

EXECUTIVE SUMMARY

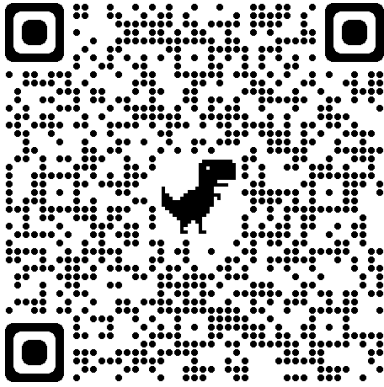
# COVID-19 IN REAL TIME

## COMPARING THE STRUGGLE OF THREE SLUMS IN BUENOS AIRES



Observatory on Latin America (OLA)  
February 2021  
Buenos Aires, Argentina

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*This document is an executive report. Soon the full research will be available through this QR.*



## OLA RESEARCH TEAM\*

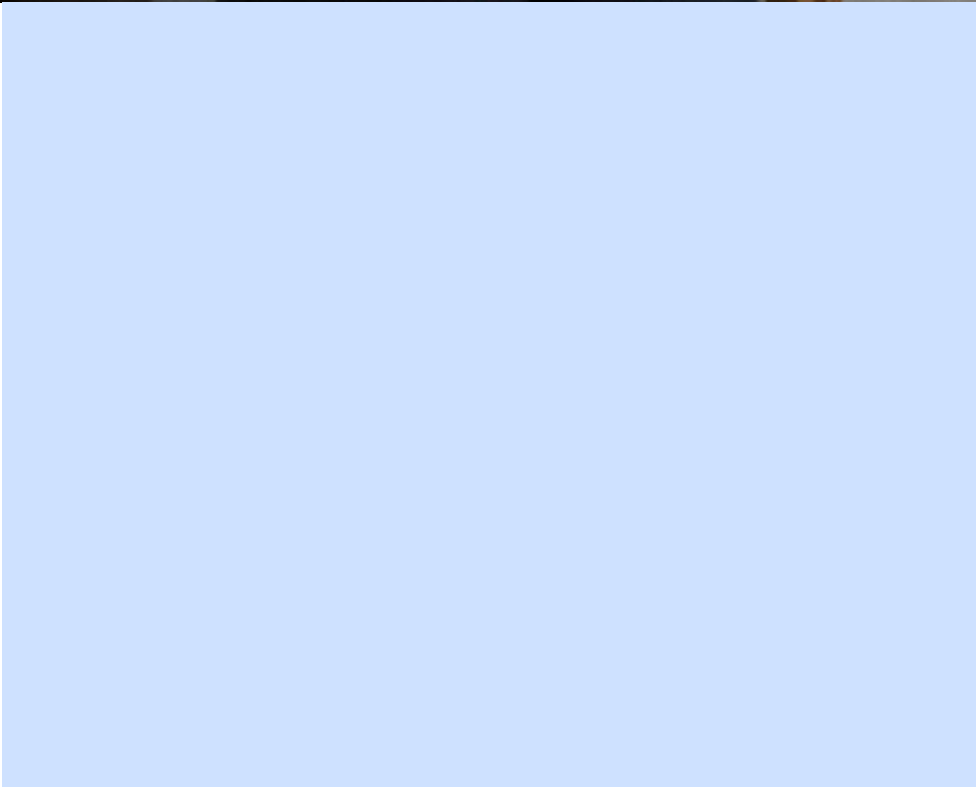
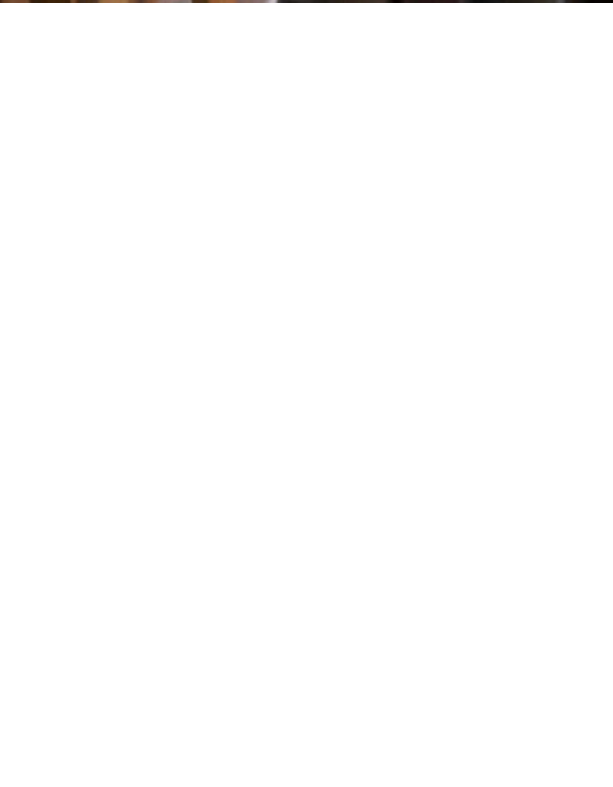
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*\*This work builds on two recent OLA research studies directed by Margarita Gutman y Michael Cohen. The first is Monitoring Processes and Outcomes in Slum Upgrading in Buenos Aires: Villa 20 (2018-2020) for the Instituto de Vivienda de la Ciudad (IVC) of Buenos Aires, coordinated by Ileana Versace and Lena Simet and included team members Carolina Maglioni, Julia Nesprias, Matias Ruiz Diaz, and Maria Belen Fodde. A second study, Villa 20 under COVID-19: March-August 2020, was coordinated by Matías Ruiz Diaz, and carried out by Carolina Maglioni, Maria Belen Fodde, Carolina Diaz, and Daniela Vago. The first two studies were carried out in close collaboration with Juan Maquieyra, Martin Motta, Florencia Almansi, and staff of the IVC.*



