map; and the nature and degree of penetration by public and NGO programs. Using available data, we will characterize the degree of homogeneity in these poor areas and characterize them in terms of important factors such as income, education and ethnicity.

b) **Programs and services.** From an interface or 'actor oriented' perspective (Long, 1999), the articulation among those state agencies delivering services or providing information and the families that attempt to access the services may be critical for the process of constructing citizenship (Marquez, 2002). In this study we are interested in characterizing the pattern of relationships, actions and mutual perceptions among the

providers and the recipients of information and services. The role of the proximate provider, private or public, the level of coverage of the service provided, and more importantly, the results and success of the programs as both families and agencies perceive them are major foci of the study. A final major objective is to test the observation reported in some recent studies that targeted policies increase the social isolation of the poor by diminishing the heterogeneity of program participants.

c) **The families.** We are particularly concerned about the extent and depth of the linkages that families have with other families, both inside and outside the neighborhood, as well as the strength of these ties. Among other things, such connections represent potential avenues for the exchange of information concerning access to services. We are particularly interested in defining the level of self-organization, articulation and the system of interactions among residents living in these poor neighborhoods. As part of this analysis we will assess residents' perceptions about the boundaries of their neighborhood, how isolated they feel, how safe they feel, how well served they believe they are, and how integrated and supported they feel in their perceived community. Finally, we will characterize the living strategies and the access to community resources that these families have actually achieved.

d) **The external influences.** All these levels of analysis must be understood in the context of the wider national and regional economy, as well as the specific political landscape that imposes restrictions or enhances opportunities at each specific level including the local community. Changes in the global scenario, including new trends in the labor market, normative modifications in the access to welfare, changes in the role played by the state in a specific sector (e.g., health), or new urban planning projects and more must be taken into account in order to understand the complexity of factors that accompany the impact of urban growth for the poor.

Research Methodology

Two poor neighborhoods in Montevideo and one middle and lower middle class *comuna*² in Santiago have been selected based on contacts that the researcher had in both cities. These are '*La Florida*' in Santiago, and '*Casavalle*' and '*El Cerro*' in Montevideo.

Given the above mentioned objectives and the limited time available in the summer months, this project was, of necessity, exploratory and will serve as the basis for a more intensive study towards the candidate's Master thesis.

A one month stay in each city enabled the researcher to (1) conduct preliminary interviews with central government and municipal agents involved in service design and delivery; (2) conduct exploratory interviews with NGO directors, local leaders and participants in institutional networks; (3) conduct exploratory interviews with recipients and non recipients of social programs, (4) observe directly the area and establish informal contacts with local informants, (5) identify and assess primary and secondary sources and

² Political and administrative geographical units in which regions are subdivided in Chile.

existing literature, (6) identify and assess existing quantitative data concerning the studied neighborhoods in terms of several key variables;

Given the wide range of social initiatives we found and the complexity of the social policy scenery in each territory, when required we tried to focus on a specific sector of social policies, referring our look to the actors involved in the health care field. This bias was not equally experienced through the different communities, while in La Florida the dominant nature of institutions and actors were health providers and related, in Montevideo the predominance of other type of actors led us to a broader scope of contacts.

Also the nature of our ‘key contact in the area’, conditioned greatly the subsequent chain of institutions and persons that were accessed. In *La Florida* the Municipality played a great role and was of significant help in contacting key informants, arranging initial interviews and providing reports and documents. Also *CAPREDENA*, the pension and health fund for retired military personnel that have some clinics for the elderly in this *comuna*, was very helpful in introducing us in some health related initiatives.

Access to *Casavalle*, a particularly striking example of an urban ghetto in Montevideo, was facilitated by the researcher’s knowledge of the vast network of NGOs working in the area. The fact that I had worked for one of these NGOs in the past enabled me to reach residents, groups and institutions with relative ease. Since this particular community has been heavily studied I benefited from previous, and in some cases very recent, studies conducted in the community. One particularly valuable example was a study conducted by a local NGO³ at the request of the European Union international cooperation committee.

The insertion into the mythical territory of *Cerro* was facilitated by our link with a university extension project⁴ that provided contacts with several health care centers, municipal and governmental clinics, health promoters, and local leaders, and which opened the doors to their valuable archives that contained significant information about the area.

In both cities the researcher had access to key informants at the Health Ministry levels, local government health team members and directors, national-level NGOs leaders, university faculty and researchers in the field of public policies. A complete list of the interviewed individuals and institutional frameworks contacted can be seen in *Appendix I*.

³ Centro Latinoamericano de Economía Humana, CLAEH.

⁴ Called APEX, which stands for “Aprendizaje en la Experiencia”. A more detailed explanation can be found in page 12

DESCRIPTION OF THE NATIONAL CONTEXTS

Uruguay

Since 1999 as a consequence of different external shocks the Uruguayan economy has faced a deep recession that some analysts describe as the most serious in the nation's history. The Brazilian devaluation in January of 1999 and its impact on the region, and more recently the Argentinean economic and political crisis, deeply affected the weak and extremely vulnerable Uruguayan economy. The Argentinean crisis, followed by the default and the devaluation in January 2002, played a major role in the current situation, given the important place that this external market had for Uruguayan exports.

The recession which began in 1999 resulted in a decrease of 15% in the gross domestic product by 2002 according to information from the Uruguayan Central Bank. As expected, this situation has a direct impact on the labor market with a disproportionate increase in the official unemployment rate, which reached 19% in the third trimester of 2002.

Though salaries have remained stable in constant terms, the increase in the unemployment rate has resulted in a general reduction in household incomes, particularly those under the poverty line. Using a different methodology from the one applied by CEPAL⁵, the National Statistics Institute estimated that 23,9% of households in Montevideo and 22,8% in the nation at large had incomes below the poverty line in 1999. In contrast to what is seen in most Latin American countries, government statistics indicate that poverty are decreasing in rural areas⁶

Beyond these economic characteristics, which provide a necessary context within which to understand the study, I proceed to a description of other aspects of the fieldwork context in Montevideo, some of which were very similar to those encountered in Santiago.

A context of social emergency. As a consequence of the economic crisis, Uruguayan society has been facing a situation that has been characterized by different observers and analysts as one of *social emergency*, particularly since 2001 when the unemployment rate surpassed 15%. The increasing demand for social services, particularly health, security and employment services, put pressure on the government which found itself overwhelmed by the demands of groups and their strategies to cope with the crisis. The severity of the situation is reflected in large changes in social indicators, such as an increase in the number of adults living on the street, a new phenomenon that adds to the problem of homeless street kids. According to a recent study, approximately 76% of the homeless are between 18 and 56 years of age (UNDP, 2003). Perhaps the most severe

⁵ Economic Commission for Latin America and Caribe.

⁶ Nozar, G. et al (2000). Study conducted as part of the project "Empleo, Ingreso y condiciones de vida en los hogares rurales" OPYPA-MGAP.

manifestation of the extent of the social emergency was the death of two children from malnutrition just days before my arrival, something that has no recent precedent in Uruguayan society. While conducting my fieldwork, the United Nation Program for Development (UNDP) and a local NGO organized a seminar that was followed up by a publication entitled "*Medidas Urgentes frente a la Situación Social*" that emphasized the need to find short term responses to the most serious aspects of the crisis. The crisis clearly fuels academic and political debates about the effectiveness of social programs and policies, the lack of coordination among social services, and the articulation between short-term responses and long-run social goals. The main aspects of these public debates that were presented in academic seminars and published in the press during my stay in Uruguay will constitute the topic of other products of this fieldwork.

A context of health crisis. Within this context of general social crisis, health services are faced with historically unprecedented difficulties.⁷ The increase in unemployment and the decrease in household income pose serious difficulties for the health system in which is charged with the task of covering the needs of the population, particularly the poor and the recently unemployed and their families. In the Uruguayan health system two providers, the health ministry (MSP, *Ministerio de Salud Pública*) and the collective medicine institutions⁸ (IAMC) cover more than 90% of the population. According to statistics from the *National Statistics Institute* (INE), in 2001 49% of the urban population received health care from the IAMC, 39,9% from the MSP, 7% from other institutions (military and policy health network), 1,1% were only covered by emergency units and 2,9% declared no health coverage at all. As Joaquin Serra has argued (PNUD, 2003), the 4% of the population that claims to have no coverage represent more a formal than a real problem since everyone can potentially receive health care from the public health system, as long as they are not registered with a IAMC. This means that a poor family that is not covered by a collective medicine institution has free access to health care in units of the national health ministry network. However one of the main problems that the system is currently facing results from the fact that there are poor families and individuals registered with the IAMC (workers or retirees) that do not have a sufficient level of income to cover all the co-payments and extra expenses that come along with the services provided by IAMC. These cases are rejected by the informational systems in the public health networks and excluded for economic reasons from the IAMC system. Furthermore, problems arise in the targeting of benefits in the public network since certain data suggests that a significant number of individuals who are able to pay use these centers. Additionally, high rates of disenrollment from the IAMC system pose serious problems for its financial solvency. Although the program covered around 1.500.000 persons during the past decade (in a country of 3.000.000) it lost 50.000 enrollees in 2000, another 80.000 in 2001, and about 100.000 in 2002 and 2003

⁷ At the time this report is being written the F.U.S. -*Federación Uruguaya de la Salud*-, the National Union of Public Health Workers, has entered in the third week of a national wide strike of health services, which includes the occupation of hospitals and care centers, providing only essential care and placing the management of institutions in the hands of union members instead of officials of the medical institutions.

