Centre for Health Sciences Training, Research and Development
Regional Meeting on Health and Human Security in the Americas:

**Co-Hosts**

Hotel Melia, Lima, Peru
6\textsuperscript{th} – 7\textsuperscript{th} September 2012
Promoting health and human Security in Africa: Experiences and Preliminary Findings from the African Case Studies

Presented at the Regional Meeting on Health and Human Security in the Americas
Lima, Peru
6th – 7th September 2012

Dr. Lola Dare, Chief Executive Officer
Center for Health Sciences Training, Research & Development
(CHESTRAD)
Outline

- About CHESTRAD
- Highlights from the African Seminar on Health & Human Security
- The African Case Studies: Preliminary Findings
- Looking forward: Promoting Health and Human Security
  - African Region
  - Contributing to the global dialogue and agenda setting
Tributes & Congratulations

Tadashi Yamamoto
Founding President & CEO (JCIE)

GOOD BYE!!!

Ken Shibusawa
President & CEO (JCIE)

WELCOME!!!
ABOUT CHESTRAD
A leading global yet African led non-state, developmental agency

Human Security, Rights and Ethical Organization

Evidence based advocacy and programming

Health Systems, Community & Youth Empowerment

Access, Results and Performance

Effectiveness and Accountability Demand

Women, Children, Young Persons, Communities & Socially Excluded

Centre for Health Sciences Training, Research and Development
For additional information, visit www.chestrad-ngo.org
• Evidence guided programs, policy dialogue and accountability demand

• Coverage of programs and initiatives at four levels
  • Global
  • Continental
  • National
  • Sub-national

• Compliments and validates accountability supply focus from national governments and partners

• Works in partnership with a broad range of organizations
  • Non State Organizations
  • National governments
  • Regional Organizations
  • Development Partners
  • Communities
### Purpose and Key Observations

#### Background & Purpose
- Hosted by JICA & CESAG
- Better understand the value of the Human Security Framework to the African Health Agenda
- AIDS in Africa first presented as a human security issue to the UN – US President Al Gore
- Enduring and emerging health threats in Africa
- Large youth population
- Increase in strife and conflict
- Human Security critical for African health development

#### Key Messages
- Promote community driven approaches
- Focus on community empowerment to identify priorities and implement appropriate interventions
- Leadership role of officials and national governments critical
- Areas of intervention to include access, empowerment, sustainability and accountability
- Understand pathway and measures of community empowerment
**Community Empowerment Milestones - I**

- **Euphoria ("They" phase)**
  - Expectations high
  - Participation limited to those with a voice
  - Local partnerships ineffective
  - Community organization official driven
  - Limited relevance of data and evidence

- **Realism ("Blame phase")**
  - Recognition of partnership roles increases
  - Recognition that responsibility and voice are bed mates
  - Limited definition of roles and responsibilities
  - High levels of frustration: official & community
African Case Study: Milestones for Community Empowerment
Community Empowerment Milestones - II

- **Consolidation ("Us" phase)**
  - Expectations relate to local capacity
  - Participation expands to the vulnerable and socially excluded
  - Community organization increases with clear roles and responsibilities btw the community and officials
  - Increased responsiveness of official to local leadership
  - Collaborative/transformational leadership styles btw partners

- **Engagement “We phase”**
  - Contribution in cash and kind increase
  - Appreciation of data needs for planning and evaluation
  - Increased capacity for planning & negotiation of assistance
## Pathway to Community Empowerment: Partnership Roles

<table>
<thead>
<tr>
<th>Phase of Empowerment</th>
<th>Who sets priorities?</th>
<th>Who designs and plans programs?</th>
<th>Who implements and evaluates?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Official</td>
<td>Community</td>
<td>Official</td>
</tr>
<tr>
<td>Un-empowered</td>
<td>+++</td>
<td>-</td>
<td>+++</td>
</tr>
<tr>
<td>Euphoria</td>
<td>++</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>Realism</td>
<td>++</td>
<td>+/-</td>
<td>++</td>
</tr>
<tr>
<td>Consolidation</td>
<td>+</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Empowerment</td>
<td>+</td>
<td>+++</td>
<td>+</td>
</tr>
</tbody>
</table>
Pathway to Community Empowerment: Role Reversal
Impact Pathway for Community Empowerment:

- Dialogue
- Engagement
- Transformation
- Impact & Sustainability

Euphoria and Realism

Consolidation & Empowerment
Health & Human Security in Africa: Integrating Protection and Empowerment

Protection
- Enabling Policies
- Legal Framework
- ‘Rights’
- Good Governance
- Accountability

Empowerment
- Access
- Universal Coverage
- Equity
- Engagement
- Sustainability

Health & Human Security
- Advocacy, Engagement, Measurements, Partnership & Shared Learning

African Case Study Project

Advocacy, Engagement, Measurements, Partnership & Shared Learning
## Enduring Issues from the African Seminar

<table>
<thead>
<tr>
<th>Resources:</th>
<th>Time, Human Capacity, Institutional Strengthening, Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement:</td>
<td>Human Security Index, Empowerment Milestones, Human Development Index, Other composite indices and scorecards in health</td>
</tr>
<tr>
<td>Interconnections:</td>
<td>Threats, Interventions and Measurements</td>
</tr>
<tr>
<td>Accountability:</td>
<td>Local, national and global</td>
</tr>
<tr>
<td>Partnership:</td>
<td>Towards a new UN development agenda</td>
</tr>
</tbody>
</table>
The African Case Studies on Health & Human Security
Objectives & Methodology
Objectives

- Provide evidence on the drivers and determinants of value of the application of the health and human security approach to the African health and development agenda.
- Contribute to the development of global technical/guidance notes on the health and human security approach.
- Contribute to the development of a robust global advocacy agenda driven by the country relevance and application of the health and human security approach.
- Promote South-South learning and sharing particularly with the PAHO region where progress is more advanced.
Methodology

- **Common** yet **adaptable templates** and **methodological approach** with the PAHO and South East Asia case study development projects agreed with JICE and other partners.

