

COVID-19 STRATEGY

BARRIO MUGICA

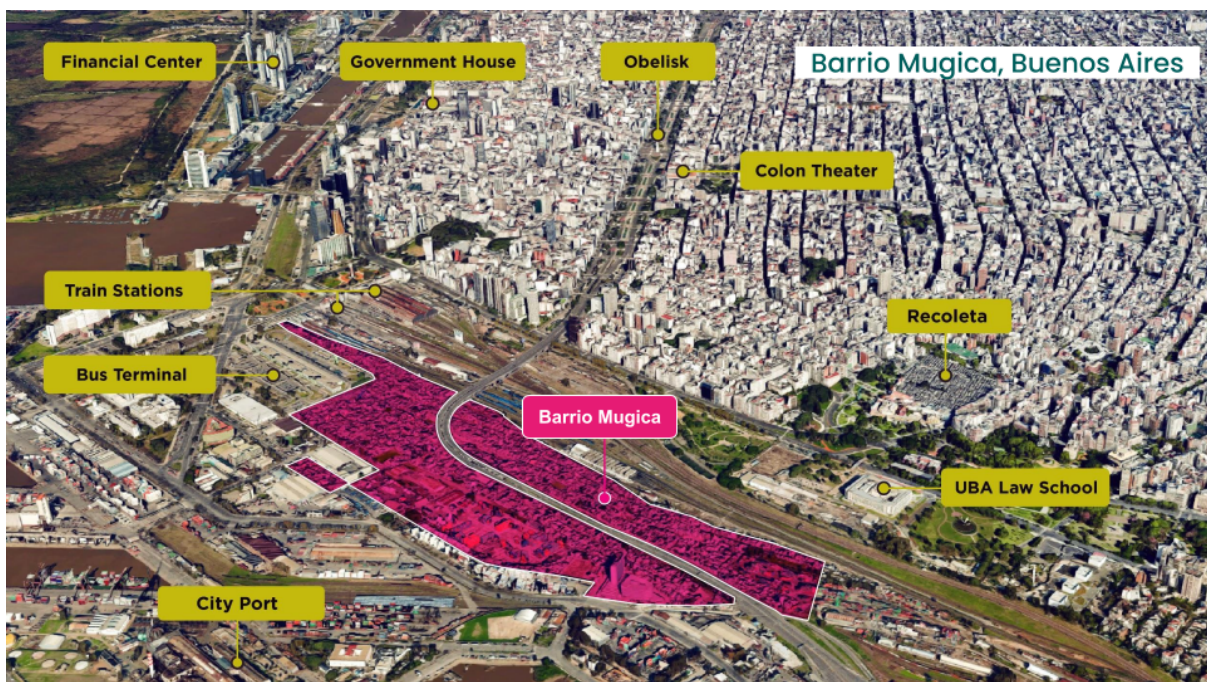




INTRODUCTION

THE NEIGHBORHOOD

Barrio Mugica, also commonly known as Barrio 31 or the former Villa 31, in Buenos Aires City, is currently undergoing an unprecedented process of social, economic and urban integration. It is one of the main informal settlements in Argentina, where more than 40,000 people live. This makes it, by itself, a city within the city. However, in its more than 80 years of history, the neighborhood has been isolated from the rest of the city in physical terms - a highway crosses it and it is enclosed by railroad tracks - and also in social terms: more than 50% of informal income, low educational levels, among other indicators that show the level of vulnerability of its population and its differences with surrounding neighborhoods.



At the end of 2015, the Secretariat of Social and Urban Integration was created with the aim of leveling rights, conditions of possibility, but also responsibilities. To make the Barrio Mugica, in all its aspects, another neighborhood of the City.

Based on a holistic approach, it works on a multiplicity of issues to improve the quality of life of its residents and achieve the integration of the neighborhood to the City. This includes: 17 kilometers of infrastructure works, renovation and creation of public spaces, improvements in existing housing and construction of more than 1,200 new homes, creation of 3 new schools and 3 new health centers, and a comprehensive



work of economic and social development and integration. All this management is based on the participation of the neighbors in the process and respect for the history and socio-cultural diversity of the neighborhood.



Barrio Mugica 2021

Website: <https://www.buenosaires.gob.ar/jefaturadegabinete/integracion>

PANDEMIC COVID-19

The COVID-19 pandemic highlighted issues that are no less central to thinking about the world today and in the future: inadequate health systems, social gaps, housing shortages and structural poverty. If our objective is to achieve long-term transformations, we must look them in the face and offer sustainable solutions.

In Argentina, particularly, these problems are especially visible in informal neighborhoods. Urban population growth is unstoppable and, hand in hand with it, informality, deficiencies in access to services and opportunities.

