JICA experiences in Health and Human Security
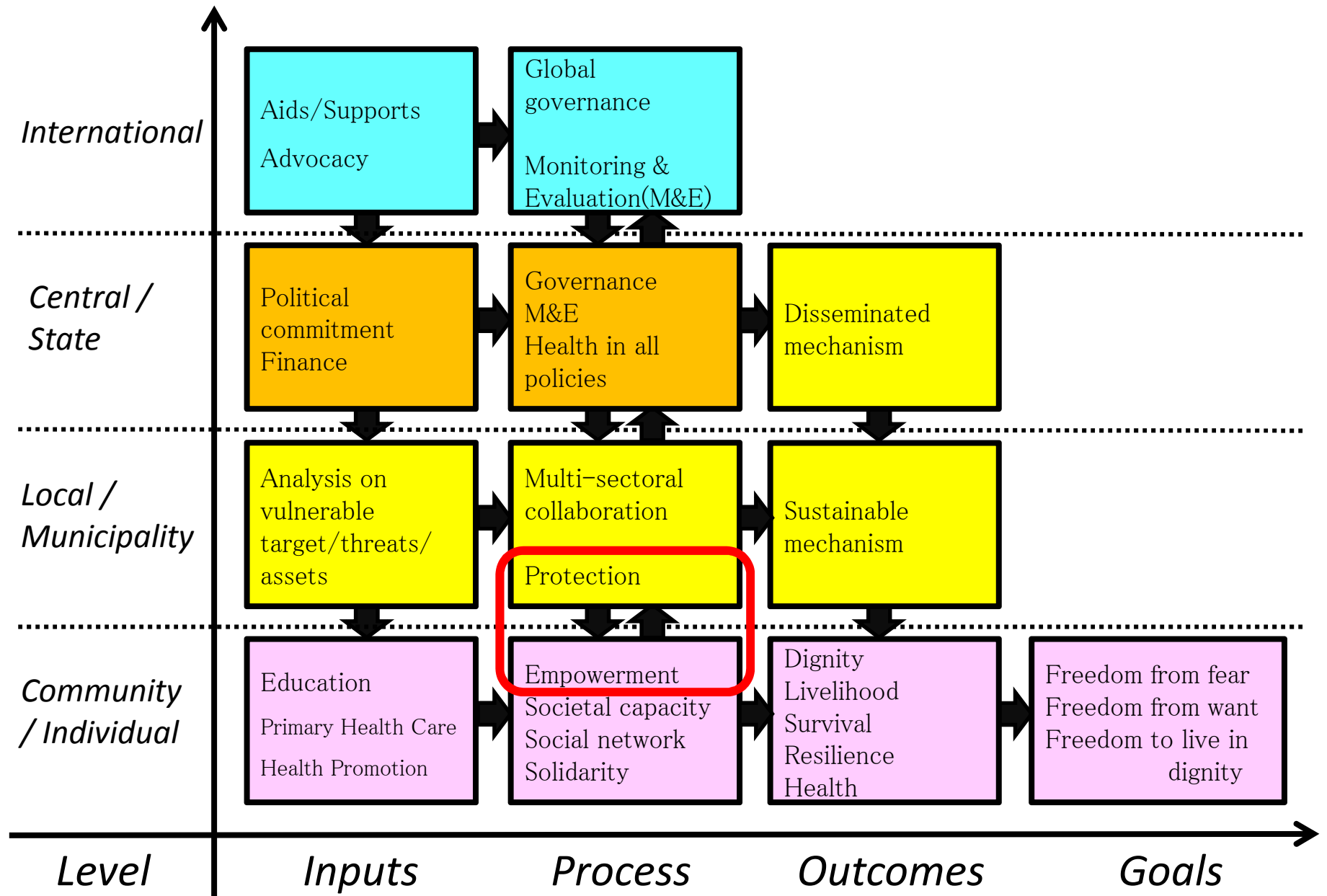
Dr Motoyuki Yuasa
Dr Ronice Franco de Sá
Dr Roxana Siles Nava
Dr Octavio Lenín Pérez
Dr Kota Yoshioka