- Call for submission of case studies and case study listing: **Project Form A (65 cases submitted and listed)**

- Screening of initial case studies for documentation of country context, human security and health situation analysis: **Project Form B (22 cases selected)**

- Selection of case studies for detailed documentation of cases studies: **Project Form C (15 initial cases identified, selection criteria subject to review)**

- Field/Site visits (7 cases provisionally identified – maximum of 3 to 5 to be finally selected)
The African Case Studies on Health & Human Security
Respondent Characteristics
28 organizations, 18 countries (4 from broader south), 65 case studies

Orientation of Organization

Non State: 25
State: 75

Country Coalition/network: 12
Multicountry Organization: 16
Country Organization: 72
Most important stakeholder/target group

**Most Important Target Group**

- Young Persons (10-25 years): 57.1%
- Women (26-65 years): 42.9%
- Infants and neonates: 38.9%
- Children under 5 years: 31.6%
- Aged >65 years: 25%
- Men (26-65 years): 10%

**Most Important Stakeholder**

- Vulnerable & socially excluded: 70%
- National policy & funders: 55%
- Community leaders & organs.: 35%
- Global policy & funders: 23.5%
- Regional policy & funders: 0%
- Others: 0%
<table>
<thead>
<tr>
<th>Human Security Area</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health services</td>
<td>67.9</td>
</tr>
<tr>
<td>Community organization &amp; empowerment</td>
<td>60.7</td>
</tr>
<tr>
<td>Youth development &amp; empowerment including job security for young persons</td>
<td>53.6</td>
</tr>
<tr>
<td>Citizen’s participation and accountability demand</td>
<td>46.4</td>
</tr>
<tr>
<td>Nutrition</td>
<td>46.4</td>
</tr>
<tr>
<td>Environmental threats in relation to exposure to toxic substances</td>
<td>46.4</td>
</tr>
<tr>
<td>Destruction of social structure, limited social protection in health, wide spread</td>
<td>42.9</td>
</tr>
<tr>
<td>violence</td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>39.3</td>
</tr>
<tr>
<td>Water and Sanitation</td>
<td>39.3</td>
</tr>
<tr>
<td>Risk of Injury</td>
<td>28.6</td>
</tr>
<tr>
<td>Occupational Harzards</td>
<td>25.0</td>
</tr>
<tr>
<td>Wealth creation, micro-finance and the informal economy</td>
<td>21.4</td>
</tr>
<tr>
<td>Insecurity of Housing</td>
<td>17.9</td>
</tr>
<tr>
<td>Unplanned urban growth</td>
<td>17.9</td>
</tr>
</tbody>
</table>
The African Case Studies on Health & Human Security
Preliminary Analysis of submitted case studies
Countries & Sectors

Countries Participating

- 18.5 Francophone
- 81.5 Anglophone

Human Security Area

- Multiple Areas: 3.3
- Survival: 6.6
- Protection: 6.6
- Vulnerability: 24.6
- Participation: 24.6
- Empowerment: 34.4
Health
Youth
Multi-sector
Citizen’s participation & accountability demand
Community organization & empowerment
Wealth creation & informal economy
Governance, Human Rights and Education
Gender based violence
Reproductive Health
Wide spread violence

Health: 46.4%
Youth: 13.8%
Multi-sector: 13.8%
Citizen’s participation & accountability demand: 6.2%
Community organization & empowerment: 4.6%
Wealth creation & informal economy: 4.6%
Governance, Human Rights and Education: 4.6%
Gender based violence: 1.5%
Reproductive Health: 1.5%
Wide spread violence: 1.5%

Sector
Geographic Coverage & Target Group

**Geographic Coverage**
- Community: 53.3%
- State/Province: 28.3%
- National: 16.7%
- Regional: 1.7%

**Target Group**
- General Population: 57.4%
- Community: 3.3%
- Adolescents & Young Persons: 3.3%
- Children under 5 years: 1.6%
- Aged >65 years: 24.6%
Stakeholders

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized communities</td>
<td>31.1%</td>
</tr>
<tr>
<td>Social Mobilizers</td>
<td>9.8%</td>
</tr>
<tr>
<td>Community Volunteers</td>
<td>4.9%</td>
</tr>
<tr>
<td>Policy Makers</td>
<td>1.6%</td>
</tr>
<tr>
<td>Public Health Facility</td>
<td>14.8%</td>
</tr>
<tr>
<td>Local NGO/CBO</td>
<td>13.1%</td>
</tr>
<tr>
<td>National NGO</td>
<td>14.8%</td>
</tr>
<tr>
<td>Project Based Staff</td>
<td>8.2%</td>
</tr>
<tr>
<td>Young Persons</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
Beyond Lima: Moving Forward the Health & Human Security Agenda
Some next steps

- Promoting health and human security in the Africa Region
  - Report of the African case studies to provide the evidence for advocacy
  - Advocacy with regional organizations (AU, WHO, RECs CS) for regional guidance and technical reference document on Health and Human Security

- Towards a new UN agenda for development
  - Working with the Alliance of Southern CS in global health to promote and advocate for a human security emphasis in the new development agenda

- Learning and sharing with institutions and organizations in the PAHO region
  - Links with the global JICE case studies process to provide a platform for learning and sharing
Thank You for Your Kind Attention!