The Green Area of Morro da Policia: Health practitioners working with communities to tackle the social determinants of health

Brazil

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Disclaimer

This case study was documented as part of an action research project, 'Community Action for Health', the purpose of which is to document and learn from case studies where health practitioners and health agencies have worked with communities to improve health, including through action on the social determinants of health. Community Action for Health is a project of the People’s Health Movement with the support of Medico International. This case study was documented as part of a pilot study in Porto Alegre before extending the project to other countries and cities. The episode documented below shows how health practitioners can work together with communities to improve the living conditions of the people. There are no conflicts of interest to be declared.

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Executive Summary

This story concerns a community in the city of Porto Alegre whose health chances are constrained by their living circumstances, an informal settlement on land reserved as a conservation area because of the natural springs. Their experience is common to other communities dealing with rapid urbanisation without adequate infrastructure but in the context of Brazil, with its stark racial inequalities, the community faces further marginalisation as Afro-descendants. The health problems faced by the community include rat and mosquito infestation, high communicable disease rates and exclusion from supposedly universal health care. Violence and drug trafficking, which reflect the poverty, racism and exclusion, are further challenges.

Community members had, for some years, sought official recognition and support in terms of infrastructure and services but without much progress. This case study starts with a seminar sponsored by the municipal Health Surveillance Department entitled, ‘The divinity of water’ to which members of the Morro da Policia community were invited. Community members were inspired by the linking of the environmental and spiritual dimensions of water and saw this initiative as very relevant to their situation.

Over the next three years a range of initiatives were undertaken, driven largely by the Women's Association but supported by practitioners from the Health Surveillance Department and a growing number of other official and established organisations. These initiatives included cleaning up the common space and instituting a regular waste collection; improved amenity with flower beds replacing strewn waste; negotiations with the water supply and sanitation departments for infrastructure provision; and registration of the families with the local health centre so that they could access health care.

The physical impact of these initiatives is evident in the before and after photographs presented below. In terms of improved health status there is strong anecdotal evidence of improved health; improved child and infant health in particular. However, there have also been profound changes in the spirit and confidence of the community, reflected, for example, in a low key 'community discipline' imposed by the leaders of the Women's Association on the drug traffickers.
The achievements of the community of Morro da Policia have been co-produced by community members and by practitioners and managers of the Health Surveillance Department and other public and civic officials. However, the spark which ignited the project was lit at the Divinity of Water seminar and tendered by the partnership which formed between the environmental health practitioners and the leaders of the Women's Association.

The project was sustained at two levels: the creativity and partnership of individuals and the growing understanding and trust between the community and the public institutions which were reaching out to provide support. In terms of lessons for the formal health sector this project has implications at various levels: practitioner skills and values; management vision and leadership; and policy imagination and commitment.

This story is unique and in its details not reproducible. The specific chemistry of the relationships, the specific circumstances of the community, the policy environment of Porto Alegre; these are unique contingencies of time and place. However, at a more general level, this kind of story can be 'scaled up' where practitioners are given the skills, confidence and freedom to engage with communities in a respectful way and where the values and principles reflected in this story are manifest at the practitioner, management and policy levels.

This story has been documented and analysed as a project of the People's Health Movement (PHM) in Brazil and was in some degree inspired by the short course 'The struggle for health', which was presented by the International People's Health University, a project of PHM globally, in Porto Alegre in September 2008. This link points to the role of civil society in confronting the structures of exclusion and marginalisation at the global and national levels as well as in local communities.
Problem Space

The main actor in this story is a mainly Afro-descendant community living in an informal settlement in very precarious living conditions. It illustrates some of the challenges associated with urbanization, including the impact on the environment (a protected conservation area with water springs in this case) and the role of inequality as a determinant of health (in this case inequality in power, income, race, gender and access to water, decent housing and health care).

The green area at Morro da Policia was declared a conservation area because of its many water sources but, over the past decade, it has been occupied by more and more families, many of whom had been forcibly removed from other nearby places. The irregular occupation in the green area was encouraged by some of the early settlers, who erected very precarious and cheap dwellings for rent, attracting more families who did not have the money to rent a better place elsewhere.