# INTRODUCTION

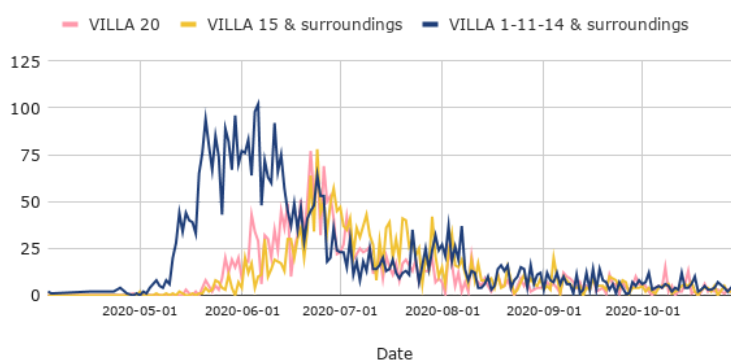
This is the story of an early episode in the war against a pandemic whose end is not yet in sight. The struggle is certainly global, but its impact is painfully local. It is a close look at the experience of three vulnerable neighborhoods in the southwest of Buenos Aires City whose trajectories were similar in the first decades, but whose most recent experience and especially during the pandemic have been different.

This research report seeks to explain why some villas in Buenos Aires have been able to respond more effectively than others to the challenges of COVID-19. This is a comparative history of the actions that took place between March and October 2020 in Villa 20, Villa 15, and Villa 1-11-14, including public policies carried out by government agencies, especially the Instituto de Vivienda de la Ciudad (IVC) and the Ministerio de Desarrollo Humano y Hábitat (MDHyH), and the active collaboration of local organizations. It offers some insights to help understand why the processes unleashed in each of the neighborhoods have had different impacts on the health of their inhabitants.

The heterogeneity in the speed with which the first cases in slums were confirmed is clearly seen in the neighborhoods analyzed in this work. While in Villa 1-11-14 the first case of COVID-19 was confirmed in early April, in Villa 20 it was confirmed in the last week of the same month, while in Villa 15 it was in the first week of May. The peak reached 1-11-14 in the last week of May with approximately 100 daily cases, while Villas 20 and 15 reached the peak simultaneously at the end of June, with 75 daily cases. The early appearance of COVID-19 in Villa 1-11-14, compared to villas 20 and 15, caused the growth of the number of infected people to evolve rapidly, with great difficulties to control the virus.

## COVID-19 CASES EVOLUTION BY NEIGHBORHOOD

Villa 20, Villa 15 & Villa 1-11-14 and surroundings - April to October 2020



Source: Developed by OLA, based on data from the City Housing Institute (IVC), 2020.

Comparative analysis of the three villas shows that the level of consolidation and depth of the previous relations between the State and the local organizations determined the particular response capacity of each of the informal neighborhoods. Some were able to mobilize more quickly than others to unexpected hazards and risks. This difference resulted in a slower growth in the number of cases, which allowed them to gather information and organize interventions.

This may explain why, despite having similar intervention strategies, the assistance policies worked better in some villas than in others. This capacity demonstrates what has been termed “collective efficacy”, referring to the internal capacity of groups to recognize problems and to mobilize to find solutions and effective responses.[1] This study seeks to understand collective efficacy as both



an outcome of diverse factors and as a potential causal force itself. These factors interact in a process of cumulative causation to produce what Robert Sampson has referred to as “neighborhood effects”.[2]

This study identifies three factors affecting the responses to the pandemic: the historical development of each of the neighborhoods, the social conditions when the pandemic started, and the impact of policies and programs by national and municipal governmental institutions in interaction with local organizations. The study outlines how each neighborhood has its own story, reflecting the composition of its residents, their political identities, the impact of city government, as well as a set of territorial factors including their location in the city, and the changing attitudes of public authorities to individual neighborhoods and historical events.



The research team is aware of many studies by public health experts in other countries who have examined the many relationships between social determinants of health, neighborhood dynamics and public health outcomes.[3] This point was made very well two decades ago by Argentine public health expert Dr. Ana Diez Roux who argued that neighborhood differences need to be related to “upstream determinants”.[4] There are

many studies of the methodologies used in this research area, showing the many technical pitfalls and incorrect inferences which can be made. In Latin America there are some initial studies of the spread of contagion in favelas in Fortaleza, Brazil, as well as studies showing how the demarcation of neighborhoods affects the conclusions about the incidence and impact of disease.[5]

This study is notable, because, while the whole world has been affected by COVID-19 during 2020, there are very few studies of how neighborhoods have actually coped with the many challenges that the pandemic has brought. This lack of attention to collective efficacy or neighborhood capacity is surprising, because while the COVID-19 pandemic is a global experience, it is felt differently at local levels. It is hoped that this study can offer some insights into areas of public policy that can be strengthened to prepare for unexpected events and dangers in the future.

# METHODOLOGY

We worked from triangulation on the basis of the combination of qualitative, quantitative, and spatial data collection and analysis methods,[6] to strengthen the findings of the information from each technique used.