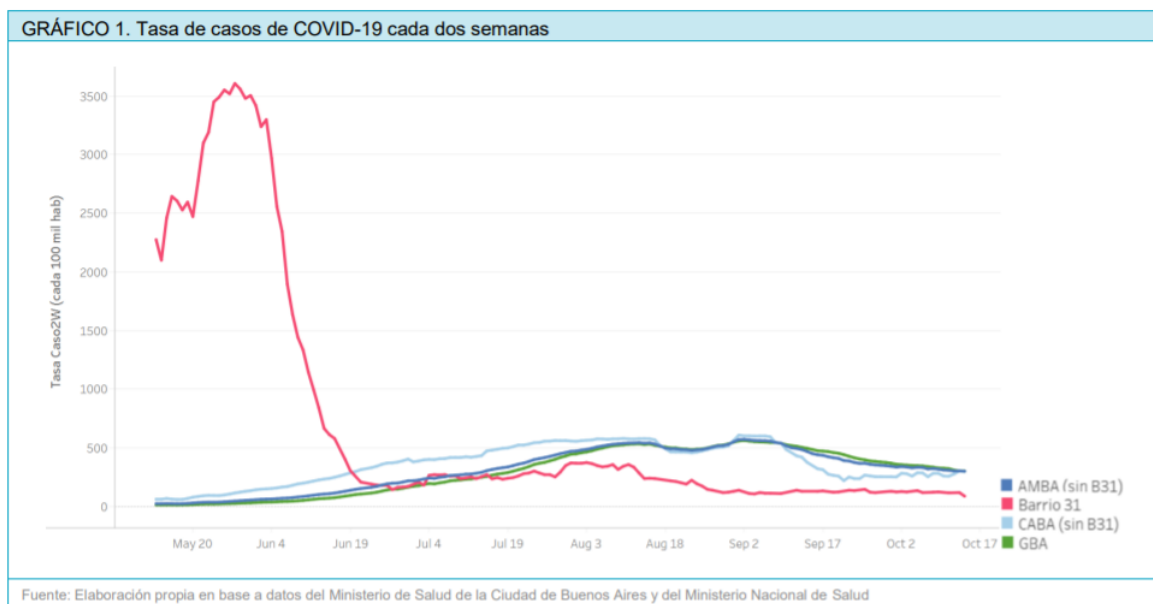
COVID-19 particularly affected metropolitan areas. In Argentina, almost six months after the declaration of the pandemic, 81% of the country's cases were among people residing in the Buenos Aires Metropolitan Area (AMBA). However, not all people were equally exposed to infection. The inequalities inherent to the region, where nearly 50%



of the population lives below the poverty line and 20% lives in informal settlements (INDEC, Household Survey 2019 and Census 2010), affect the way in which the virus affects the population. This gap is especially visible in informal neighborhoods. In these territories the growth of infections was more accelerated than in the rest of the formal city and the population-adjusted mortality rate was also higher in these neighborhoods.

At the start of 2020, the Mugica Neighborhood Social and Urban Integration Project had a very clear plan: to finish the works, formalize public services, continue with the moving of the families living under the Illia Highway to the new houses, deepen the economic development policy, among other things. But COVID-19 arrived.

The first outbreak of cases of the pandemic in Argentina occurred in Barrio Mugica. Only 37 days elapsed between the first confirmed case and the so-called peak of cases.



Rate of COVID- 19 cases observed every two weeks. Source: COVID-19 Containment Strategy in the Barrio Padre Carlos Mugica: Process Evaluation, CIPPEC, MARÍA LAFFAIRE, AGUSTINA SUAYA.



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Últimas Noticias Coronavirus Aquellos que hemos perdido Estadísticas de la pandemia Podcasts [Regístrate a nuestro Newsletter](#)

CORONAVIRUS

Se confirmó el primer caso positivo de coronavirus en la villa 31: es una mujer y está aislada

La paciente tiene 43 años, es asmática y está desempleada. Comenzó con síntomas la semana pasada y el 17 de abril fue trasladada a hospital para continuar el tratamiento. Advierten de la problemática del hacinamiento

21 de abril de 2020

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MÁS LEÍDAS

- Vivió en la calle. Madonna le ofreció USD 20 millones por un hijo, terminó a Michael Jordan y hoy está casi en bancarota: gloria y ocaso de Dennis Rodman
- Bono Anses: paso a paso, cómo hay que reclamar si las solicitudes fueron rechazadas
- Una misteriosa complicación en la sangre está matando a pacientes con coronavirus
- Mauricio Macri firmó un documento que cuestiona al Gobierno y alerta sobre el avance del populismo por el coronavirus

El nombre de López Obrador

CIUDADES

El avance de la pandemia

Coronavirus: confirman el primer caso en la Villa 31 e insisten en que es difícil mantener el aislamiento en barrios populares

Se trata de una mujer que fue trasladada a una Unidad Febril de Urgencia. Según el Gobierno porteño, las personas con las que tuvo contacto estrecho permanecen aisladas en sus viviendas.