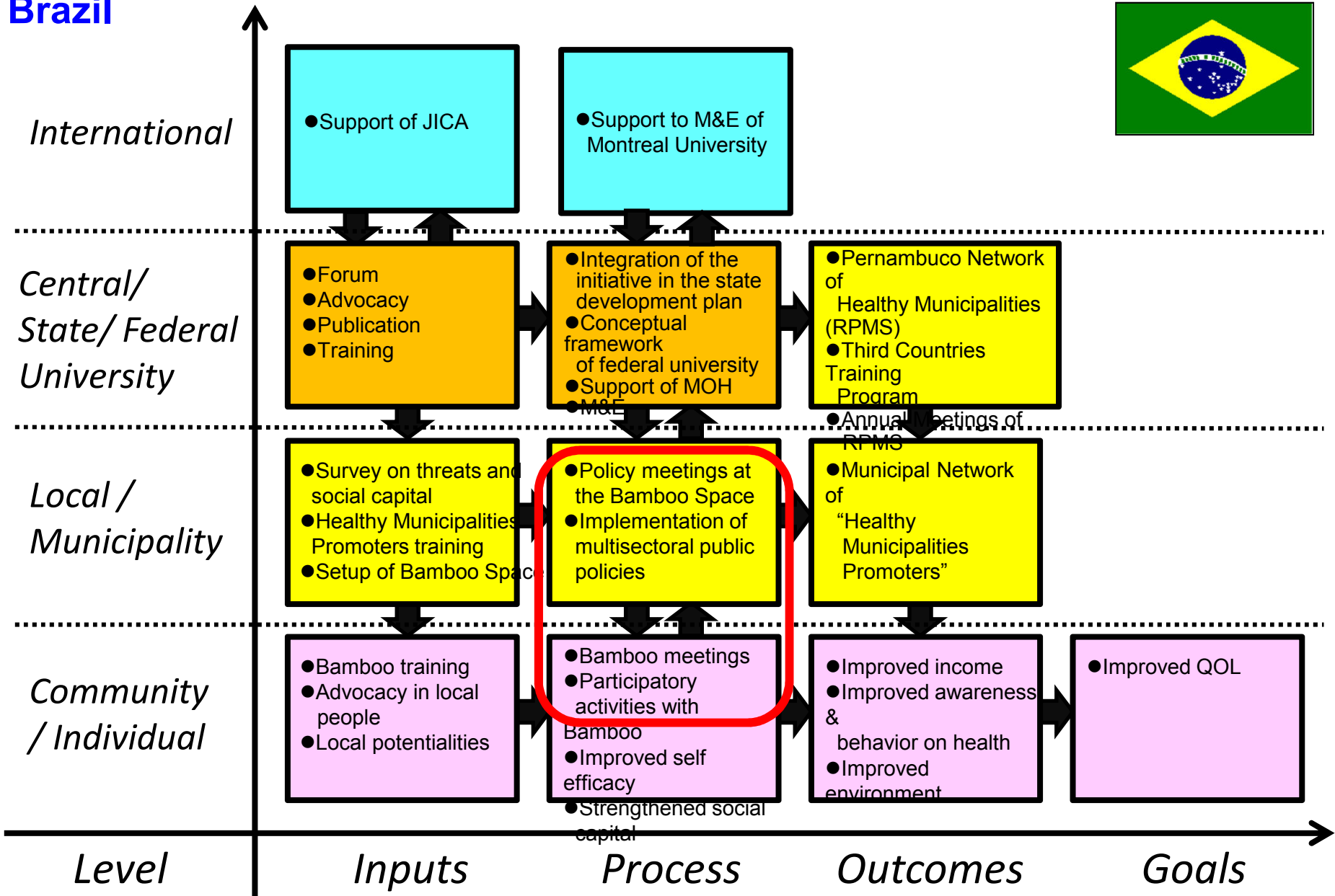# Cascade Model of Human Security in Health

Level	Inputs	Process	Outcomes	Goals
International	Aids/Supports Advocacy	Global governance Monitoring & Evaluation(M&E)		
Central / State	Political commitment Finance	Governance M&E Health in all policies	Disseminated mechanism	
Local / Municipality	Analysis on vulnerable target/threats/assets	Multi-sectoral collaboration Protection	Sustainable mechanism	
Community / Individual	Education Primary Health Care Health Promotion	Empowerment Societal capacity Social network Solidarity	Dignity Livelihood Survival Resilience Health	Freedom from fear Freedom from want Freedom to live in dignity

Case study 1: Healthy Municipalities Project in the northeast Brazil

Level	Inputs	Process	Outcomes	Goals
International	• Support of JICA	• Support to M&E of Montreal University		
Central/ State/ Federal University	• Forum • Advocacy • Publication • Training	• Integration of the initiative in the state development plan • Conceptual framework of federal university • Support of MOH • M&E	• Pernambuco Network of Healthy Municipalities (RPMS) • Third Countries Training Program • Annual meetings of RPMS	
Local / Municipality	• Survey on threats and social capital • Healthy Municipalities Promoters training • Setup of Bamboo Space	• Policy meetings at the Bamboo Space • Implementation of multisectoral public policies	• Municipal Network of "Healthy Municipalities Promoters"	
Community / Individual	• Bamboo training • Advocacy in local people • Local potentialities	• Bamboo meetings • Participatory activities with Bamboo • Improved self efficacy • Strengthened social capital	• Improved income • Improved awareness & behavior on health • Improved environment	• Improved QOL

Case study 1: Healthy Municipalities Project in the northeast Brazil

Level	Inputs	Process	Outcomes	Goals
International	● Support of JICA	● Support to M&E of Montreal University		
State/ Federal University	● Forum ● Advocacy ● Publication ● Training	● Conceptual framework of federal university ● Support of MOH and ABRASCO ● Health Promotion Universities Network	● Pernambuco Network of Healthy Municipalities (RPMS) ● Third Countries Training Program ● Annual Meetings of RPMS	
Barra de Guabiraba Women's organization	● Bamboo Space ● Specific trainings for design, ethography, reproductive health, prevention against violence, cooperatives	● Support of Caruaru Campus of federal University ● Income and work generation(Free Drug)	● Municipal Network of "Healthy Municipalities Promoters"	
Community / Individual	● Potentiality of female artisans (antidepressants in use)	● Handicraft Cooperative for Women ● FENEARTE Annual participation	● Improved income ● Improved awareness & behavior on health ● Improved environment	● Improved QOL

