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Rapid assessment procedures in urban communities: the experience of the habitat and health project in Barrio San Jorge, Argentina

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• Introduction

San Jorge is a poor squatter settlement of about 2,300 inhabitants in the District of San Fernando (Metropolitan Region of Greater Buenos Aires) in an area of extremely degraded environmental conditions. The zone is liable to flooding, the *barrio* is bordered by a highly contaminated river (considered to be an open sewer), and two gullies into which flow sewer-water and all kinds of refuse. The quality of infrastructure is very poor and drainage services do not exist. More than two-fifths of the population are illegally connected to the public water supply; others obtain water through the intermittent distribution by municipal water tankers or through public standpipes installed in some streets of the *barrio* (Hardoy and Hardoy, 1991). In all cases however, the supply is not continuous, water being available only during some hours of the day.

The *barrio* is divided into two sections: the New Barrio and the Old Barrio. The latter lies on land belonging to eight private landlords while the newer section lies on public land. However, there have been no attempts to expel the inhabitants.

In September 1992, IIED-LA began the implementation of the Habitat and Health Project in Barrio San Jorge, with financial assistance from the International Development Research Centre (IDRC). The project integrated three kinds of activities:

- A *participatory diagnosis* of the main habitat and health problems in the community. This diagnosis was the basis for deciding on.
- A *community activity* (i.e. specific project) on habitat, chosen jointly through participation between project team members and the inhabitants, to both illustrate the link between habitat and the population's health level and to

promote improvements in living conditions related to these two factors.

- An *evaluation* process of both the results achieved and the methods used, continued throughout the project.

This article describes how three preliminary focus groups were 'piloted', to test participatory methodologies on a small scale. The aim of the focus groups was to explore a method of working which would enable us to get to know the people's perspectives on the main health and habitat problems of the *barrio*, thus enabling joint progress in the design and implementation of social initiatives. The results of this initiative helped to restructure the use of participatory methodologies in the second stage of the project. There was some concern that the health-care system (local, provincial and national) did not reflect the community's priorities. Therefore the objective was to diagnose the main health and habitat problems of the *barrio* with the community, and outline and discuss with the inhabitants joint activities and new ways of working together. Another objective of the exercise was to identify local facilitators with whom to work to resolve these problems. The aim of this article is to show the main lessons emerging from the use of a focus group methodology in a low-income urban community.

• The focus groups: context

The design, implementation and organisation of the focus groups was made more difficult due to the high level of demotivation and lack of respect for local institutions (be they government, non-government, or private). The community has a history of non-participation, marked mainly by authoritarian control during the years of military

dictatorship. For 20 years (1962-1982), San Jorge was controlled by an Antioch Church priest who introduced very strict controls; he decided who could enter or leave the *barrio*, at what times, and also laid down 'guidelines for acceptable behaviour'. During this period, any attempt at community organisation was rapidly stopped. When the priest left the *barrio*, the inhabitants believed that any activity or dialogue with neighbours was useless and even dangerous.

From 1983, the strengthening of the democratic movement in Argentina allowed the emergence of initiatives to improve conditions in the *barrio* supported by the Church, various NGOs, and local or provincial government. However, due to continuing difficulties these initiatives have only been introduced on a limited scale. The change of government, the difficulties in coordinating local participation, and the lack of continuity in project implementation are some of the factors which have limited the potential of these initiatives to motivate and support the local residents to get involved.

The experience of negotiation over land-ownership is very illustrative of the problems. Since 1988, IIED-LA has been working in Barrio San Jorge with various activities to promote community organisation. The joint work of the NGO and the residents achieved a new level of activity in 1992 when the people of the *barrio* established 'Our Land' Cooperative of Land and Housing with the aim of achieving legal tenure. For two years, the Cooperative, with the help of IIED-LA, has been negotiating with the local authorities for the transfer of the tenancy of the land. The negotiations have not yet been successful, causing the enthusiasm and involvement of the community to fall. This experience has reinforced a general feeling within the community that they are always at the bottom of the authorities' list of priorities and that projects bring only promises.

This is the general context within which the Habitat and Health project was implemented. The choice of a focus group methodology plus other methods of bringing people together were determined by the need to ensure high levels of participation within a demotivated community and to prevent the usual low level of attendance at group meetings. This in turn had consequences in the development of the work, as will be shown.