SUSCRIBITE

LA NACION | SOCIEDAD | CORONAVIRUS

Coronavirus en la Argentina: confirman el primer caso en la villa 31 de Retiro

RECOMENDADOS

Coronavirus. La paradoja que faltaba: se enfermó la salud

Coronavirus en la Argentina: un roedor de gran tamaño apareció en la terraza de una vivienda de La Boca

El acertijo matemático "imposible" de resolver que genera furor en las redes

¿Qué es la misofonia, la rara enfermedad que padece Natalia Oreiro?

MÁS LEÍDAS DE SOCIEDAD

- 1

Confirman el primer caso de coronavirus en la Villa 31 Fuente: LA NACION - Crédito: Jorge Vidal

RADIO PERFIL

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SOCIEDAD / PREOCUPACIÓN ENTRE LOS VECINOS

Se confirmó el primer caso de coronavirus en la Villa 31

Se trata de una mujer de mediana edad que presentó síntomas compatibles con el COVID-19 el viernes pasado. Se aplicó el protocolo sanitario y fue trasladada y atendida en la Unidad Febril de Urgencias del Hospital Fernández

por Claudio Canali

Villa 31, Retiro: CEDOC FOTO: CEDOC

NOTICIAS

Este martes se confirmó el primer caso de coronavirus en la Villa

Pensando el coronavirus

Entrevista por Jorge Fernández

Federico Aurelio: "La valoración actual de Alberto Fernández está en picos históricos"

Luis Costa: "El sistema político intenta intervenir en la economía y eso dura poco"

José Luis Espino: "La caída del PIB puede ser peor que la del 2002"

Margarita Unger: "No hay que depender de la confianza internacional si se va un proyecto rebeldía de desarrollo nacional"

Media coverage in Argentina



INTERNAL REORGANIZATION

The Secretariat of Social and Urban Integration had to quickly reorganize itself and create a new work structure focused on the new priorities given by the new context of the unexpected health emergency. Once the preventive social isolation was decreed on March 19th, the Secretariat started to work with a new structure that focused on three work axes: health coordination, economic relief and territorial containment, accompanied in a transversal way by a new communication strategy and a new strategy for the implementation of priority urbanization projects in the new context.

The strategy focused on the following axes:

- **Strengthening strategic alliances:** the urgent and emergency situation that arose with the COVID demands coordinated work with the actors in the territory and the search for new alliances to make the strategy devised viable. This implies strengthening the dialogue and the search for solutions together with the organizations and referents of the neighborhood. It required the creation of a new figure of neighborhood promoters: neighbors trained in health and prevention protocols, to transmit information directly to their neighbors. At the same time, the inter-ministerial work within the City Government and the coincidences with the National Government are reinforced. It is also essential to highlight the role of international institutions -IDB and World Bank- that support the integration project and that of the private sector, in addition to adding their knowledge, tools and views to effectively face the emergency.
- **Communication and prevention information:** given the impossibility of maintaining the same level of face-to-face interaction, we have reinforced the non-face-to-face communication channels through social networks, messaging and phone calls. Today we have contact bases of 15,000 neighbors for calls and more than 8,000 by WhatsApp.

We also focused all the posters on public roads on the prevention messages about the virus, as well as on providing the necessary information and the new communication networks with the Secretariat. In the same way, we articulated with neighborhood businesses, delivering supplies and signage to reinforce prevention among their customers.

At the same time, we set up specific work tables on communication with referents and organizations.



- **Care of the population at risk:** we identified the sectors of the neighborhood population that are most at risk from the virus, being the elderly, those with pre-existing conditions and those in conditions of critical overcrowding. A sponsorship program was designed for those older adults who live with the possibility of complying with the physical distance, which consists of maintaining daily telephone contact and fortnightly visits with provision of food, access to medicines and provision of hygiene supplies. Currently, 296 older adults are in this situation. In the case of those who live in intergenerational homes and have no possibility to comply with it, we have set up centers in the neighborhood.

In the same sense, we are assisting not only the elderly, but also the close contacts of confirmed cases of COVID-19 and those who have already had the disease with hygiene kits and food so that they can continue the preventive isolation in their homes.

In addition, we continued the resettlement process of families living under the Illia Highway under special authorization and complying with strict safety protocols, prioritizing the relocation of the population in the most critical housing conditions.