Case study 2: FORSA Santa Cruz Project in Bolivia

Level	Inputs	Process	Outcomes	Goals
International	●Support of JICA	●Support of JICA		
Central / State	●Forum ●Advocacy ●Training	●Integration of the FORSA into SAFCI* ●M&E	●National system based on SAFCI	
Local / Municipality	●Survey on threats ●FORSA training	●Joint coordinating committee (Municipality, DILOS, RED etc)	●Municipal network of facilitator	
Community / Individual	●Facilitator training ●FORSA training	●FORSA meetings ●Participatory activities with FORSA ●Improved self efficacy ●Strengthened social capital	●Improved awareness & behavior on health ●Improved environment	●Improved QOL

Cross-sectional evaluation of Community-based Health Promotion activities in Santa Cruz, Bolivia

Objective: The study aimed to elucidate the extent to which the Community-based Health Promotion activity via the FORSA model affected capacity development, social capital reinforcement and health related QOL.

Result-1; Participant's characteristics

Item	Total (n=453)	Project area (n=340)	Control area (n=113)	p value*
Age (years ±SD)	32.8±10.0 Min=16 Max=73	32.6±9.2 Min=17 Max=73	33.3±12.0 Min=16 Max=73	0.504
Gender	Male=111 Female=342	Male=63 Female=277	Male=48 Female=65	0.000
Educational Attainment (n(%))	Non=14(3.1) Primary=105(23.2) Secondary=238(52.5) Technical=42(9.3) College=54(11.9)	Non=6(1.8) Primary=74(21.8) Secondary=184(54.1) Technical=31(9.1) College=45(13.2)	Non=8(7.1) Primary=31(27.4) Secondary=54(47.8) Technical=11(9.7) College=9(8.0)	0.021

