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Short Communication

"Happy Village" Concept Helping Villages to Face COVID-19

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Abstract

"Health Promoting Village" concept named as "Happy Villages" started in 2007 in Badulla District in Uva Province was a community mobilization process through which village communities have been empowered to look after their community health. The areas included were Early Childhood Care and Development (ECCD), Non-Communicable Diseases (NCD) prevention, Alcohol and drug abuse. Gender Based Violence. The programmed used many interactive tools as "Mood Chart" or "Happiness Calendar" which was giving a visualizing effect. Continuous assessments done from 2009 to 2013 showed that the Health promotion strategies used in the Happy Village concept in the Uva Province can effectively and efficiently be utilized for improvement of nutrition and achievement of milestones in children. From 2017 a National program is launched named "Happy Villages". During the Covid 19 outbreak health promotion approaches were initiated to change in lay communities successfully. Villagers had actively engaged, collectively acted in responsible manner, and identified measures to prevent COVID-19 transmission in their households, neighbourhood and community. The use of village empowerment had become a fruitful source to face the Covid pandemic in Sri Lanka. Almost 300 "Happy Villages" around the country have made facing the Covid epidemic their chief task. Many innovative ideas and practices in facing Covid 19 pandemic at village level including a visualizing calendar to identify the risk behaviours of the family members as well as the Happiness calendar to identify the family stress levels are among them. Health promotion concept is getting rooted around the country with active participation of the villages with a multisectoral support. Continuous monitoring and evaluation and sharing best practices will show the world the effectiveness of Health Promotion and the ability of empowered people in facing pandemic situations

Keywords:
Happy Villages; Happiness calendar Health Promotion; Covid pandemic

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Health promotion is defined by the World Health Organization's 2005 “Bangkok Charter for Health Promotion in a Globalized World” as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health". Empowerment aims to provide communities with the information and tools to take actions to improve their own health and well-being. [1]

Community can be considered healthy when rates of infectious diseases are low, when community members have access to basic services and health care that meet their needs, and when the community lives in a state of reasonable harmony. [2]

In 2007, “Health Promoting Villages” OR “Saukya Prawardhana Gammana” concept was introduced in Badulla, Sri Lanka. The primary objective was to reduce childhood malnutrition through application of health promotion concepts. Later it was expanded throughout Uva province and renamed as “Happy Villages”, since the objectives of the concept became more comprehensive to include Early Childhood Care and Development (ECCD) and Non-Communicable Diseases (NCD) prevention. [3]

Upgrading the living standards of 20 households through safe housing environment which commenced in each Public Health Midwife area was the steppingstone to a Nationwide program. It initially included 5 strategies which ensured: a safe kitchen, a safe water source, safe sanitation, and composting and home gardening. Later, the concept expanded to include ECCD and NCD prevention by using strategies such as stimulating the 5 senses of the child and recording in booklets by the mothers, per day activities, making a pleasant / stimulating room for the child, initiating play houses individually / at community level, using a mood calendar, alcohol and tobacco prevention programs and NCD Screening programs. [4]

“Health promoting Village”/” Happy Village concept practiced in the Uva Province was a community mobilization process through which village communities have been empowered to look after their community health. Public health midwives with the help of the public health inspectors take the primary role with the guidance of the Medical Officers of Health and the other supervisory health staff. Villagers make their own committees and a visible change in their lifestyles have taken place in many villages, the villagers monitor the risk factors such as the Body Mass Index (BMI) and hip to waist ratio (non-obese only quarterly), blood pressure (non-hypertensive biannually), blood glucose level (non-diabetic annually) and do their own documentations. “Happiness index” monitored in the family though a “mood chart “Happiness Calender” daily gives a visualizing effect. [5,6] It had been shown that by the happy index method some fathers had given up their alcohol abuse after realising the effect of their behaviour on the family. In some cases, mood charts have helped in bringing down the domestic violence and promote harmony. [7]

Continuous assessments done from 2009 to 2013 showed that the Health promotion strategies used in the Happy Village concept in the Uva Province can effectively and efficiently be utilized for

improvement of nutrition and achievement of milestones in children. Further, it showed empowerment of the community is a sustainable and low-cost process. [3,8]

After a decade of "Happy Village" roots in the Uva Province in Sri Lanka, in 2017 the National Ministry of Health had introduced a 'Happy Villages' program as a National Program with the intention of empowering community to eliminate poverty. At present around 300 villages are functioning as Happy villages around the country. [9]

Sri Lanka, the Pearl of the Indian Ocean, houses population of 20 million. The health indicators of the country are in par with developed countries with a Maternal Death Ratio 30 per hundred thousand live births and Neonatal Mortality 6 per thousand live births. [10]

First confirmed case of novel Coronavirus infected person was reported from Sri Lanka on 27th January 2020. The patient was a Chinese national who came to Sri Lanka as a tourist. As of 24th February 2021, the total number of confirmed cases stand at 81,467, total number recovered 76, 961 (94%), and total number of deaths 457 (0.5%). Sri Lanka is placed high among the countries who are facing the COVID-19 pandemic in an effective manner. [11] The success is due to multiple reasons. Good political leadership committed healthcare workers, high engagement of the Sri Lankan forces in case tracing as well as the strong public health history of the country with effective medical leadership are few among those identified.

During the Covid Pandemic health promotion approaches were initiated to change in lay communities successfully. Villagers had actively engaged, collectively acted in responsible manner, and identified measures to prevent COVID-19 transmission in their households, neighbourhood, and community. Many innovative ideas and practices in facing Covid 19 pandemic at village level including a visualizing calendar to identify the risk behaviours of the family members as well as the Happiness calendar to identify the family stress levels have been practised. [12]

Health promotion work as "happy Village" are carried out in over 300 villages now island wide. The Medical Officer of Health, health education officers, Public Health Midwives, Public Health Inspectors as well as the Rajarata University Health Promotion teams are among who empower the community to face the Covid crisis. Almost all the "Happy Villages" have made facing the Covid Epidemic their chief task. "Happy village participants are inoculating their villages with Covid prevention behaviour faster than the spread of the virus itself" "Villages are making their own Mask with their Happy Village Logo" "Quarantined people are helped through the happy village". "Places to hang their mask when they come home" "Ways of discarding used masks by household" are among few strategies been herd happening around the "Happy Villages". Many stakeholders around the country are helping the "Happy Villages" program which was previously run only by the Public Health Midwife, Public Health Inspector, health Education officer with the Medical officer of Health and Rajarata health promoting teams. With the COVID-19 pandemic, the Divisional Secretary and his fleet of officers who are serving at the grass root level have joined the health team in motivating and empowering the villages.

Happy Village concept is getting rooted around the country with active participation of the villages with a multisectoral support. Continuous monitoring and evaluation and sharing best practices will show the world the effectiveness of Health Promotion and the ability of empowered people in facing pandemic situations.

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