

“TATU PROPOSAL” COMMUNITY HEALTH PROJECT

Longchamps, Province of Buenos Aires, Argentina

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"Compared to the diseases caused by misery, compared to the sadness, anguish and social misfortune of the peoples, microbes, as causes of disease, are poor causes" - Ramón Carrillo.

Introduction

12 years ago a group of parents of students trained at the Latin American School of Medicine (ELAM) in Cuba started a project so that their sons and daughters could contribute, as professionals upon their return to the country, not only in the system but also in different deprived neighbourhoods, where access to the right to health is non-existent and living conditions are extremely precarious.

Thus, the TATU Proposal (P-TATU) was born, a social and political organization that is based on voluntary and solidarity contributions of all kinds, mainly from neighbours, but also from other organizations and social actors interested in the collective social construction of an area originally occupied by squatters. From there, the initiative multiplied to different regions: Santiago del Estero (Argentina), Chile, Peru, Guatemala, Honduras and Ecuador.

Forty minutes away from the enormous city of Buenos Aires, capital of the country, the neighbourhood “14 de Febrero” was built on vacant land occupied by squatters. The area still has semi-rural characteristics, and despite the precariousness of the houses, it was agreed to demarcate the plots so that each family would have a green space. Initially, the shelters were wooden shacks, which are still part of the make-up of the neighbourhood. It was also agreed that the neighbourhood should have a common space, which with the efforts of the neighbours, was transformed into the Plaza Ernesto Che Guevara, where children play, youngsters play soccer and there is a public standpipe for potable water for those who do not have it piped to their homes.

The community health centre of P-TATU, located in the interior of the neighbourhood, is a Community Health Project, product of community organization, built by community members, with solidarity contributions, because TATU does not charge for its services. It seeks to solve basic needs through medical care and the performance of a series of preventive activities because the nearest municipal health services are overloaded and sometime mistreat patients.

TATU strives to ensure the health project is comprehensive, that is, to give attention to all groups irrespective of age and the different problems that each one presents, as well as to interrelate a series of health and educational programs and activities that together result in better community health. TATU tries to realise that forgotten dream of “HEALTH FOR ALL” that the WHO promoted in Alma Ata and that for ideological and political reasons was gradually forgotten by governments.

Health practices are carried out by volunteers and include doctors (general practitioners and different specialists), nurses, social workers, psychologists, lawyers, teachers, musicians, recreation specialists, students of various disciplines such as architecture and social work, who together with neighbours participate in the organization of all activities. In 2019 TATU carried out the first training course for community health workers (CHW) of the neighbourhood, recognized by the local health authorities.

A Stakeholder Coordination Forum (SCF) was established in February 2020, consisting of social and political organizations, with the aim of advising on needs and coordinating actions.

The struggle for rights by the community

P-TATU, without initially intending to do so, implements a comprehensive PHC strategy with genuine and significant community participation, like occupying vacant land to live on. As in many popular neighbourhoods, this area was also the site of disputes between drug trafficking interests, but with community action they were expelled and one of the houses became a community house run by the municipality. It was a small great triumph of the people and, fundamentally, of the women!

The community health centre, called Dr. Miguel Enriquez (after a Chilean revolutionary), is cared for by all. Its safety, cleaning and maintenance are guaranteed by the neighbours.

This neighbourhood is not yet recognized as an urban area, and therefore does not have regular garbage collection services, with the result that the practices of accumulating or burning garbage persist; neither do the police enter the neighbourhood, because most of its streets are unpaved. Public transport now reaches the neighbourhood, because the main street was paved thanks to the struggle of residents, although most of the side streets become impassable on rainy days.

Taking charge of the COVID challenge!

In March, the COVID pandemic was declared and social isolation decreed. The SCF decided to coordinate actions based on the severity of the population's basic subsistence needs because the State's assistance was not enough. Many groups came to help and the food kitchens multiplied, which allowed TATU to reach a large number of people. TATU also assisted people so that they could access the government emergency family subsidy (IFE).

In July, based on information from residents that there were already COVID cases in the neighbourhood, and with little presence from the municipality, TATU decided as health activists to do what was already being done in other areas, an intervention of detection of COVID to prevent the virus from spreading in such a vulnerable community.

