No.

Ministry of Health
San Marcos Major National University
Republic of Peru

The Project of Strengthening Integrated Health Care for the Population Affected by Violence and Human Rights Violation in the Republic of Peru

Final Report

March 2008

Japan International Cooperation Agency (JICA)

System Science Consultants Inc. (SSC)

HM
JR
08-008

Project Site Map

Photos of Project Activities

Discussion in Technical Committee meeting

HPRT Trainers Training

Dr. Garmendia (UNMSM) and
Dr. Mollica (HPRT)

The meetings for the Diploma Course were held every Tuesday

Group discussion in the diploma course

Diploma Course in Huaycan

Social Drama on Family Violence presented by Diploma course participants of Ayacucho

Hugging – the best of the Diploma Course

Maternal Child Health Training

Signing on resolutions on community activities for violence victims by regional authorities in Junín

Health Promoters presenting social drama on intervention to victims of violence

Health Promoters in Huaycan finish training course on care for violence victims

Mental health booth set up along with other health issues in Community Health Fair

Trained health promoter playing with roulette of “Say NO to violence”

Peace for future generations!

A clown came to Huaycan to talk about violence with children.

List of Primary Project Indicators

Basic Statistics of 5 Project Sites	
- Total population (2005)	239,707
- Children under 5 years of age (2005)	27,150
- Population under 20 years of age (2005)	96,269
- Women of reproductive age (age 15 to 49: 2005)	51,310
- Number of families and people affected by political violence (1980-2000, Results from the Baseline Study)	appox.25,000 people

Project Objective Indicators: No. of victims of violence…	Aug. – Dec. 05	Jan. – Dec. 06	Jan. – Dec. 07
IDENTIFIED TOTAL	**2,404**	**5,881**	**14,546**
– identified by health promoters	319	185	253
– identified by health care facilities	2,013	3,378	10,497
– identified by community organizations, NGO, local authorities	72	2,318	3,796
ATTENDED TOTAL	**2,310**	**5,783**	**13,832**
– attended by health promoters	311	137	196
– attended by health care facilities	1,935	3,340	9,935
– attended by community organizations, NGO, local authorities	64	2,306	3,701
REFERRED TO OTHER INSTITUTIONS TOTAL	**486**	**2,048**	**2,815**
– referred to supporting institutions by health promoters	298	25	149
– referred to other supporting institutions by health care facilities	163	352	1,192
– referred to other supporting institutions by community organizations, NGO, local authorities	25	1,671	1,474

Output 1 related indicators	2005	2006	2007
- No. of UNMSM faculty received training of HPRT	19 (23)	-	-
- No. of subjects of faculty of medicine, UNMSM which include theme of integrated health care / relevant to include the theme of integrated health care	30 / 82 (37%)	37 / 82 (45%)	51 / 82 (62%)

Output 2 related indicators	April 05-Mar 06	April 06–Mar. 07	April 07–Mar.08
– No. of UNMSM and Ministry of Health staff No. of UNMSM faculty received training of HPRT	50	-	-
– Number of participants of Diploma Course	-	192	392

Output 3 related indicators	April 05-Mar. 06	April 06–Feb.07	April 07–Dec. 07
- No. of health professionals completing MCH training / no. of health professional received the training	46/46 (100%)	71/71 (100%)	146/146 (100%)
- Status of applying knowledge and skills in the work place after training (more than 80% of trained skills)	59%	66%	82%
- No. of participants in replication trainings	224	2,404	4,591

Output 4 related indicators	April 05－Mar 06	April 06–Feb 07	April 07–Dec 07
- No. of DISAs implementing sensitization workshops / no. of project participating DISAs	5 (100%)	5 (100%)	5 (100%)
- No. of participating health promoters	147	214	192
- No. of participating nurse aids	-	97	143
- No. of participating community organizations	5 (100%)	5 (100%)	5 (100%)

(Source: Report from DIRESA, UNMSM, INMP.)

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Acronyms

Acronyms	English	Original (Spanish)
CBO	Community-based Organization	
CVR	Truth and Reconciliation Commission	Comisión de la Verdad y Reconciliación
DISA / DIRESA	Regional Health Office	Direccion (Regional) de Salud
EU	European Union	
HPRT	Harvard Program in Refugee Trauma	
INMP	Maternal Perinatal Institute	Instituto Nacional Materno Perinatal
JCC	Joint Coordination Committee	
JICA	Japan International Cooperation Agency	
MINSA	Ministry of Health	Ministerio de Salud
NGO	Non-Governmental Organization	
PTSD	Post-Traumatic Stress Disorder	
R/D	Record of Discussion	
TC	Technical Committee	
UNMSM	National Major University of San Marcos	Universidad Nacional Mayor de San Marcos

Introduction

During the period 1980-2000, the Republic of Peru experienced conflict between the government and various terrorist groups. Many rural communities mainly in mountainous regions populated by impoverished segments of society were ravaged by this unrest. As a result, individuals and their families exposed to this violence suffer the dual burden of both poverty and the need to address their post-trauma mental and physical health care requirements.

In light of the above situation, the Peruvian government established the Truth and Reconciliation Commission (CVR) in 2001 to develop a strategy for coping with the effects of the above described terrorist activities. The CVR subsequently carried out study clarifying the extent of population trauma. The study showed a particularly large number of women and children among those affected by violence; and furthermore, that in many cases this trauma was severe.

In response to this request, the Japan International Cooperation Agency (JICA) carried out in several stages a Preliminary Evaluation Report, and jointly signed a Record of Discussions on Japanese Cooperation (R/D) with the Peruvian government on January 31, 2005.

According to the R/D, JICA dispatched the JICA Expert Team (Technical Cooperation Project Team) for the purpose of supporting the Project implementation in March 2005. National Major University of San Marcos (UNMSM), Ministry of Health (MINSA) and its related organizations and JICA/JICA Expert Team organized Joint Coordination Committee (JCC) as an implementation body of the Project. (Project executing structure is attached in Appendix 1, and organizational chart of JICA Expert Team is attached in Appendix 2). Eleven JCC meetings have been held since the beginning of the Project. This Final Report is prepared to present achievements of the entire Project period from March 2005 to March 2008. The JICA expert team and their counterparts (Appendix 3) participated in the preparation of this report.

1. Outline of the Project

1.1. Project Purpose and Outputs

(1) Overall goal

The condition of people's health in the pilot sites affected by violence is improved comprehensively.

(2) Project purpose

People affected by violence in the pilot sites come to use Integrated Health Care services.

(3) Outputs of the Project

Output 1: A permanent program of training to provide integrated health care to the people affected by violence is developed in National Major University of San Marcos (UNMSM).

Output 2: Capacity of health personnel to provide primary and secondary integrated health care to people affected by violence is improved.

Output 3: In the target districts, capacity of personnel providing primary and secondary health care to ensure mother and child health is expanded.

Output 4: Community health-care activities with the participation of Community-Based Organizations (CBOs) and Non-Governmental Organizations (NGOs) are promoted to benefit the people affected by violence.

1.2. Project Executing Structure

(1) Joint Coordinating Committee (JCC)

1) Role and function
   - To formulate the Annual Work Plan of the Project in line with the Plan of Operation.
   - To review the overall progress of the Project as well as the achievements of the above mentioned Annual Work Plan.
   - To Review and exchange views on major issues arising from or in connection with the Project.
   - To discuss any matters to be mutually agreed upon as necessary concerning the Project.

2) Member composition

   Peruvian side: MINSA, UNMSM, other concerned agencies

   Japanese side: Japanese Expert Team, JICA Peru Office, Japanese Embassy (observer status)

   Officers:
   - President: Director of the Project
   - Vice-president: Chief Adviser of the Japanese Expert Team (Chief advisor of the Project)
   - Secretary: Coordinators of the Project (2 persons each from MINSA and UNMSM)

3) Committee meetings are to be held at least once a year.

At the 1st JCC meeting on April 6, 2006, Peruvian counterparts were selected from JCC member organizations for each JICA expert. At the 7th JCC meeting on December 4, 2006, the lists of counterparts were updated, reflecting the changes of counterparts after change of the Government in August 2006. (Refer to Appendix 3: List of counterparts)

(2) Technical Committee (TC)

1) Role and function
   - To draft internal bylaws for the group (travel cost criteria, etc).
   - To prepare activity plan.
   - To oversee Team activities in the Pilot sites.
   - To review baseline survey.
   - To put into practical use the course materials developed with regard to Project output 2.
   - To prepare educational materials relevant to Project output 4.
   - To prepare newsletter
   - To select candidates for training in the U.S.
   - To establish a consensus for monitoring Project outputs 2, 3 and 4.
   - To supervise the implementation of activities relevant to Project outputs 2, 3 and 4.
   - To evaluate outputs 2, 3 and 4.
   - To prepare reports.
2) Member composition
   MINSA, UNMSM, Noguchi Institute, H. Valdizan Hospital, IEMP and JICA Expert Team (also the DISA when necessary)
3) Group meetings are to be held at least one time per month. Where necessary, the DISA as well are to be invited.

(3) Regional Working Groups (in Five Regions)

DISA of five pilot sites of the Project will establish Regional Working Groups under supervision of TC. The Regional Working Groups consist of representatives from DISA and existing local organizations such as Regional Health Committee (Consejo Regional de Salud), and work as a coordinating organization to implement activities for Output 4 of the Project efficiently and effectively with participation of people in the communities.

1.3. Definition of Violence and Existing Condition of Mental Health in Peru

Peruvian government policy regarding Ministry of Health (MINSA) objectives and planning within the health sector, based on strategies formulated by the Truth and Reconciliation Commission (CVR) to alleviate trauma during the era of political violence, is as set out in the "National Sanitary Strategy of Mental Health and Peace Culture" and the "Integral Plan of Health Reparation from the Truth and Reconciliation Commission."

The third Joint Coordination Committee (JCC) meeting on August 26th, 2005 confirmed that the JCC should clarify the definition of violence as follows:

Definition and classification of Violence on which this Project focuses will be established using Peruvian laws on violence and definitions on violence of World Health Organization (WHO).

The following is the definition and description of violence proposed by MINSA/Valdizan Hospital in the Plan of Operation for Huaycan Workshop.

> The violence is defined as a group of psycho-social problems in wide extent. A new wave of violence, tortures and use of repressive techniques has razed the world in the last two decades. Their causes are several and complex, but it is very clear that the violence is the dramatic expression of the inhuman life conditions that we daily witness (political, economic, familiar, on any human relationship).
>
> In the Outline for the Action in Mental Health (MINSA, PERU, 2004) it is mentioned that: "the violence is caused by an interior feeling of shame, humiliation, a feeling of inferiority in relation to somebody that is considered superior. The violence is complex and it is expressed in several ways of behaviour: the homicide, the suicide, the terrorism, the kidnapping, the death penalty, etc. The causes are multiple but we can divide them in three: the biological one, the psychological and the

socioeconomic, but the biggest one is given in the psychological and in the socioeconomic factors."

The violence problems can be categolized into four groups according to the available information, even though these are not exclusive and these can be related to one from another:

1. Family violence (child abuse at home; violence against women; violence against elderly people).
2. Sexual violence (including incest).
3. Political violence.
4. Social violence (e.g. caused by crime or discrimination).

(1) Family Violence

1) Child abuse

According to the Anicama study (1999) one out of three Peruvian (Lima) abuses their children psychologically (36.2%) and two out of four or five abuse them physically (43.2%). The Ponce study (1995) found out that more than half of the children are abused physically (52.3%) among which 20.4% of abused children are hit with sharp objects.

2) Violence against Women

In Demographic and Health Survey (ENDES) 2000, it was shown that 41% of women in Peru have been pushed, hit or attacked physically some time in their lives. Also in ENDES 2004 it was found that 35 % were still in this condition. According to Anicama, following situations have been identified as for the psychological abuse: being controlled like "he ignores her or he is indifferent", and being threatenend such as: "you make me tired, I will leave the house." Also, in the Study of the Congress of the Republic, 82% of those who were interviewed knew a woman who had been mistreated. Generally, it is the physical violence that makes women to consult with public institutions; 2/3 of those women who were interviewed address that the psychological violence is the largest impact on women.

(2) Sexual Violence

1) Sexual Violence

According to the information of the Institute of Legal Medicine (2001), of all the cases of crime against the sexual freedom, 73% of abused female and, 94% of abused male are less than 17 years old. The most vulnerable groups to the sexual violence are the children and the adolescents. According to a study made in highschool students in Lima in 1997, 9 % of boys and 22 % of girls had their first intercourse by violation.

