

# Promoting health and happiness in the Brazilian Amazon

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**Abstract:** With the motto “Health, happiness of the body. Happiness, health of the soul”, the Health & Happiness Project (PSA) works to promote integrated and sustainable community development in parts of the Brazilian Amazon. PSA grew out of local workers’ personal experience in collaborating with communities and the need for sustainable actions for their future development. PSA was established as a not-for-profit organization in 1987. It started off by implementing strategies that would increase the health status of the population, which was identified as the biggest challenge, to then extend to other areas of development. Education, training and community participation were key elements of the project’s actions, which included basic sanitation, reproductive health and child health, technical assistance in agricultural practices and youth empowerment through communications, among others. Once the health structure was established, the work moved on to new priorities related to education, economic production, protection of the environment and community management in the medium and long terms. The project’s success has helped to institutionalize the practices and today it reaches a total of approximately 5,000 families distributed across 150 rural communities in the mid- and low-Amazon region. (*Promotion & Education*, 2007, (2): pp 85-87)

*Key words:* health promotion, community health, development

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## Who we are?

We hear much about the Amazon and its natural resources, but little is said of its inhabitants, especially the forest peoples, the majority of which are ‘caboclos’—descendants of Indians who live in rural, often isolated and difficult to access areas.

These people partly subsist on hunting, fishing, the collection of forest products, growing manioc and other regional crops, but no longer manage to guarantee their own subsistence due to the impacts of deforestation in the Amazon.

Although public services offered by respective municipalities are improving, there still appears to be a major shortfall. This is evidenced by some of the key social sector indicators of the region; 60% of the population is under 18 years of age, of which only 7.5% manage to complete secondary education. Health is one of the key challenges in the social sector domain at the community level. Preventable diseases lead to significant mortality and morbidity due to gaps in the delivery of primary health care services (Gusmão, 2002). Infant mortality is high and Infant deaths account for 15.7% of all deaths in the community; this is reflective of regional health disparities in Brazil given that this is almost double the national average of 8% (Gusmão, 2002). The majority of these deaths are the result of diarrhoeas or preventable infectious diseases.

The population lives in a region extremely rich in natural resources; however, at the same time, they suffer from increasing impoverishment. This is mostly due to the lack of investment in the population’s own potential. However, these groups still maintain a strong sense of com-

munity, solidarity and self initiative and are able to effectively mobilize and work together to resolve their own problems, if and when given the opportunity.

The Health and Happiness Project (PSA) was created in 1987, taking the local reality of these populations as a starting point, the project is grounded in the belief that a critical component of safeguarding the Amazon, relates to guaranteeing living conditions for the forest peoples. PSA is a not-for-profit organisation, which works to promote integrated and sustainable community development in riverside locations on the banks of the rivers Tapajós, Amazonas and Arapiuns in the West of Pará, Brazil.

PSA further built on the work of a medical doctor and an art-educator who had experience working with riverside communities in the municipality of Santarém between 1984 and 1985. They created a non-governmental organisation, PSA, to guarantee the continuity of the actions in a broader and more independent manner and without party-political connections.

In 1987 cooperation agreements secured by BNDES- Banco Nacional de Desenvolvimento Econômico e Social and the Federal Government, permitted the work to commence with 16 pilot communities. The Participatory Planning highlighted health as one of the biggest challenges and from here, the other programmes of the Health & Happiness Project were developed.

## How are we achieving our aim?

Education and community participation are key elements of the project’s actions, which brought immediate results for the whole population, taking advantage of



Mobile Health Unit (Abaré): monthly visits to the communities to promote primary health care for 2.500 families in the municipalities of Santarém, Belterra and Aveiro, a consortium between PSA and the Municipal Councils.

resources from the region itself. Community leaders, health workers, traditional midwives, rural producers, women, teachers, children and young people built their capacity through training to become trainers. The project invested in basic sanitation (chlorine, filters, toilets, wells and adapted water systems). Community events promoting the health of the children, with three-monthly vaccination campaigns were initiated. Rural farmers received technical assistance to increase the availability of food stuffs produced using agro-ecological practices. Groups of women were involved in activities to promote reproductive health and combat malnutrition with the consumption of local plants of high nutritional value. In the schools, teachers and children participated in health and ecology work-

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shops. A communication network was developed with the youth, where they were trained as reporters allowing them to produce, exchange and disseminate educational materials via community newspapers, radios and videos.