- **Early detection of cases:** together with the National and City Ministries of Health, we launched an active search operation for cases, based on close contacts of those cases already confirmed. The operation consisted of 12 posts in the streets of the neighborhood -where we took the temperature of the neighbors and answered questions about the virus, prevention measures, among other issues- and the spontaneous attention of those neighbors who presented compatible symptoms. This operation allows the identification, classification (triage) and testing to detect cases before they develop serious symptoms. We have performed more than 2,800 swabs, with high percentages of positivity at the beginning, which then decreased as cases were detected early, avoiding new infections.
- **Mitigation of the socio-economic impact:** as many businesses and workers were unable to continue with their work activities, we reinforced the presence and support from the State to provide food security, working together with community kitchens, neighborhood representatives and through the delivery of products to those who must remain in strict isolation. We also facilitate access



to National Government programs and relief measures by providing information and assisting in the process of processing the IFE (Emergency Family Income) and credits. Through CeDEL (the Secretariat's Center for Entrepreneurial and Labor Development), we seek to support businesses, fairgrounds and entrepreneurs, including a virtual mentoring program and online workshops on commerce and electronic payment. We also support businesses by providing them with hygiene items. At the same time, we launched activities with entrepreneurs in the neighborhood, so that they can continue their sales through an online platform, selling their products to the entire city.

- **Essential works:** we maintained, with the corresponding authorization, the essential works to improve the supply of drinking water and the safe connection to the electricity grid, in anticipation of the peak consumption during the winter.
- **Follow-up:** New information tools were developed for continuous monitoring of the COVID's impact in the neighborhood. This included the development of daily dashboards and reports and dashboards that kept the authorities informed about the evolution of the health situation and allowed evidence-based decision making throughout the process.

Considering the temporary nature of the crisis in the neighborhood and its good results, the City's strategy developed in Barrio Mugica was the first one implemented for informal neighborhoods, giving rise to improvements and lessons learned as it was developed. In the rest of the informal neighborhoods of the City, largely managed by the Housing Institute of the City, the strategy was replicated maintaining the same structure and pillars, with variations according to the characteristics of each neighborhood and the availability of economic and human resources in the territory.

PREVENTION

The City Government implemented a general prevention strategy for the neighborhood and one focused on the most vulnerable population to COVID-19. Thanks to the 2016 and 2017 surveys of inhabitants and other neighborhood programs, it was possible to identify older adults, people with at-risk diseases and pregnant women, in order to actively offer closer accompaniment. For older adults, in particular, the strategy was twofold: they were offered places of isolation in cooperation with a neighborhood institution, for those who live in multigenerational households and could not keep their distance. For those who did not want to leave their homes, sponsorship was offered.



This support consisted of listening through regular phone calls and the delivery of food and hygiene kits to reduce circulation. Of the 629 older adults identified, 327 were sponsored. However, very few accepted the options of isolation outside their homes that had been anticipated by the Secretariat.

On the other hand, prevention posts were set up to serve the neighborhood. These were gazebos where specific information on Coronavirus was distributed and specific consultations were attended, offering referrals to hospital fever units or to the testing center in the neighborhood, once it was installed. These posts were installed in places of high traffic in the neighborhood and were staffed by personnel from the Secretariat, volunteers and referents from the neighborhood and personnel from the Red Cross, who collaborated with the training of the members. There were 11 such posts, where more than seven thousand consultations were registered and almost 400 cases were referred to testing centers. This pillar was accompanied by a comprehensive communication strategy for the neighborhood, which is detailed in dimension 3 of this analysis. In this regard, it is worth mentioning the daily effort to update information according to the official protocols of the Ministry of Health, which indicated the definitions of suspected case and close case with regular changes, especially during the months of April to June.

DetectAR

Behind all these policies, the key was health management: testing, close contact tracing, the search for suspected cases and the care of all the neighbors.

In coordination with the Ministry of Health of the City of Buenos Aires and the National Ministry of Health, on May 5, the first Operative DetectAr was launched in the country for the screening, testing and isolation of positive cases. In less than a month, the infection curve was reversed.