- **Quantitative dimension:** included the systematization of data on COVID-19 cases and deaths [7] (daily report of cases and deaths in Villas 15, 20 and 1-11-14 provided by the IVC [8] and official numbers at the city level reported by the Ministry of Health of the City Government)[9] and use of census sources and diagnostic reports (Villa 20 2016 census, Villa 1-11-14 2018 census, and 2010 national census for Villa 15, as well as IVC diagnostic reports). It should be noted that, in some cases, the availability of updated data was limited which constrained the possibilities of comparison between the neighborhoods.
- **Qualitative dimension:**
  - **Semi-structured interviews:** 32 interviews, from an intentional sample,[10] to representatives of the IVC with responsibilities in the villas, to territorial representatives who are part of the different participation spaces, and to representatives of other government bodies with specific responsibilities and territorial work.
  - **Documentary, normative and bibliographic review:** revision of journalistic articles, social media, and official documents related to the actions carried out in the three neighborhoods. In addition, a literature review on the role of the State and para-state bureaucracies, historical development of the three neighborhoods, and social determinants of health was carried out.[11]
- **Spatial dimension:** included the geo-reference of available data (Data on health care, education, transportation, health posts installed during COVID-19 and other services)[12]



# THE THREE VILLAS BEFORE THE PANDEMIC

To understand the responses to the COVID-19 pandemic in each of these neighborhoods, we explored the social and material conditions and their recent history and interaction with the City Government. The three villas selected for this study are located in the southwest sector of CABA which includes the neighborhoods of Villa Lugano, Villa Soldati, Villa Riachuelo, and the area called Bajo Flores. This area has some homogeneous conditions, such as pollution, informal housing, and lack of infrastructure, which are the result of a common structuring process.



Source: Developed by OLA, based on Google Maps

Also, in terms of health facilities, this area has the least number of public hospitals. The closest are the Piñero Hospital, the Santojanni and the Cecilia Grierson, which is only partially operational. Other health facilities installed in the neighborhoods are the CeSAC (Center for Health and Community Action) which main objective is the provision of primary health care.[13] Interviews carried out in 2020 show that there is a significant presence of chronic respiratory and pulmonary diseases (asthma and tuberculosis) that the respondents relate to overcrowding and poor ventilation conditions of their houses, and to the poor environmental conditions of the neighborhoods.[14]

Since 2015, the government agency in charge of the territorial approach to these neighborhoods has been the IVC. In Villa 1-11-14 and in Villa 20, the IVC has been working on Integral Redevelopment Projects (PIRU), in conjunction with the inhabitants, stakeholders and local organizations of the informal neighborhoods. A specific IVC Coordination, that included a team working on the ground, was developed for each neighborhood. Their tasks were to work together with the inhabitants to design and execute public policies to be developed in the area. It is important to emphasize that not all the Buenos Aires slums have been able to generate the necessary consensus to develop a PIRU and that their degree of progress is also uneven.



## VILLA 1-11-14

*Includes: slum Villa 1-11-14 and public housing projects Barrio Rivadavia I and II, Barrio Illia I and II, Bonorino I, II, III, and Polideportivo*

The slum area of Villa 1-11-14 has progressively grown by interweaving with public housing projects. The Rivadavia I and II, Illia and Bonorino projects were built simultaneously with the growth and unification of different and dispersed informal settlements of self-built houses. In 2018, 40,059 people lived in the slum and 20,353 in housing projects. In the slum area, there were 4,907 dwellings, where 8 people lived on average. [15] 47% of the dwellings have more than one floor and almost half of them have 3 floors or more (critical overcrowding reaches 14%).

Historically, the IVC intervention in the neighborhood was mainly focused on the public housing projects that surround the slum area. The “PIRU Bajo Flores”, a comprehensive approach that focuses on Villa 1-11-14 and the nearby projects, began to be developed in 2017. The first approach was a meeting with the Body of Delegates -the neighborhood’s own organizational body since 2000- and representatives of the entire slum but the social and political organizations of the neighborhood were not allowed to attend. Having recognized their importance in the neighborhood, an attempt was made to include the organizations in the participatory space between the IVC and the Body of Delegates. This was not accepted by the Body of Delegates, so the IVC had to create a separate space destined for interaction with the social organizations, making it impossible to convene all stakeholders in a single space and coordinate strategic actions. Even though the IVC had managed to consolidate a significant number of relationships, the development and consensus on a comprehensive project was still pending.

## VILLA 15

*Includes: slum Villa 15, San Pablo, Hubac and Scapino settlements, and public housing projects: NHT del Trabajo “Las Tiras”, Barrio Los Perales and Conjunto Piedrabuena.*

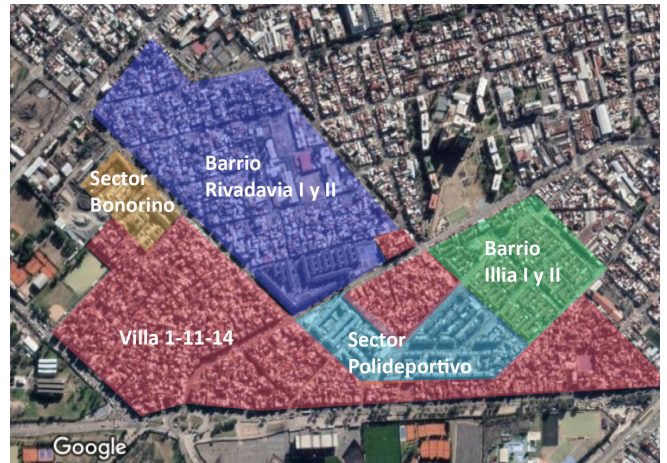
Villa 15’s urban fabric produced a break with the formal city, due to the existence of clearly identifiable physical and visual borders. According to the national census of 2010, 16,937 people lived in the slum area of Villa 15, and a total of 36,396 people lived in the slum and the nearby settlements and public housing projects. The slum had 4,800 dwellings, where 4.3 people lived on average. It should be noted that, in Villa 15, the latest available data are those collected in 2010. In the case of Villa 15 the first steps for a possible PIRU have not been taken. In 2018, and after numerous legal conflicts, the new headquarters of the MDHyH was built, replacing the emblematic building Elefante Blanco. Although the residents acknowledge that this represented a change in terms of security and how this sector of the neighborhood was perceived, they also point out its limitations in terms of integration. In addition, the construction of the new headquarters has not represented a call for a participatory space to discuss the process of redevelopment of Villa 15.