2) Incest

Contrary to what is shown, a big part of sexual violence cases is perpetrated by very close family members, especially father, brother, uncle, stepfather. Therefore in this sense, the incest is a highly recognized sexual violence that requires prevention policy and special care. MINSA does not have accurate statistics because this is a very private issue and many cases are not reported.

(3) Political violence

According to the available sources, more than a decade of violence in our country resulted in around 25 967 deaths, 435,000 displaced people of which approximately 68,000 have returned to their origin areas, 9,000 arrested and detained by the police, many of which were wrongly accussed or detained .

CVR estimates in their final report that between 1980 and 2000, the probable figure of deaths is around 69,280 people; most of the victims were poor and/or excluded; 75% of the victims were speakers of Quechua language as mother tongue. This population has been affected economically, social and emotionally; the most evident thing is the fear and distrust created by the abusive behavior of this criminal acts, in addition to the reactions of serious stress and adaptation dysfunction with psychosomatic manifestations of depression or post traumatic stress.

(4) Social violence

According to the Public Ministry (2001), two out of five deaths caused by violence in urban area were thr result of traffic accidents (42.4%) 15% of which were homicides. Other violent acts were

robberies (15.2%) and attempt of robbery (10.5%).

Another on going social problem with clear component of mental health that causes multiple violent actions is the “brave bars” and “juvenile gangs”. The Civic Participation Division of the National Police of the Peru (February 2000) has detected 400 gangs among Lima and Callao areas, in which approximately 12,950 people were adolescents and adults (Reports of Mental Health 2000). Many gangs are developed in the areas affected by political violence, for example in Ayacucho.

The daily security is more perturbed because of the violence perpetrated among the same members of the family or in the community. In all these cases, the main victims turn out to be women, children and girls. The violence cannot be conceived any longer as an isolated fact but as a related problem of Public Health due to its dimensions and damages affecting our society.

1.4. Project Sites

Though the project operation is based in Lima, in order to implement the Project efficiently and effectively, project sites are selected as shown in the table below. In the site selection process, the results of CVR study on violence victims and MINSA's support areas for violence victims are taken into consideration, as well as equity among various cultural groups (Quechua / Ashaninka) and geographic conditions (mountainous rural area / suburb of Lima).

The second JCC on May 6th, 2005 approved the Pilot sites ("Micro-red" area) as follows:

DISA East Lima: Micro-network Huaycan (Network Vitarte – La Molina)
DISA Ayacucho: Micro-network Belen (Network Huamang)
DISA Cusco Micro-network Techo Obrero (Network Canas-Canchis-Espinar including Sicuani)
DISA Junín Micro-network San Martín de Pangóa (Network Satipo)
DISA Huancavelica Micro-network Ascención (Network Huancavelica)

Table 1 Project Sites for Output 1 to 4

Department	Areas where CVR study revealed as violence affected area	Target areas for Project outputs 1, 2, 4			Target areas for Project output 3 (Maternal-child health)	
		Activity areas for JICA Technical Cooperation Project Team	Activity areas for Local Consultant	Location of training	Target Departments	Location of training
Lima city	CVR base of operations	Project base of operations	Project base of operations	●	Project base of operations	●
East Lima	●	●Huaycan Micro Network	×	●	●	×
Cusco	●	●Techo Obrero Micro Network	×	●	●	×
Huancavelica	●	×	●Ascención Micro Network	●	●	×
Ayacucho	●	×	●Belen Micro Network	●	●	×
Junín	●	×	●San Martín de Pangóa Micro Network	●	●	×
Loreto	×	×	×	×	●	×
Cajamarca	×	×	×	×	●	×
Huanuco	●	×	×	×	●	×
Ancash	×	×	×	×	●	×
Apurimac	●	×	×	×	×	×
San Martin	●	×	×	×	×	×
Pasco	●	×	×	×	×	×
Ucayali	●	×	×	×	×	×

Legend: ●= "subject to"; ×= "not subject to"

1.5. Targeted Population

The table below indicates the number of final beneficiary, related health indicators and the number of the victims of violence. (according to the information collected by February 2006)

Table 2 Target Population in each Project Site

DISA/DIRESA Project site (micro-network)	Total	East Lima Huaycan	Cusco Techo Obrero	Huancavelica Ascension	Ayacucho Belen	Junín San Martin de Pangoa
Population						
Total population	239,707	105,306[1]	38,556[4]	28,867[5]	35,967[6*]	31,011[8]
Children under 5 years-old	27,150	8,262[1]	4,641[4]	3,945[5]	3,917[6*]	6,385[8]
Population under 20 years of age	96,269	35,303[1]	17,352[4]	9,980[5]	16,762[6*]	16,872[8]
Women of reproductive-age (15-49 years old)	51,310	18,865[1]	8,875[4]	6,421[5]	9,265[6*]	7,884[8]
Maternal and child health						
Maternal mortality rate	-	0.2[1]	38[4]	(905) [5]	(3) [7]	(5) [9]
Infant mortality rate (number of infant deaths)	-	0[1]	23[4]	N/A[5]	(3) [7]	(1) [10+]
Under 5 mortality rate (number of deaths of children under 5 years of age)	-	0[1]	6.6[4]	N/A[5]	(0) [7]	(4) [10+]
Victims of violence						
Victims of domestic violence	1,811	1,060[2]	431[4]	128[5]	60[7]	132[11]
Victims of sexual violence	62	38[2]	4[4]	N/A	10[7]	10[11]
Victims of social violence	22	0[2]	0[4]	N/A	0[7]	22[11]
Victims of political violence (2005)	76	-	2[4]	-	52[7]	22[11]
Victims of political violence [number of families](1980-2000) (Baseline survey)	965	108[3]	86[3]	130[3]	641[3]	-
Victims of violence in general (1980-2000)(Baseline survey: estimation)	20,000	-	-	-	-	20,000[3]

Data is as of 2005 unless noted. *:2006 [*] :2004

(Sources)

1. Huaycan Microred. (2005)
2. Huaycan Microred, Hospital Hermilio Valdizan. (2005)
3. Universidad Nacional Mayor de San Marcos. (2005). Estudio de Línea de Base.
4. Dirección Estadística e Informática DIRESA Cusco e INEI. (2005)
5. ASIS 2005 Microred Ascencion. (2005)
6. Censo Local. (2006)
7. Oficina de Estadística DIRESA Ayacucho. (2006). HIS.
8. Estadística e informática OGEI-MINSA. (2005)
9. Epidemiología DIRESA Junín. (2005)
10. Estadistica Hospital San Martin de Pangoa. (2004)
11. Estrategia sanitaria de salud mental DIRESA Junin. (2005)

1.6. Work plan of the Project

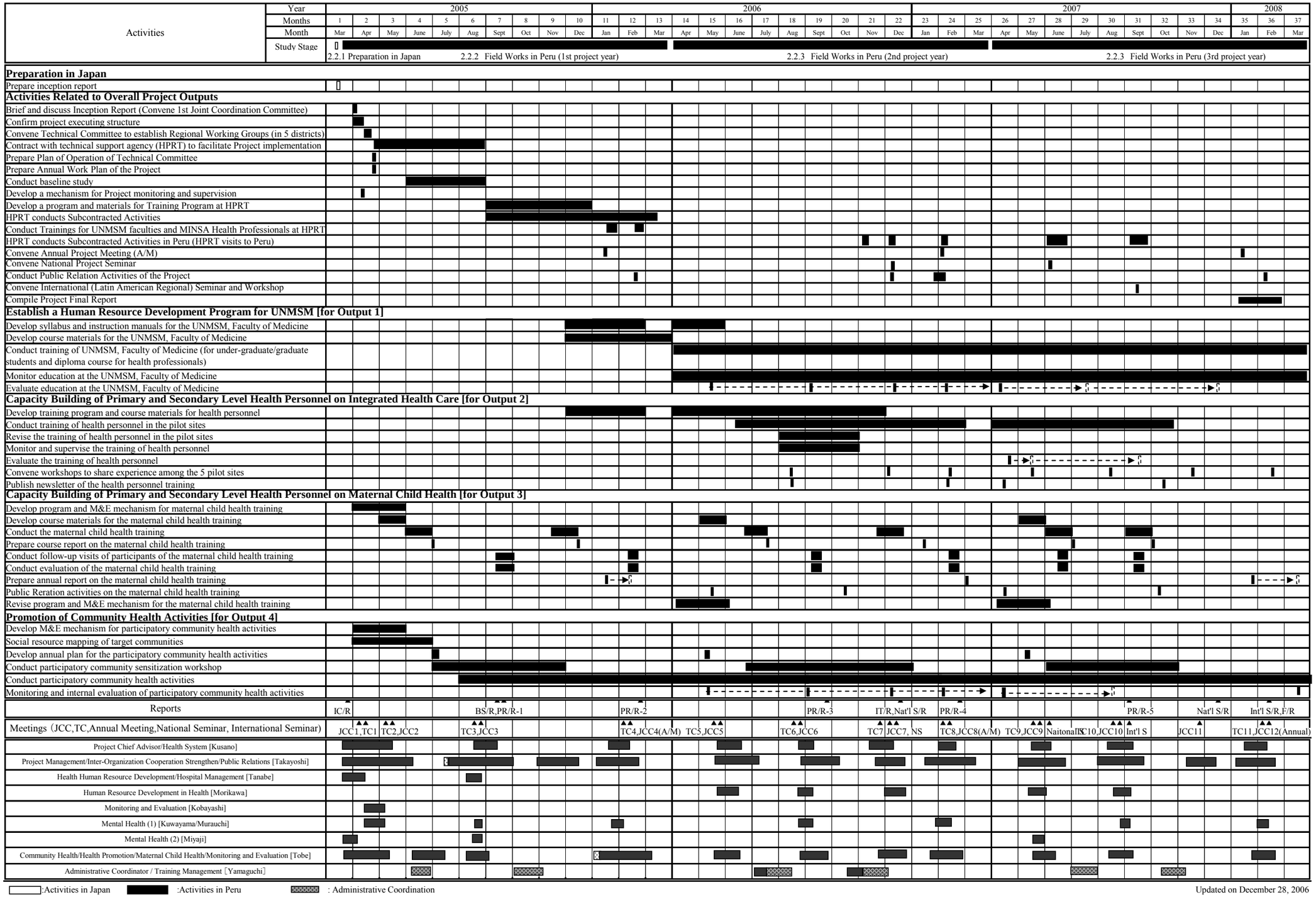


Figure 1 Plan of Operation

2. Achievements of Activities Related to All Project Outputs

2.1. The Joint Coordination Committee (JCC) and the Technical Committee (TC) Meetings

As determined in 1.2 Project Executing Structure in this report , eleven JCC and TC meetings were held in the entire project periods a formal opportunity to discuss issues and determine details of the Project. The dates, venue, and the number of the participants are listed in tables below. Minutes of JCC meetings are in Appendix 5 of this report.

Table 3 Dates, Venue and the Participants of the JCC Meetings

Number	Dates	Venue	Participants
1st	April 5, 2005	MINSA	23
2nd	May 6, 2005	MINSA	18
3rd	August 26, 2005	MINSA	16
4th	February 6, 2006	MINSA	22
5th	June 1, 2006	MINSA	23
6th	August 29, 2006	MINSA	20
7th	December 4, 2006	MINSA	22
8th	February 4, 2007	MINSA	28
9th	May 4, 2007	MINSA	20
10th	October 19, 2007	LIMA	35
11th	February 1, 2008	MINSA	30

(Source: JCC Minutes)

Table 4 Dates, Venue, and the Participants of the TC Meetings

Number	Dates	Venue	Participants
1st (Day 1)	April 8, 2005	MINSA	16
1st (Day 2)	April 11, 2005	Hotel Las Americas	21
2nd	May 3, 2005	MINSA	10
3rd	August 18, 2005	MINSA	22
4th	February 2, 2006	MINSA	14
5th	May 29, 2006	MINSA	17
6th	August 28, 2006	MINSA	12
7th	November 29, 2006	MINSA	9
8th	February 2, 2007	MINSA	22
9th (Day 1)	April 27, 2007	MINSA	9
9th (Day 2)	May 9, 2007	MINSA	11
10th	August 9, 2007	JICA Peru Office	8
11th	January 24, 2008	MINSA	12

(Source: TC Minutes)

2.2. Briefing and Discussion on Inception Report (IC/R)

The first Joint Coordination Committee (JCC) meeting on April 6th, 2005 discussed and approved the draft of Inception Report (IC/R). Followings were the main points of discussion.