*; t-test, χ^2-test

Result-2; General Self Efficacy Scale by area
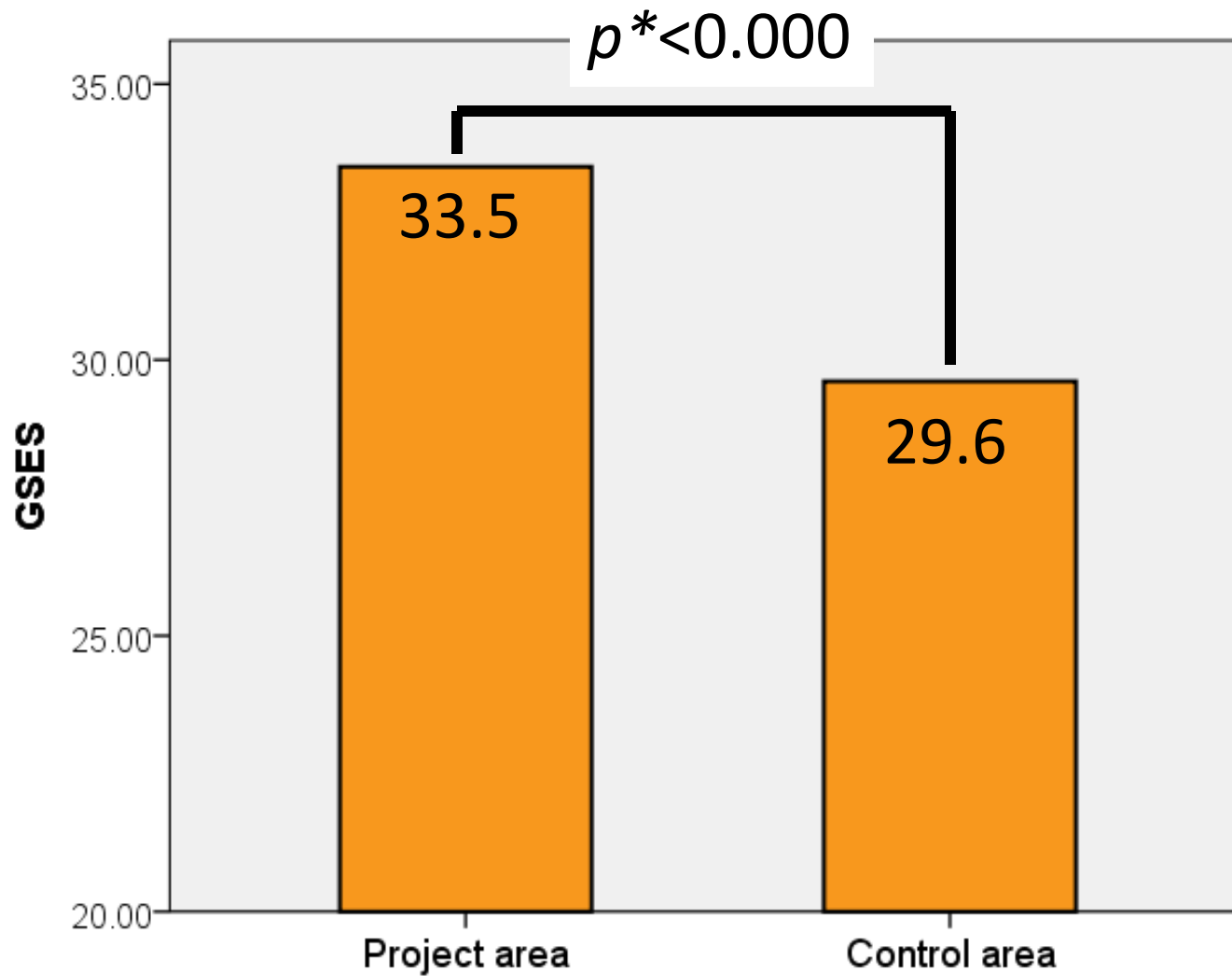