## VILLA 20

*Includes: slum Villa 20 and public housing project “Barrio Papa Francisco”.*

Villa 20 is delimited by important equipment and high-speed road networks. Also, in this case it is possible to identify a physical form whose territorial logic was historically delimited by a junkyard that produced a very important environmental pollution impact. After its occupation, the main victory of the inhabitants was eradication of the junkyard, which was followed by the process of development of the villa and the construction of the public housing project “Barrio Papa Francisco”. In 2016, 27,990 people lived in Villa 20. There were 4,559 dwellings, with 6.14 inhabitants on average. 45% of the dwellings had fair or bad construction quality. Until now, approximately 700 families have moved to the Papa Francisco project.

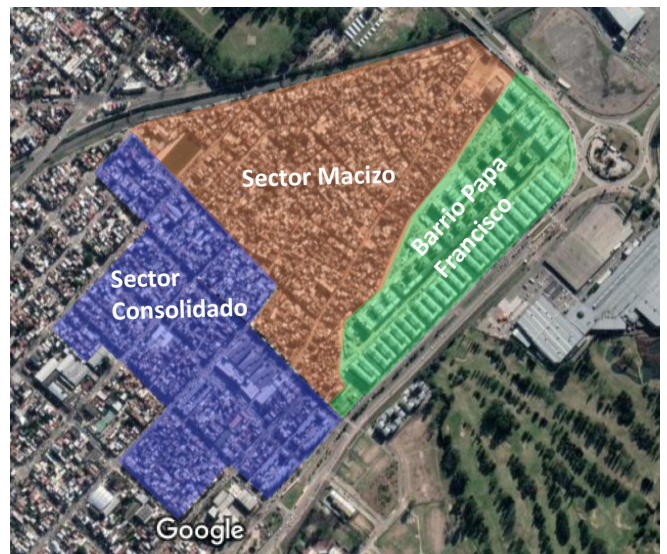
At the beginning of 2016, the IVC created multiple spaces of participation in the context of the PIRU Villa 20. The most important ones were the Participatory Roundtable (Mesa de Gestión Participativa-MGP) that acquired a more informative function, and the Technical Participatory RoundTable (Mesa Técnica de Gestión Participativa- MTGP), which became the space for deliberation, conflict, and consensus in which the social and political organizations and other stakeholders participated to define general actions in the neighborhood. Other spaces such as the Block Workshops were created to design every block with the participation of the neighbors. Of the three neighborhoods, Villa 20 has had the greatest intervention -financial and in regard to the construction of networks- by the local government since 2016.



*Villa 1-11-14. Source: Developed by OLA, based on Google Maps*



*Villa 15. Source: Developed by OLA, based on Google Maps*



*Villa 20. Source: Developed by OLA, based on Google Maps*

# THE THREE VILLAS DURING COVID-19

## A COMPARATIVE ANALYSIS OF THE PANDEMIC EXPERIENCE

At the beginning of the COVID-19 pandemic, the MDHyH in conjunction with the IVC worked on the definition of different lines of action to respond to the social and sanitary emergency:



### FOOD SECURITY

This group of actions included multiple interventions aimed at guaranteeing access to food, with particular emphasis on families with a greater degree of socioeconomic vulnerability in the context of a pandemic. It included actions to strengthen activities of soup kitchens, deliver food supplements to families with needs, deliver special food bags to the elderly, as well as to close contacts.



### HEALTH

These actions aimed at providing healthcare to the population at risk in informal neighborhoods, increasing testing of people suspected of COVID-19 and their close contacts, and preventing the spread of infections. It included working with the elderly on the access to different programs, establishing the DetectAr program (testing center for people with symptoms and the active search of close contacts of COVID-19), as well as the installation of health posts to control symptoms.



### EMERGENCIES

The emergencies' actions focused on solving problems related to connection to basic services such as water, electricity and sanitation, among others.



### URBAN HYGIENE

The urban hygiene actions became particularly relevant during the emergency context since disinfection and cleaning of public spaces were used to prevent the spread of the virus in spaces with high circulation. In addition, the COVID-19 emergency was compounded by the dengue situation, which particularly affected the southern neighborhoods of the city.



### EVICTIONS

Preventing evictions of tenant families in informal neighborhoods arose from the request of the local political and social organizations. The main reason were the risks faced by neighbors who had suffered a decrease in their income and were unable to meet rental expenses, mostly of an informal nature. It was based on the national decree 320/2020 that prohibited evictions in the entire country during the pandemic.



### COMMUNICATION

These actions focused on the creation of new virtual strategies that would replace the traditional face-to-face dissemination strategies: call center, social media, WhatsApp groups.

It should be noted that, even though these six groups of interventions were extremely significant during the pandemic, the food security and health actions were the ones that had a greater impact due to the importance of COVID-19 testing as well as the need for food assistance in low-income neighborhoods. In this sense, the role of the political and social organizations and the delegates was particularly important in these two groups of actions, since they were the ones that had the greatest impact when it came to mitigating the health and socioeconomic effects of the pandemic.

The implementation of these actions required a detailed plan of policies and actions that was adapted to the reality of each of the neighborhoods, considering the stakeholders, the specific needs, and the relationships previously built between the State and the territories. In this sense, the spaces for discussion and decision-making varied across the three villas.