The project tries to take a positive in-take on promoting health, instead of disease-oriented, which is where the term “happiness” comes into play in the organization’s name. As a main strategy when visiting communities, team members and community members use the Great Mococongo Circus. The representations of the circus include music, poetry, educational and cultural sketches to promote healthy behaviors, such as, breast feeding, the use of oral re-hydration therapy and hygiene, among other.

### What are we learning?

These simple and culturally appropriate education methods had a very positive impact on the communities, who not only began to change their health practices, but also became more stimulated to actively participate and influence other areas of their development. Once the health structure was established, the work could move on to new priorities related to education, economic production, protection of the environment and community management in the medium and long terms. PSA with the community’s involvement in the planning and implementation created integrated development programs, as shown in Figure 1.

### How do we know we are making a difference?

The lessons learned made it possible to develop exemplar and culturally-adapted social development technologies, which are low in cost, high in impact and replicable in other regions and contexts. Consequently, in 1999, PSA started to gradually increase the communities it worked in.



Great Mococongo Circus: a small mambembe traveling theatre presented by rural residents with music, poetry, educational and cultural skits, communicating the content in the communities’ own language

Faced with a larger-scale program, certain principles for successful project development were established, i.e.:

- working in partnership with government bodies and other existing development actors to transfer social technologies;
- programmes are readapted in order to be integrated as public policies;
- training trainers is prioritized;
- the concept of territorial communities is reinforced to encourage self-management and social control, focusing on strengthening inter-community federations.

As reflected in Figure 2, over the years it has been possible to significantly improve the quality of life indicators in partner communities, according to comparative data between areas served and those not served by PSA (Souza Lemos, 2000.)

At present, PSA works directly in three

municipalities – Santarém, Belterra and Aveiro – reaching a total of approximately 5,000 families distributed across 150 rural communities in the mid- and low-Amazon region. PSA is also increasingly consulted by governmental and non-governmental bodies, from the Amazon and beyond, to provide advice on the replication of its experiences.

### References

- Gusmão, Joana Buarque, (2002) *Pesquisa de Saúde Comunitária*, Centro de Informação e Pesquisa/PSA.
- Souza Lemos, Jose de Jesus (2000) *Diagnóstico ambiental, social e econômico nas áreas de atuação do projeto saúde e alegria nos municípios de santarém e belterra, para (Environmental, Social and Economic Diagnosis in the Areas Assisted by Health & Happiness Project at the Municipalities of Santarém and Belterra, State of Pará*. Research paper. Federal University of Caera, Brazil.

Mococongo network: youth’s communication initiative for education– radio communications and programmes, and internet access points