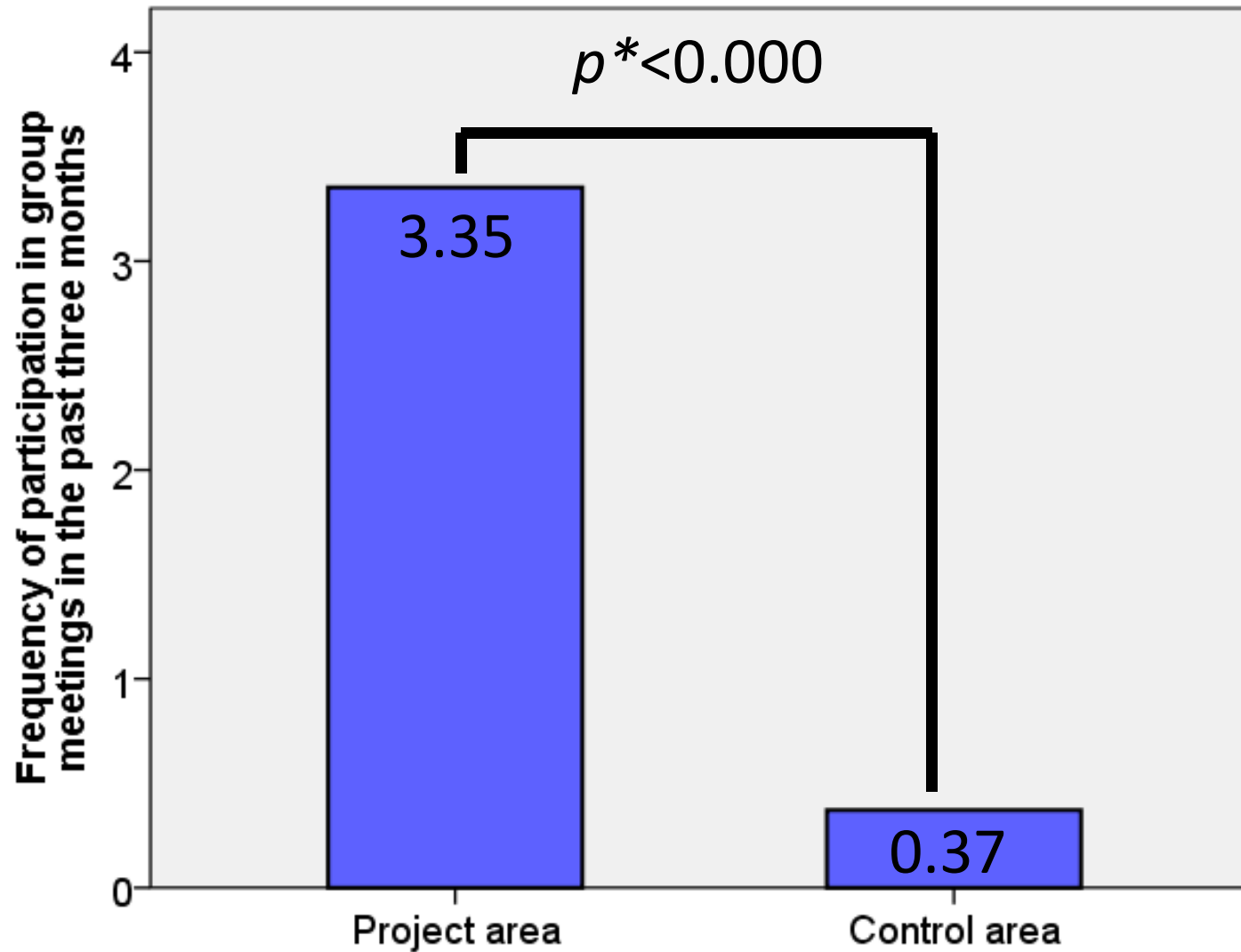
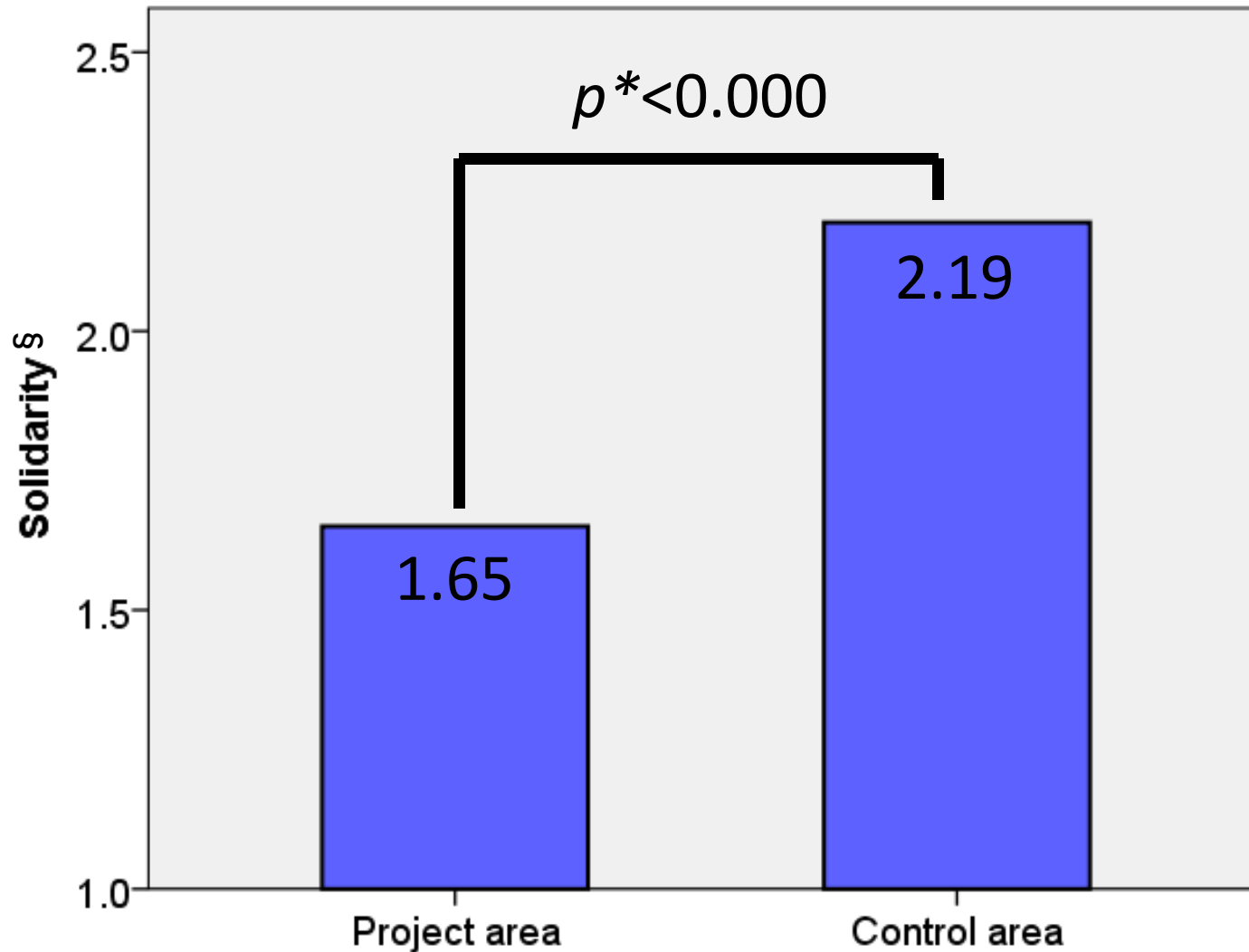*; ANCOVA adjusted for gender and educational attainment