⁸ IAMC is the abbreviation in Spanish for *Instituciones de Asistencia Médica Colectiva*. This type of health providers, though they can be considered private corporations, are substantially different from private health insurances since they cover all health related needs through life course, are collectively owned and managed according to democratic principles.

(estimated). Those who disenroll from the IAMC move into the public health network resulting in a significant increment in the demand for health services and medicines (this last issue is particularly critical), and overwhelming the capacities of the centers, particularly those related to primary care. Although the crisis in the secondary and tertiary levels of care has not reached the level seen in primary care centers, the fact that public hospitals receive a fixed budget and not one adjusted for the amount of use of services, constrains their capacity to respond to the increasing demand. By this point the crisis is basically financial and the possibility for more systemic reform has been delayed.

A context of health reform. Political and social actors from the full range of political perspectives have been clamoring for profound changes in the system, especially for reforms oriented at enabling a more efficient and rational use of the existing resources and improving the quality of and equity in the services provided. However, implementing these changes poses immense difficulties that result from the resistance that some of the measures elicit, the strong interests embedded in the health sector, the particular power exercised by the medical establishment, and the lack of consistent and reasonable strategies with which to address the crisis. Three different Ministries of Health in the current administration have been dismissed as a consequence of several external and internal crises, resulting in what is now characterized as a “sensitive Ministry”. A general health strike was declared by the national union of public health workers after the current forth Minister presented some of his suggestions for coping with the crisis along with some general principles guiding reform. It is clear though that any reform is limited by the weakness of the Health Ministry. Traditionally, the health ministry has spent most of its scarce resources in the provision of poor quality services, while not addressing the main challenges it has as a policy making body and regulator of health care. At the same time, as was revealed in many of the interviews, this situation leads to serious confusion since the State is at the same time a controller and a provider of (bad quality) services. In order to rectify this situation some autonomous regulatory body completely independent of the public providers (like the “*Superintendencia de ISAPRES*” in Chile) seems to be the most basic necessity. Other measures currently being debated addressed the need to achieve a better economic equilibrium in the IAMC and improve the financing of the public health system. Many of the interviews and materials collected during the fieldwork provided more details about the crisis in the health sector and the different measures that need to be addressed. The information collected as part of the field operation can be used to inform further analysis into the possibilities for reform.

Chile

A recent free trade agreement and its consequences. I arrived to Santiago some days after the signing of the free trade agreement between Chile and the United States. The consequences of this agreement, after the initial euphoria among the political establishment, are uncertain and difficult to assess. During the four weeks of fieldwork in Santiago the newspapers were filled with reflections about the potential benefits and losses that might result from this historical decision. Though some Chilean private corporations seem to be benefiting from this agreement, the eventual benefit for the

majority of Chileans remains uncertain. However, what is clear is the need for the government to somehow compensate for the immediate loss of tariffs that this agreement will bring about in the short term. A political debate that began before my arrival but which was concluded by the end of my fieldwork, resulted in a Congressional approval of a 1% increase in the V.A.T.⁹. An additional tax for tobaccos and alcohol failed after the Christian Democrats Senators, the former president Frei and his sister decided to vote against the government on this issue. The Government's main argument for this tax increase was based on the need to finance the two main social programs that the current administration wants to leave for "future generations": **Plan AUGE**, a quite ambitious reform of the health system, and the program **Chile Solidario**, an innovative program to respond to the critical situation of 225.000 families living in extreme poverty by bridging to the social public services.

A context of discontent and reform in the health sector. Another aspect of the crisis related to the public hospitals and the problems they face in providing services. Although the situation in the public hospitals is not as dire as in Uruguay, a palpable feeling of discontent is noticeable among the users of the public network of health centers at the secondary and tertiary level. The primary care centers, which have been administered by the municipalities since the early 1980s, are handling a huge demand for services of satisfactory quality, even as they face some limitations. The bottleneck in the system is clearly at its secondary and tertiary levels where people, usually from lower income households, have to wait for months and sometimes years in order to receive diagnostic or therapeutic treatment. The response of the government to this situation has been in the form of a very complex reform currently under debate in the Congress. It defines a group of primary pathologies selected according to epidemiological criteria that will be universally covered by the public health system. In the official plan, the traditional waiting list will be replaced by a strong commitment among hospital authorities to respond to patients with these diagnoses in a specified period of time. These patients receive an explicit guarantee that they can contract to receive care in the private sector if the public network cannot provide it within the period specified. *AUGE*, the suggestive name for this reform, stands for "*acceso universal con garantias explicitas*", which is something that is far from characteristic of the current system. Also the reform under debate introduces modifications for the private health sector, but those aspects of the reform go beyond the purpose of this report.¹⁰

A context of human right sensitivity. A new age of openness concerning events during the Pinochet period has clearly arrived in Chile. Several former high ranking military authorities expressed *mea culpas* through interviews, the local press reports¹¹ or in formal communications. An increase openness to speak up about the events that occurred during the dictatorship, a new honesty and openness concerning past violations of human rights, and some "windows" left open by the amnesty law that is currently in force have resulted in increasing debate about the responsibility of the military in human rights violations.

⁹ Refers to the English abbreviation for Impuesto al Valor Agregado (IVA)

¹⁰ An expected outcome from this fieldwork trip is a specific analysis of the health reform in process in the two countries, their mean components and resistances in comparative perspective.

¹¹ See Sunday editions of *El Mercurio* for the months of June and July.

Far from being a “closed” issue, the recent confessions of top military officers increase the tension surrounding current trials related to the burial of missing persons and the disappearance of Eugenio Berríos, former ally of the Pinochet regime. While many analysts assessed this new openness as “historical” and as establishing the basis for “reconciliation among Chileans”, human right groups express their suspicion of these public *mea culpas*, asking instead for greater cooperation by these military officers in the investigations being carried on by the justice ministry. These events are similar to those occurring in other nations of the region. In Argentina the government is considering the extradition to Spain of several high ranking officers accused by the Spanish of violations of human rights. In Uruguay the Supreme Court has authorized a public trial for former president Jose Maria Bordaberry who is charged with a violation of the Constitution in dismissing the Congress and calling for a military *coup d’etat* in 1973.

An anticipated electoral atmosphere. Today the right wing in Chile feels closer to power than at any time since the restoration of democracy. All serious polls published during my stay in Santiago gave to Joaquin Lavín a great electoral advantage over the candidates of the *Concertación* for the next elections. After three administrations (Aylwin, Frei, Lagos) the popular coalition of the Christian democrats with Socialists and other minor parties seem to be suffering from increasing isolation and an erosion of power. These parties are being attacked by a transformed right that has co-opted part of the agenda that was at one time exclusively that of the left. By way of illustration, in a move to influence those in the middle and middle left, the right proposes to resolve the “human right issue” by giving monetary compensation to the relatives of missing persons. Several attempts to put an end to this sensitive issue have been made by the *Concertación’s* administrations, but the problem remains unresolved. Although the suggested plan of *Alianza para Chile* was labeled as superficial by human right groups, or at best only a partial solution, it carries great symbolism in a context where electoral discontent is increasing. The debate on possible tax increases focus on the most effective strategies to fight extreme poverty. The government’s main justification for the tax increase relates to the need of funds to finance the two most central social programs. At the same time the right claims that an increase in V.A.T would hit lower income families the hardest and that funding *Chile Solidario* and *Plan AUGE* do not assure the real delivery of benefits to the intended target groups.