1) It is a highly necessary to integrate the maternal and perinatal health to the mental health component. Another aspect is to identify the selection criteria of the candidates that shall be trained in Harvard Program in Refugee Trauma (HPRT).
2) Ministry of Health (MINSA) has been implementing an Integrated Health Care model to the population affected by violence and is in the process to adapt it to Peruvian reality. The model will incorporate project outputs through participation of the National Major University of San Marcos (UNMSM), HPRT, Hideyo Noguchi Mental Health Institute, H. Valdizan Hospital and Maternal Perinatal Institute (IEMP), involving health services, community organizations and victims of the violence.
3) UNMSM will be responsible for the training at academic level; the training of the health personnel at primary and secondary level health institutions and the provision of the health care are the responsibilities of the MINSA.
4) IEMP mentioned that violence is highly prevalent in the country, but health workers do not have skills to screen, detect and treat those victims of the violence including family violence. In some cases, health workers became psychologically affected while attending to the victims of the violence. As the priority is to provide the health care for the victims of the violence, the candidate of the training must be selected from the health personnel currently working at health services.
5) Representatives from Regional Health Office (DISA) pointed out that faculty and students of local universities need to be trained the Project, because most of the health workers working in the regions are graduates of the local universities. Some of them have also done baseline studies related to the violence.
6) Recommendation from JICA Team
   a. Long term effect of political violence appears in various forms of consequences such as family violence, drug and alcohol addiction, suicide and unemployment.
   b. Many victims of political violence do not declare that they are the victims of political violence, and therefore it is difficult and has little clinical meaning to single out victims of political violence from victims of other types of violence.
   c. As MINSA also proposed, because long time has passed since the political violence occurred in the country, the training for health students, which aims to produce long term benefits in mental health and trauma care, must have a wider focus and be able to deal with other forms of violence, such as family violence, sexual violence, delinquencies, abuse, and suicides, which many studies showed the high prevalence rate in the country.
   d. Symptoms and psychopathology of the political violence have much in common with other types of violence. Therefore, though the Project expands its focus to violence in general, not only limited to the political violence, the approach will not differ so much. HPRT has enough flexibility to include other types of violence into their training program.
   e. Integrating maternal child health care with the Project is critical to break off the inter-generational transmission of the violence.
   f. Widening the scope of the violence will make the Project more relevant in accordance with the national mental health policies.

2.3. Baseline Survey

"The Permanent Training Program for the Integral Care of the Victims of Violence" of UNMSM Faculty of Medicine has conducted the survey of curricular plans about the violence and traumatic experiences at the five departments of UNMSM Faculty of Medicine (Medicine/Nursing/Medical Technology/Nutrition Science/Obstetrics). The DISA has selected five project sites to be targeted by the "Project of Strengthening Integrated Health Care for the Population Affected by Violence and Human Rights Violation in the Republic of Peru": the Micro networks of Huaycan (DISA Lima Este, Vitarte – La Molina network), Ascencion (DISA Huacavelica, Huancavelica network), Techo Obrero (Sicuani, Cusco [Canas-Canchis-Espinar]), Belen (DISA Ayacucho, Huamanga network) and San Martin de Pangoa (DISA Junín, Satipo network). The Baseline Study was conducted in these five

sites with the following objectives:

1) Identification and location of victims (Mapping of victims of violence).
2) Evaluation of their current health condition and clarification of the clinical aspect of the effect of traumatic experiences (Understanding of the current condition of victims of violence).
3) Understanding of the need of integral health care.
4) Observation of the current state of the primary health care system in which victims receive medical care (Assessment of the current state of primary health care).
5) Verification of the need of trainings for health professionals who provide integral care to the victims (Assessment of skills and needs assessment for training of health professionals).
6) Evaluation of method to execute all of these activities.

The result of this study is used to develop the training program of health professionals who ought to take on appropriate integral care to the affected population in the project of "Strengthening Integrated Health Care for the Population Affected by Violence and Human Rights Violations in the Republic of Peru."

This Baseline Study was presented at the 3rd JCC meeting in August 26, 2005 and its contents were approved.

2.4. Revisions of Project Design Matrix (PDM)

The PDM has been revised twice during the Project. The details of the revisions are described below. All version of PDM are attached in Appendix 4 of this report.

2.4.1. The First Revision（From the 1st Version to the 2nd Version）

In January 2006, the JICA expert team proposed revision of the Project Design Matrix (PDM) for the following reasons:

(1) Types of the violence which the Project focuses on were expanded
(i.e. not only political violence, but also violence against children and women and sexual violence, etc.)
(2)Verifiable indicators and their means of verification needed to be specified in more detail.
(3)Activities of the Project need to be re-organized and updated to be in concordance with the Project operational plan as updated by the JCC.

2.4.2. The Second Version（From the 2nd Version to the 3rd Version）

According to the progress, some of the indicators of the Project as well as items to be evaluated were adjusted at the 9th JCC Meeting held in May 2007. The revised items are:

- The non-professional (auxiliary nurses and health staff without college degrees) training was removed from the Output 2 and included in Output 4 (It was because the 5 Project sites took over the role of the training implementer from the Diploma Course instructors of UNMSM/MINSA).
- Among the HPRT training participants, the number of those who were with MINSA, Valdizan Hospital, Larco Herrera, INMP, and DISA/DIRESA were included as an indicator for Output 2 (the number of HPRT training participants from USMSM was listed as an indicator for Output 1).
- It was clearly stated that non-professional health staff, health promoters and community organizations were the designated implementers of Output 4 (it was because their active role in the Project had become indispensable in the community activities).
- The statement, "X number of people received services", was deleted from the Project indicator

(because it is extremely difficult in the first place to obtain the actual number of people affected by violence, and secondly it is irrelevant to clearly state as a Project goal that" how many people should receive services").

2.5. Activities under Subcontract with HPRT

2.5.1. 1st Project Year

HPRT (Harvard Program in Refugee Trauma) was chosen as a subcontractor for this Project, and as of September 1, 2005, the contract was concluded between SSC and HPRT. The preliminary results of the subcontracted activities by HPRT are as follows.

(1) Review and technical advice with regard to the annual work plan for the Output 4

1) UNMSM and MINSA have moved ahead without consultation from HPRT on a model of capacity building that is based upon bringing health care providers in the field to experts from the training. It is stated in Table 5 that "All of the target regions will be included". However, it is not stated explicitly how exactly this will be implemented. This is an extremely sophisticated and sensitive problem since winning over the respect and trust of local providers is a difficult task. BS studies have already emphasized this issue as a major barrier.

2) HPRT originally suggested at the beginning of the project that a university such as UNMSM be funded as a national center of excellence on this issue. It is unclear from Table 5 where the center(s) of excellence will be formed (maybe locally and in Lima) and who will pay for them. It is HPRT's opinion that the trained local health care professionals will need ongoing supervision and support. How will this take place and by whom?

3) It is our experience in the United States, as well as in developing countries that ministries of health personnel and policy makers are frequently changing and will not provide long-term supervision and financial support to this project. How will MINSA deal with this?

4) How will UNMSM and MINSA project leaders continue to develop their clinical, academic and scientific skills and how will they disseminate this knowledge to the field?

5) The AWP lacks specificity on evaluation.

6) On Appendix 5-2 of the Progress Report 1, it is indicated that MINSA is considering a registration system of victims of violence. HPRT worries that this will be extremely stigmatizing to people and they will avoid it. That is why HPRT's model has always focused on primary health care. There are considerable ethical and clinical issues with a violence registry system. Perhaps this is why so few people in the study have identified themselves as victims of violence.

(2) Support in developing a patient screening instrument for victims of violence in Peru

Patient screening instrument (Simple Evaluation for Depression and Posttraumatic Stress Disorder: PTSD) is composed of the following.

Simple Evaluation of Depression and Posttraumatic Stress Disorder (Peruvian Version)
- Hopkins Symptom Checklist 25 (HSCL-25)
  - Part 1: Anxiety Symptoms
  - Part 2: Depression Symptoms
- Harvard Trauma Questionnaire (HTQ)
  - Part 1: Trauma Events
  - Part 2: Personal Description
  - Part 3: Head Injury

Part 4: Trauma Symptoms
Part 5: Torture History

(3) Support in preparing teaching materials for the UNMSM Faculty of Medicine, and training program/materials for health personnel

As part of support in preparing teaching materials, HPRT created "Tool-kit" for health personnel. This is for education in UNMSM Faculty of Medicine (Output 1) and for the training of primary/secondary level health personnel (Output 2). Direction for use was given during the HPRT training lectures.

2.5.2. 2nd Project Year

A contract agreement was concluded between System Science Consultants Inc. and HPRT (Harvard Program in Refugee Trauma), became effective as of July 1, 2006.

To closely assist Project Output 1 and Output 2 (Diploma Course) activities, HPRT agrees to commit to trips to Peru not less than three times, spending total 60 manning days. Dates and purpose of the trips are confirmed as listed below.

1) November 3-12, 2006,	-Discuss Modules contents
	-Visit Project pilot site
2) December 2-9, 2006	-Participate in Project National Seminar
	-Visit Project pilot site
	-Participate in 5-regions-experience-sharing meeting
	-Discuss further Modules contents
	-Advice UNMSM's on curricular changes
3) The week of February 5, 2007	-Participate in FY 2 final JCC (8^{th}) meeting
	-Plan FY 3 project activities and schedule

HPRT completed the above activities and submitted the Final Report (attached document).

2.5.3. The 3rd project year

HPRT was re-subcontracted with the Project for the 3rd project year. The activities by HPRT are as follows:

- Provide training support for health care providers (Improving curriculum, teaching materials, and clinical case collections for the Diploma Course, and curriculum and teaching material development for non-professional training)
- Analyze commonalities and differences in the activities taken in the project sites
- Provide special lectures in Peru
- Attend JCC meetings as an observer
- Attend experience sharing meetings among 5 microreds as an observer
- Attend the Project Annual meeting as an observer
- Attend the International Seminar

HPRT made in total of three visits to Peru in September 2007, October 2007, and January-February 2008 for above activities.

2.6. Training of Trainers by HPRT

Training was given in January and February 2006 for fifty Peruvians who are the leading figures in the institutions concerning with four Project Outputs.

(1) Training objective

The aims of the training for the Peruvian health professionals are:

- To provide *advanced clinical training* to practitioners providing mental health care in post-conflict situations, and
- To provide *support to practitioners* in developing the organizational and other resources which their work requires.

(2) Selecting candidates for HPRT training

1) JCC candidate selection criteria

Selection criteria determined at the second JCC meeting in May 2005 are the following.

- Health professionals (i.e. physicians, registered nurses, nurse midwives and clinical psychologists; and not limited to faculties of universities) having knowledge on mental health (not necessary to be a specialist in mental health)
- Intermediate English skills
- Strong humanitarian motivation to promote mental health care
- Commitment to disseminate the knowledge and skills learned in the training after returning to Peru.
- In good physical health

2) Participant composition by institutions as determined by JCC (composition of the 50 participants to the training)

The second JCC meeting also determined the number of participants by institutions.

Table 5 Selection of HPRT Training Participants by Institutions

Organization	No. of participants
UNMSM	19
MINSA, LIMA	4
5 DISAs	10 (= 2 persons x 5 regions)
Institutions specializing in mental health	13 (Noguchi 5, Valdizan 5, Larco Herrera 3)
IEMP	4
TOTAL	50

(Source: List of Participants)

3) Selection results

The table below shows the result of participant composition by institutions.

Table 6 Participant Composition by Institutions and Occupations

Organization	Psychiatrist	Doctor	Psychologist	Nurse/Midwife	Total
UNMSM	4	10	1	4	19
MINSA, LIMA	1	3	0	1	5
5 DISAs	1	6	1	1	9
Mental Health Specialized Institutes	8	0	1	4	13
IEMP	0	2	0	2	4
TOTAL	14	21	3	12	50

(Source: List of Participants)

4) Overview of selection results

a) Professional background of participants

The selected participants for training fulfill the above described JCC criteria: i.e., they are "physicians, registered nurses, nurse midwives and clinical psychologists; and not limited to

faculties of universities) having knowledge on mental health (not necessary to be a specialist in mental health)"

b) English skills of participants

Because English-Spanish interpreters will be on hand during training and lecture sessions, there is actually no real need for English skills as a criterion for candidate selection. The assignment of simultaneous interpreters as well as the translation of all training materials into Spanish is done out of consideration for the general English skills of participants overall, particularly those coming from remoter rural areas.

c) Project participation after training (criterion reflected in candidate selection)

- MINSA

Counterparts assigned to the Project from the outset, as well as intra-ministerial staff responsible for mother and child health care are given priority for selection for training. In selecting candidates from DIRESAs and DISAs in the Project sites, this has been essentially left to the discretion of those organizations with the condition that office directors be ineligible for selection (this was decided by MINSA in light of the fact that (i) it is desirable that personnel receiving training are in a position to devote a considerable amount of time to post-training activities (i.e., training others under the cascade approach), and (ii) minimize impact from personnel changes that occur after presidential elections, etc.)