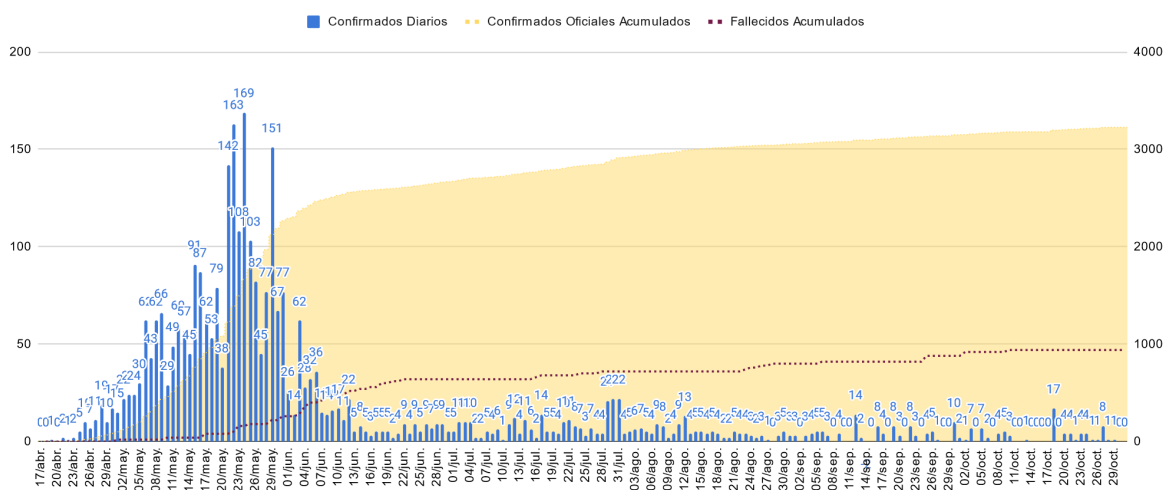


The Secretariat team, together with the health personnel, went through the entire neighborhood every day, door to door, looking for sick people and close contacts of positive cases. In addition, health posts were set up in the main corridors of the neighborhood and the homes of neighbors who tested positive were surveyed to find out their needs and provide support, in addition to following up close contacts.

The Operative DetectarAR worked on several simultaneous fronts: the location (door to door) of suspected cases, the subsequent medical triage to quickly determine the type of care they would need, followed by testing, then patient isolation and the location of close contacts and possible new infections. In addition, this was accompanied by temperature and symptom checks throughout the neighborhood.

[VIDEO: Operative DetectAR](#)

FROM THE NEIGHBORHOOD TO THE WHOLE COUNTRY



The health operation implemented in the neighborhood, especially through the DetectAr mechanism, was the first to be implemented in the country and was carried out in a manner consistent with international recommendations. Coordination between agencies and levels of government posed a major challenge, which was accommodated in practice to be implemented, for the most part, in a coordinated manner. In terms of social and economic support, the City of Buenos Aires did not implement new income support programs, and focused its strategy on support for access to national programs and a significant strengthening of the population's food security mechanisms.



The communication strategy in the neighborhood focused on adapting attention to remote channels, such as WhatsApp, a call center and private telephone lines, dedicating staff from other areas to direct attention. In addition, key messages were coordinated through a specific table that included representation of neighborhood representatives to provide clarity and a common front in the face of the constant updating of health information.

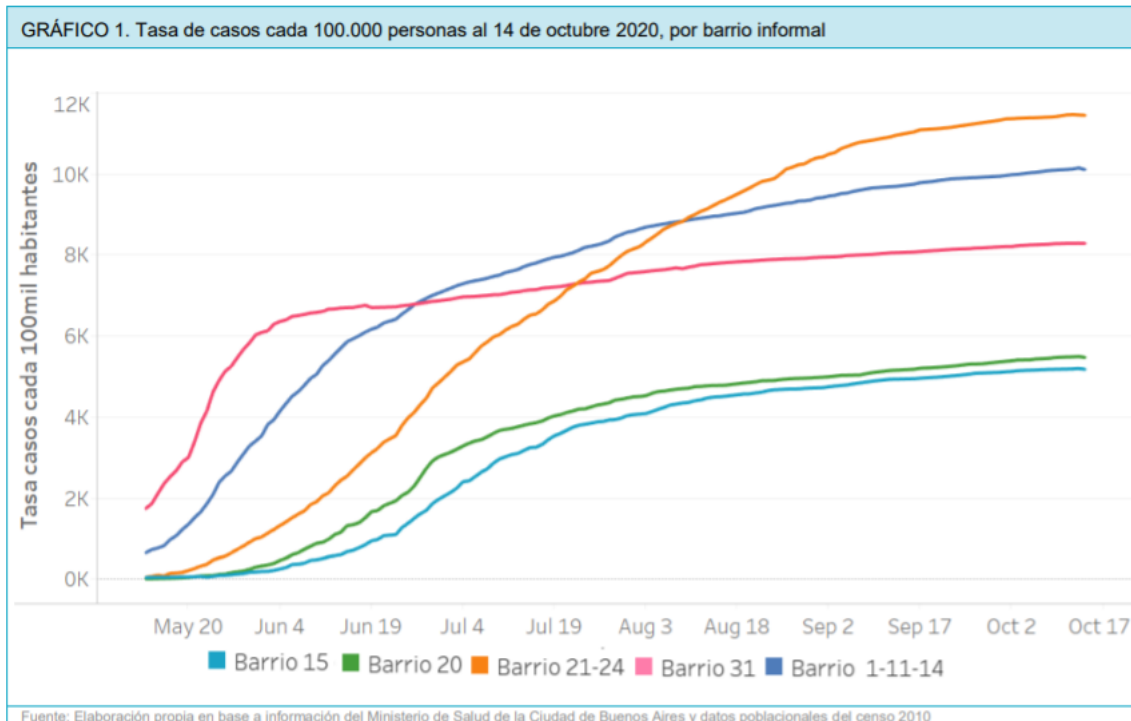
Regarding the last dimension, the Secretariat's monitoring and evaluation was strengthened by the existence of previous surveys and sources of information on the population. This made it possible to segment messages according to target audiences and to facilitate the follow-up of specific needs. Internal coordination was carried out through follow-up meetings between the leaders of each axis of the strategy, and coordination with other agencies was carried out according to the challenges that arose in the implementation of joint tasks.