A debate about an exhausted model. Fed by these pre-electoral winds, another discussion, perhaps more subtle and less explicit than those related to human rights, taxes, and social services, was carried out during my stay in Chile. It took place especially among think tanks, political leaders, and academic faculty. With more questions than answers, public opinion leaders debate ideas about the need to reform, substitute, or keep the fundamentals of the current economic and social model in Chile¹². Although there is consensus that democracy has brought a stronger commitment to social policy and a greater consciousness of the need to insure equity as well as foster economic growth, the fact remains that the three administrations in office since the return of democracy have not challenged the basic principles of the economic model inherited

¹² See July issue of Chilean Magazine *Siete*+7

from the military regime. Amid visible signs of increasing social fragmentation, greater inequality, and a growing feeling of instability and lack of security, particularly among the poor, some politicians are calling for a deep and drastic change in the model. As the open market philosophy is being put forth in order to attract more foreign and local investors, labor conditions are becoming more and more precarious for the great mass of Chileans who feel defenseless and vulnerable. Recent reports, like *“Informe Brunner 2003”* about the quality of education pose even more questions concerning the real chances of social integration for future generations of Chileans, given the disjuncture between the performance in the formal educational system and the skills workers require to enter the labor market. Some groups are proposing a “new model”. A group of intellectuals from the *Concertacion* coalition have proposed a new programmatic platform that will establish the foundations for another *Concertacionist’s* government. It focuses on the development of self sustainable communities, building social capital, fostering employment, and reducing social exclusion.

DESCRIPTION OF THE COMMUNITIES VISITED

“El Cerro”: the growth of asentamientos irregulares in a land of traditional workers

The population of communal district number No. 17¹³ -the one delimitating the boundaries of *el Cerro*- is approximately 80.064 inhabitants; 63,471 living in the urban areas and 16.593 in rural sectors. Characterized by heterogeneity, the area includes different sub-zones, some of which are *Villa del Cerro, Bajo Valencia, 20 de julio, Casabo, La Paloma*, and the stigmatized neighborhood of *Cerro Norte*.

The area consists of a combination of urban, suburban and rural landscapes, inhabited mostly by industrial workers, although many of the existing industries have disappeared in recent decades. The area could be characterized as the traditional immigrant worker neighborhood that suffered the consequences of the economic model imposed on the region.

The deep crisis faced by the meat industry in the area led to serious changes in the social scene. Originally, the *Villa del Cerro* has been created to serve as a residential community for immigrants who were working in the prosperous establishments devoted to the meat industry. But the disappearance of the packing houses left these workers without employment and the zone littered with empty structures that are “ghost buildings” to this day. As a result, unemployment has become one of the critical issues for residents, particularly among new generations. Nowadays, only scarce industrial activity can be found nearby on the coast and in the area called Pajas Blancas.

¹³ Montevideo is divided in 18 administrative units called Centros Comunes Zonales (CCZ). Being smaller than Chilean *comunas* the CCZ officials have limited responsibilities and autonomy, and compared with the former ones, they have no competence on educational and health issues.

There is a strong agriculture tradition in the area in the form of small and middle sized farms, although the lack of profitability and the increasing marginalization of the contiguous areas have forced to families to abandon the rural zones of *el Cerro*.

Good access roads connect the neighborhood with the rest of the city, but the accessibility within the area is very poor. Some sectors are isolated and the public transportation network takes residents in and out of the area but does not provide transportation to residents inside *el Cerro*. The zone is littered with *basurales* (rubbish and garbage dumps located in public or open places) which are constantly fed by the recycling debris of residents who work as informal garbage collectors of hard paper, glass or other recyclable materials than can be resold.

The lack of a drainage network, in addition to bad maintenance of the cesspools, results in health risks large segments of the population living in this area, particularly for those in the *asentamientos*. Some drainage infrastructure is planned for *Casabo* and *La Paloma* but constructions has been delayed.

Although most of the households have access to potable water there are some specific zones where the access to potable water is a critical issue and a group of residents are illegally connected to public pipes or public faucets. Similarly, the access to electricity is not a critical issue for the most of *Cerrences*, except for those located at the margins of the *Pantanos* stream. This stream of water like many other places in the area, has been contaminated by the lack of drainage, the multiplication of *basurales*, some polluting industries and the subsisting strategies of some residents.

The educational infrastructure of the zone includes several pre-, elementary and secondary schools, both private and public. There are two public high schools with pre-university grades, and a vocational training school.

The only Public University in the country (*Universidad de la Republica Oriental del Uruguay*) has been developing an innovative program in the area since 1990 with the objective of strengthen the local community network in the field of health promotion. This self-managed project, though it has lost some of its original impetus, is still a key actor in the zone and has great legitimacy among residents. At the same time that they have mobilized the community towards the prevention of diseases and the creation of more livable and healthy conditions, the participation in the program is part of the academic curriculum of several university students from different fields that converge here to fulfill their required practicum credits.

The area has been losing residents through selective migration. Young people are abandoning the more consolidated and historically residential areas and moving to the periphery where they settle on precarious and irregular properties. The number of irregular *asentamientos* (new expression for the old phenomena of *cantegriles*, though they are not the same as we will see) has been growing in recent years at an incredible rate. The expression "*asentamientos irregulares*" refers to a group of housing units constructed on private land illegally occupied by a group, usually with minimal access to

public and social services (drainage, transport, or electricity). More often than not, these houses are located in territories that are not adequate for housing since they are flood plains, near contaminated water streams, on the sides of highways, or along main access routes to the city. Some of the *asentamientos*, particularly the older ones, are being regularized by government and municipal programs by regularizing ownership and providing public services to the area. There are serious concerns about whether this policy is effective since, far from stopping the illegal occupations, these programs seem to encourage the multiplication of irregular settlements.

From *Cantegriles* To *Asentamientos*

Since the *asentamientos* are seen as the new expression of the poverty growth in Montevideo we will devote some space to analyze their characteristics. Conceptually and empirically important elements differentiate this new spatial expression of poverty from its predecessor, the *cantegril*. From the theoretical framework that informed a recent study supervised by Ruben Kaztman¹⁴, *asentamientos* like those we visited in different sectors of *el Cerro*, are part of a new phase in the historical process of social exclusion. While the *cantegriles* emerged as a social consequence of the exhaustion of the import substitution economic development model that was prevalent in the region from the 1930s to the 1970s, the *asentamientos* are the spatial responses to the consequences of a globalized model that has dominated the last two decades. Basically, the *asentamientos* are different from the *cantegriles* in the following respects (Avila et al, 2003):

(a) **Origin.** While in the *cantegriles* residents were rural-urban migrants and strangers to the city, more than 70% of the population living in the *asentamientos* that sprang up during the 1980s and 1990s came from the inner parts of the city itself or from peripheral areas. (b) **Nature of the collective action.** While those living in *cantegriles* were trying to find an individual or family solution to their need for housing, the residents of the *asentamientos* pursue a more collective response to the lack of housing, a process which inevitably results in conflicts and complications. (c) **Materials.** *Cantegriles* were made of wood, scraps, and hard paper, revealing the extreme lack of resources of this population. In *asentamientos*, most of the constructions are made of masonry, reflecting at least some minimal saving capacity of the residents. (d) **Space planning.** While the *cantegriles* grew in complete spatial disarray and with no pre-established order or plan, many *asentamientos* exhibit an ordered division of the land, with the inclusion of plans for communal spaces such as public squares or parks. (e) **Social citizenship.** As a result of their urban origin and involvement in a process of mobilization, the residents of the *asentamientos* have evolved expectations, role models and values typical of the mainstream society. A higher degree of social citizenship is also revealed in the content of their demands and the way they articulate their collective action. (f) **Networks.** Since the *asentamientos* were born of the necessity of collective action, a key element in their strategy is their organization and the linkages with other formal actors like NGOs,

¹⁴ I do want to express my sincere thanks to Fernando Errandonea for sharing a preliminary version of the paper "Nuevas modalidades de participacion popular urbana: los asentamientos irregulares en el area Metropolitana de Montevideo".

political parties, public or private institutions. (g) **Identities.** Former *cantegriles* were less interested in building a shared identity than *asentamientos* are today. In fact, *cantegriles* were more stigmatized spaces characterized by relatively passive actors. On the other hand, the *asentamientos*, particularly the more organized, have built a common social space that goes far beyond the instrumental link to the physical land. This social space is an ecological and social area in which collective demands, formal organization, and the necessity for ongoing build a collective identity.

Finally, the *asentamientos* are characterized by a younger population than was characteristic of the *cantegriles* (48% of the residents in the *asentamientos* are under 18 years old while only 26% of the population of Montevideo is that young); a larger average size of households (5,5 persons in the *asentamientos* compared to 3.1 in the city); significantly lower incomes (most of the households in the *asentamientos* have incomes in lowest quartile); more precarious housing standards; higher overcrowding rates; greater incidence of female headed and low educational households; less health coverage; higher proportion of children and adolescents out of the formal educational system, and three times the number of unemployed than the entire city.