Result-3(2); General trust by area
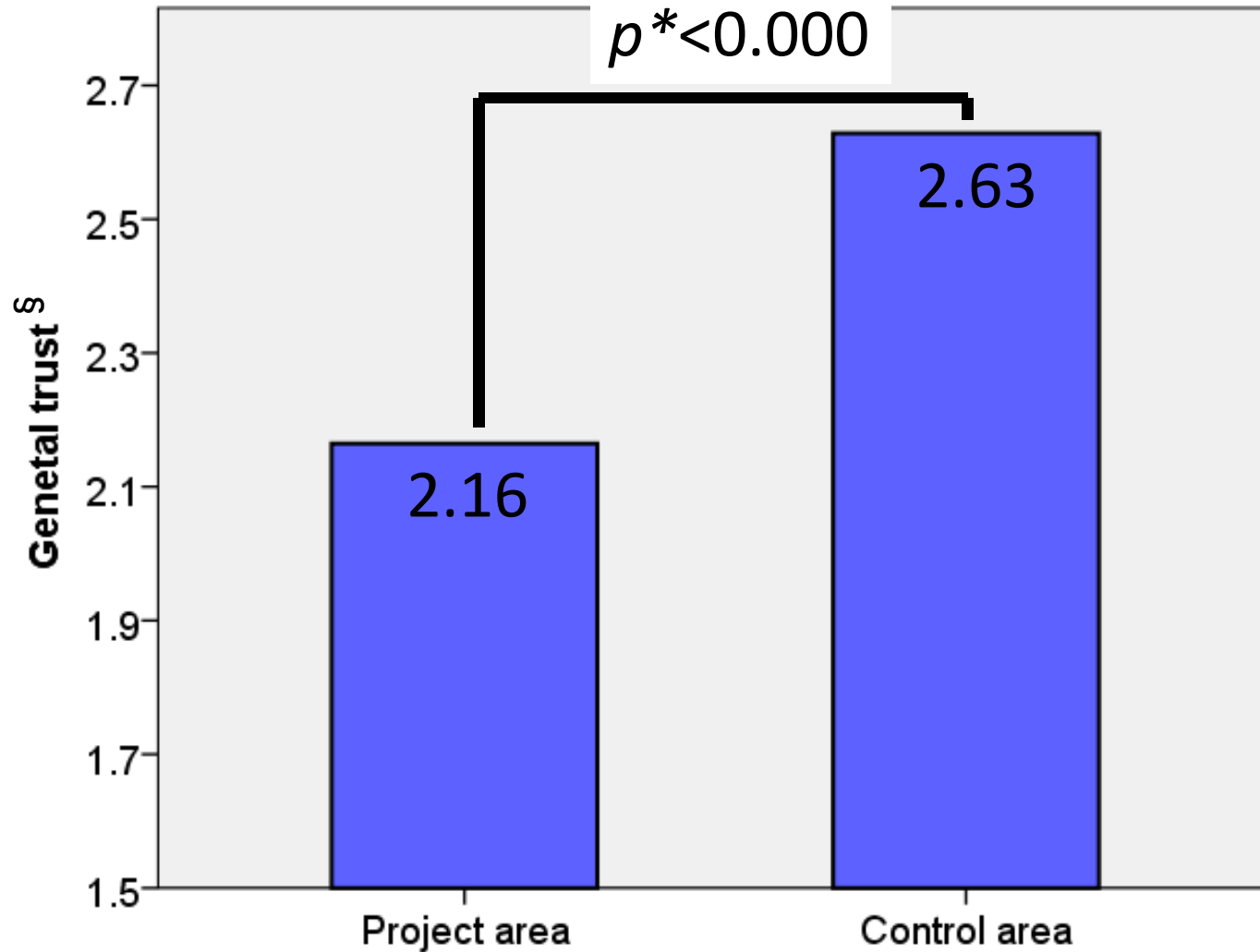
§ ; General trust inquired "General speaking, would you say that most people can be trusted"
   indicating that lower score means higher general trust.
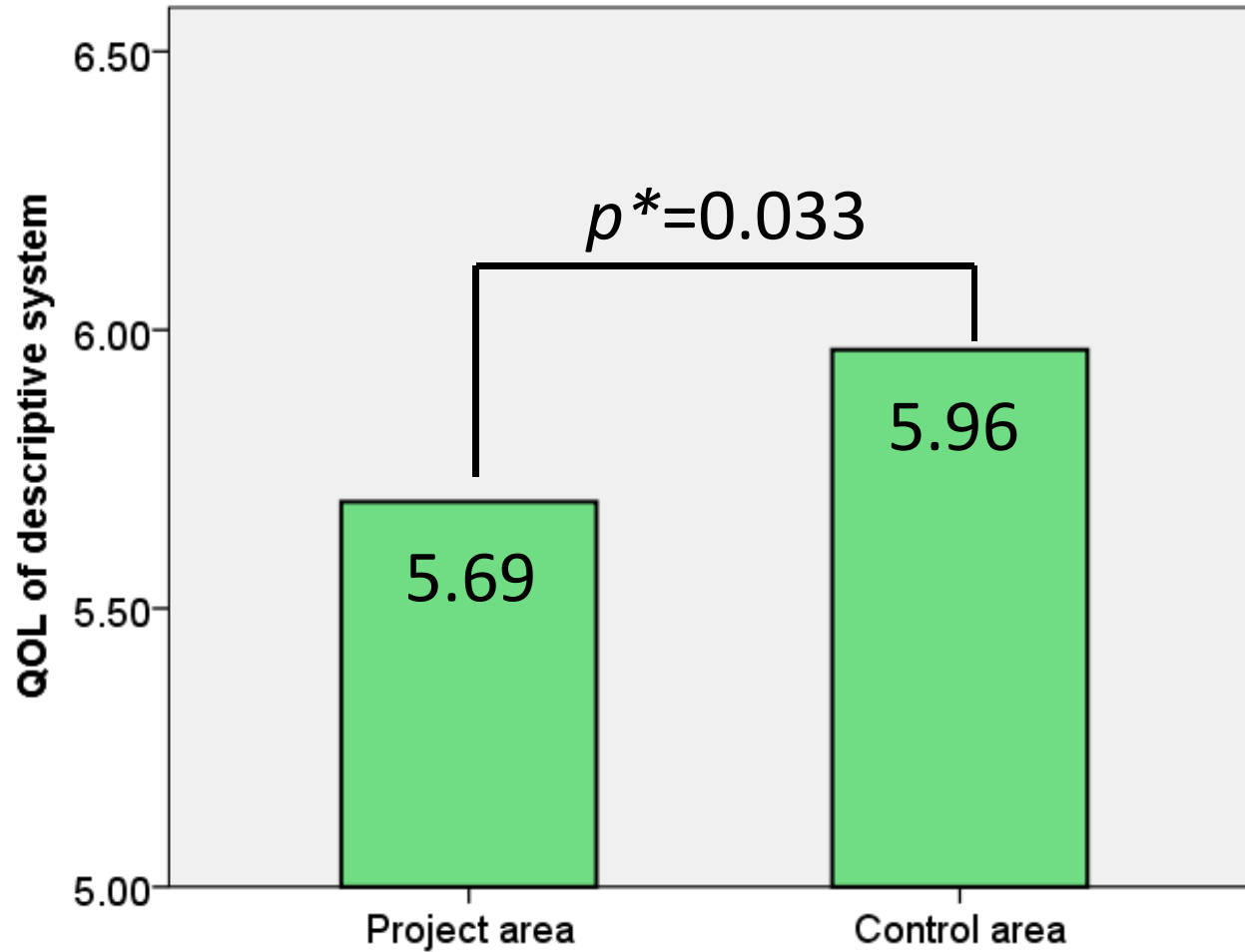*; ANCOVA adjusted for gender and educational attainment