As mentioned above, the strategy implemented in Barrio Mugica was obtaining good results as it was applied and this led to its being gradually put into practice not only in other informal neighborhoods of the City of Buenos Aires, but also at the provincial and national levels. Also with very good results.

In any case, it should be noted that the degree of progress in the integration process of Barrio Mugica allowed facing this crisis with greater territorial capillarity and better coordination with political and institutional actors. In addition, the knowledge of the neighborhood made it possible to reach, in a short time, a greater number of potentially affected families. The availability of data from neighbors made it possible to identify families living with at-risk populations, communicate on the care and follow-up of infected people, their families and close contacts.

OUTSTANDING SOCIAL IMPACT

COVID-19 particularly affected metropolitan areas. In Argentina, almost six months after the declaration of the pandemic, 81% of the country's cases were among people residing in the Buenos Aires Metropolitan Area (AMBA). However, not all people were equally exposed to infection. The inequalities inherent to the region, where nearly 50% of the population lives below the poverty line and 20% lives in informal settlements, affect the way in which the virus affects the population. This gap is especially visible in informal neighborhoods. In these settlements, the growth of infections was more accelerated than in the rest of the formal city and the population-adjusted mortality rate was also higher in these neighborhoods.



Rate of cases per 100,000 people per informal neighborhood

At the beginning of 2020, the Barrio Mugica Social and Urban Integration Project had a very clear plan: to finish the works, formalize public services, continue with the moving of the families living under the Illia Highway to the new houses, deepen the economic development policy, among other things. But COVID-19 arrived.

The first outbreak of pandemic cases in Argentina occurred in Barrio Mugica. Only 37 days elapsed between the first confirmed case and the so-called outbreak peak.

The Secretariat of Social and Urban Integration rapidly had to reorganize itself and create a new organizational structure focused on the new priorities that were given by the new context of the unexpected health emergency.

Behind all public policies, the key was in health management: testing, close contact tracing, the search for suspected cases and the care of all neighbors.

In collaboration with the Ministry of Health of the City of Buenos Aires and the National Ministry of Health, on May 5 the first DetectAr Operative in the country was launched for the screening, testing and isolation of positive cases. In less than a month, the infection curve was reversed.

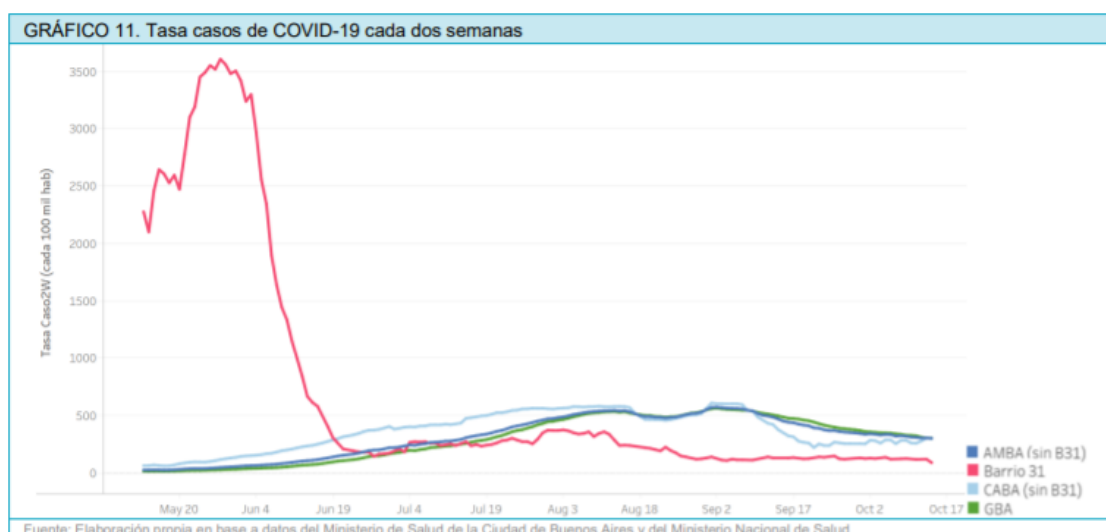


The Secretariat team, together with the health workers, went through the entire neighborhood every day, door to door, looking for sick people and close contacts of positive cases. In addition, sanitary points were set up in the main corridors of the neighborhood and the homes of neighbors who tested positive were surveyed to find out their needs and provide support, in addition to following up close contacts.