Although it is clear that the increase in *asentamientos* results from a lack of formal employment and the increase in the vulnerability of workers, we prefer to include other processes in order to explain the extraordinary rate of growth in this phenomenon. As suggested in other works (De Leon, 2002) the dynamics of the real estate market are also pushing forward the illegal occupation of these territories. After they have occupied an area some groups might take advantage of a regularization process that includes the sponsoring of some units by the Housing Ministry which are sold to other agents. In other cases, paradoxically, the owners of suburban land promote the occupation of their own properties as a way of forcing an expropriation from the State and getting some money back for a devaluated property. More often, some land owners parcel and promote the occupation of their land by selling it under advantageous conditions with the promise of regularization.

Besides the dynamics of the real estate market, politics are also playing a major role in the evolution of the *asentamientos*. Motivated by a *clientelistic* logic, political parties at the municipal level encouraged families and individuals to occupy these lands in order to obtain public funds from the central state to regularize and provide services to the new residents. Paradoxically, in some cases the municipals governments have promoted the establishment of *asentamientos* in order to access to the benefits of the regularizing public programs. All this makes it clear that it is not only an increasing process of exclusion that is behind these phenomenon, but also political, speculative and financial interests.

Is difficult to make generalizations about the *asentamientos* as social actors, especially in terms of their level of cohesion and self-organization, given the heterogeneity characteristic of their populations. Clearly, much more empirical research will be required to understand their structure and function. There are cases in which community organization is undermined by conflicts related to ownership of the land, or by antisocial

behaviors including robberies, drugs consumption/traffic, and alcoholism. In other cases the *asentamientos* show a remarkable capacity of self organization, for defining norms and establishing clear limits within the conquered space. One of the *asentamientos* visited in *el Cerro* revealed a clear set of behavioral norms, solidarity among its members, and a high sense of its identity. Residents could clearly identify who was “in” and “out” the *asentamiento*. That sense of identity was revealed by a sign posted outside the entrance: “*Aqui no aceptamos chorros, ni milicos ni carneros*”. Everyone could become part of the *asentamiento* except those who were thieves (*chorros*), soldiers (*milicos*) or anti-strikes union workers (*carneros*).

CASAVALLE: a dual territory affected by social exclusion

Because it is a zone of particular interest to international and local agencies, much information was available about this neighborhood in the city of Montevideo. Perhaps because of the stigma suffered by its residents or the extremely poor living conditions in some sectors of this area, several studies have been conducted in Casavalle in recent years by local and external agencies. Because of the concentration of problems Casavalle has been the area of Montevideo that has attracted most funding to fight against poverty in recent years. The results of these antipoverty and social programs have often not been the ones expected and the global perception is that the poor families in Casavalle are more and more isolated and stigmatized..

The area, a combination of urban and suburban zones, emerges in the late 50s as a result of the rural-urban migration process, followed by the municipal responses to this situation, based on the construction of poor quality housing. More recently, the zone have received different groups expelled by other sectors of the city that were allocated here, provoking increased social tensions between new comers and old residents.

Under the common name of *Casavalle*, a multiplicity of neighborhoods with particular identities and their own histories can be recognized: *Unidad Casavalle I*, *Gruta de Lourdes*, *Barrio Municipal*, *Aquiles Lanza*, *Inve*, *Nuevo Colon*, *Curitiba*, *Cooperativa Nueva Esperanza*, and many other *asentamientos* like the one called *Instrucciones*. This fragmentation of the space appears simultaneously as cause and consequence of a permanent struggle to build identities in a stigmatized land where being part of *Casavalle* or *Barrio Borro* (an even more stigmatizing name to allude to the “red zone” of *Casavalle*) is usually a sign of discrimination.

However, *Casavalle's landscape* exhibits two clearly differentiated social and economic spaces determined by the areas allocated to the north and south of the main local avenue “*Blvd. Aparicio Saravia*”. Given the relevance of this distinction for our spatial analysis we will try to characterize these two sub-zones and see how the different actors interact with each other in these settings. For this purpose we follow the main findings contained in a report prepared for a European Union funded program (PAPPUM¹⁵) established in the zone (CLAEH, 2002).

¹⁵ Spanish abbreviation for Proyecto Periferias Urbanas de Montevideo.

The area situated to the north side of “*Bld. Aparicio Saravia*” includes a large fraction of residents living in extreme poverty with the highest level of childhood poverty in Montevideo. People relocated from other parts of the city and migrants from poor zones have recently moved into the area. The housing units in the *asentamientos*, which are dominant in this sub-zone, are of poor quality and they lack basic infrastructure. Residents have restricted access to basic social services, difficulties in accessing formal education and poor quality health services (particularly at primary level).

While it is rare to encounter a resident with a formal and stable job, subsistence strategies includes working as “*clasificadores de basura*” (informal garbage classifiers), “*changan en la construccion*” (temporary workers in construction) and breeding pigs, activities common in a population that has low employability. Others activities include upholstering, shoe and clothing repair, domestic employment, and gardening. Also working in the Military or as policemen provides a stable income for an important group in the area.

The participation of some residents in criminal activities has created an important market of stolen goods, sometimes with the complicity of local policemen. Also drug selling / consumption, and child prostitution are illegal activities pursued by some in the neighborhood. Just a short walk through *Casavalle* would be enough to impress upon one the severe environmental problems, most of them related to the lack of drainage and the pollution of the main stream of water (*Arroyo Miguelete*) that the community faces. One would also be impressed by the precarious condition of houses. There is evidence of hepatitis and leptospirosis that result from the lack of sanitation.

The extremely critical situation of the area has attracted many NGOs, many of which are church-based organizations without established roots in the territory. Along with the arrival of NGOs, a significant number of projects were developed supported by external and local funds. The NGOs are, without a doubt, a significant actor in the north, taking the place in many cases of the State, and developing a network of formal institutions with significant impact and great autonomy.

On the other hand, the southern zone of *Casavalle* is formed by more established neighborhoods with residents who settled the area many years ago and most of whom own their own houses. Basic infrastructure, such as electricity, water and drainage is accessible for most of the population. These better living conditions result in higher levels of cultural and identity integration, in comparison to the north.

Although the majority of the population of the south could be characterized as formal workers, studies show that unemployment has become more common among southern residents. These studies also indicate that children have fewer opportunities for good jobs than their parents. Other indicators, including an increase in the number of children who drop out of formal education, are also symptoms of the increasing vulnerability of residents of the south. There is great concern among residents about this process of social decline. Unlike the north zone, in the south there is greater mobilization of internal

actors, like “*comisiones vecinales*” (neighbors groups), “*cooperativas de vivienda*” (housing cooperatives), and other local initiatives. This informal institutional density is accompanied by a more collective and self-organized tradition in the manner in which problems are faced and solved. In the AVEO¹⁶ language, the social capital, particularly the communal social capital that refers to the shared spaces, norms and institutions in the community, appears to be much greater in the south than in the north.

As a result of the increasing severity of the crisis, the situation in the north has worsened. Since its origin until the middle 1980s the territory could be characterized as a typical case of “dual development” like many other places in Latin America. The development of a marginal community with residents employed in sectors with minimal productivity, low chances of vertical mobility, unstable linkages with the formal labor market, who are members of familial networks of subsistence, and who are greatly dependent on public assistance, has been a common reality in many urban areas of the subcontinent. But the recent process of social exclusion has added a new level of complexity to this reality. The loss of a stable job, or very unstable jobs with low incomes are pushing many families from the “south” to the “north” neighbors, though they do not feel part of that marginal community. The same happens with families that are just moving in and coming from other parts of the city where they could not afford to pay the rent or were dislocated by municipal or governmental programs. These new immigrants resist assimilation into the culture of the “north,” but, at the same time, the weakening of their bonds and linkages to their original contexts, friends, siblings and institutions, seriously limits their options and chances for improving their lot.

The fieldwork was particularly fruitful in terms of data and reports that were collected concerning the zone, which, as previously stated, has been extensively studied because of its particular situation. However, given the purpose of this preliminary report we will focus our analysis on the increasing irrelevance of the labor market as a main source of social integration and the implications that the spatial distinctions have for the actors and their strategies.

The centrality of employment

Given the importance of stable employment to citizenship and social integration, and the availability of studies that provide information on the labor force in *Casavalle*¹⁷ we pay special attention to the employability of different groups and elaborate the meaning of this concept.

There are several problems related to the employability of the residents of the area, which can be analyzed separately according to the profile of each group. The young people in *Casavalle* have different levels of training but insufficient labor experience. Adult residents with experience and work qualifications but who are unemployed, lack the specific or entrepreneurial training for self employment or running their own business.