Result-3(3); Perceived solidarity by area

§ ; Solidarity inquired "In general, do you agree or disagree; most people in this village are willing to help if you need it?", indicating that lower score means higher solidarity.

*; ANCOVA adjusted for gender and educational attainment
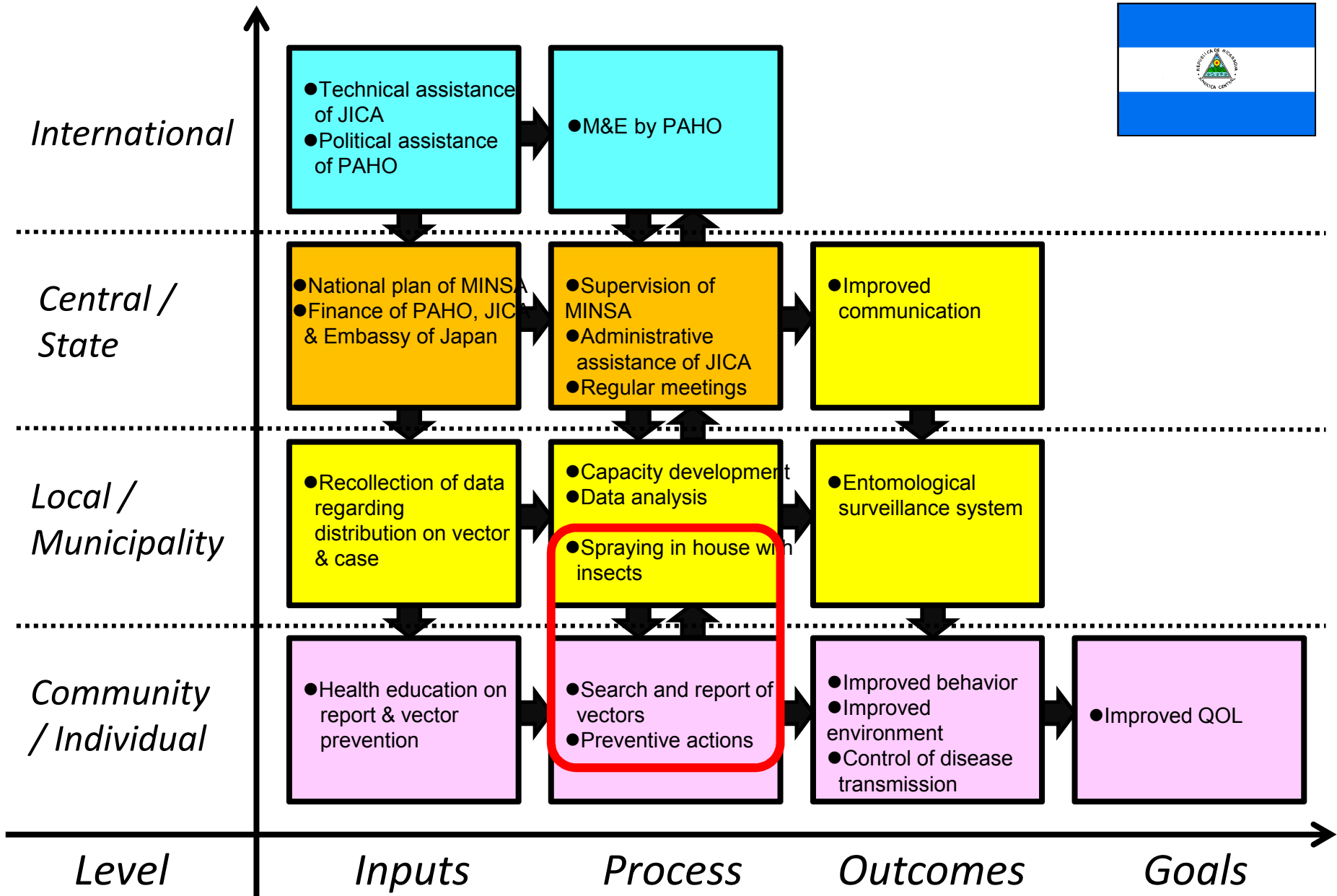
Result-4; Health related QOL by area