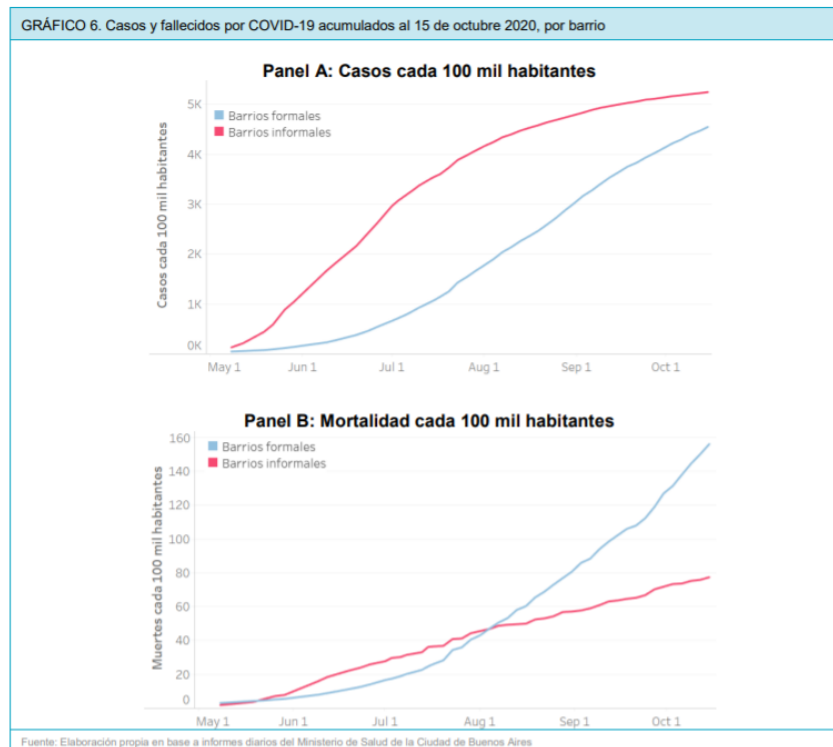
Because of the temporary nature of the crisis in the neighborhood and its good results, the City's strategy developed in Barrio Mugica was the first one implemented for informal neighborhoods, generating improvements and lessons learned as it was developed. In the rest of the informal neighborhoods of the City, largely managed by the Housing Institute of the Buenos Aires City, the strategy was replicated maintaining the same structure and pillars, with variations according to the characteristics of each neighborhood and the availability of economic and human resources in the territory.

Neighborhood comparison

Early strategies implemented in informal neighborhoods were critical to contain or slow the growth of infection curves. Given the presence of conditions that favor local circulation of the virus in the settlements, these operations seem to have been successful in protecting these communities. Compared to the formal city, both Barrio Mugica (Barrio 31) and Barrio Ricciardelli (Barrio 1-11-14) showed a slower growth of cases from mid-June 2020.



Rate of COVID-19 cases every two weeks



Cases and deaths from COVID-19

This is also seen in the death rates, with increases in the indicator of deaths every two weeks of a lower amount with respect to the formal city (either the AMBA, CABA communes or GBA municipalities). In this sense, the population and geographic concentration of informal neighborhoods is both a challenge and an opportunity in this context of crisis.

Strategies in settlements did not always achieve the same results with the same speed. Even when they shared the same critical lines, the containment of the contagion curve in Barrio Mugica was achieved more quickly than in Barrio Ricciardelli. This could indicate that it does not only matter what policies are implemented, but how they are implemented.

The process of territorial integration of Barrio Mugica allowed facing this crisis with greater territorial capillarity and institutional mechanisms that facilitated coordination with political and institutional actors operating in the neighborhood. At the same time, the large number of government personnel with knowledge of the neighborhood made it possible to reach, in a short time, a larger number of families potentially affected by the pandemic. Finally, the availability of data from neighbors made it possible not only to identify families living with at-risk populations at the beginning of the crisis, but also to initiate early communication processes on health care and follow-up of infected people, their families and close contacts.

The degree of progress in the integration process of Barrio Mugica made it possible to face this crisis with greater territorial capillarity and better coordination with political



and institutional actors. In addition, the knowledge of the Barrio made it possible to reach, in a short time, a greater number of potentially affected families. The availability of data from the neighbors made it possible to identify families living with a population at risk, to communicate about the care and follow-up of those infected, their families and close contacts.