¹⁶ Approach that focus the analysis of poverty household in its assets (Activos), vulnerability (Vulnerabilidad) and their connection with the structure of opportunities (Estructura de Oportunidades).

¹⁷ We refer here to the Labor Market study conducted by CLAEH. See CLAEH, 2002.

Women in general, particularly those head of households, lack the skills to enter the labor market.

But the lack of skills demanded by the labor market is not only, and perhaps not at all, the most important consideration in explaining unemployment. The local context and the exclusion process reinforce attitudes, values and beliefs that make finding a job even more difficult. The notion of human capital seems to be pertinent here in that it refers to the set of personal characteristics that can be considered basic skills or pre-skills, part of a labor culture, which are learned from role models who are usually parents. These include working habits, the ability to assume and carry out responsibilities, to deal with superiors and subalterns in working environments, to remain open to learning new skills through observation or instruction, to be creative, to managing scarce resources and time, and much more.

In addition to personal factors the job market clearly influence one's chances of finding a job. Employment opportunities might arise as a consequence of individual or communal expressions of social capital. Thought of as the group of norms, institutions and organizations that promote relations of trust, reciprocity and cooperation among persons or communities, this social capital can facilitate entry into the labor market in an economy where more than 2/3 of the jobs are obtained through trust or referenced contacts (opposed to more universalistic methods).

It is clear, therefore, the combination of both assets, social and human capital, will be helpful to identify categories of residents with different chances of employability. The different situations for Casavalle are presented in the following matrix adapted from CLAEH, 2003:

| | | SOCIAL CAPITAL | |
|---------------|------|--|--|
| | | LOW | HIGH |
| HUMAN CAPITAL | HIGH | New comers in <i>Casavalle Norte</i> who still have a job but are in a frank process of social exclusion, as well as recently unemployed adults resident in the South who lack the contacts to find a job. | Some residents in <i>Casavalle Sur</i> are able to retain their jobs or were able to recycle into self employment or entrepreneurial initiatives. |
| | LOW | For the marginal groups living in <i>Casavalle Norte</i> , Training in skills is necessary but building basic assets is a priority. | Some young females, head of households, that kept a very supportive familial and community environment, but their skills are not enough to retain or find a job. |

After many years of sustained work in the zones, NGOs have come to the conclusion that that vocational training courses, human resources improvement programs, and the famous

“TOVO” (*Talleres de Orientacion Vocacional y Ocupacional* - Vocational Training Workshops initially popularized by IDB funded local programs) are in themselves inadequate to address the situation. The stigma that young residents suffer, the lack of work experience and, even more, their lack of basic work-related relational skills exclude them from potential employment possibilities.

The case of the female-headed households deserves a separate comment. In this context the label does not mean the absence of a masculine role at all, but rather refers to a male’s occasional presence and casual connection to the women and her children. This situation usually includes the risk of domestic violence, an increase in the number of children, and high risk of school drop out by children.

NGOs, OSCs and some spaces for articulation

The division we present in the social and economic sphere between the south and the north areas in *Casavalle*, can be perfectly reproduced in the institutional and associative spheres. The North is the preferred locale for typical NGOs, based on volunteer and professional work oriented towards the satisfaction of basic needs. These organizations have been colonizing the zone and developing a dense network of people and initiatives that try to respond to the urgent needs of the population.

Among the NGOs there are significant differences in origin, sources of funding, their motivations and -more relevant to our study- in their strategies for addressing the problems in the zone. There is a core group of historical NGOs that have been working in *Casavalle* for many years and who have, as a result, great legitimacy among the residents, the media, and public opinion. They usually follow a strategy that seems to be oriented towards what we might term “*personal rescue*” of the “*endangered population*.” These NGOs usually develop a wide range of activities and services, trying for example to reach the kids at early stages when they are in school and following them until they become adults¹⁸. The “personal rescue” strategy, though very effective during the period during which participants are inside the educational institution, is criticized by other NGOs who argue that generates a dependency on the institution, and does not strengthen the links of the participant with the community. For many children entering protected employment at training settings such as “Tacuru”, “Organizacion San Vicente” or “Vida Nueva”¹⁹ means getting a job with salaries much higher than the ones they could have get by their own, if they were able to find work at all..

More recently, a group of “third generation” NGOs²⁰ with less experience in the zone (and therefore not so legitimate in the eyes of the community than the older ones, and

¹⁸ At the age of 18 years old the NGOs stop receiving funding from the State for that individual, which basically means they have to quit the programs, unless other sources of funding are provided.

¹⁹ These are the names of some traditional, church based NGOs in Casavalle.

²⁰ Being the first generation the ones that emerged under the military regimes as a response to State omissions and restrictions, the second generation the ones formally established in democratic regimes, usually part of a broader networks of NGOs, and assuming themselves as differentiated and coexistent actors with the State, and the third generation the one that conceive themselves in the frontiers of the State. The terms and details of each phase are being developed by the author in a separate paper.

sometimes discredited by them) but with a more professional and communal perspective²¹ of their mission, have developed a different approach to addressing the problems of the area. To begin with, they tried not to have a permanent presence in the area but to mobilize the local assets and encourage local collective action that can lead to a communal process of self organization and the local solution of specific problems.

It is particularly interesting to analyze the strategies followed by this new type of NGO. While the “historical” organizations believe that the more presence they have among their beneficiaries,²² the more effective they could be, the “new” type consider themselves as mere facilitators of a process that must be carried out by the community itself. Consequently, they do not think it necessary to occupy an office in the community since this would formalize and institutionalize their presence. Also the conception of the “times” and the rhythm of the intervention process is different, with more flexible schedules given the nature of their goals.

Although no organization is a pure expression of an exclusive type of intervention, those that have more experience in the area, usually church-based., can be defined as “*total organizations*” (in Goffman’s sense) since they attempt to provide whatever is needed so the participants can solve their needs within the boundaries of their institutions. Usually these organizations provide school support for those in elementary and secondary school, vocational training for those in search of a job, employment agreements with companies and the local government to give jobs to low skilled kids from the area, services for teenage mothers, food services and housing cooperatives. While they show a strong commitment to the zone, at the same time, the strategy is exclusively territorial in the sense that is not emphasizing the “bridging” with other communities or parts of the city.

In the south of *Casavalle*, the opposite to what we describe in the north, we found an area characterized by Civil Society Organizations (CSOs). By this, we mean local groups lacking of formal structure usually organized by residents who channeled demands from the community or from the groups they represent. Several “*comisiones barriales*”, “*comisiones de fomento*”, “*grupos de vecinos*” are working to improve the living conditions in the area, usually led by territorial leaders. Though many of these entities proclaim themselves independent of politics networks and more formal structures, some of them reflect a *union* logic of action expressed in the way they articulate their demands, organize the residents and mobilize participation.

Due to the increasing social exclusion characteristic of the south, many OSCs are developing services and activities to address the social problems in the zone, something that was originally beyond their scope of action. Because of this they are also in need of resources to provide their services in areas such as education, health, and food. However

²¹ This affirmation can be arguable by the “historical” NGOs, but reflects the author’s position.

²² It is particularly significant the name that the different organizations use to allude to their participants. Some religious organizations referred to them as “*destinatarios*” addressing the idea that they are the destination of the organizations actions but saying nothing about their own role in the process of self-promotion.

compared with NGOs, they do not have equal access to sources of funding. Neither do they belong to international networks that might support their activities. They also lack a group of professionals or experts able to put forward projects to compete for governmental funds. As a result, most of the public and foreign financial help that comes to the area is channeled through the NGOs and not the OSCs, generating some tension between these groups.

The OSCs, usually are the result of the residents initiative, and they are structured around a specific demand or group of demands, for example improving the quality of the existing infrastructure, running “*policlinicas*” (health clinics), “*bibliotecas comunitarias*” (communal libraries), youth clubs (recreational and educational spaces for kids), “*murgas*” (local music and theatre groups). Given their local origin and representative character, the housing cooperatives that have emerged all over *Casavalle* in both the north and south sub-zones, can be considered part of the universe of the OSCs.

The NGOs that have been working for and in the neighbor for many years were not created by local residents. In fact most of them emerge as responses from external groups like churches and national or international NGOs that are oriented towards the care of a specific group (children, teenager mothers, unemployed youth, women) or the intervention in a particular problem (nutrition, drugs, training, supplemental schooling). It is clear that the ways these two types of groups, NGOs and OPCs, pursue participation and integration of the community are markedly different and respond to the different characteristics of the population they are working with. In this sense, the strategies they put forward can be considered “functional.” The NGOs in the north work as an effective tool for creating and developing social capital. In a community where ties are weak and there is lack of identity, these organizations create spaces for integration and tried to inculcate basic capabilities that appear as prior requirements for any subsequent process of social integration. Diagnostics about *Casavalle* have summarize this situation by saying that in *Casavalle* NGOs are social capital creators, more than keepers, while this last role, the one of maintaining, reproducing, and expressing the existence of social capital in the community is better achieved by the work performed by OSCs.