The reserve is currently occupied by 80 to 100 families. On the basis of a sample of 37 families:
most people are Afro-descended; 53% are women; 93% are less than 50 years old; 30% of families comprised seven or more people; and 51% are employed. 74% of the houses are made of wood and 93% have four rooms or fewer; all of them have electricity (with irregular connections) and 45% have running water (also irregularly provided). 37% consume water without any treatment and 70% are served by open sewers. Regarding waste, 84% of families have it collected, but commonly the waste would overflow and accumulate throughout the neighborhood before being collected.

The unplanned and unregulated occupation of an area with several natural springs resulted in extensive pollution of water sources, with waste and sewage in the waters and a proliferation of rats and mosquitoes. Besides the direct consequences of this pollution in terms of ill health, the combination of unstable buildings and poor drainage contributed to periodic floods and mudslides. The insecurity of this community was most strikingly reflected in the incidence of rat bites among the children. Figure 2 illustrates the living situation of the community at the commencement of this engagement.

Figure 2: Initial situation of the community living in the green area – waste all over the place

The Knowledge Network on Urban Settings (of the WHO Commission on Social Determinants of Health) has described the many ways in which urban setting shape people’s health chances, both positively and negatively. In deprived urban areas, including informal settlements and slums, people
commonly face stigma and social exclusion. The unsafe conditions in which they live – buildings with cheap materials, poor foundations in marginal locations – are more prone to floods, landslides and fire but with less infrastructure and services for rescue and recovery. Their insecurity, poverty and marginalization contributes not only to diseases and injuries but social problems such as illicit drug use, violence and crime. Unhealthy living conditions increase the risks of communicable and non-communicable diseases, injuries and mental illness.

This scenario of vulnerability and risk clearly required an urgent intervention involving community members and relevant public institutions (including health, housing, waste collection, water provision, sanitation, electricity, etc). The Health Surveillance Department of the city of Porto Alegre had been aware of the worsening situation of the people living in the green area and was concerned to revitalize the preservation area and recover the water sources as part of improving the living conditions and health of the community. So the project “The Divinity of Water” was conceived by the Health Surveillance Department as an approach to engaging the community around environmental health and around principles of respect to nature, valuing of natural resources and water as a sacred element.

The starting point for the episode we are now reporting was the organization, by the Health Surveillance Department, of a seminar to introduce the project. Many community members were quite inspired by the Divinity of Water approach and from this point on, a strong partnership involving community leaders and practitioners of the Health Surveillance Department started to develop and interventions with short, medium and long term goals were planned and implemented. This seminar was definitive as a trigger point, especially in bringing together two main groups: personnel from the Health Surveillance Department and members of the women’s association (AMUE – an NGO called Women’s Association United for Hope). Key individuals driving the project were KC, a health worker of the Health Surveillance Department and two leaders of the Women's Association (NVM & VLMO).

The situation of the community living in the green area was clearly precarious but quantitative indicators were lacking because of the bureaucratic invisibility of these people, who were living illegally, and thus didn’t have their houses registered nor were themselves registered at the neighbourhood’s health center. This situation of almost non-existence limited the availability of data
to inform awareness of the problem (the sample of 37 families mentioned above was part of the project being described). Nonetheless, the images left no doubt of the urgency to do something (Figure 2, above).

**Context**

Despite the achievements of the Unified Health System and continuing economic growth, wide inequities remain a critical problem facing Brazil. The Unified Health System (the 'SUS' from its Portuguese acronym) emerged through many years of struggle for health sector reform which was closely linked with the struggle for democratization. Health professionals, as well as civil society movements and organizations, participated prominently in the reform movement. In 1988, the new constitution identified health as a political right and as a duty of the state and in 1990 the SUS was created, based on principles of universality and comprehensiveness of care. With the SUS, an institutionalized system of social participation was implemented, based on health councils and conferences at all levels (municipal, state and nation wide). The health councils are formed by users (50%), health practitioners (25%), and health managers (25%). Another organizational principle of the SUS is the decentralized management and provision of health services, with municipalities becoming the most important level for policy implementation. To build and strengthen its health system, Brazil has adopted the Family Health Strategy, a nation-wide primary health care strategy that, since 1994, has introduced community based health teams, including community health workers, as the central stem of the SUS.