*; ANCOVA adjusted for gender and educational attainment
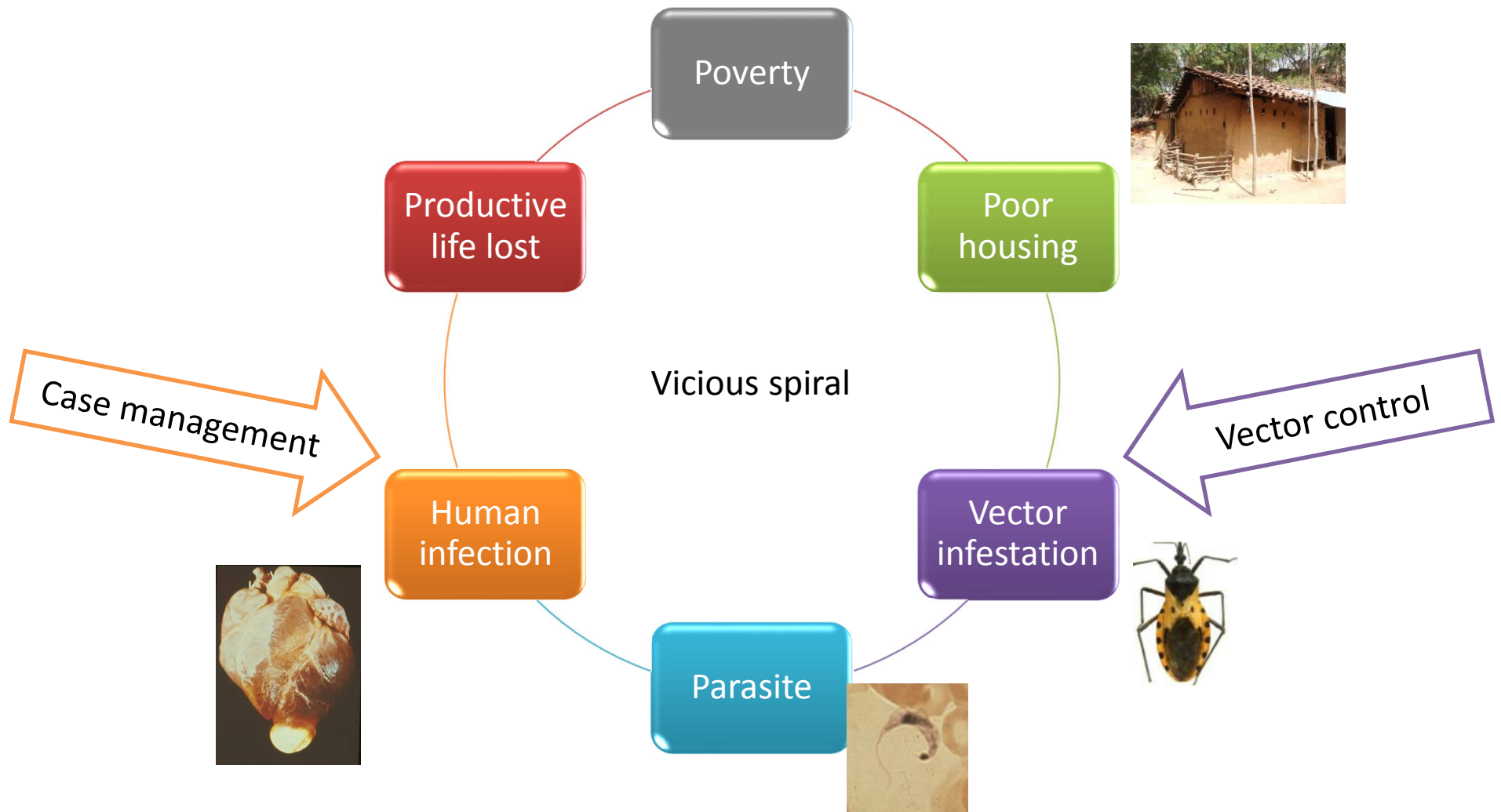
Conclusion

1. The findings show that in the project area compared to the control area, people were likely to have significantly stronger general self-efficacy, more frequent participation in the community activities, more robust general trust and solidarity.

2. The FORSA Model has statistically contributed to health related QOL.

Case study 3: Chagas'Disease Control Project in Nicaragua

Level	Inputs	Process	Outcomes	Goals
International	● Technical assistance of JICA ● Political assistance of PAHO	● M&E by PAHO		
Central / State	● National plan of MINSA ● Finance of PAHO, JICA & Embassy of Japan	● Supervision of MINSA ● Administrative assistance of JICA ● Regular meetings	● Improved communication	
Local / Municipality	● Recollection of data regarding distribution on vector & case	● Capacity development ● Data analysis ● Spraying in house with insects	● Entomological surveillance system	
Community / Individual	● Health education on report & vector prevention	● Search and report of vectors ● Preventive actions	● Improved behavior ● Improved environment ● Control of disease transmission	● Improved QOL

Control of Chagas disease:
Freedom from fear and want

Poverty

Poor housing

Productive life lost

Vicious spiral

Human infection

Vector infestation

Parasite

Case management

Vector control

Sustainable vector control:
Integration of "Protection" and "Empowerment"

Project's approach:
 A) Capacity development
 B) System strengthening
 C) Local resource involvement

Local Health Center

1. Health Education

2. Bug Reporting

3. House Spraying

Vulnerable Population

Preventive Behavior