The strategy was conceived and planned from the beginning as a comprehensive and participatory public health intervention at the community level. The SCF formed commissions where different stakeholders who were contributing their knowledge were brought together: residents, CHWs, public health practitioners, doctors, psychologists, nurses, accountants, students of social work, architecture, social communication and others.

The following stages and activities were defined: 1) Preparation: establishment of commissions, design of forms, purchasing or obtaining donations of supplies, production of communication materials; 2) Implementation: formation of brigades, distribution of personal protective equipment, intervention instructions, debriefing each day, photos of the completed forms; 3) Data processing: digitization of the information collected; and 4) Monitoring and Evaluation: classification by urgency and relevance, analysis of high risk population groups, monitoring and support, generating reports and feedback meetings.

Training of the brigades prior to field work and activity planning

Due to the poor connectivity in the area, TATU developed a module for both virtual and face-to-face training. It was not only about imparting basic knowledge on COVID but also emphasizing the care of the caregivers to avoid infection amongst them.

Together, with the valuable contribution of the architecture and social communication students who already knew the neighbourhood, tools were developed to clarify the information, quickly visualize it to generate ownership and closeness. These were circulated through all the media that TATU has (WhatsApp (wsp), Facebook, Instagram) to reinforce prevention messages and self-care measures.

Over three days the brigades carried out the house by house contact tracing survey, called “DETECTAR”, coordinated by TATU together with the organizations of the SCF and limited local authority support. 20 brigade members participated in the operation, visiting 376 houses and detecting 9 suspect cases and close contacts. TATU also decided to take charge of the processing of the information, and not leave it only in the hands of the municipality, which was only interested in the suspected cases with symptoms and the rest of the high-risk population was abandoned.

Based on the data collected, TATU classify them as follows: 1) suspected COVID and closed cases, 2) essential workers, 3) pregnant and postpartum women, 4) sufferers of chronic diseases (diabetes, hypertension and others), and 5) people who had not received flu vaccinations.

With this information available, and in the midst of social isolation, TATU formed wsp groups and appointed persons in charge for each group with the basic objective of offering continuous and caring follow-up and support, based on the needs of each person with confirmed COVID and without COVID, and to tirelessly encourage prevention through the dissemination of the package of flyers and videos.

At the same time, TATU had to create the essential mechanisms for the comprehensive care of people affected by various situations: provision of food and hygiene products in coordination with the municipality, daily remote follow up for COVID cases isolated and home visits by TATU doctors, distribution of facemasks and medication by CHWs, psychological support, virtual/remote school support, flu vaccine survey, obtaining appointments at Health Centres and referrals to hospitals.

In this way a reference network was built, to detect needs, referral if necessary, and even some pathologies that needed assistance were detected. As in the case of Teresa, a pregnant woman who was afraid to go out for antenatal control and because she had suffered postpartum depression in her previous pregnancy. With the support of TATU (doctors, psychologist and CHW) she went to the control where she was diagnosed with a placenta accreta. TATU is celebrating that she recently had her baby and they are both healthy and happy! Many such stories can be told.

Final thoughts

“TATU Proposal” exists because the inhabitants of the neighbourhood “Barrio 14 de Febrero” are part of it as the excluded from the system, who in many cases live in extremely precarious conditions, on land taken/invaded, without running water services, sewers, waste collection, security, and with little access to public health services, which is insufficient, of poor quality and unfriendly, and which re-victimizes them.

TATU and the organizations of the SCF of “Barrio 14 de Febrero”, faced by the emergence of COVID, took the initiative to develop responses to the needs of people and a prevention system against the threat that violates those who are already in conditions of extreme precariousness, to avoid the spread of the virus in an uncontrolled way.

TATU believes in and advocates for comprehensive and continuous care, which is most necessary in cases of latent and imminent danger such as the pandemic. For this reason, the continuous and loving care of each person who requested our help, achieved important results that the state did not even know about, much less helped to achieve.

The importance of exchange, reflection and verification with a multi-disciplinary and multi-stakeholder approach allows tools and communication systems to be built that are collectively developed and give meaning to the work.

As TATU declares: “We believe that the principles of the Declaration of Alma Ata are still valid and from our humble experience we stand for the right to health, implementing the PHC Approach!”.