Figure 1. **Integrated Development Model**

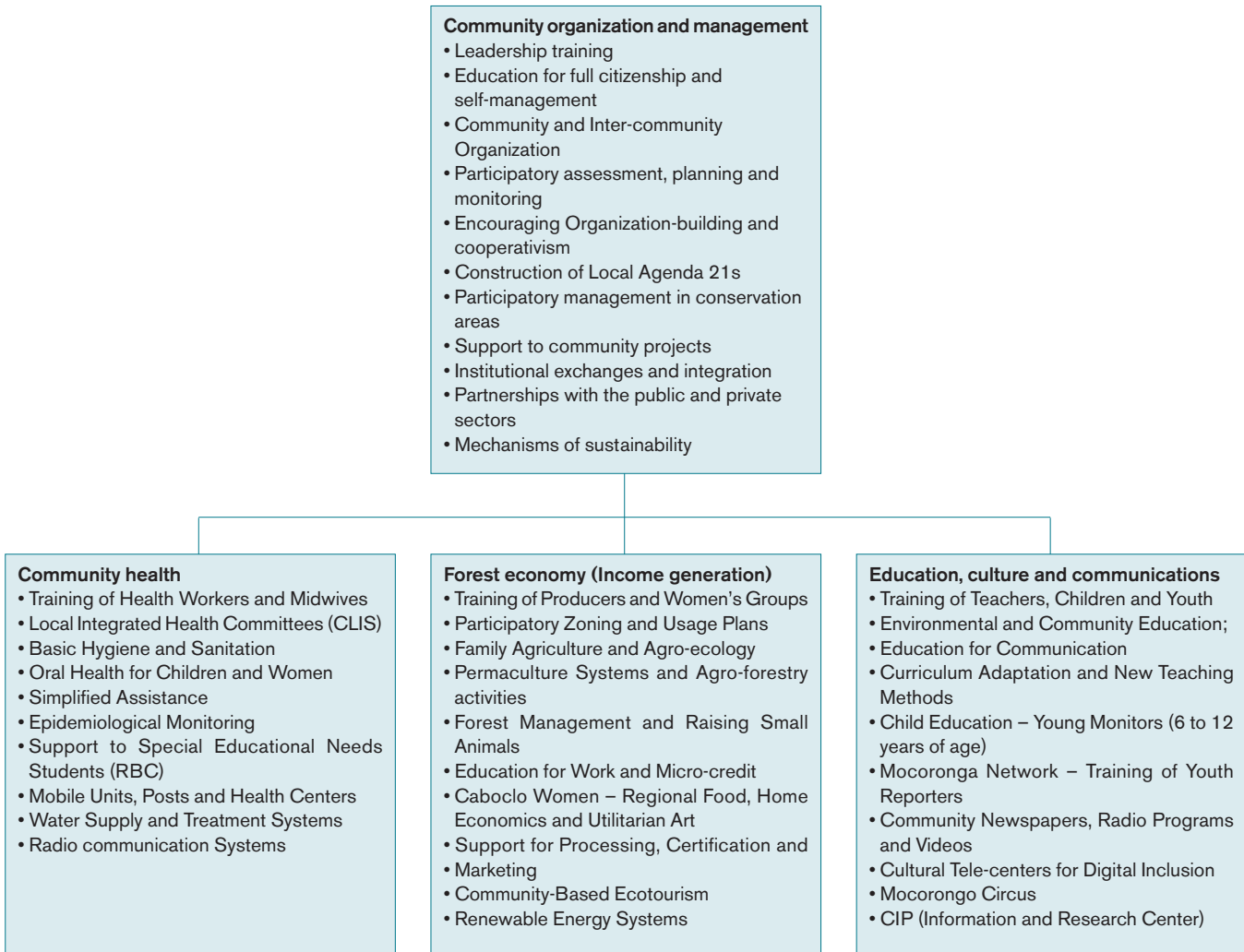
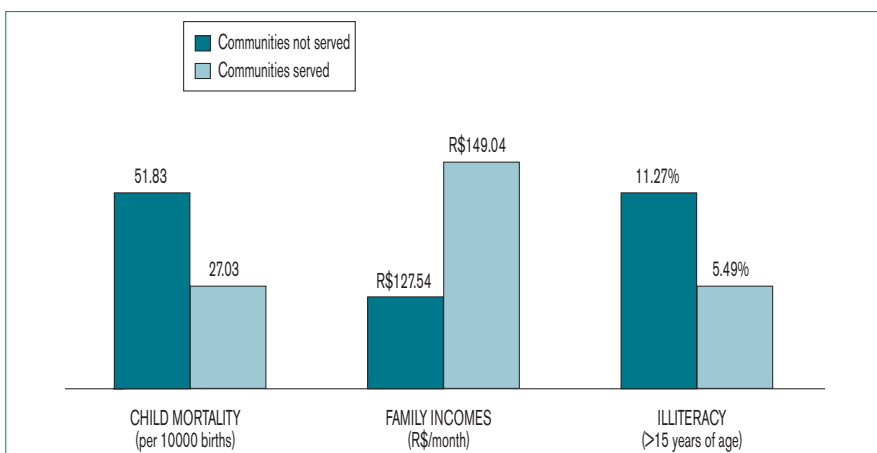


Figure 2. **Quality of life indicators**



Source: Socio-economic Diagnosis /Dr. José de Jesus Sousa Lemos, UFCE