## VILLA 1-11-14

When the pandemic started, and as a result of the previous situation in Villa 1-11-14, it was not possible to create a unique space for decision-making that summoned all relevant stakeholders and that was regular, representative and jointly responsible. Consequently, during the first months, two different spaces were outlined by the IVC: one that included the organizations and another one that included the Body of Delegates. In May, the creation of a Territorial Roundtable that included all local actors was mandated by a judicial intervention which gave rise to the demand of the organizations. This roundtable would coordinate measures to be taken and assist the Crisis Committee in containing the emergency in the neighborhood. Through this ruling, it was possible to create an interactive space that contained the organizations and the City Government.

### ***Main interactions***

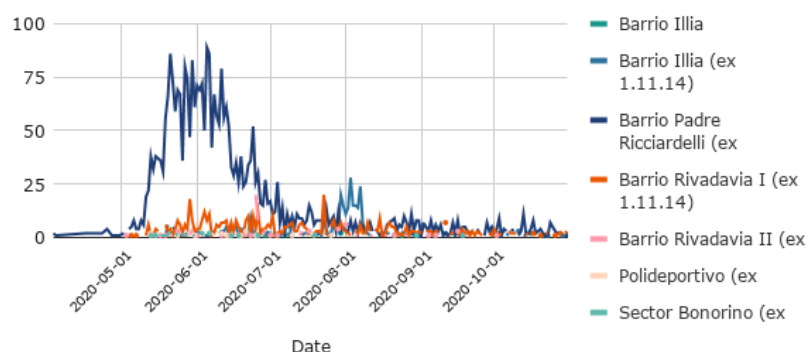
**Food security:** The Body of Delegates and social organizations fulfilled different roles. At first, the Body of Delegates carried out the task of drawing up the list of recipients of the food bags. When the demand was overwhelmed, the IVC enabled the territorial leaders outside the Body to register new recipients who had been excluded from those first lists. Despite being assigned this role, some delegates also asked to be involved in the distribution of the bags that were delivered in the neighborhood at a single delivery point coordinated by the IVC. The IVC Coordination rejected this demand but as time went by, it was agreed that they would distribute the boxes corresponding to their sector of the neighborhood. The soup kitchens distributed the bags received by the local government, covering part of the expenses to complete this task and the salary of the people who worked there. Despite these efforts, the collected evidence shows that the functioning of soup kitchens in the neighborhood has not been constituted in an articulated network.

**Health:** the "Madre del Pueblo" Parish actively participated in the design and implementation of the DetectAr program. The IVC coordination had planned that the role of the organizations was limited to being in charge of sharing information on infected families and close contacts. In response to complaints from the Public Defender and the parish, survey groups were formed by organizations, territorial representatives and community leaders. The massive nature of these groups produced an adverse effect by publicly pointing out suspected cases at a time when the level of stigmatization of those who "brought COVID to the neighborhood" was very high.

Delegates also made visits to close contacts to review their health status, communicate the recommended sanitary measures and accompany them to the DetectAr program. From these visits, the database used by the IVC and the CeSACs was nurtured. Likewise, the delegates held the four health posts where temperature was measured, neighbors were sanitized with hand sanitizer, and vehicles were disinfected.

### Villa 1-11-14 & surroundings - Evolution of COVID-19 cases

Cases by area - April to October 2020



Source: Developed by OLA, based on data from the City Housing Institute (IVC), 2020.

As of October 31, there had been 4,347 cases in the slum and the surroundings, 7.19% of the estimated total population.[16] The highest number of infections were also found in the slum sector (3,245), while the Rivadavia, Bonorino, Illia, and the Polideportivo Sector registered a notable lower number of confirmed cases (700, 30, 397 and 28 cases, respectively). Between March and October, 99 people died as a result of the virus in Villa 1-11-14.

## VILLA 15

At the beginning of the pandemic the main stakeholders were summoned to a roundtable organized by the MDHyH-IVC. In this space it would be possible to define the actions to face the crisis in the neighborhood.[17] Mainly, the function of the roundtable was to provide information on behalf of the MDHyH and to coordinate with the organizations the actions that were going to be carried out. Regarding the participating stakeholders, the local organizations and the soup kitchens had a great relevance. Our interviews have shown that the roundtables had a certain periodicity and that they were sustained over time, although another representative did not believe that a Crisis Roundtable had been created or that its regularity would be sustained.

### Main interactions

**Food security:** the organizations contributed supporting the distribution of food bags and cleaning kits at twelve delivery points where they carried out logistics, distribution and unloading functions of the bags. They also participated in the collection of data to develop the scoring that identified the recipients of the food assistance. In Villa 15 the soup kitchens constituted a network of different community organizations with an important territorial role. The relevance of the soup kitchens from this neighborhood is such that within the Buenos Aires City Network of Community Soup Kitchens there is a representative from Villa 15.

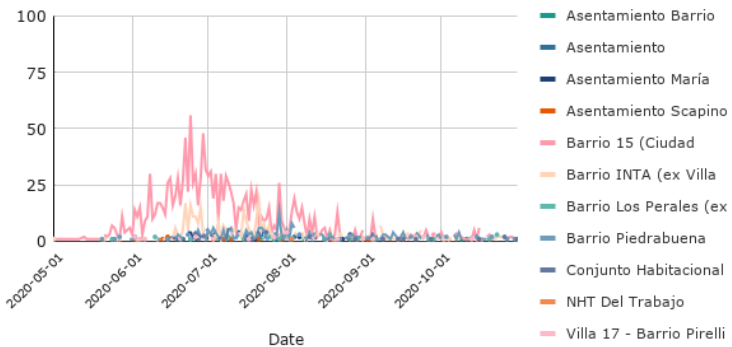
**Health:** the role played by the organizations in the DetectAr program was fundamentally related to the accompaniment of the Ministry in the active search for close contacts, due to its knowledge of the territory, and the distribution of assistance bags for them and the infected people. Likewise, the organizations acted as intermediaries with the MDHyH to whom they shared the information of those families who needed to be taken to the program post or to the

hospital. In addition to participating in the program, the organizations carried out health posts in the neighborhood.