In spite of the successes of the SUS, there are still many difficulties to be addressed if the SUS is to achieve the goals which have been set for it. One of the most important of these challenges is the legacy of inequality across geography, culture, race and income which reflect Brazil's history. Brazil was a Portuguese colony from 1500, with millions of African slaves being trafficked during the colonial period. Slavery was only abolished in 1889, 67 years after independence. The damaging legacies of colonization and slavery are still being understood but clearly they include racism, poverty and the vulnerabilization of Afro-descendant and indigenous populations. This historical background is necessary for any understanding of the inequities in Brazil, together with high economic growth without proper distribution of wealth and the accelerated but disordered urbanization. There is a
stark contradiction between progressive political reforms and continuing inequities. The vulnerability of Afro-descendant and indigenous populations, with continuing poverty and poorer access to education, is reflected in the health indicators such as maternal and infant mortality, which are significantly higher in these populations. Growing violence in Brazil is another indicator of persistent inequities. The high prevalence of drug trafficking is one face of the complex problem of violence and insecurity, especially in big cities.

This broad context applies to the community that occupied the green area at Morro da Policia: poor Afro-descendant families who didn’t have better options in terms of finding a place to live. Like other big cities in Brazil, Porto Alegre faces the problems of disharmonic urbanization, with precarious housing, bad sanitation and poor access to water and violence associated with drug trafficking. Access to health care in Porto Alegre is another problem: only 22% of the city’s population are covered by the Family Health Strategy. Because of these problems, some community leaders from Morro da Policia started to participate in the 'participatory budget' process. The city of Porto Alegre, home of the World Social Forum, has introduced a number of political innovations one of which is participatory budgeting. In this process, the population of each district in the city identifies its own priorities (e.g. across health, education, housing, sanitation, road pavement, transportation) and takes these to the final plenary, where the decisions regarding the allocation of municipal funds are made in the light of the district priorities. Through the participatory budget process, the community leaders of Morro da Policia had been struggling for many years to have their problems taken into account, but their voice was still not being heard. They needed a different strategy and more sensitive institutional support to express their power and creativity.

Currently, the Brazilian Ministry of Health is making considerable efforts to improve the SUS. The Strategic Agenda for Health, launched in August 2011, emphasizes intersectoral action, for example, to connect health, environment, economic growth and social development.

**Planning and implementation**

The 'The Divinity of Water' project, as conceived by the Health Surveillance Department, had the following objectives: health promotion, protection of the remaining green area, recovering and
protection of water sources, removal of trees at risk of collapsing, cleaning up the waste and reducing the prevalence of rats, and caring for the children. The seminar that introduced the project took place in December 2008 and there was participation from two communities, coming from two different neighborhoods and six municipal public institutions. The community of the green area at Morro da Policia was identified by the Health Surveillance Department because the city’s Department of Sewerage had already been working in the area because of the polluted water sources. And the water sources were the spirit of “The Divinity of Water”.

The seminar brought together a practitioner from the Health Surveillance Department with two women from the AMUE who were active in the community of Morro da Policia, which triggered the chain of actions that followed. The sensitivity of the idea of ‘The Divinity of Water’, linking spirituality and health and stressing the sacredness of natural resources such as the water sources in the green area, made huge sense to the women, who found there the institutional will and support they needed to initiate concrete action. In turn, the practitioners of the Health Surveillance Department found the right people to legitimate their ideas and to be the leaders and executors of interventions within the community.