It seems obvious that both approaches are required, and, what is more important, they are complementary. As Ruben Kaztman suggested in a recent report for CEPAL (Kaztman, 2003) in those communities where the social network is seriously damaged before they can try any type of self organization process residents need to “stand up” before they can start walking. But also there is a risk that NGOs might inhibit local expressions of social capital by delivering services without a strategy of empowerment. As we observed in the *asentamientos*, which lack effective social networks, NGOs can be crucial. Community links with NGOs, OSCs, political parties and government programs are crucial bridges to other sources of social capital. In many cases, these bridges and links achieve sufficient density and become a locus of actors with great potential to mobilize the assets of the community.

LA FLORIDA: the centrality of Municipality

Allocated in the south east of Santiago, the *comuna* of *La Florida* is among one of the largest in the metropolitan region and between those with highest demographic growth in the last decade.²³ Though extremely variable and heterogeneous, *La Florida* can be described as a middle and upper middle class district, although lacking sufficient equipment, infrastructure, and services in some sectors.

Although in general it cannot be considered a poor *comuna*, the idea of “vulnerability” applied to large sectors of the population living in the region. Compared with other *comunas*, *La Florida* has a smaller proportion of its population below the poverty line, although the poor appear to be highly concentrated and due to the large size of the community means that the number of poor inhabitants is significant.

Information provided by the Health Division of the COMUDEF (*Consejo Municipal de la Florida*) in its annual plan indicates that the current population in this *comuna* is 365.373 hab, growing at a rate of 1,109% per year. The rapid growth of the last decades has led to a wide range of social and urban problems that result from poorly planned development.

The educational level of the residents has increase during the last decade, from an average of 8,5 years per habitant in 1992 to 11,3 in 2002 according to the results provided by the *CASEN* Survey. However, the variation among the different neighborhoods in the *comuna* is extremely high, with a difference of 7 years between the one with highest and lowest years of schooling.

Poverty statistics for *La Florida*, indicate that 95% of the residents reside in poor quality houses (roof, walls or floors), that lack adequate infrastructure (drainage, electricity or water), or are overcrowded. The extreme poverty is concentrated in specific sectors of the area. Nearly 55% of the households in extreme poverty are concentrated in 25% of the “*unidades vecinales*” (sectors), which include 22.5% of the total population in the *comuna*.

Health services in La Florida

Since 1980 when the military regime initiated the decentralization process, the Municipalities have assumed the provision of public health services for those in FONASA (“*modalidad institucional*”, not “*libre eleccion*”) and poor / indigent families without coverage. The implementation of this policy, which is almost complete, assigned to the municipalities the administration and management of the primary health care center network under the supervision of national health services.

This reform was accompanied by the expectation that placing these services in the local government will: a) assure that the health program addresses local needs, b) promote higher levels of participation, c) enable a multisectoral approach in health, articulating

²³ According to the information provided in the “Health Comunal Plan 2003”

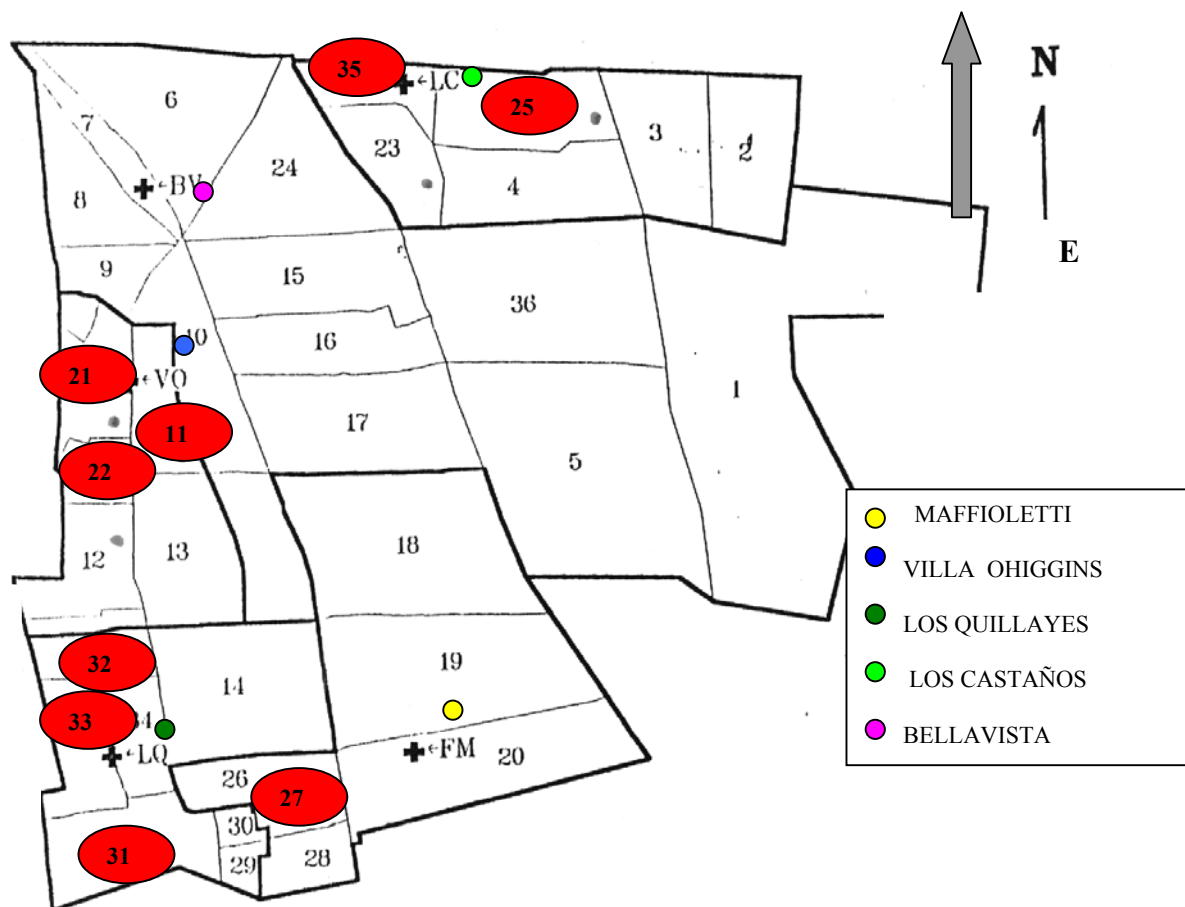
also with initiatives implemented in the field of education, housing, environment, labor, d) mobilize more resources from the community which will enlarge the impact of the resources transferred by the central government, e) and improve the control over the services, especially those centers that were far from the central authorities.

The municipality of *La Florida* is currently administrating a network of 5 primary health care centers through a committee called *Corporacion Municipal de la Florida* (COMUDEF), responsible of organizing and managing the educational and health care services. The centers, most of which were visited during our stay in Santiago are: *Los Castanos*, *Maffioletti*, *Los Quillayes*, *Villa O'Higgigins* and *Bellavista*. Additionally, at the primary level of attention the municipality also has a center for mental health, a communal laboratory, and other specific services. The secondary and tertiary level of attention, in the hands of national health service, include a reference center for specialists, (Centro de Referencia de Salud San Rafael), a diagnostic center and a Public Hospital (Hospital Sotero del Rio).

Looking at a map of the sectors that present highest levels of “health damage”²⁴ the spatial location of primary health centers appears reasonably distributed according to the focus of greatest demand. However, it is clear that the rapid growth of the population and the increase in the vulnerability of households due to lack of jobs or instability in employment has put high pressure on the services, uncovering a lack of equipment, and insufficient infrastructure according to the demands.

²⁴ Index build by the Municipality health team taking into consideration the declared number of cases related to children malnutrition, teenager pregnancy, sexually transmissible diseases, pneumonia in adults, age people at risk, turberculosis, and hepatitis.

**AREA DE INFLUENCIA DE LOS 5 CENTROS DE SALUD DE ATENCIÓN
PRIMARIA MUNICIPAL
Y UBICACIÓN DE LAS UNIDADES VECINALES CON MAS DAÑO EN SALUD**



Source: Plan de Salud Comunal 2003.

Primary care is the entry point to the rest of the public health network and, in many cases, to other social services provided by local or central governments. The sustained increase in the demand poses severe challenges to the health providers who face serious resources restrictions in the face of nearly unlimited demand. Also the needs in health care are changing and interventions are more complex and require more human resources and equipment.