As of October 31, there had been 2,395 COVID-19 cases in Villa 15 and the nearby settlements and public housing projects. This is 6.58% of the total estimated population. A significant number of cases was registered in the slum area (1,500), followed by INTA neighborhood (372), and then by the rest of the projects (Los Perales with 41, Piedrabuena with 293, Padre Mugica with 85, NHT del Trabajo "Las Tiras" with 1, Pirelli with 32) and settlements (Bermejo with 39, María Auxiliadora with 47, Scapino with 20, Barrio Obrero with 5). In addition, 29 people died between March and October.

Villa 15 & surroundings - Evolution of COVID-19 cases

Cases by sector - April to October 2020



Source: Developed by OLA, based on data from the City Housing Institute (IVC), 2020.

## VILLA 20

At the beginning of the pandemic, the relation between the local government and the territory was consolidated within the MTGP. In March the local organizations formed a Crisis Committee which gathered once and that contributed in a fundamental way to the functioning and dynamics that the MTGP assumed in the emergency. The reformulation of this space and its readjustment in the context of lockdown was fundamental to continue the participatory decision-making process. The discussions and the periodicity of the meetings were established according to the emerging topics proposed by the organizations or by the IVC coordinators in the neighborhood, and by the evolution of COVID-19 cases.

### Main interactions

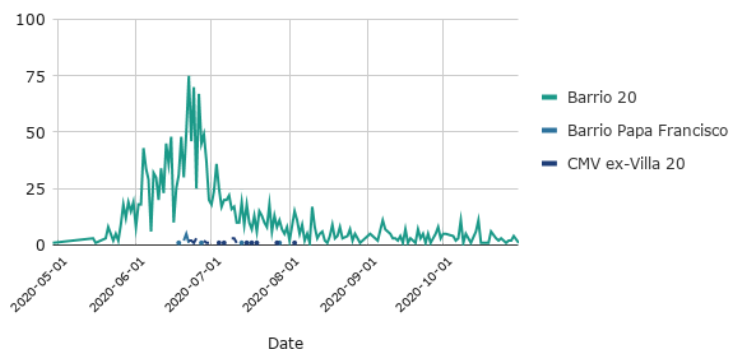
**Food security:** social organizations in the MTGP agreed on the criteria for prioritizing targeted households' modules and organized logistics of distributing them. In addition, they actively participated in the operations to deliver the food bags and provided information to update the recipient lists. There were soup kitchens that provided food assistance and those who were not registered as community soup kitchens formally proposed the incorporation of theirs into the Community Group Support Program.

**Health:** the organizations participated in the DetectAr program from the beginning. They were involved in its design through participation in the MTGP and continued to monitor the program at a general level. In addition, the organizations were present for the families and identified suspected cases and close contacts. They also participated in health and prevention posts where fever was measured. In July, 15 organization members were hired of which 4 were later dismissed, because less activities had to be carried out due to the decrease in infections and deaths.

As of October 31, in Villa 20 there had been 2,266 cases of COVID-19, 8.09% of the estimated total population. As in Villa 1-11-14, the largest number of infected people registered by the IVC resided in the slum area of the neighborhood (2,018), while the least amount resided in the new Papa Francisco housing complex or in the houses built by the National Housing Commission in blocks 1 and 2 (14 and 26, respectively). Between March and October, 25 people from Villa 20 died.

### Villa 20 - Evolution of COVID-19 cases

Cases by area - April to October 2020

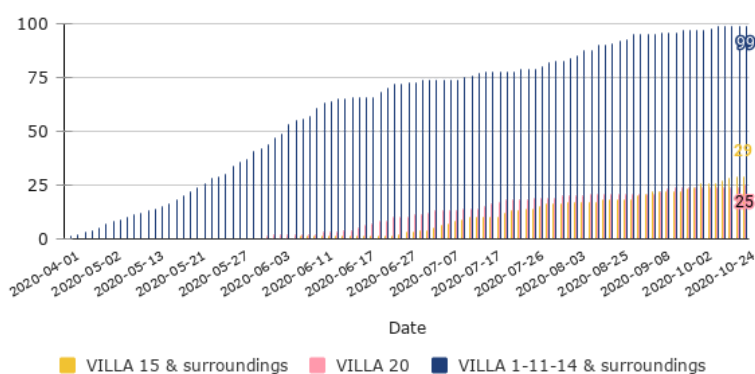


Source: Developed by OLA, based on data from the City Housing Institute (IVC), 2020.

It should be noted that in the three neighborhoods the organizations had an important role in urban hygiene activities, maintenance work, evictions, and communication. The organizations, Delegates, and political referents of each neighborhood fulfilled the function of amplifying the message of the national and local public organizations to prevent contagion, inform about the tools, and disseminate important information.

### COVID-19 DEATHS EVOLUTION BY NEIGHBORHOOD

Villa 20, Villa 15 & Villa 1-11-14 and surroundings - April to October 2020



Source: Developed by OLA, based on data from the City Housing Institute (IVC), 2020.

Even though there has been joint work between local organizations and the City government, some conflicts arose since the beginning of the pandemic such as the decrease in the food bags in the three neighborhoods, the demand of the social and political organizations in Villa 1-11-14 to build a space that was truly deliberative, and the demand for salary recognition for the work carried out by the organizations, among others.