After the seminar, the women and the practitioners worked together and organized weekly meetings, which took place at someone’s house in the community or in the church (Figure 3). It was then decided, based on the urgency identified by the community, that the priority issue to be addressed would be to clean the waste from the square where children used to play. So the practitioners mobilized other responsible public departments, such as water and waste, to participate, and the community mobilized other people living in the green area knocking door by door. A joint effort to clean the square was organized in which mostly women participated. The waste disposal device, that was made of concrete and was fixed in the square, was destroyed in this action, because it caused accumulation of waste. Instead, the Department of Waste was called for a meeting and accepted to collect the waste on a regular basis in the green area. This was an important change. Simultaneously, the people participating in the action, started growing a garden in the square. A partnership with flower shops was established. The waste was replaced by flowers and medicinal plants (Figure 4).
Besides articulating with other public sectors, the practitioners of the Health Surveillance Department helped in the organization of the process as a whole: participating in regular meetings and the planning. Their participation ensured that the process and the progress being made was brought to the attention of other public authorities.

**Figure 3:** Weekly meetings that started to take place after the seminar

**Figure 4:** The square was cleaned up and a garden with flowers and medicinal plants was grown to replace the accumulated waste shown in Figure 1.
Community members and practitioners continued to work together and the regular meetings and community interventions for mobilization continued. These interventions were organized to attract more people to participate in the process, so they usually incorporated amusing activities, such as music, art, cinema and theater (Figure 5). Religious leaders got involved also, and ecumenical celebrations were organized to strengthen mobilization (Figure 6). Other demonstrations to celebrate water and spirituality were organized in the occasion of the World Water Day (March 22nd) and of the Latin American Water Week (in October). Waste was removed from the water sources to decrease the infestation of rats. Trees at risk for collapsing were identified and cut by the city's Environment Department.

Educational materials were distributed in health centers and schools in the region and a petition was organised demanding appropriate water provision. More intense participation by the practitioners from the local health center that served the green area would have further strengthened the process but the shortage of human resources prevented them from getting involved in these activities. The registration of families was largely driven by the residents.

**Figure 5:** Community intervention for mobilization – puppet show for the children
Figure 6: Ecumenical celebration with the participation of religious leaders

An interesting point of this story is the way the women leaders dealt with the drug dealers who were initially quite negative regarding the whole mobilization process which was exposing the area to public authorities and was a threat to their leadership and power. The only way to deal with the leading dealers, so that they wouldn’t repress the process, was to include them. The women invited them to every community gathering by raising awareness that the actions to improve the living conditions in the green area would be beneficial to all the families living there, which certainly included their own families. In time the leading traffickers were included in the process and while they haven’t participated very actively, they haven’t opposed the process, and their children are among those playing in the clean, flower bedecked square.

In summary, the process was characterized by weekly meetings in the community (involving mainly the AMUE women’s association, practitioners from the Health Surveillance Department, religious leaders and representatives of other public sectors); interventions involving the wider community and articulation with various public services (i.e. water, waste, sewage, housing, environment, culture). The resources for the majority of implemented actions came from public funds (human resources and infrastructure).
Evaluation of results and impacts, including on social determinants and health inequities

The results and impacts of this process have been documented in process reports and photographs of before and after the interventions. The number of participating institutions (more than 30 during the whole process) was another positive indicator. The key symbolic indicator, the occurrence of rat bites, is not yet available, because it has not been collected by the health center (probably because notification of rat bites is not compulsory).

The changes in the green area are visible. The square where children play and families hang out is clean and filled with gardens (Figure 7). People are socializing more because their space is more friendly and they are caring more for their territory; there is a collective engagement for keeping the square clean and pleasant. The waste, once accumulated in the square and water sources, is now being collected regularly by the city’s waste department. A considerable quantity of waste is still present in the brooks but the water is much cleaner than it was before.

Figure 7: The square where children play after cleaning and gardening
Water provision is currently being planned by the city’s water department, which has prepared a detailed map of the area for implementation.

The green area is also safer than it was before probably because more people are enjoying staying outside, in the square, at the gardens. Because the leading traffickers were included in the process, as participants and beneficiaries of the struggle for improvements in the community’s living conditions, their power in the community was weakened because other community members were being empowered.

Another important outcome has been the formal recognition of the families living in the green area by the health center. Approximately 80% of the families are now registered at the health centre - which makes them formally existent from the health care point of view. The registered families are now formally the responsibility of the health team working in the area. This improvement has made possible the creation of the 'Managing Council' for the health center in 2011. This council is yet another space for community participation, together with health workers, in the decision making process regarding the functioning of the health center. It allows citizens to be included in the management process, identifying and contributing to the choice of public policies that favor the people.