- **Criteria for the choice of the groups**

It was decided that three focus groups would be formed, each made up of groups of participants with distinct characteristics. The choice of the participants and the place and time of the meetings were determined by the need to encourage participation in the activity and avoid poor attendance. It was hoped to use the setting up of the focus groups both as an exploratory activity to identify the limitations of the methodology and to identify any useful aspects for the second phase of the project. Three distinct groups were defined:

Focus group A

Ten young people of both sexes between 16 and 22 years old drawn from a weekly study-group associated with the local parish. There were three reasons for establishing a group with young people. First, young people are not usually integrated into the development activities of the *barrio*. Second, little is known about their perceptions of community problems (and, specifically in this case, of habitat and health). Finally, it was hoped that it would be possible to explore the perceptions of this age group as potential members and leaders of the activities to be implemented within the framework of the project.

This particular group of young people was selected because their meetings were already established and running. This reduced the problems of ensuring good attendance at the focus group discussions. However, it also offered the added benefit of including the perspectives of a group with interests in religious study plus a commitment which could be assumed to be greater than that of the majority of the young people in the *barrio*. However, a disadvantage is that the group may not be representative of other young people in the *barrio*.

The group already included both men and women. It was considered inappropriate to interrupt existing group dynamics, and unlikely that discussion of the subjects covered in the initial meetings would be affected by the presence of participants of both sexes. However, it will be necessary at a later stage to work in single sex groups in order to include a discussion of sex-specific health problems.

Focus group B

Twelve mothers who bring their children to the Mother and Child Centre were invited to participate in the second focus group. The Mother and Child Centre caters for children six weeks old to five years. This group offered an opportunity to better

understand the perceptions of women (in their role as mothers) about the community's habitat conditions and their relation to their children's health problems.

The discussions took place in the Mother and Child Centre prior to a pre-arranged talk by a nutritionist and doctor, in which mothers were informed of the results of a clinical analysis of each child at the Centre. Mothers had their own interest in participating in the meeting with the doctor and it was hoped that joining the two activities together would reduce the problem of non-attendance.

The meeting of mothers with children at the Centre was also interesting because it drew together children from families in both the Old and New Barrio with very different levels of participation and integration into the community activities of the *barrio*. This therefore enabled a discussion with a more representative range of visions and perceptions of different families in Barrio San Jorge. It is possible that mothers with children at the Centre may have been influenced by the attention children receive, the contact with the Centre doctor and the education work of the teachers. However, it was also felt that the group offered possibilities for an interesting discussion with good attendance.

Focus group C

Twelve mothers benefitting from the water and drainage works being carried out as a pilot project within the same programme of activities were invited to take part in the third focus group. The choice of this group was based on the expectation that the benefits received from the water and drainage works would be a motivating factor for participation. Furthermore, it was considered that the perceptions of the problems of habitat and health held by mothers in this group could be particularly important for better understanding how the development of infrastructure improvements was changing perceptions of the relationships between habitat and health.

- **The process of the focus groups**

Each focus group had two facilitators, one to coordinate participation and the second to take notes. In addition, a tape-recorder was used to record the meeting if all participants agreed. Various activities were planned to encourage participation, including the use of sub-groups, report-backs and brainstorming. These activities

were felt to be necessary because of the previous difficulties encountered by the social workers in the *barrio* when trying to promote discussion with a high level of participation.

Calling the meetings

Each of the three group meetings was called by a social worker belonging to the Barrio San Jorge team. Different methods were used to advise each group of the meeting. Group C (from the pilot project) was advised by a verbal invitation to each mother. The members of group B (from the Mother and Child Centre) were invited to both the focus group and the talk with the doctor. The youth group was called through a verbal invitation made to the leader of the group and without individual invitations to each participant.

Level of participation

The level of participation varied between the focus groups. There was a low level of participation in Group B, with only five of the 12 participants attending. Seven young people came to group A. Only two mothers came to group C and therefore these discussions were not considered to be the outcome of a focus group. Instead, points made during the informal discussion were considered to be complementary to the information obtained from the other groups. Because of this, only the work carried out by groups A and B will be considered.