# CONCLUSION

The comparative analysis of these villas and their specific “neighborhood effects” (Sampson, 2003) show that the level of consolidation and depth of the previous historical working relations between the local government and the local organizations determined the particular response capacity of each of the informal neighborhoods. This was manifested in the speed of implementation of the mitigation actions developed during the pandemic. This difference resulted in a slower growth in the number of cases, which allowed time to gather information and organize interventions, especially in Villa 20, which had an advanced developing process. This may explain why, despite having similar intervention strategies, the assistance policies worked better in some villas than in others. The fluid interaction between the local government and the organizations determined that the policies implemented had a greater scope and, ultimately, greater impact. Therefore, differences in the response capacity of the informal neighborhoods depended on:

## **The consolidated previous relations**

Throughout this study we have seen how the actions developed by the MDHyH depended heavily on working together with the local organizations of the informal neighborhoods, which contributed both with their workforce and their territorial knowledge. In this sense, the existence of previous relations, achieved through participation spaces, allowed a quicker and more effective organization of the joint action as a result of community cohesion (Sampson, 2003:63).

In this sense, the case of Villa 20 stands out. This villa had already a participatory space, the MTGP, in which the key stakeholders were present, so it was not necessary to create a Crisis Roundtable. In the other two informal neighborhoods, a space had to be specially created to coordinate the actions. This allows us to think about different levels of consolidation of the relations between the local government and the organizations. It can be seen that in those districts where there was a previous investment of resources in joint and comprehensive work, there was a history of positive results achieved, which increased confidence in this strategy. This encouraged the local organizations to put aside political and ideological differences to give an effective response to the needs of the territory, which facilitated the consensus needed to carry out upgrading projects and organize actions to face the pandemic.

## **The time gained to organize the mitigation actions**

Of the three neighborhoods, Villa 1-11-14 was the one that had the highest growth in the number of cases in a shorter period of time. While in Villa 1-11-14 the peak was reached in mid-May, in the other two slums this occurred only at the end of June and the evolution of the contagion



curve presented a controlled growth. The more controlled evolution of cases in Villas 20 and 15 allowed time to organize mitigation actions with the organizations, unlike Villa 1-11-14 in which, for example, the DetectAr program had to be installed quickly because of the exponential growth of positive cases. This was crucial in the case of Villa 15. Since it did not have an updated survey of the neighborhood or participatory spaces articulated with the

community, that time was used to gather information that would allow it to organize assistance actions. In this sense, it is necessary to highlight the importance of having updated data of the neighborhoods. The analysis shows that the quality of these data has mainly depended on the level of progress in interventions by government agencies in their interaction with local organizations in recent years. Indeed, in those informal neighborhoods in which local government sought to start an upgrading project (PIRU), data collection and generation tasks were carried out. This allowed a much more detailed approach to the characteristics of the population and the territory.

At the time of the pandemic, the disparity between the levels of progress of the upgrading projects has resulted in a more complex dialogue, where Villa 20 had greater advantages than the other two. This is important if we consider that the organizations seeking to cooperate with government agencies could sometimes see that the scope, scale, and success of their efforts were discouraged by a lack of support from those agencies. Not surprisingly, they could choose to act in an adversarial way or through lawsuits or protests (Satterthwaite, 2011).

## The broadening of the scope of assistance

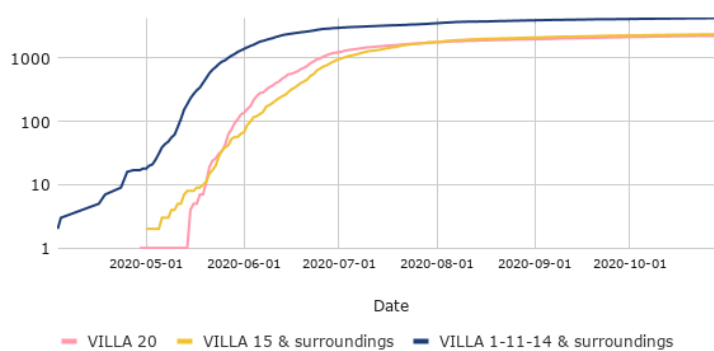
The participation of local organizations was essential to broaden the scope of the interventions designed to face the emergency. In this sense, their role was not only as an implementing arm of top-down policies, but they actively participated in both the design and execution stages. Public policies during COVID-19 were the result of a specific form of statehood that was created at the interface between public bodies and local mediators (Vommaro, 2020). This allowed them to be receivers, managers, and spokespersons for neighborhood demands in a role of socio-state interface, becoming a para-state bureaucracy of civil society (Vommaro, 2020).[18] We also affirm that the workers from the team on the ground acted as “street-level bureaucrats” (Lipsky, 1980) whose practices were oriented to the production of relations and to shorten distances between the State and the community (Perelmiter, 2016).

## FUTURE CHALLENGES

Beyond the main conclusions, we have also identified a series of challenges to be considered when thinking of moving forward:

Comparative of evolution of COVID-19 cases

Logarithmic scale - Villas 20, 15 & 1-11-14 & surroundings - April to October



Source: Developed by OLA, based on data from the City Housing Institute (IVC), 2020.

## **Strengthen relations with organizations**

Although the experience of the pandemic demonstrated the potentialities of joint work, this process was not free of conflicts caused by multiple causes, among which the asymmetry of responsibilities between local organizations and government agencies, unpaid work and changes without consultation in attendance policies. It should be noted that, in those cases in which there was a consolidated participatory space, these conflicts were brought there to debate and arrive at a solution.

Considering the risk of a second wave, how the local government will sustain its legitimacy and work with the local organizations becomes a challenge, since it has been shown that its capacity is limited, and those territorial stakeholders are essential to face the emergency.