- UNMSM

Priority is given to selection of members of the "Permanent Program of Training in Integral Health for Victims of Violence" team established within the Faculty of Medicine. This team is pursuing the revision of curricula with the Faculty of Medicine in line with Output 1 under the Project.

- Mental Hospitals (Valdizan Hospital, Noguchi MH Institute, Larco Herrera Hospital)

Candidates for training were selected from among personnel already assigned to itinerary teams (as already described above in this report, these teams are part of the MINSA/EU program) performing visitation activities for mental health in rural areas. Although Larco Herrera Hospital is not specifically designated as a related organization under the Project (not one of the JCC or TC constituents) it is a mental hospital established by MINSA in Lima with the largest bed capacity and has experience in itinerant medical services. Accordingly, MINSA has determined the institution to be qualified for participation in the training under the Project.

- IEMP

Candidates are those who have been involved in conducting JICA-funded training at IEMP.

(3) Training period

50 participants were divided into two groups; each course with 25 participants. Period of the training is listed below.

First course: January 22 to February 1, 2006 (lecture sessions are from January 23 to January 30)

Second course: February 19 to February 28, 2006 (lecture sessions are from February 20 to February 27)

Participants for the First course were mainly doctors, whereas the Second course was for other types of medical professionals.

(4) Training content (curriculum and lecturers) and schedule

Curriculum and lecturers are the following.

Table 7 Trainers' Training Curriculum by HPRT

Day	Day 1	Day 2	Day 3	Day 4
1st Group	Monday Jan. 23	Tuesday Jan. 24	Wednesday Jan. 25	Thursday Jan. 26
2nd Group	Monday Feb. 20	Tuesday Feb. 21	Wednesday Feb. 22	Thursday. 23
7:30–8:30	Breakfast	Breakfast	Breakfast	Breakfast
8:30– 9:00	Welcome and review of Schedule	Housekeeping and review of the day	Housekeeping and review of the day	Housekeeping and review of the day
9:00–10:30	Exam	Lecture 2 Toolkit (Richard Mollica)	Lecture 4 Depression and Grief (Mauricio Fava)	Lecture 6 Sleep Hygiene (Ulman [January] Karen Carlson [February])
10:30–11:00	Coffee Break	Coffee Break	Coffee Break	Coffee Break
11:00–12:30	Lecture 1 Introduction to Toolkit / Violence (Richard Mollica)	Lecture 3 Screening Instruments (James Lavelle)	Lecture 5 PTSD (Dr. Mark Pollack)	Lecture 7 Drugs and Alcohol (Michael Bierer [January], Ron White [February])
12:30– 2:00	Lunch	Lunch	Lunch	Lunch
2:00 – 3:30	Panel Discussion (Quevedo, Garmendia, Richard, Cesar)	Small Group Discussion	Small Group Discussion	Small Group Discussion
3:30- 4:00	Coffee Break	Coffee Break	Coffee Break	Coffee Break
4:00 – 5:30	Small Group Discussion	Small Group Discussion	Small Group Discussion	Small Group Discussion
5:30	Break for Evening and Dinner	Break for Evening and Dinner	Break for Evening and Dinner	Break for Evening and Dinner

Day	Day 5	Day 6	Day 7	Day 8
1st Group	Friday, Jan. 27	Saturday, Jan. 28	Sunday, Jan. 29	Monday, Jan. 30
2nd Group	Friday Feb. 24	Saturday Feb. 25	Sunday Feb. 26	Monday Feb. 27
7:30–8:30	Breakfast	Breakfast	Free time	Breakfast
8:30–9:00	Housekeeping and review of the day	Housekeeping and review of the day	Free time	Housekeeping and review of the day
9:00–10:30	Lecture 8 Psychopharmacology (David Henderson)	Lecture 12 HPRT Train-the-Trainer Model (Richard Mollica)	Free time	Lecture 15 Evaluation (Paul Bolton)
10:30–11:00	Coffee Break	Coffee Break	Free time	Coffee Break
11:00–12:30	Lecture 9 Psychopharmacology (David Henderson)	Lecture 13 HPRT Train-the-Trainer Model	Free time	Lecture 16 Domestic Violence (Bonnie Zimmer)
12:30 –2:00	Lunch	Lunch	Lunch	Lunch
2:00 – 3:30	Lecture 10 Primary Mental Health Care (Greg Fricchione)	Free time	Lecture 14 Anthropological Diagnosis (Yasushi Kikuchi)	Lecture 17 Sexual Violence (Susan Bennett)
3:30- 4:00	Coffee Break	Free time	Coffee Break	Coffee Break
4:00 – 5:30	Lecture 11 Primary Mental Health Care (Greg Fricchione)	Free time	Wrap-up Small Groups	Lecture 18 Post-Partum Depression (Judy Bass)
5:30	Break for Evening and Dinner	FREE TIME and Dinner	Dinner	6-7:Evaluation 8:00:Graduation + Dinner

(Source: HPRT Training Curriculum)

- Basically, the course entails 18 lectures and 5 group discussions.
- Lecture themes encompass (i) the HPRT tool kit regarding care for victims of violence, and general theory including identifying victims of violence, diagnostic questionnaires, etc., and (ii) specifics on

depression, PTSD, psychopharmaceutical applications, domestic violence sexual abuse, care for victims of violence from a cultural anthropologic standpoint, etc. Lectures on general theory were principally presented by full-time HPRT group staff (Richard Mollica, James Lavelle, etc.), while specific theme lectures were presented by faculty of the Harvard Medical School and staff from the Massachusetts General Hospital (one of the hospitals affiliated with the Harvard Medical School).

- In the case of group discussions, Peruvian trainees and HPRT members were divided into 2 groups to address themes of (i) the leader training model (cascade training model) and (ii) case studies of violence victimization.
- Both before and after the training course, an evaluation test was administered including capacity self-evaluation by each participant and case study problems, aiming at both a subjective and objective evaluation of the course.
- The lecturing is a comprehensive program. It presents an overview of mental disorders stemming from violence, while at the same time including a cultural anthropologic viewpoint. Pharmaceutical treatment involves more sophisticated psychotherapy, and thus conversely non-psychiatric professionals play a bigger role in mental health care service at the primary care level. However, the lectures do not sufficiently cover how to specify the type of mental disorder. Training in Peru needs more attention as to this point.

(5) Opinion of Peruvian participants regarding the overall training program

The Peruvian participants overall expressed a great deal of satisfaction with the training course. Opinions elicited from participants in the 1st HPRT training course at the 4th Technical Committee on February 2, 2006 are as follows:

- It was rewarding to receive advice in the form of lectures from front-line researchers and clinicians connected with HPRT as well as other Harvard University related personnel with regard to care for victims of violence.
- As a result of the lectures, group work and coffee break get-togethers, discussion were furthered among the participants from the various related organizations with regard to future Project activities. This was meaningful in terms of heightening a sense of unity in addressing issues under the Project.
- Future expectations are directed at HPRT with regard to lectures on themes that could not be covered under this first course, as well as supervision when actually inaugurating human resources development programs within Peru.
- Richard Mollica as head of the HPRT group impressed the trainees with his charisma and impassioned instruction regarding care for victims of violence.

2.7. Project National Seminar

On December 5 and 6, 2006, the Project had the 1st National Seminar. Ninety one (91) representatives were attended from UNMSM, MINSA, INMP, Valdizan hospital, National Mental Health Institute (Noguchi Institute), Project sites.

(1) Objective

Share involvement carried out by regions in order to improve the integrated health care for victims of violence, and discuss proposals for the sustainability of this project in target sites with the support of executing institutions.

(2) Methodology

The methodology applied was:

Morning of the First Day: Presentation of the results by UNMSM, INMP, Ayacucho Region, followed by feedback from Dr. Richard Mollica, HPRT.

Afternoon of the First Day: Workshop with participation of all the members from the regions, participant institutions and international guests. The main discussion topics were: integrated health care for the people affected by violence and project sustainability.

Morning of the Second Day: Presentation of proposals and discussion by each of the regions related to the topics discussed the day before. Executing institutions (INMP, UNMSM, MINSA, and HPRT) also

presented their counterproposals and conclusions concerning the project sustainability.
Afternoon of the Second Day: Presentation on the topic of "Self care" by invited guests from Harvard

In addition to the National Seminar, there was photographic presentation of their works created by each pilot zone and executing institutions, and of "Yuyanapaq" (To Remember) from the Memorial Museum which had been found by the Reconciliation and Truth Committee. Moreover, a drama was performed by the theatrical group, Yuyaskani, on the first day, and the seminar was concluded with cultural presentation of typical Peruvian dance.

Results of the discussions were presented in the "1 Summary" section of the Interim report (December 2006). Presentations made in the seminar were also attached in Appendix 5 of the interim report.

2.8. Project Evaluation by a Local Organization

The Project Evaluation/Monitoring has been conducted with the indicators determined in PDM. The quantitative data such as the number of people identified as being affected by violence, services provided, and referrals by health facilities, health promoters and community organizations has been collected in the course of the Project. However, the quantitative data is not enough to capture what was actually happening in the community.

In order to supplement the quantitative data and to understand the picture of the Project as fully as possible, qualitative research has been consigned by local consultants. The data will be collected to answer: 1) what services are provided by nonprofessional health staff, health promoters and community organizations including NGOs, 2) how the patients perceive the services and, if any, how their medical care seeking behavior has been changed, and 3) how each Outputs 2, 3, and 4 have been integrated in the 5 project sites and have contributed to the changes in the indicators of the Project.

Table 8 Project Evaluation by a Local Organization

Consigned Organization	Calletano University School of Hygiene and Public Health
Duration	May-October, 2007
Purpose	To collect and analyze qualitative data on the integrated health care provided by health staff, health promoters, and community organizations as well as the health staffs perceptions on their learning and services they provide.
Sites	5 project sites
Questions	Primary questions: *1.* Changes in the service delivery for people affected by violence - What activities/actions have you taken after the training your received? - How have you incorporated your learning into the service delivery? 2. Implementation of the referral system - Referral forms - How is the referral system functioning? - What are the roles of various health staff in the referral system? ***3.*** Health care providers' attitude changes in the care for people affected by violence - How has your confidence level changed in the service delivery? - What are the technical and psychological difficulties in the service delivery? - What are the institutional difficulties and challenges in the service delivery? Supplemental questions: • Patients perceptions about the health care providers services • Other factors concerning the service delivery for people affected by violence - Regional policies on the services - Budget allocated for the services - Other resources (medications, human resources and/or equipment)
Methodology	Interviews, self-administered questionnaire, and focus group discussions

Calletano University has conducted field research in the 5 project sites in July, 2007, and submitted the research report on October, 2007 (see Appendix 7 for its summary).

2.9. Project Final Evaluation

Project Final Evaluation was conducted from October 10 to October 26 by the JICA Evaluation Mission and JCC members. Findings of the evaluation mission was reported and discussed on the 10th JCC meeting and the Joint Evaluation Report (Appendix 6). Update of the activities on recommendation made in the report was reported in the 11th JCC meeting on February 2008. (Appendix 4.11)

2.10. Project International Seminar

To share achievements of the project with stakeholders on violence issues in Peru and Latin American Countries, the project held the International seminar on integrated health care of the Victim of Violence, on February 4th and 5th in Lima. More than 150 people were participated. Outline of the seminar is as follows.

Table 9 Outline of the Project International Seminar

Objectives	To share the achievements and lessons learned of the Project on the integrated health care of the victim of violence with stakeholders on violence issues in Peru and Latin American Countries.
Dates	February 4 and 5, 2008
Venue	Lima, Peru
Participants	– UNMSM – MINSA – MINSA Hospitals (Noguchi, INMP, Larco Herrela, Valdizan Hospital) – All DISA and DIRESA (including DISA/DIRESAs of 5 project sites) – Representatives form 16 Latin American countries: Argentina, Honduras, Bolivia, México, Brasil, Nicaragua, Colombia, Panama, Costa Rica, Paraguay, Chile, Uruguay, Ecuador, Venezuela, El Salvador, Guatemala. – Donors: USAID, WHO, GTZ – APCI – JICA Peru – Japanese Embassy in Peru – JICA – SSC expert team – HPRT

Program

February 4, 2008, Monday

8:00 - 8:30	Registration
8:30 -8:40	Opening remark
8:40 - 9: 00	Speech of Rector of National Major University of San Marcos (UNMSM)
9:00 - 9: 15	Inauguration of the Seminar
9:15 - 10: 00	Presentation of the Project
10:00 - 10: 15	Break
10:15 - 10: 45	Presentation :“Advances and Challenges of the Mental Health in Peru”
10:45 - 11: 15	Presentation: “Violence in Peru and Latin America”
11:15 - 11: 45	Presentation: ”Project Activities Summary and Development”
11:45 - 12: 15	Presentation: ”Results of the Comprehensive Project Evaluation”
12:15 - 12: 30	Methodology of Seminar
12:30 - 14: 00	Lunch
14.00-17: 00	Presentation of the Project Outputs
17:00 - 19: 00	Exchange of Experience among the International and national participants

February 5, 2008 Tuesday	
8:00 - 11: 00	Presentation of the Project Outputs (continued)
11:00 - 12: 30	Discussion: Consensus building on the integrated health care for the victims of violence and Recommendations
12:30 - 14: 00	Lunch
14:00 - 16: 00	Conclusion**:** Consensus on the integrated health care for the victims of violence and Recommendations. Moderator: Dr Luis Miguel Leon, Executive Director of Integrated Care, MINSA
16:00 - 16.15	Break
16:15 - 17: 00	Closing remark Elías Melitón Maple Rodriguez Vice-Minister, MINSA

At the end of the seminar, Consensus on integrated health care for the victims of violence was established.