The process of mobilization, including the initial seminar, the weekly meetings and the community gatherings, strengthened the community’s integration; it motivated people to keep on mobilizing for change. The AMUE (the women’s association) was also strengthened by this whole process. They have become better organized and have started new activities such as the sewing group which functions once weekly.

**Follow-up and lessons learned**

This is a case of ongoing action and interventions are continuing: the city’s Sewerage Department is working on the cleaning of the brooks; the city’s Water Department is planning water provision for the area; the square where children play and where families hang out is clean and taken care of by the neighborhood. The Health Surveillance Department is planning other mobilization actions
together with AMUE, and the intersectoral meetings, involving different public sectors, are still taking place. AMUE has now an organized schedule of activities and is negotiating to have an office.

The case of the green area of Morro da Policia teaches us important lessons about how communities and health practitioners can work together to address the social determinants of health. It tells us about the importance of individual interactions (and friendships) as well as institutional and policy reform. Individuals, the women of the AMUE and the key practitioners from the Health Surveillance Department, were critical to the success of the project, as well as the institutions, especially the different municipal departments that supported the project. The project reflects successful interaction between individual and policy level engagement. The project was unleashed by special individuals, who were committed and willing to create an alternative space for explosive manifestations of creativity. The focus on water and spirituality made huge sense to the community and broadened the spectrum of action to address other aspects of people’s living conditions as well as their health.

There are several levels of responsibility for successful implementation including policy, management and practice. We can still identify the interaction between these different levels in this case. While the skills, values and confidence of the practitioners (as well as the community leaders) were the catalysts of action that ignited the project, this interaction at the individual level was supported by broader interaction involving managers (of the health center and municipal departments involved) and the policy makers (the public institutions as actors themselves, including the Health Surveillance Department and the Health Waste Department).

One of the clearest examples of how inequities can be reduced by community action was the pressure to register the population of the green area at the health centre. As soon as this was achieved these people were formally recognized as citizens living in a given space and full holders of the right to health care. Moreover, improving life conditions promotes inclusiveness and encourages people to participate in a process for change. Having concrete results is a catalyst for ongoing and growing mobilization. And the fact that people are socializing more creates more solidarity, which is a powerful force for change.
A key lesson from this story is that social policy has to make space for unpredictable but powerful community expressions of creativity and leadership. There is a need for policy frameworks that are structured around the agency (autonomy, will) of communities and community leaders, including the appropriate use of technology in keeping with communities’ demands. In this case, the policy context in Brazil (where social participation and intersectoral action are endorsed) made space for this experience which was implemented by individuals with institutional support. For experiences like this to happen, policy makers have to listen and consider respectfully what people have to say and health practitioners need to develop the skills to work with their communities.

Despite this process bringing many successful outcomes, which certainly motivated many people living in the green area, community mobilization is still limited at Morro da Policia. In Brazil, we have been talking about a crisis of the social movements, which are relatively weak and fragmented compared with the 1970s and 1980s, the period of the redemocratization struggle, when the Health Sector Reform was being built. It seems that the political effervescence of that time is not present anymore. The space occupied by popular movements, once very powerful, has been emptied and occupied by other actors such as the drug traffickers. Contemporary initiatives seeking to work with community action need to consider this aspect and the story of the green area teaches us one way of dealing with it.

This story has many highly specific features; the way this process developed was linked with this particular setting and these particular people. It is not a project to be extrapolated to other settings ('scaled up') exactly as it was implemented in this case. Nonetheless, the values and principles reflected in this particular story (policy makers listening to communities, institutions opening space for community action and creativity and strengthening community leadership, improvement of life conditions by creating inclusiveness and solidarity, for instance) can be scaled up for broader application. These values and principles are at the heart of a healthier society.

The documentation of this and other similar case studies was undertaken by activists of the People’s Health Movement, as part of a research project entitled “Community Action for Health”. The pilot
phase of this project was conducted in the city of Porto Alegre. Thus, this is an example of how social movements can have a fruitful role in the process of promoting sustainable public policies that are community oriented.