It is observed that, it does not only matter what policies are implemented, but also how. Even when they shared the same critical lines, the containment of the contagion curve in Barrio Mugica was achieved more quickly than in Barrio Ricciardelli.

SOCIAL IMPACT

COVID-19 STRATEGY

COMMUNICATE AND RAISE AWARENESS: The impossibility of maintaining the same level of face-to-face interaction with neighbors made it necessary to find new ways of being present and close to them.

- Through different channels it was possible to reach a large percentage of the neighbors with prevention messages.
- Telephone calls:
 - 4,357 real conversations
 - 592 cases transferred
 - 18 min average per call
- Distribution of information and response to doubts and queries on WhatsApp:
 - 9,195 neighbors subscribed
 - 6 messages per week
- Dissemination of daily actions and response to queries:
 - 9 active profiles (Facebook, Instagram, Twitter)
 - +22,000 total followers
- Moving megaphones with audios of awareness messages:
 - 21 weekly hours of tours throughout the neighborhood
 - 7 neighborhood cooperatives involved
- Prevention and distancing signage throughout the neighborhood:
 - 1,550 signs on poles



- 16 street banners
- 400 stores signposted
- 45 community dining centers signposted
- 6,000 posters on the street

PREVENT & STAY CLOSE: We identified the sectors of the neighborhood population at greatest risk from the virus.

- Attention and care measures were promoted for the elderly, neighbors with pre-existing diseases and pregnant women. They were mentored and accompanied:
 - 429 seniors
 - 622 with pre-existing conditions or pregnant women
- New telephone helpline for neighbors to make their formalities and queries without leaving their homes.
 - 7,148 people assisted in a comprehensive way
- Moving was intensified, with new protocols, to improve the living conditions of residents who were living in overcrowded conditions under the Illia Highway.
 - 2,438 people resettled in new housing: +830 families

DETECT & TAKE CARE:

- Identification of people with close contact with positive cases and a "door-to-door" health search operative.
 - +7,000 tests per year
 - 4,000 homes surveyed
- Care of the infected population and its close contacts through personalized follow-up and food assistance.
 - +7,500 food kits delivered to +3,000 neighbors
 - +4,000 hygiene kits

MITIGATE SOCIO ECONOMIC IMPACT:

- Coordination with other areas of the government to increase food rations and ensure their distribution.
 - +22,600 food rations supplied per day (community kitchens, schools and churches)
- Advice to neighbors in the processes of registration and collection of social assistance programs.



- +3,600 people assisted

MACRO RESULTS

The first outbreak of cases in Argentina occurred in Barrio Mugica, but thanks to the work with the entire community, in less than a month the infection curve was reversed. The necessary works to avoid stopping urbanization and to improve the quality of public services throughout the neighborhood continued. Access to these services is an important point to prevent COVID-19 from propagating.

In addition, thanks to the collaboration with stores, entrepreneurs and other economic actors, the effects of the economic crisis were mitigated.

STRENGTHEN STRATEGIC ALLIANCES

- The pandemic also encouraged the strengthening of alliances and the generation of new ones.
 - 2 weekly meetings with community leaders, political representatives, representatives and community organizations.

MITIGATE SOCIO ECONOMIC IMPACT

- Accompaniment of economic activities and training opportunities to adapt to the COVID-19 context.
 - 3 new commercial initiatives with more than 50 entrepreneurs
 - 9 virtual workshops with 294 participants and more than 2,000 views
 - Promotion, assistance in processing and follow-up of bank loans: 38 granted

CONTINUE WITH ESSENTIAL WORKS AND MAINTENANCE

- The required works were carried out to guarantee access to essential public services and improve their quality.
- Telephone hotline for solving problems with basic services: 12,352 requests solved in less than 24 hours each.

MEGA RESULTS

The health operation implemented in Barrio Mugica, especially through the DetectAr initiative, was the first to be implemented in Argentina and the example to be followed by other neighborhoods and cities in the country that implemented it.



In the Autonomous City of Buenos Aires, 30 testing centers have started operating between 9:00 am and 3:00 pm, seven days a week. As of October 28, 2021, 9,277,304 tests have already been performed in the City.

RELEVANT LINKS:

- [COVID 2021 STRATEGY B31](#)
- [COVID-19 Containment Strategy in the Padre Carlos Mugica Neighborhood: Process Evaluation by CIPPEC](#)
- <https://www.buenosaires.gob.ar/jefaturadegabinete/integracion/noticias/un-ano-del-dispositivo-detectar-en-el-barrio-mugica>
- <https://blogs.iadb.org/ciudades-sostenibles/es/asentamientos-barrios-informales-coronavirus-covid19-pandemia-barrio-31-ciudad-buenos-aires-densidad-poblacional-poblacion-vulnerable-medidas-prevencion-contencion/>
- [Video testimonies of recovered people in Barrio Mugica](#)