THE 1st INTERNATIONAL SEMINAR ON INTEGRATED HEALTH CARE
FOR THE VICTIMS OF VIOLENCE

February 4 & 5, 2008
LIMA, PERU

CONCENSUS

To consider including various types of violence (general, sexual, and mistreated children), not only political violence, in the definition of violence.

To work with multi-sectoral institutions dealing with issues of violence in the community.

The Integrated Health Care Model includes activities for self-care to prevent burnout of health care providers. Taking care of caregivers is particularly essential when victims of violence are cared as post-conflict reparation.

The follow-up and monitoring are fundamental for human resources development in health professionals. The relationship between the trainers and trainees must be continued after the training.

Local, regional and national governments are responsible for the sustainability of the mental health programs.

It is most important to emphasize human resources development not only in health professionals but also other professionals in preventing violence and providing care both in undergraduate and graduate courses at universities. It is recommended that the National Assembly of Deans make a full commitment for incorporating topics of violence in curricula.

To generate and strengthen communication at regional, national and international levels by networking groups (for example, the alumni of HPRT trainers' training, current trainees and alumni of the Diploma Course) to share experiences in implementation, field interventions , and human resources development.

Recommendations

To create legal norms in order to secure permanent budget for the care and prevention of violence (personnel, medicines and logistics) in communities.

To secure sustainability by allocating budget for monitoring and follow-up in the five project sites.

The materials on the topics of violence must be culturally sensitive.

To expand curricula revision into regional universities developing professionals by local teachers' participation.

To establish models of culturally sensitive violence intervention.

To create national, regional and local coordination committees consisted of all institutions working for the topics of violence.

It is recommended the National Mental Health Plan to be diffused in local and regional plans.

To integrate different actors, it is recommended that workshops for multi-sectorial personnel are developed.

To support future actions against violence through scientific investigation to validate their implementation.

To investigate successful experiences from other programs and projects (the case of Integrated Management of Childhood Illness [IMCI]) which help facilitate institutionalization of the Project of Integrated Health Care for the Victims of Violence.

To activate MINSA's legal dispositions and existing administrative norms which propose implementation of advisory committees consisted of affected population, cooperative organizations, universities and NGOs.

2.11. Public Relations Activities

The Project received media exposure as listed below:

(1) August 19, 2005: Coverage of workshop held in Huaycan by local radio station and local community newspaper.

(2) January 31, 2006: Coverage of HPRT training on "El Comercio" (popular newspaper with largest circulation in Peru) Web site.

(3) January 20, 2006: Coverage in Prensa Nikkei (general newspaper) of HPRT training (including photo of Huaycan workshop)

(4) February 16, 2006:
- Request from El Comecio for individual interviews with HPRT trainees. Dr. Campos of Valdizan Hospital and Mr. Tobe of JICA expert team were interviewed.
- The above two personnel were presented on a live radio program in Lima.

(5) November 20 to 22, 2006:
Ms. Morikawa and Mr. Tobe, JICA Experts, presented the project in the 8th Asia Pacific Conference on Disaster Medicine, held on November 20 to 22, 2006, in Shinagawa, Tokyo. (Title: "Long-term Mental Health and Psychological Care for the Victims of Violence").

(6): December 2006:
Dr. Garmendia of UNMSM presented the article of symposium "Propedéutica y Patología General de la Violencia" (introduction and general pathology of violence) to the Peruvian medical journal "Diagnostico" (Vol. 45(4) pp. 157-162).

In addition, many scientific papers and presentations were made especially by faculties in UNMSM. MINSA informed updates of the Project through its Webpage (http://www.minsa.gob.pe)

3. Achievements of Activities Related to Output 1

3.1. Revision of Curricula, Syllabi and Teaching Guide of the Faculty of Medicine, UNMSM

The Faculty of Medicine reviewed the courses of five professional schools. As part of the curricula reform, it is to clarify which course in undergraduate and graduate schools should include the theme of violence when incorporating the topics of Human Rights and Integral Care. Activities conducted in relation to the curricular change are the following: schedule was planned for executing curricular change in 9 out of 12 academic departments of the Faculty of Medicine: Instruments were elaborated to perform the workshops in the academic departments: Methodology and workshop programs were established.

Progress of the revision of the syllabi as of December 2007 is shown in the table below. The syllabi of 51 subjects have already revised to include the theme of integrated health care.

Table 10 Training of the Faculty and Revision of the Syllabus of Faculty of Medicine, UNMSM

School	No. of Total Courses to revise	2005		2006		2007	
Medicine	20	9	(45%)	13	(65%)	15	(75%)
Midwifery	20	9	(45%)	10	(50%)	16	(80%)
Nursing	12	5	(42%)	6	(50%)	8	(67%)
Medical Technology	19	6	(32%)	6	(32%)	8	(42%)
Nutrition	11	1	(9%)	2	(18%)	4	(36%)
TOTAL	**82**	**30**	(37%)	**37**	(45%)	**51**	(62%)

(Source: UNMSM, 2006)

3.2. Approval of the Curricular Plan of the Diploma Course

The Diploma course "Integrated Health Care for the Victim of Violence" was officially approved by the President of UNMSM on February 9th, 2007.

4. Achievements of Activities Related to Output 2

4.1. 2nd project year

4.1.1. Development of Program and Materials for Health Worker Training

(1) Criteria of the Selection of the Participants of the Diploma Course

In the 5th TC meeting on May 29, 2006, MINSA proposed the selection criteria for the trainees and the criteria were discussed and approved in 5th JCC meeting:

- health professionals working in 5 regions
- 40 professionals in each site
- permanent officers preferred (not officers on contract basis)
- those who are committed to completing the diploma course and will continue working in the prioritized areas (project sites)
- those who have access to internet e-mail account

(2) Module of the Diploma Course

In the 5th TC meeting in May 29th, 2006, Dr. Garmendia presented a training program plan; it consists of six modules that require 36 credits in total as diploma course "Integrated Health Care for the Victim of Violence".

Module 1: Human quality and ethics in the health care for the people affected by violence
Module 2: Health promotion and peace culture
Module 3: Integrated health care for children and adolescents affected by violence
Module 4: Integrated health care for women affected by violence
Module 5: Integrated health care for adults and seniors affected by violence
Module 6: Care management

As of the 7th JCC meeting on December 4, 2006, Trainers' team completed to develop teaching materials for all six modules.

(3) Trainers Team of the Diploma Course

Out of fifty HPRT Training participants, forty were from Lima area (ten from five DISAs) and formed six groups according to their specialties. Each group was assigned to preparation and implementation for one module.

4.1.2. Training of the Health Workers in the Project Sites

(1) Schedule

The Diploma course in the 2nd project year was implemented according to following schedule.

Table 11 Schedule of Diploma Course (2nd Project Year: from June 2006 to March 2007)

DISA	Phase	MODULE I		MODULE II		MODULE III	
(Microred)		Start	End	Start	End	Start	End
LIMA ESTE	Self Learning	6/26/2006	7/14/2006	7/22/2006	8/18/2006	8/26/2006	9/24/2006
(Huaycan)	On-site	7/17/2006	7/21/2006	8/21/2006	8/25/2006	9/25/2006	9/30/2006
HUANCAVELICA	Self Learning	7/3/2006	7/30/2006	8/4/2006	9/1/2006	9/7/2006	10/8/2006
(Ascencion)	On-site	7/31/2006	8/2/2006	9/4/2006	9/6/2006	10/9/2006	10/11/2006
CUSCO	Self Learning	7/10/2006	8/9/2006	8/14/2006	9/13/2006	9/17/2006	11/22/2006
(Techo Obrero)	On-site	8/10/2006	8/12/2006	9/14/2006	9/16/2006	11/24/2006	11/26/2006
AYACUCHO	Self Learning	7/17/2006	8/11/2006	8/17/2006	9/17/2006	9/21/2006	10/20/2006
(Belén)	On-site	8/14/2006	8/16/2006	9/18/2006	9/20/2006	10/23/2006	10/25/2006
JUNIN	Self Learning	7/24/2006	8/30/2006	9/4/2006	9/30/2006	10/5/2006	11/28/2006
(San Martín de Pangoa)	On-site	8/31/2006	9/2/2006	10/2/2006	10/4/2006	11/29/2006	12/1/2006

DISA	Phase	MODULE IV		MODULE V		MODULE VI	
(Microred)		Start	End	Start	End	Start	End
LIMA ESTE	Self Learning	10/1/2006	11/12/2006	11/18/2006	1/7/2007	1/13/2007	2/4/2007
(Huaycan)	On-site	11/13/2006	11/17/2006	1/8/2007	1/12/2007	2/5/2007	2/9/2007
HUANCAVELICA	Self Learning	10/12/2006	11/26/2006	11/30/2006	1/22/2007	1/26/2007	2/13/2007
(Ascencion)	On-site	11/27/2006	11/29/2006	1/23/2007	1/25/2007	2/14/2007	2/16/2007
CUSCO	Self Learning	11/27/2006	12/6/2006	12/10/2006	1/29/2007	2/2/2007	2/21/2007
(Techo Obrero)	On-site	12/7/2006	12/9/2006	1/31/2007	2/1/2007	2/22/2007	2/24/2007
AYACUCHO	Self Learning	10/26/2006	11/19/2006	11/23/2006	2/2/2007	2/8/2007	2/23/2007
(Belén)	On-site	11/20/2006	11/22/2006	2/5/2006	2/7/2007	2/26/2007	2/28/2007
JUNIN	Self Learning	12/2/2006	12/13/2006	12/16/2006	2/21/2007	2/25/2007	3/4/2007
(San Martín de Pangoa)	On-site	12/14/2006	12/15/2006	2/22/2007	2/24/2007	3/5/2007	3/7/2007

(Source: Implementation Record of the Diploma Course (the 2nd Project Year))

(2) Diploma Course Participants

Basics characteristics of the Diploma course participants in the 2nd project year were summarized as below.

Table 12 Profile of the Diploma Course Participants: Sex and Profession (2nd Project Year)

Region	Total	Project Site		Sex		Profession							
		Inside	Outside	M	F	GP	OBGYN	Nurse	Midwife	Psycho-logist	Social Worker	Medical Technologist	Dentist
Ayacucho	40	32	8	5	35	7	0	14	11	1	4	2	1
Cusco *	40	33	5	2	36	4	0	18	12	3	0	0	1
Huancaveli ca	40	10	30	18	22	12	3	14	4	3	0	0	4
Huaycan	40	32	8	11	29	13	0	13	9	1	1	0	3
Junín	32	7	25	13	19	8	1	10	2	8	2	0	1
Total	192	114	76	49	141	44	4	69	38	16	7	2	10

(Source: List of Participants of the Diploma Course (2nd Project Year))

(3) Activities of Diploma Course Trainers participated in HPRT Training

The project conducted the follow-up survey of the HPRT Trainers' Training participants on their participation in the Diploma course implementation in February 2007.

Among 50 Peruvian participants, 41 participants from UNMSM, MINSA, Noguchi, Valdizan Hospital, Larco Herrera Hospital, and INMP work in Lima and they formed the working group for

implementation of the Diploma course. Among 41 participants, 35 participants (85%) participated in development of modules, 37 participants (90%) gave lectures in Regions and 37 participants (90%) participated in regular meetings of working group. Only 2 participants from MINSA (5%) did not participate any activity of the Project due to personnel transfer after the HPRT Training.