By means of default action, the communal services in health have been increasingly including some elements of attention more characteristic of the second and third level. In fact, *Sotero del Rio*, the Public Hospital of reference for this communa is completely overwhelmed and surpassed by demands that cannot be satisfied. The strategy of the

primary health care centers to cope with this situation has been to solve as many cases as possible, without deriving to the Hospital, except those cases of extreme risk.

The financial problems in the health sector in Chile can be seen more clearly at the Hospital level, rather than at primary centers. Of course, primary centers do not exhibit the same quality in their services, and usually they reflect how wealthy the comuna is. Wealthy *comunas* have good quality, well-trained and better equipped centers than poor *comunas*. The case of *La Florida* is one of good management considering the explosion in the demand, its epidemiologic profile and the restrictions in infrastructure and equipment.

But definitely the bottleneck resides at the secondary and tertiary level. The interviews with residents showed sad histories of long periods in waiting list, expecting for a major surgery. After being referred to the next level by the primary center, months and even years can pass before they received a diagnostic or an appointment for hospitalization. Those who cannot afford a private consultation remain for long periods in the uncertainty of whether they will be treated or not. And people died.

Refocusing again in the local picture, is clear that for poor residents in La Florida there is no option if they are sick. They cannot afford going to the ISAPRES, neither have they received a timely response from the public services.

Participation in La Florida

After the explosion in the number of health NGOs during the 80s and first half of the 90s, the crisis in this sector seems to have reached also the health field. Several reports and published materials have explored the crucial role that NGOs played in providing health services during the last years of the dictatorship and the restoration of democracy.

In addition to formal organizations, we found a significant number of local groups, with voluntary membership dealing with health issues. Formed by users of the public health network, these groups mobilize citizens who are particularly affected or sensitive to specific health situations. Patients with chronic diseases, groups of health promoters, elderly people connected to a health center, women who share a common situation or concern (ie. menopause), relatives of drug abusers kids, are some of the examples we encountered..

During many years, the public funded program *Salud con la Gente* supported these initiatives and gave them a great deal of support. With this support, the groups became part of the health network and assumed responsibilities that complement the local centers.

From our perspective, this type of associative initiative is what some authors have describe as the new forms of citizen participation, related to networks of informal organizations.²⁵ This literature recognizes a significant increase in the spaces of participation at the local level, which is channeled in networks of reciprocity, interaction

²⁵ Gabriel Salazar

and membership (Cordillera, 2001). From this perspective, participation at this level is never seen as a right or as demand by participants, but rather as a natural and spontaneous interaction. This phenomenon is often accompanied by a from more formal organizations, and a preference for more private or communal spaces where participation is more autonomous and protected from larger institutional frameworks.

From the point of view of the local government, these organizations encourage participation, although it is unclear just how influential they are. The approach of the municipality of *La Florida* to participation, as described in their documents, is to consider it “a mechanism that enables the citizens to intervene, take part and be considered in the decisions oriented towards the problems that are affecting them”²⁶. The participation we observed in *La Florida* is more aligned with a formal version of participation than with a genuine process of building citizenship by exercising their legitimate rights.

POLICY IMPLICATIONS

Up to this point we have already discussed and analyzed some of the implications that the studied settings have for the policy making process. However, we would like to emphasize some basic features that emerge as a consequence of a comparative perspective between the observed experiences. Each of the following points would deserve further development and explanation, but given the current restrictions of space would be briefly presented.

- Though some kind of “magic solutions” are expected from social programs and policies, very little impact can be reasonable achieved given the current economic model in the region. The high dissociation observed between the economic policies and the social palliatives introduced to remedy its failures, prevent from recognizing the contradictions hidden in the socio economic model that is being put forth. Insertion into society through *decent* labor appears to be the only sustainable strategy to refrain the current process of exclusion that a mass of households are facing. However, an increasing process of precariousness and lack of protection, functional to a strategy that seeks to attract investors, is affecting job opportunities, stability and incomes. Therefore, within a scenery of increasing vulnerability there is little chance that social programs implemented in the region can be effective antidotes against inequity and exclusion.
- Many social programs and services in the region have adopted the modern culture of efficiency, participation, result-orientation, evaluation, and coordination. Services thrive to deliver efficient services, satisfy “users” demands and assist participants in their needs. However, this emphasis in an efficient delivery of the benefits reveals a particular vision of the weak role that the citizens have as self promoters of their own development. Those programs, addressed to assist the poor and indigents in their basic needs, are showing in a very subtle manner, a

²⁶ Transcript from the Ordenanza municipal in *La Florida*

specific conception of citizenship (Marquez, 2003), one that rely in a passive attitude and a very assymetrical conception of “equity”. Services and programs should also think about how benefits are being delivered and how they are being received by citizens. In the core of the citizenship building process is the idea that the individual has the right to the benefits of the policy, more than “deserving” them.

- The notion of “poor” as the target of the focalized social programs needs to be rethought. One the one hand, this notion do not take into consideration the situation of those households in the “border line of exclusion”. Households as the one we observed in the poor sectors of La Florida or in South Casavalle might be put aside as focal groups, given their performance in some indicators, though they are experiencing an alarming descending process of exclusion. On the other hand, the notion of “poor” defines the subjects in terms of what they lack more than their potentialities. The implication for the policy is clear: this approach focus on fulfilling what is missing and left unnoticed the necessity of developing actions that address the creation and reproduction of social capital, in particular community social capital. (Palma, 2002)

POSSIBLE AREAS IN WHICH THE RESEARCH COULD BE DEVELOPED

As expected, an exploratory study like this leaves several open lines for future study, some of which will be followed by the researcher in the days to come. Others require to be assumed in a long run perspective, as parts of a consequent collective effort to achieve a better understandandng of the complex and dynamic realities observed. Some of these lines are:

- Chile and Uruguay, are designing and conducting “pilot” implementations of social programs with the common objective of eradicating extreme poverty conditions. Though the projects’ designs show a high level of complexity and present themselves as “last generation policies”, a primary study of their components exhibit a weakness in the way they will strengthen the community and develop social capital. A comparative perspective of the design and primary results of these experiences would provide good evidence to study effective mechanisms to be included in future projects.
- The policy of regularization of illegal occupations has more than one decade in the region. However, insufficient evidence has been provided about the effective benefits that these actions have for the social inclusion of the participants in these experiences. Are the poor communities living in regularized “*asentamientos*” more integrated than those left outside? It is also necessary to build alternatives to the regularization policy since it has proved to be encouraging new occupations instead of restraining their multiplication.

- In my opinion, a new model of NGO is emerging and gaining terrain in the region as a consequence of the lack of response of the State in the social sphere. After being “extended arms” of the governments as social services providers, a new generation of NGOs is emerging in the frontiers of the State and the vulnerable groups. They are characterized by the development of new responses to cope with unsolved problems, most of which are later assumed by the central governments. Their role is to challenge the formal structure of public services, questioning their designs, providing alternatives and opening the path for future trials. In my vision, through them is the only way that innovation could enter into the field of social policies.

NEEDS OF THE COMMUNITIES IN TERMS OF RESEARCH

Though we do not intend to represent here the “voice” of the communities, our contact with some of their members help us to identify some possible needs in terms of research.

La Florida. A discussion took place during my visit to the area about the feasibility of building a public hospital in the *comuna*. Being one the largest comunas of Santiago, is difficult to accept that there is not a public hospital within the boundaries of *La Florida*. However, public funds are not available for such giant enterprise and alternatives for construction and posterior management through the private sector are currently being studied. An informed discussion, with accurate information about the cost and benefits of each course of action, is required. Is my feeling that the community need to shed light on a public discussion that is monopolized by stereotypes about advantages and disadvantages of public versus private services.

Casavalle. Due to the lack of skills and preparation to find a job, NGOs are developing a wide range of training programs, particularly oriented toward the youth and females head of households in the neighborhood. However, this strategy is not sustained in a serious, rigorous and reliable study of the labor market in the area (and surroundings). In consequence, NGOs designed their vocational training programs based on fragmented pieces of information and without coordinating actions with each other. The result is a significant overlapping effect in the programs, with high concentrations in some specific fields (ie. metallic carpentry). A thorough research of the labor market, collecting the opinion of main entrepreneurs and the skills their required would be a need in term of research for this community.

El Cerro. A significant need for this community is related to the poor vial network and the lack of a good transportation system inside the neighborhood. Thought as a way to move people in and out the area, the public transport has insufficient services to bring people together and connect them with the main locations in the area. In fact, some residents express great discontent when they narrate the efforts they made to reach the nearest health care center or the commercial zones. A study of the possible alternatives that could remedy this restrictions to spatial mobility in the area would be of great help for the community.

