Cascade Model of Human Security in Health

**Level**
- **International**
- **Central / State**
- **Local / Municipality**
- **Community / Individual**

**Inputs**
- **Community / Individual**
  - Education
  - Primary Health Care
  - Health Promotion
- **Local / Municipality**
  - Analysis on vulnerable target/threats/assets
- **Central / State**
  - Political commitment
  - Finance
- **International**
  - Aids/Supports
  - Advocacy

**Process**
- **Community / Individual**
  - Empowerment
  - Societal capacity
  - Social network
  - Solidarity
- **Local / Municipality**
  - Protection
- **Central / State**
  - Multi-sectoral collaboration
- **International**
  - Global governance
  - Monitoring & Evaluation (M&E)

**Outcomes**
- **Community / Individual**
  - Dignity
  - Livelihood
  - Survival
  - Resilience
  - Health
- **Local / Municipality**
  - Sustainable mechanism
- **Central / State**
  - Disseminated mechanism
- **International**
  - Global governance

**Goals**
- Freedom from fear
- Freedom from want
- Freedom to live in dignity

**Goals**
- 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
- 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

Goals
- Improved income
- Improved awareness & behavior on health
- Improved environment
- Improved QOL
Case study 1: Healthy Municipalities Project in the northeast Brazil

**Inputs**
- Support of JICA
- Support to M&E of Montreal University
- Forum
- Advocacy
- Publication
- Training
- Conceptual framework of federal university
- Support of MOH and ABRASCO
- Support of Caruaru Campus of Federal University
- Income and work generation (Free Drug)
- Support of M&E of Montreal University

**Process**
- Bamboo Space
- Specific trainings for design, ethnography, reproductive health, prevention against violence, cooperatives
- Support of Caruaru
- Support of Montreal University
- Income and work generation (Free Drug)
- Handicraft Cooperative for Women
- FENEARTE Annual participation

**Outcomes**
- Potentiality of female artisans (antidepressants in use)
- Improved income
- Improved awareness & behavior on health
- Improved environment
- Improved QOL

**Goals**
- Improved QOL
- Annual meetings of RPMS
- Pernambuco Network of Healthy Municipalities (RPMS)
- Third Countries Training Program
- Support of JICA
- Support of MOH and ABRASCO
- Support of Caruaru Campus of Federal University
- Support to M&E of Montreal University
- Support of M&E of Montreal University
- Support of JICA
- Support of MOH and ABRASCO
- Support of Caruaru Campus of Federal University
Case study 2: FORSA Santa Cruz Project in Bolivia

**Inputs**

- **International**
  - Support of JICA

- **Central / State**
  - Forum
  - Advocacy
  - Training
  - Integration of the FORSA into SAFCI*
  - M&E

- **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

**Process**

- **Outcomes**
  - Improved awareness & behavior on health
  - Improved environment

- **Goals**
  - 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

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

*; t-test, χ²-test
Result-2: General Self Efficacy Scale by area

![Bar chart showing comparison between Project area (33.5) and Control area (29.6)]

*p* < 0.000

*; ANCOVA adjusted for gender and educational attainment
Result-3(1); Formal group participation by area

![Bar chart showing frequency of participation in group meetings in the past three months.

- Project area: 3.35
- Control area: 0.37

$p^* < 0.000$

*; ANCOVA adjusted for gender and educational attainment
Result-3(2); General trust by area

GENERAL TRUST BY AREA

<table>
<thead>
<tr>
<th>Area</th>
<th>General Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project area</td>
<td>2.16</td>
</tr>
<tr>
<td>Control area</td>
<td>2.63</td>
</tr>
</tbody>
</table>

$p*<0.000$

§; 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

![Bar graph showing QOL of descriptive system by area](image)

- Project area: 5.69
- Control area: 5.96

*p*=0.033

*; 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
--- | --- | --- | --- | ---
Community / Individual | Health education on report & vector prevention | Search and report of vectors | Improved behavior | Improved QOL
Local / Municipality | Recollection of data regarding distribution on vector & case | Capacity development | Improved environment | Entomological surveillance system
Central / State | National plan of MINSA | Supervision of MINSA | Control of disease transmission | Regular meetings
International | Technical assistance of JICA | M&E by PAHO | QOL | Political assistance of PAHO
Control of Chagas disease: Freedom from fear and want

- Poverty
- Poor housing
- Vector infestation
- Parasite
- Human infection
- Productive life lost

Vicious spiral

Case management
Vector control
Sustainable vector control: Integration of “Protection” and “Empowerment”

Local Health Center

1. Health Education
2. Bug Reporting
3. House Spraying

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

Vulnerable Population

Preventive Behavior