In both focus groups there was active participation by those attending, the conversation was very intense and very fluid. In each case, the meetings took on their own dynamic from the start, which the facilitators respected. The active participation of the people from the start, showed that enlivening techniques such as brainstorming were unnecessary, and would have been an interruption rather than an aid to the fluidity of the conversation.

- **Lessons learned**

The methodology of defining and calling focus group meetings had both positive and negative aspects which need to be further considered before these techniques are used in a second phase of the project.

Group motivation

The method used for calling meetings must be revised. It is difficult to achieve high levels of

participation and potential motivating factors need to be explored. The means used to help ensure high levels of participation had some negative consequences for the effectiveness of the technique.

In Group A, the invitation to each participant was made by the group leader who did not give each group-member a precise and individual invitation, due to the group's own ways of handling information. Consequently participants did not have a clear idea that they were going to take part in a research activity. The meeting was timed to immediately precede their regular weekly meeting and therefore members that turned up to the focus group were likely to stay (regardless of their motivation) because they had to wait for their own meeting to start.

The method used to call Group B had similar problems, being designed to immediately precede another meeting. The discussion took place on the premises of the Mother and Child Centre, the room was not sufficiently isolated from the day-to-day activities of the Centre and there were numerous interruptions by children and teachers.

It is necessary to find ways of guaranteeing participants' involvement by designing motivating elements which at the same time ensure that they come voluntarily. It is also necessary to ensure that enough time is allowed for the development of activities and suitable premises provided.

Despite these difficulties, the discussions were very wide-ranging. In the two focus groups which took place the participation was active, with a constant dialogue and exchange of information. Given this level of activity, the complementary methods that had been planned (use of boards, formation of sub-groups and brainstorming exercises) were not necessary.

Discussions on habitat and health

The focus groups enabled joint discussion to take place between the team and participants about habitat and health problems. In both cases there was a discussion of the role and responsibilities of the community and relations with different local authorities. Various suggestions to help ensure more active participation from the community in the second phase of the Habitat and Health Project emerged from the young people's group. They also considered how young people in general might become more involved in the Community Cooperative. The group agreed that they would

continue to hold meetings on these subjects in order to define a specific work proposal.

This experience shows that, in principle, if space is created for people's participation there is potential for joint work between the community and other agencies active in the *barrio*. This also demonstrates that participatory activities have the potential to foster greater community involvement in debate, new proposals for community development and for the emergence of community leaders.

• Conclusion

Participative research is the basis for improved project sustainability in the medium and long term. Only the involvement of the population can ensure success of initiatives at community level and the techniques of participatory research are an important tool to secure this involvement.

At the same time, the effective implementation of these techniques is not straightforward and there are obstacles that must be overcome. In settlements with low levels of organisation and participation, only a long and slow process can reverse this situation. In this context, experience shows that in many communities people are reluctant to take part in research activities, partly because it is not always clear how it will benefit them, and partly because of previous research projects that have been implemented without clear aims or visible results.

In this first experience of the Habitat and Health Project, these problems were not fully overcome. Participation was active in the focus groups that took place and showed how the discussion could identify points of interest for the organisation of community work, but at the same time the method used to form the meetings affected the nature and content of discussions and the relation between facilitators and participants. An evaluation of this experience has been used to revise the working strategy for beginning the second phase of this project, in which the water and drainage works will be extended throughout the *barrio*.

It is important that there is a clear understanding of the meaning of participation and the stage at which supposed beneficiaries should be involved in community projects. From our perspective, participation is a process through which the community takes part in the design and implementation of a project, in order both to strengthen their ability to analyse problems and to

propose solutions to the various agencies involved (state, NGOs, private sector). This must also incorporate a training programme to enable the community to handle the resources mobilised by the project. This definition of participation recognises the need to form strategies for work with low-income communities; rather than being about a process of participative research, it uses participative research as a tool within a general process of community strengthening and participation.

Participative research thus poses a challenge; it is a critical instrument to support a social development process at the community level; at the same time, its design must also promote participation by the population within the programmed activities. Such aspects will vary in each local case, and must be designed taking into account the specific community's level of participation and organisation.

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