ASSESSMENT OF THE MECHANISM OF COLLABORATION DEVELOPED WITH THE MEMBERS OF CLASPO'S PROJECT

This work couldn't have been possible without the generous collaboration of many individuals, institutions and networks that provided valuable information to the research. I was particularly impressed by the openness of local NGOs in Santiago and Montevideo who shared recent diagnostics and reports of great value.

As part of Claspo's network, Dagmar Rascynski, Francisco Sabatini, Ruben Kaztman, Vicente Espinoza, Francisca Marquez and Guillermo Wormald were very helpful in suggesting contacts, bibliography, or new insights to the project. Rolando Franco in CEPAL's regional headquarters facilitated the access to recent publications from his *Division Desarrollo Social*. In Montevideo the staff from the *Universidad Catolica* were also very supportive with logistic and academic issues.

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APPENDIX I.

LIST OF PEOPLE INTERVIEWED AND VISITED INSTITUTIONS

In Montevideo (May 20th- Jun 20th, 2003)

- Members of Coordinator Unit of *PROJOVEN* (Youth Vocational Training Program)
- Mag. Javier Lasida. Director of *Programa Projovent*
- Lic. Cecilia Severi. Escuela de Nutricion. Investigadora CLAP
- Cdora Florida Rios. Coordinadora del Postgrado en Administracion de servicios de salud de la Facultad de Medicina
- Mag. Agustin Lapettina. Member of NGO El Abrojo (Casavalle)
- Lic. Joaquin Serra. Sociologist. Specialist in health sector.
- Mag. Carlos Filgueira. Social Science Dept. at Universidad Catolica.
- Cecilia Rado. Director of *Barrilete* Program. NGO El Abrojo (Casavalle)
- Maria Luz Osimani. NGO Ides.
- Visit to the headquarters of the governmental program on family and childhood (IDB)
- Pedro Incio. Director of the salesian NGO *Tacuru*
- Alvaro Arroyo. Consultant for UNICEF
- Alejandro Gherardi. Panamerican Health Organization.
- Josefina Mora. Coordinator of NGO *Casalunas*
- Jill Foster. Coordinator of the Social Policy Dept. at NGO CLAEH.
- Daniel Biaggioni. Local development program in CLAEH
- Marta Napol. Health program in CLAEH
- Visit to the full time school in Casavalle (Lidita Blanc)
- Eloisa Klasse. Board member in Apex (Cerro) and Social Worker in public school of Casavalle.
- Marcelino Zino. Director of *Policlinica Municipal Casavalle*.
- Ruben Kaztman. Director IPES – Universidad Catolica
- Paula Baleato. NGO El Abrojo
- Wiston Benia. Director de public health services at the Ministry of Health.
- Seminar on Mental health and networks, organized by Apex (Cerro)
- Inauguration of new headquarters of NGO *Casalunas*
- Gabriel y Jaqueline. Residents in el Cerro.
- Gustavo Leal. Director of NGO El Abrojo. Specialists in Social Policies.
- Mariana Aguirre. Social Worker of Programa Apex
- Lilian Echebarne. Director of municipal health clinics networks.
- Barros y Victor Bagurskas. Subdirector and Director of the Primary health center in el Cerro.
- Visit to the Archive and library in Apex Program. Victor, librarian.
- Gabriel Wajner. Director of *Policlinica Santa Rita* in Casavalle
- Visit to the Vocational Training school Don Bosco (Casavalle)
- Eden Echenique. Board member of Apex program and doctor. (Cerro)
- Ruben Casina. Director of Apex program. (Cerro)
- Visit to the primary health centers in el Cerro with Victor Bagurskas, Director of *Centro Coordinado del Cerro*.
- Family Doctor of *Policlinica Maracana Sur*, Dra. Adriana
- Rosa Nunez. Leader and neighbor in Barrio Artigas, Cerro.
- Visit to some areas of el *Cerro* with Mariana Aguirre. Social Worker, Apex.
- Visit to the *Policlinica Municipal Casabo*.
- Nurse Ana Blanco. *Policlinica Munincipal Casabo*
- Dr. Daniel Alonso. Subdirector of *Hospital de Clinicas*, University Hospital.
- Magdalena Furtado. IPES. *Encuesta Continua de Hogares*
- Nieves Martinez and Gloria Canclini. Directors of the European Union Program for Peripheral areas in Montevideo. *Programa Pappum. MEC/ Union Europea*.

- Ana Laura Scarencio. Coordinator of NGO *Organizacion San Vicente* (Casavalle)
- Elida Lopez. Leader and neighbor in Casavalle. Volunteer at the local policlinic and runs a *merendero barrial* (food services)
- Luciano Gaiero. Student at the Master Program of Social Policy in NGO Claeh.
- Marino Guidice. Educator in Vocational Training School Don Bosco (Casavalle)
- Rosario. Educator in Vocational Training School Don Bosco (Casavalle)
- Celso and Juan Aliaga. NGO Nueva Vida (Focolares) (Casavalle)
- Ana y Gabriela, members of Social Policy Dept. in NGO Claeh.
- Anita. Director of *merendero barrial* in *el Cerro* and of Child Care Center *Mil Colores* supported by the Municipality of Montevideo.
- Marcelo Bentos. Member of NGO IPRU.
- Jose Arocena. Local Development Specialist. Faculty at the Catholic University.
- Carlos Cavazin, assessor of Health Minister

In Santiago (June 21st-July 17th, 2003)

- Dr. Patricio Silva and team. President of *CAPREDENA* (Caja de Prevision de la Defensa Nacional)
- Dr. Eduardo Gallego. Responsible of Elder Program in *CAPREDENA*.
- Visit to the *Centro de Rehabilitacion para adultos mayores* in the *comuna* of *La Florida*
- Collective interview with the health team in *comuna* of *La Florida*
- Visit to the municipal health clinic *Marfioletti* (La florida)
- Visit to the *Circulo de Oficinas de las FFAA* in Puente Alto
- Visit to the *Circulo de Oficiales de las FFAA* en San Bernardo
- Visit to Primary health Center *Fernandez*
- Mapuche leader related to the municipal health care center
- Visit to the therapeutic community for drug abusers in *La Florida*
- Visit to dual patients center supported by the municipality of *La Florida*
- Visit to a teenager pregnancy project supported by the municipality of *La Florida* (Damas Salesianas)
- Visit to the *Circulo de oficiales* in Valparaiso, Vina del Mar and Villa Alemana.
- Visit to the rehabilitation center in Limcache
- Vicente Espinoza y Francisca Marquez, USACH, Centro de Estudios Avanzados.
- Visit to the central offices of NGO *Sur Profesionales*.
- Lucho Magallon, director of NGO *Sur Profesionales*
- Board of directors of church based NGO *Damas Salesianas*
- Luis Wesinstein. Psychiatrist. Specialist in community health.
- Dagmar Rascynsky. Asesorias para el desarrollo. CLASPO Network
- Carlos Oxenius. Specialist in citizen participation in the health sector.
- Judith Salinas. Ministry of health. Director of the Health Promotion Dept.
- Mario Villalobos. Health Specialist in NGO *Sur Profesionales*.
- Ana Maria de la Jara. Director of NGO Cordillera and president of the National Association of NGOs.
- Carmen Celedon. Consultant in Health.
- Diego Palma. Specialist in Social Policy. Faculty in Universidad Arcis.
- Maria Eugenia Calvin. NGO EPES. Director
- Antonio Infante. Subsecretario del Ministerio de Salud Publica
- Angelica Verdugo. Ministry of Health. Director of the Primary Care Dept.
- Lorena Nunez. Anthropologist. Specialist in access to health services by minorities in Santiago.
- Guillermo Wormald. Faculty at the Sociology Dept. in Universidad Catolica. CLASPO Network.
- Cesar Pagliai. Anthropologist. NGO Cordillera.
- Dante Gasic. Salesian Father in charge of the *Centro Juvenil* in *La Florida*
- Rolando Franco. Director of Division Desarrollo Social in Cepal
- Visita a la sede de CEPAL. Compra de publicaciones.
- Patricia Flores. NGO Caleta Sur. Comuna Lo Espejo.

- Visit to the Ministerio Secretaria General de Gobierno, Division de Organismos Sociales. Jaqueline Gonzales and Marcela Hernandez. Division de Organismos sociales.
- Visit to NGO EPES.
- Francisco Sabatini. Universidad Catolica. CLASPO NETWORK
- Jimena Inostroza. Public Hospital of Puente Alto and former social worker of NGO Hogar de Cristo.