Table 13 Activities of 41 Lima-based HPRT Training Participants

Organization	Total	Development of Modules		Lectures in Regions		Participation to the Working Group Meeting		No Activity Implemented due to personnel transfer	
UNMSM	19	18	95%	18	95%	18	95%	0	0%
MINSA	5	3	60%	3	60%	3	60%	2	40%
Valdizan Hospital	5	3	60%	4	80%	5	100%	0	0%
INMP	4	4	100%	4	100%	4	100%	0	0%
Noguchi Institute	5	4	80%	5	100%	4	80%	0	0%
Larco Herrera Hospital	3	3	100%	3	100%	3	100%	0	0%
Total	41	35	85%	37	90%	37	90%	2	5%

(Source: Follow-up Survey of HPRT Training Participants (February 2007))

Among 50 participants, nine were from 5 regions. Among them, 5 participants (56%) coordinated the implementation of the Diploma course in Regions, five participants (56%) conducted community health activities for the victim of violence, and five participants (56%) provided direct care to the victim of violence. Three (3) participants (33%) did not participate in any project related activities.

Table 14 Activities of 9 HPRT Training participants from 5 regions

Regions	Total	Coordination of implementation of the Diploma course in Regions		Community Health Activity for the Victim of Violence		Direct Care to the Victim of Violence		No Activity Implemented due to personnel transfer	
Huancavelica	2	1	50%	1	50%	1	50%	1	50%
Ayacucho	2	0	0%	0	0%	0	0%	2	100%
Cuzco	1	1	100%	1	100%	1	100%	0	0%
Junín	2	1	50%	1	50%	2	100%	0	0%
Lima Este	2	2	100%	2	100%	1	50%	0	0%
Total	9	5	56%	5	56%	5	56%	3	33%

(Source: Follow-up Survey of HPRT Training Participants (February 2007))

4.1.3. Monitoring, Supervision and Evaluation of the Diploma Course

The following activities were implemented as an evaluation for the Diploma Course.

(1) Participant Evaluation by Instructors
- Pre-course evaluation : Examination using a sample case video "The Integrated Health Care Plans"
- Assignments : Group work, individual work, and short tests
- Attendance
- Post-course examination: Examination by the same video used for pre-course evaluation

(2) Instructor/course content Evaluation by Participants
- Self-administered questionnaire at the end of each module

As of September 2007, the Diploma Course instructors are in the process of preparing the final report on the evaluation.

As a follow-up program of the Diploma Course, a set of activities are scheduled during the 3rd project year regarding the services provided for people affected by violence after the Course. The steps are:

- The Diploma Course participants will submit cases they dealt with (2 cases X 5 sites=10 cases),
- The Diploma Course instructors, JICA Expert Team, and HPRT will make comments and suggestions on each case for health care providers' learning purposes, and
- The cases along with the comments will be compiled as a booklet and distributed to the Diploma Course participants.

4.2. 3rd year

4.2.1. Development of Program and Materials for Health Worker Training

(1) Selection Criteria for the Participants of the Diploma course for the 3rd Project Year

In the 8th meeting, JCC approved the basic and complementary selection criteria for the Participants of the Diploma course for the 3rd Project Year.

Table 15 Selection Criteria for the Participants of the Diploma course for the 3rd Project Year

[Basic Criteria]

- Those health professional who are actually working in the project sites (microredes)
- Preferably personnel on permanent contract (Not on short-term contract)
- Those who are engaging in the first and second level of care on day-to-day basis
- Willing to commit to the care for the people affected by the violence
- Have access to internet
- Guarantee not to participate in other training courses simultaneously

[Complementary Criteria]

- May include health professionals from another microredes / redes affected by the violence adjacent to the project sites.
- May include professors / lecturers of the regional universities; limited to faculty of medicine, psychology, nursing, midwifery and social work. Need to show commitment to giving advice to the Diploma course graduates.
- May include health professionals working in the local institutions, who are attending to the cases of violence: i.e. EsSalud Hospital, Vicarage, Emergency Center for Women, Police, National Institute of Family Welfare (INABIF), Health section of the Police and Military (SANIDAD), and Municipality.

As part of the procedure for the participant selection, the institutions and regions proposed the following:

- Inform, in advance, the selected candidates or professionals about the characteristics of this training
- The professionals must be selected through personal interview and review of curriculum vitae, not through self-nominating.
- The DISA-DIRESA must issue a resolution or an official letter for the participants to secure the permission to participate in the course

(2) Module of the Diploma Course

After the completion of the 2nd year Diploma Course, the instructors made a few adjustments for the 3rd year based on the discussion results among the instructors as well as comments made by the JICA Expert Team and HPRT. There is no change in the structure and the process of the program. The JICA Expert Team and HPRT will make technical support after the completion of the 3rd year for further improvement.

(3) Trainers Team of the Diploma Course

Same as in the second project year, out of fifty HPRT Training participants, forty were from Lima area formed six groups according to their specialties. Each group was assigned to preparation and

implementation for one module.

(4) The Diploma Course Schedule

As of September 2007, each module of the 3rd Year Diploma course is scheduled as follows.

Table 16 Diploma Course Schedule (3rd project year)

DISA	Phase	Module I		Module II		Module III	
(Microred)		Start	End	Start	End	Start	End
LIMA ESTE	Self learning	06/08/2007	26/08/2007	30/08/2007	18/09/2007	22/09/2007	16/10/2007
(Huaycan)	On-site	27/08/2007	29/08/2007	19/09/2007	21/09/2007	17/10/2007	19/10/2007
HUANCAVELICA	Self learning	06/08/2007	26/08/2007	30/08/2007	18/09/2007	22/09/2007	16/10/2007
(Ascencion)	On-site	27/08/2007	29/08/2007	19/09/2007	21/09/2007	17/10/2007	19/10/2007
CUSCO	Self learning			08/09/2007	26/09/2007	30/09/2007	24/10/2007
(Techo Obrero)	On-site	05/09/2007	07/09/2007	27/09/2007	29/09/2007	25/10/2007	27/09/2007
AYACUCHO	Self learning			16/09/2007	03/10/2007	07/10/2007	07/11/2007
(Belén)	On-site	13/09/2007	15/09/2007	04/109/2007	06/10/2007	08/11/2007	10/11/2007
JUNIN	Self learning			22/09/2007	10/10/2007	14/10/2007	22/11/2007
(San Martín de Pangoa)	On-site	19/09/2007	21/09/2007	11/10/2007	13/10/2007	23/11/2007	25/11/2007

DISA	Phase	Module IV		Module V		Module VI	
(Microred)		Start	End	Start	End	Start	End
LIMA ESTE	Self learning	20/10/2007	20/11/2007	24711/2007	18/12/2007	22712/2007	23/01/2008
(Huaycan)	On-site	21/11/2007	23/11/2007	19/12/2007	21/12/2007	24/01/2008	26/01/2008
HUANCAVELICA	Self learning	20/10/2007	20/11/2007	24711/2007	18/12/2007	22712/2007	23/01/2008
(Ascencion)	On-site	21/11/2007	23/11/2007	19/12/2007	21/12/2007	24/01/2008	26/01/2008
CUSCO	Self learning	28/10/2007	28/1172007	1/1272007	16/12/2007	20/01/2008	13/02/2008
(Techo Obrero)	On-site	29/11/2007	31/11/2007	17/01/2008	19/01/2008	14/02/2008	16/02/2008
AYACUCHO	Self learning	11/1172007	05/12/2007	9/1272007	25/01/2008	27/01/2008	20/02/2008
(Belén)	On-site	06/12/2007	08/12/2007	24/01/2008	26/01/2008	21/02/2008	23/02/2008
JUNIN	Self learning	26/11/2007	08/01/2008	12/01/2008	05/02/2008	09/02/2008	03/03/2008
(San Martín de Pangoa)	On-site	09/01/2008	11/01/2008	06/02/2008	08/02/2007	04/03/2008	06/03/2008

Dates: Day/Month/Year

(Source: Implementation Record of the Diploma Course (the 3rd Project Year))

(5) The Diploma Course Participants

The Profile of the Diploma Course participants in the 3rd project year is summarized below.

Table 17 Profile of the Diploma Course Participants: Workplace (3rd project year)

Region	Total	Workplace					
		Project site microreds	Vicinity of the Project sites	Hospital	DIRESA	University	Other
Ayacucho	40	8	10	11	0	4	7
Cusco *	36	7	15	5	0	2	7
Huancavelica	40	2	31	2	1	4	0
Huaycan	40	14	1	2		0	5
Junín	44	5	34	3	2	0	0
Total	200	36	91	23	3	10	19

(Source: The Diploma Course Participant List (3rd project year))

Table 18 Profile of the Diploma Course Participants: Sex (3rd project year)

Region	Total	Sex	
		Male	Female
Ayacucho	40	30	10
Cusco *	36	24	12
Huancavelica	40	23	17
Huaycan	40		
Junín	44	29	15
Total	200		

(Source：The Diploma Course Participant List (3rd project year))

Table 19 Profile of the Diploma Course Participants: Profession (3rd project year)

Region	Total	Profession													
		Gen Prac	OB/ GYN	Nurse	Midwife	Psycho logist	Social Worker	Med tech	Dentist	Jour nalist	Social Scientist	Nutri tionist	Prof essor	Attor ney	Pol ice
Ayacucho	40	4	0	15	8	3	7	1	0	2	0	0	0	0	0
Cusco	36	7	0	9	12	1	2	0	0	1	0	1	1	1	1
Huancavelica	40														
Huaycan	40	2	0	9	2	5	1	1	0	0	1	1	0	0	0
Junín	44	9	1	20	4	7	2	0	1	0	0	0	0	0	0
Total	200	22	1	53	26	16	12	2	1	3	1	2	1	1	1

(Source：The Diploma Course Participant List (3rd project year))

4.3. Five regions Experience-sharing Workshop

Since the 1st project year, representatives of 5 project sites and JICA expert team have had preliminary meeting of JCC to share and discuss the progress of the project activities in the region. In the second year of the project, the meeting continues to be held as the five-region experience-sharing workshop. The results of the discussion are presented in the JCC meeting.

4.4. Newsletter of the Diploma Course

The first issue of the project newsletter was published both in English and Spanish in August 2006 as part of the public relations activities, and distributed to institutions involved as well as the donors. This first Project newsletter gives brief description of the Project and mainly features the launch of Output 2 Diploma Course training.

Since then, the Newsletter has been published every 6 months, reporting the progress of the Diploma Course as well as the feedback from the instructors and participants.

5. Achievements of Activities Related to Output 3

5.1. 1st Project Year

5.1.1. Development of Program, Course Materials, Monitoring and Evaluation of Maternal-Child Health Care Training

(1) Modules included in training

The 2nd TC in May 3rd, 2005 decided outline of the 4th training course as follows, and JICA Expert Team supported the development of the course materials following this outline.

Violence, Human rights, Multi-cultural aspects, Gender equity, Community Health and Teaching Methodologies will be included in addition to knowledge and skills on maternal child health which have been taught until the last course.

(2) Profile of Candidates for the Training

The 2nd TC determined the profiles of the candidate as follows

For the first batch (4th course) of the training, participants will be selected from health professionals working in human resource development section and maternal-child health sections of DISA, so that they will train primary level health workers in health post or health center (as replication trainings) after receiving trainings in IEMP. For the second batch (5th course), participants will be selected from health professionals working in secondary level health institutes such as hospitals and larger health centers. They will also conduct replication trainings to colleagues and/or primary health workers in the regions.

(3) Follow-up visit to DISAs

IEMP and MINSA conducted follow-up visit to participants of 4th training course in 9 DISAs from September 2005, in order to monitor the progress of Regional Training Center development.

(4) Regional Training Center / Follow-up and Evaluation

Each DISA has responsibility to develop Regional Training Center under decentralization policy, through support from external donors (e.g. United States Agency for International Development (USAID), German Agency for Technical Cooperation (GTZ), non-governmental organizations (NGOs)) including this Project. The progress of the development of the training center will be monitored and evaluated through the follow-up visit.

5.1.2. Results of the 4th Training Course

IEMP informed the 3rd TC on August 18th, 2005 on the results of the 4th training course and plans for future courses and monitoring and evaluation as follows:

IEMP conducted the 4th training course (1st course of the year) on “development of mother, child and adolescent” in June-July 2005. All of twenty seven participants from 10 DISAs successfully completed the training curriculum. Because this course has been conducted as the output 3 of the Project, the curriculum of the course was modified to include violence against women and children, gender equity, education method, and community health as well as maternal-perinatal health.