## **Maintain the interactive participatory spaces created during the pandemic**

It became clear that the participation of the stakeholders was necessary to carry out the interventions to face COVID-19. The MDHyH-IVC solely was insufficient to make the assistance policies effective. In order to coordinate with these actors, it was necessary to create different participatory spaces in those neighborhoods where they did not exist, or the previous steps had not been able to consolidate them due to the internal historical differences between the most relevant stakeholders. The continuity of these participatory spaces will be essential to coordinate joint action in the remainder of the pandemic, and also considering the location of these villas at the periphery of city boundaries, it will be necessary to dialogue with government areas dependent on the Buenos Aires Province and the Nation. This characteristic demands comprehensive solutions, which exceed jurisdictional limits (Angel; Blei, 2020).

## **Develop policies that aim to resolve structural inequalities**

As has been analyzed, the interventions focused on informal neighborhoods were aimed at reducing the exposure and vulnerability of the inhabitants to the disease preventing it could also have feedback in the social and economic situación of the population and contribute to a greater situation of vulnerability. However, in order to reduce inequalities in health, the main strategy of public policies should be aimed at addressing inequities in the social position of individuals. During the pandemic, in Buenos Aires City health inequalities were reflected in a seroprevalence study, carried out between September and October 2020, the results of which showed that the percentage of seroprevalence population from informal neighborhoods was 42% while in the rest of the city this percentage was, on the other hand, 7.4%.

By way of closing, we can say that the measures implemented were important for the containment of the inhabitants during the crisis, but they are insufficient if one thinks about how the population will be able to cope with the social and economic effects after the pandemic and, in the medium term, in the capacities of these neighborhoods to face future crises. For this, it is necessary to produce substantive changes in the quality of housing, access to the labor market, improve access to services and the health system, improve educational quality and deepen, accelerate and scale urbanization policies in these territories.

# NOTES

[1] Sampson, R. (2003).

[2] Sampson, R. op.cit.

[3] Mariana Arcaya, M.; Tucker-Seeley, R.; Kim, R.; Schnake-Mahl, A.; So, M.; Subramanian, S.V.(2016).

[4] Diez Roux, A. (2000).

[5] For example, see Simone M Santos, Dora Chor, Guiherme Loureiro Werneck, "Demarcation of local neighborhoods to study relations between contextual factors and health", International Journal of Health Geography, June 2010, Volume 9, No.34.

[6] Denzin, N.K. (1979; 1989).

[7] It should be noted that these are "surveillance data", that is, they allowed the rapid collection of information to plan and execute public policies during the development of the pandemic. For greater certainty about the impact of COVID-19 it would be necessary to carry out specific research.

[8] As for the estimated dates, the date of the PCR test result of each person with COVID-19 positive was used in first instance. If this was not available, the date on which the test was performed was used, being replaced by the date of onset of symptoms if it was not available. If none of the above dates were registered, the date of uploading the information to the IVC registry was used.

[9]<https://www.buenosaires.gob.ar/coronavirus/noticias/actualizacion-de-los-casos-de-coronavirus-en-la-ciudad-buenos-aires>

[10] Maxwell, JA (1996). The criteria for selecting the interviewees was based on their constituting governmental and non-governmental actors who were involved in the development of Villa 20, Bajo Flores, or Villa 15 respectively. Likewise, it was considered that these actors were playing some role in the management of the emergency in the context derived from the COVID-19 pandemic.

[11] Analysis of the social determinants of health (SDH) that might explain the level of health vulnerabilities in informal neighborhoods. SDH are the social, political, economic, environmental and cultural conditions that cause health disparities and inequalities within a society (Organización Panamericana de la Salud, 2020). Four dimensions of SDH were defined: health care, material conditions and built environment, economic and social factors, and behavioral and biological factors.

[12] Data were available in Buenos Aires Data (<https://data.buenosaires.gob.ar/>), except for the location of the prevention and food distribution posts that were specially developed for the purposes of this analysis.

[13] Close to Villa 20 are CeSAC N°43 and N°18; in Villa 15 the N°28, N°5 and N°7 and in the 1-11-14 N°31, N°40, N°48, and N°20. It should be noted that the proximity in geographical terms to these facilities does not always imply access to health services, which involve multiple and complex dimensions beyond the physical distance.

[14] In the full report, the issues related to health aspects and healthcare are developed in detail.

[15] It should be noted that according to the Ricciardelli Neighborhood Census Report (Villa 1-11-14) the number of inhabitants per inhabited dwelling is 6.4 people, but depending on the availability of the information, it has been preferred to take a similar measure for all neighborhoods which is the simple average of the number of inhabitants over the number of dwellings as a comparative proxy variable for density in the three cases.

[16] As mentioned in the methodology section, the data analyzed in this study for all three neighborhoods are surveillance data that, although useful and necessary to plan mitigation actions and estimate the evolution of the virus, do not allow to account for its statistical impact. A study of seroprevalence undertaken by the City Government estimated that, in Villa 31, 52% of the residents had been in contact with the virus (Community-level SARS-CoV-2 Seroprevalence Survey in urban slum dwellers of Buenos Aires City, Argentina: a participatory research). Another study carried out between September and October 2020 estimated that 10.1% of the total population of the city had seroprevalence. However, the difference between the informal neighborhoods and the rest of the city is significant: while in the settlements the percentage of the population with seroprevalence was 42%, in the rest of the city it was 7.4% (COVID-19 seroprevalence survey. Buenos Aires City).

[17] The inter-actoral space of Villa 15 also included San Pablo, Hubac and Scapino settlements, the NHT del Trabajo "Las Tiras", el Barrio Los Perales and Piedrabuena. In addition, to the INTA neighborhood, the Padre Mugica complex and the Bermejo, Obrero and María Auxiliadora settlements, all corresponding to Villa 19.

[18] Vommaro (2020): 80.

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