This course planned to train regional leaders for development of Regional Training Center, so that each DISA can establish regional human resource development system, through which health professionals and health workers working at primary and secondary level health facilities will be trained in each region. For this purpose, each DISA was asked to select trainees for the 4th course from administrative level health professionals working at DISA or main regional hospitals, but only

one-third of the trainees fulfilled this criteria and the rest were the non-administrative health professionals from local hospitals and health centers. As a result, the 4th course could not train sufficient number of regional leaders as expected. Therefore, the 5th course will also aim to train regional leaders using same curricula as the 4th course.

From the 6th course and later on (in 2006-2008), IEMP will train non-administrative health professionals who will work with these regional leaders for development of regional health training center. The curriculum of the training will be revised to include more components on mental health of women and children, including leanings from the training in HPRT.

The third JCC confirmed the progress of Output 3 as follows:

The 5th training course will be held in November and December 2005. The course aims to train regional leaders to develop the Regional Training Center same as the 4th course. Reflecting lessons learned from the previous course, candidates for the 5th training will be directly identified by IEMP and MINSA during the September follow-up visit, so that qualified candidates can attend in the 5th course.

5.1.3. Results of the 5th Training Course

The 5th IEMP training course was held from November 21st to December 17th, 2005. Twenty two (22) participants form 9 DISAs completed the course (23 participants were programmed to assist the course, but one candidate from Ayacucho cancelled at the last moment.)

The 5th course aimed to train administrative leaders in 9 regions to establish the Regional Training Center (*Centro de Desarrollo de Competencia: CDC*) as the 4th course did, and the course improved the skills of participants in development of CDC. Further assistance and initiative of each participating DISA is necessary to develop CDC in the regions.

An overview of the curriculum content has been compiled for comparison with the 4th course as shown below.

Table 20 Comparison of Curricula of the 4th and 5th INMP Trainings

No.	Module	Lecture content	Number of		Hours (hour/%)	
			5th	course	4th	course
1	Political/domestic violence; and human rights	Maternal and child health care services and counseling methods focusing on human rights, reproductive rights, patient rights, and controlling violence	35	19%	14	9%
2	Health promotion	Techniques, methods and training implementation methodology to promote health, disease prevention and other rural activities pertaining to maternal and child health care	16	9%	6	4%
3	Education technology	Education methods and instruction techniques for education personnel at the DISA level	40	22%	40	25%
4	Drawing up training plans	Drawing up training plans at the DISA level	19	10%	16	10%
5	Training management	Identifying training needs, drawing up training plans, and monitoring and managing training at the DISA level	24	13%		
6	Maternal and child health workshop	Update on major technologies and know-how pertaining to maternal and child health care	15	8%	24	15%
7	Maternal and child health (practical training)	Practical training and inspection tours with regard to maternal and child health care technologies	25	14%	50	31%
8	Monitoring and evaluation	Monitoring and evaluation of the training itself (5th IEMP training)	10	5%	10	6%
	Total		184	100%	160	100%

Note): No. of training hours does not include night classes.
(Source: 4th and 5th IEMP Training Plan)

(1) Difference compared to the previous training

1) There was an increase in time allocated to the module on violence and human rights themes (previous training: 14 hours (9%); 5th course: 35 hours (19%))
2) There was an increase in time allocated to rural health care (health promotion) (previous training: 6 hours (4%); 5th course: 16 hours (9%)). However, the community visitation planned under the previous training was not actually carried out due to time constraints and accordingly was omitted from the 5th course from the outset.
3) There was no difference in time allocated to teaching techniques (i.e. methodology for teaching educators under the training (40 hours).
4) There was an increase in time allocated to methods for implementing and managing training in rural areas (previous training: 16 hours (10%); 5th course: 43 hours (23%)).
5) Time allocated to know-how and practical training with regard to maternal and child health care was reduced in both cases (previous training: 74 hours (46%); 5th course: 40 hours (22%)).

(2) Evaluation

1) There was an increase in time allocated to both lectures specifically directed at violence, as well as lecture time for the overall course as well. In terms of content, this was expanded to include not only lectures on political violence by UNMSM staff, but also classes by lecturers not affiliated with UNMSM that encompassed a wide range of themes including human rights, various types of violence (domestic, sexual, youth gangs, etc.), as well as methodology on identifying, diagnosing and counseling victims of violence. This resulted in a more in-depth training content on maternal and child health care that better reflects the overall intent of the Project.

2) Continuing upon the earlier training, the 5th course trains leaders who will then conduct their own training sessions within the respective Project sites centering on maternal and child health

care and training management sections for DISAs and core hospitals. These human resources will accordingly be deployed to carry out training programs that meet the particular requirements of specific Project site areas. The increase in course time allocated to modules for drafting training plans as well as training management under the 5th course is well in line with the foregoing objective.

3) Conversely, with regard to the modules (no. 6 and 7) for updating know-how and techniques pertaining to maternal and child health care (i.e. IEMP as the centerpiece of JICA training up until last year), the number of course hours and percentage within the overall training program has been reduced. The reduction in course time allocated to specific maternal and child health care is deemed appropriate in consideration of targeted trainees and training objectives under the current 5th course (i.e. not technical upgrading of median personnel at the site level, but upgrading the training planning and implementation capacity of administrative staff responsible for training at core organizations including rural DISAs, etc.).

   In other words, the aim of the modules pertaining to specific maternal and child health care under this training, rather than targeting the upgrading of clinical-level know-how and in-the-trenches techniques of primary health care personnel, is more broadly aimed at identifying necessary know-how and technology required in the overall planning and administrating of future maternal and health care training. This is accomplished by preparing the graduates of the training course themselves to become regional leaders in the conduct of health care training programs.

   In addition, other fields related to maternal and child health care including violence and rural health issues have been included. This comprises a major focus on an overall training initiative that posits maternal and child health care within a broader context. This has resulted in a reduction in number of hours and overall training input to modules related to specific maternal and child health care, and this reduction is considered appropriate to the targets under the 5th course.

5.1.4. Follow-up and Monitoring Visit of Maternal Child Health Training (1st Project Year)

Follow-up and evaluation visit of participants of the 4th IEMP training in 9 regions was conducted in September and October 2005. All of the participants of the 9 regions except two from Huanuco and Ayacucho were visited and evaluated.

As a result, it was observed that it was necessary to increase the amount of time allotted to issues of violence, interculturality, gender and human rights in the following training.

During the follow up session, the candidates for the 5th training course were identified so that health professionals with appropriate background could assist in training.

Follow-up and evaluation visits for 9 sites under IEMP training was implemented in February and March 2006, using the same evaluation format as in the last visit.

A comparison of follow-up evaluation results for the 9 sites is given in the following table.

Table 21 Results of the follow-up visit of IMNP training participants (September and October 2005)

Indicators	Ayacucho	Huancavelica	Ancash	Cajamarca	Cusco	Iquitos	Junín	Huanuco	Lima Este	Total (no. of implementing DISAS	
<Applying techniques acquired from training >											
1.Prepare implementation plan for regional center training	○	○	○	○	○	○	○	○	○	9	100%
2. Submit the above plan to the DISAs.	○	○	○	○	○	○	○	○	○	9	100%
3.Approval of above plan by the DISAs	×	×	×	×	○	×	×	×	×	1	11%
4.Implement plan(level of performance)	33%	83%	33%	83%	67%	67%	83%	33%	60%		
5.Implement regional health activities under the above plan	×	×	×	○	○	×	×	×	×	2	22%
6.Implement awareness activities with regard to the human rights of women and children	×	×	×	○	×	○	×	×	×	2	22%
7.Implement activities aimed at considerations for cultural diversity	○	○	×	×	○	×	○	×	×	4	44%
8.Implement activities for identifying victims of violence	×	×	×	○	×	○	○	○	×	4	44%
9.Implement treatment program for victims of violence	×	○	×	○	×	○	○	○	×	5	56%
10.Local community participation in drawing up training proposal and planning committees	○	○	○	○	○	○	×	○	○	8	89%
11.Improving maternal and child health care technologies	○	○	○	○	○	○	○	○	○	9	100%
12.No. of implemented items (excluding plan implementation itself as indicated in No. 4 above)	5	6	4	8	7	7	6	6	4	5.9	
13.Percentage of successful item implementation (for the 10 items excluding plan implementation itself as indicated in No. 4 above)	50%	60%	40%	80%	70%	70%	60%	60%	40%	59%	
<Implementation of programs where graduates of training in turn train others >											
Implementation of training programs where trainees in turn become trainers	○	○	○	○	○	○	○	○	○	9	100%
No. of times such trainee-to-trainee sessions were carried out (obtained participant list)	1	3			4		1			9	
No. of participants of trainee-to-trainee sessions(same as above)	5	72			108		39			224	

Note) ○: conducted ×: not conducted (surveyed by interviews with the training participants, submission of the documents and test on the MCH knowledge and skills [Q.11])
(Source: Follow-up Evaluation Report of the 4th IEMP Training Course)

5.2. 2nd Project Year

5.2.1. Development of Program, Course Materials, Monitoring and Evaluation of Maternal-Child Health Care Training

In the 2nd year, National Maternal Perinatal Institute (*Instituto Nacional de Materno Perinatal:* INMP) training focuses on the training of health professionals who are directly attending patients in the health facilities (*nivel asistencial*) of the Project sites. Participants will be able to improve maternal pediatric service skills including the care for the victim of violence, as well as supporting the development of regional training center. The 6th course started from June 26th, and the 7th course was held from October to November 2006.

INMP developed a care model for the violence against women, which has been taught in the 6th Maternal Perinatal Training Course starting in June 2006. This model was developed based on the training given by HPRT and then adopted in Peruvian context.

5.2.2. Results of the 6th Training Course

June 26th, 2006 through July 22nd, 2006, the 6th Training Course of Maternal-Pre-Natal Health was conducted with the participation of: 5 doctors, 7 nurses and 13 midwives. This course, different from the previous ones, focused on the primary and secondary level health professionals selected from the five project sites (*microredes*) (Huaycan, Techo Obrero, San Martin de Pangoa, Belen y Ascension), and from DIRESAS of Ancash, Cajamarca, Loreto and Huanuco. The participants of the 6th - 9th courses will have the task of integrating violence with the maternal prenatal care, in addition to participating as trainers in the Regional Training Center being organized by the participants of the 4th and 5th course.

Table 22 The 6th INMP Training Curriculum

No.	Modules	Description	Hours (Hours, %)	
			6th Course	
1	Strategic Work Plan Making	Methodology to elaborate the work plan using SICAP Model (personalized training model) starting with problem analysis in the region and training needs	20	9%
2	Violence I, II, III	Actual status of the gender-based violence, abuse of children and adolescents, sexual violence mental health; diagnosis and management of victim of the violence Diagnosis of violence against women in the community Integrated care model for the women focusing on mental health and violence	17	8%
3	Maternal Child Care Training I-V	Development of skills in maternal Perinatal health. Integrated care during pregnancy, delivery, puerperal period, and for newborn. Health Promotion Strategy: breastfeeding and family planning	179	83%
	Total		216	100%

(Source: INMP (2006). Informe de la Pasantía del VI Curso Nacional "Protección y Desarrollo de la Mujer, Niño y Adolescente)

5.2.3. Results of the 7th Training Course

INMP conducted the 7th Course of Maternal Child Training Course "Protection and development of women, children and adolescents" from November 22, 2006 to December 19, 2006. INMP informed the results of the training in the 8th JCC.

The training program and information of the participants are listed as below.

Table 23 The 7th INMP Training Curriculum

No.	Module	Contents	Time (hour, %)	
			7th Course	
1	Violence I, II, III	➢ Current situation of Violence ➢ Mental Health: current status, diagnosis, treatment ➢ Human Rights and Health Legislations ➢ Violence against women ➢ "Call me women" model ➢ Violence against children and adolescents ➢ Care for the victims of Sexual violence	27	19%
2	Clinical Record	➢ Management and registration of Clinical history	4	3%
3	Strategic Health Planning	➢ Strategic Planning: problem analysis, target setting, programming ➢ Training Needs: theme, trainees ➢ Practicum ➢ SICAP model (personalized training)	18	12%
4	Adoption	➢ Adoption system in Peru	5	3%
5	Epidemiology of Maternal Child Health	➢ Epidemiology of Maternal Child Health	4	3%
6	Maternal Child Health Skills 1-13	➢ Consideration for Cultural diversity, gender ➢ Health Promotion ➢ Morbidity of Maternal Child Health related diseases ➢ Humanization of delivery ➢ Midwifery skills ➢ High risk pregnancy ➢ Resuscitation of new born ➢ Practicum of Maternal Child Health Skills	70	48%
7	Adult Education	➢ Adult education	4	3%
8	Perinatal Period Monitoring	➢ Prevention of premature birth	5	3%
9	Communication Skills	➢ Positive communication and Attentive listening	8	6%
	Total		145	100%

(Source: INMP (2006), Report of the Training of the 7th course of "Protection and development of women, children and adolescents")

5.2.4. Follow-up and Monitoring Visit of Maternal Child Health Training (2nd Project Year)

INMP and MINSA conducted follow up visit to the 71 participants in the 4th, 5th and 6th INMP training course in September and October 2006. Among 71 participants, 59 participants were interviewed and in addition, information of 8 trainees was collected. From this year, INMP and MINSA revised the evaluation criteria:

- To develop training plan (20 points)
- To use knowledge and skills learned through the training (30 points)
- To care victim of violence and to provide mental health care (20 points)
- To conduct replication training (30 points) [number of health workers trained]

Each criterion has certain points so that results of evaluation are quantified. As results, 47 trainees (66%) got mark above 80 points (full mark: 100 points).

Table 24 Results of the follow-up visit of IMNP training participants (September and October 2006)

Evaluation Criteria	Participants (4th, 5th and 6th course)	Interviewed during visit	Training Plan Development (20%)		Application of MCH Knowledge and Skills acquired (30%)		Care for Victim of Violence, Mental Health Care (20%)		Replication Training (30%)		Participants of Replication Training	Apply more than 80% of knowledge and skills learned	
Huanuco	7	6	5	71%	5	71%	5	71%	6	86%	154	5	71%
Huancavelica	7	6	6	86%	6	86%	4	57%	5	71%	660	6	86%
Cusco	8	8	8	100%	7	88%	7	88%	7	88%	111	7	88%
Ancash	9	7	9	100%	9	100%	6	67%	9	100%	1,004	9	100%
Junín	9	6	9	100%	9	100%	2	22%	5	56%	-	5	56%
Iquitos	8	7	6	75%	7	88%	1	13%	0	0%	-	0	0%
Lima Este	7	6	6	86%	5	71%	5	71%	5	71%	100	5	71%
Ayacucho	7	7	6	86%	7	100%	7	100%	7	100%	353	7	100%
Cajamarca	9	6	7	78%	8	89%	8	89%	4	44%	22	3	33%
TOTAL	71	59	62	87%	63	89%	45	63%	48	68%	2,404	47	66%

(Source: INMP (2006), Report of INMP follow up visit (September and October 2006))

5.3. 3rd Project Year

5.3.1. Development of Program, Course Materials, Monitoring and Evaluation of Maternal-Child Health Care Training

The program and teaching materials of the 2nd Project Year will be used in the 3rd project year. The targeted participants will also remain the same.

5.3.2. Results of the 8th Training Course

The 8th Training Course, "Protection and Development of Women, Children and Youth (Protección y desarrollo de la mujer, niño y adolescente)", was held by INMP between May 2 and 29, 2007. The following is the curriculum.

Table 25 The 8th INMP Training Curriculum

No.	Module	Content	Time (Time, %)	
			8th	
1	Violence I, II, III	➢ Current situation of Violence ➢ Mental Health: current status, diagnosis, treatment ➢ Human Rights and Health Legislations ➢ Violence against women ➢ "Call me women" model ➢ Violence against children and adolescents ➢ Care for the victims of Sexual violence	20	10%
2	Clinical Record	➢ Management and registration of Clinical history	4	2%
3	Strategic Health Planning	➢ Strategic Planning: problem analysis, target setting, programming ➢ Training Needs: theme, trainees ➢ Practicum ➢ SICAP model (personalized training)	16	8%
4	Epidemiology of Maternal Child Health	➢ Epidemiology of Maternal Child Health	4	2%
5	Consideration for Cultural diversity, gender	➢ Consideration for Cultural diversity, gender ➢ Health Promotion	4	2%
6	Maternal Child Health Skills 1-13	➢ Morbidity of Maternal Child Health related diseases ➢ Humanization of delivery ➢ Midwifery skills ➢ High risk pregnancy ➢ Resuscitation of new born ➢ Practicum of Maternal Child Health Skills	120	60%
7	Adult Education	➢ Adult education	16	8%
8	Perinatal Period Monitoring	➢ Prevention of premature birth	8	4%
9	Communication Skills	➢ Positive communication and Attentive listening	8	4%
	計		200	100%

(Source: INMP (2007), Report of the Training of the 8th course of "Protection and development of women, children and adolescents")

5.3.3. Results of the 9th Training Course

The 9th Training Course, “Protection and Development of Women, Children and Youth (Protección y desarrollo de la mujer, niño y adolescente)”, was held by INMP between August 6 and August 31, 2007. No major change was made on its training program from that of the 8th training course.

5.3.4. Follow-up and Monitoring Visit of Maternal Child Health Training (3rd Project Year)

The Plan of Activities of INMP for the 3rd Project year was proposed and approved at the 8th JCC. The follow-up visit was scheduled once between October and December. Everyone who attended the 4th through 9th INMP training was evaluated at the visit.

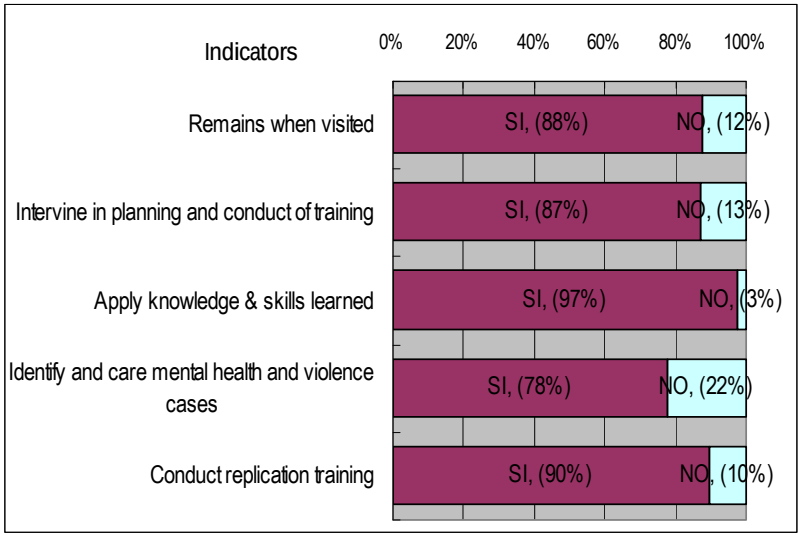
Evaluation questions were whether participants remain in their work when visited, intervene in planning and conduct of trainings, apply knowledge and skills learned, identify and care mental health and violence cases and conduct replication training.

As a result, almost 90% of the participants remained their work and more than 80% answered positive answers on their evaluation questions.

Table 26 Results of the follow-up visit of IMNP training participants (November 2007)

Evaluation Indicators	Yes		No		Total	
Remains when visited	129	(88%)	18	(12%)	147	(100%)
Intervene in planning and conduct of training	128	(87%)	19	(13%)	147	(100%)
Apply knowledge & skills learned	143	(97%)	4	(3%)	147	(100%)
Identify and care mental health and violence cases	114	(78%)	33	(22%)	147	(100%)
Conduct replication training	132	(90%)	15	(10%)	147	(100%)

(Source: INMP (2007) Report of Follow up visit)



(Source: INMP (2007) Report of Follow up visit)

Figure 2 Results of the follow-up visit of IMNP training participants

5.4. Breakdowns of the INMP Training Participants

Breakdowns of the INMP training participants (4th to 9th courses) are as follows.

Table 27 Breakdown of INMP Training Participants (Regions)

Regions / course	IV	V	VI	VII	VIII	IX	Total
Huanuco	3	3	2	2	2	2	14
Huancavelica	1	2	3	3	3	3	15
Cusco	3	2	3	3	3	4	18
Ancash	3	3	3	3	3	3	18
Junín	3	3	3	3	3	3	18
Loreto	3	2	3	3	3	2	16
Lima Este	2	2	3	3	3	3	16
Ayacucho	3	2	2	3	3	3	16
Cajamarca	3	3	3	2	2	2	15
TOTAL	**24**	**22**	**25**	**25**	**25**	**25**	**146**

(Source: INMP (2005-2007), Report of the Training of the 4th to 9th course of "Protection and development of women, children and adolescents")

Table 28 Breakdown of INMP Training Participants (Position – Workplace)

Position – workplace / Course	IV	V	VI	VII	VIII	IX	Total
Administrative Personnel	**9**	**20**	**4**	**0**	**0**	**0**	**33**
DIRESA	7	17	0	0	0	0	24
Hospital	2	3	2	0	0	0	7
Health Center	0	0	2	0	0	0	2
Technical Personnel	**15**	**2**	**21**	**25**	**25**	**25**	**113**
DIRESA	0	1	0	0	0	0	1
Hospital	12	0	12	16	15	16	71
Health Center	3	1	9	9	10	9	41
Total	**24**	**22**	**25**	**25**	**25**	**25**	**146**

(Source: INMP (2005-2007), Report of the Training of the 4th to 9th course of "Protection and development of women, children and adolescents")

Table 29 Breakdown of INMP Training Participants (Profession)

Profession / Course	IV	V	VI	VII	VIII	IX	Total
Physician	4	3	6	5	8	8	34
Nurse	4	8	7	12	9	10	50
Midwife	16	7	12	8	8	7	58
Social Worker	0	2	0	0	0	0	2
Others	0	2	0	0	0	0	2
Total	24	22	25	25	25	25	146

(Source: INMP (2005-2007), Report of the Training of the 4th to 9th course of "Protection and development of women, children and adolescents")

Table 30 Breakdown of INMP Training Participants (sex)

Sex / Course	IV	V	VI	VII	VIII	IX	Total
Female	21	18	20	21	20	17	117
Male	3	4	5	4	5	8	29
Total	24	22	25	25	25	25	146

(Source: INMP (2005-2007), Report of the Training of the 4th to 9th course of "Protection and development of women, children and adolescents")

Following is the results of the pre-test and post test conducted in each training course.

Table 31 Results of Pre and Post test of INMP training

Course	IV	V	VI	VII	VIII	IX
Participants	24	22	25	25	25	25
Graduates	24	22	25	25	25	25
Pre-test (points)*	8.5	8.9	7.6	7.5	7.5	7.5
Post-test (points)*	15.3	14.0	13.9	14.2	14.2	14.2
Difference (points)	6.8	5.1	6.3	6.7	6.7	6.7

* Full mark is 20 points.

(Source: INMP (2005-2007), Report of the Training of the 4th to 9th course of "Protection and development of women, children and adolescents")

6. Achievements of Activities Related to Output 4

6.1. Social Resource Mapping of Target Communities

In May 2005, JICA expert team presented guideline of social resource mapping and all DISA/DIRESA developed resource maps by September 2005.

Guideline for Social Resource Mapping

(1)Objective of Social Resources Mapping

- To identify the social actors working in prevention of the violence and care of violence victims in the pilot area
- To elaborate the map and directory of social resources to strengthen multisectorial network for reference and coordination.

(2)Social resources

Social Resources refer to the multisectorial social actors that work for the prevention and care of the violence in the pilot area. The examples of the Social Resources are:

- Health Promoters (Hospital, Health Center, Health Post, Municipality, Church, NGO)
- Agency of Ministry of Women (i.e. Refugee House for woman and children)
- Municipality Office
- Police
- Conciliation Office
- Church
- NGO
- Educational institution (i.e. School)
- Mass-media (i.e. Local radio)
- Coordination Committee acting for Violence
- Youth groups

(3)Content of Report

- Map of Pilot Area with indication of place of social resources and its legend
- Directory of Community-based / Local Organizations
  - Type of Organizations (e.g. Agency of Ministry of Health / Education / Women, Police, Municipality, NGO, Church, Mass Media)
  - Address of Organizations
  - Person in charge
  - Telephone
  - Description of Services Offered
- Directory of Health Promoters
  - Organization (i.e. Hospital, Position of Health, Center of Health, Municipality, Church, ONG)
  - Name of Promoters
  - Address
  - Telephone
  - Language (Spanish, Quechua, etc.)

6.2. Annual Work Plan for Community Health Activities

6.2.1. 1st Project Year

In May 2005, JICA expert team presented outline of annual work plan for community health

activities and all DISA/DIRESA developed the plan by September 2005.

Outline of Annual Work Plan for Community Health Activities

Chapter 1 Conceptual Framework of Project (Output 4)
1 Basic information of the pilot site (micro-network) of the Project
2 Health Condition of population in the pilot site
3 Existing strategies and Programs in Mental and Maternal Health - Infantile.
4 Main Community Actors
5 Implementation Structures of the Project
6 Structure of the Project

Chapter 2 Purpose of the Project
1 Project Output in Three Years (until March 2008)
2 Monitoring / Evaluation Indicators
3 Annual Outputs of the Project and Monitoring / Evaluation Indicators

Chapter 3 Activities
1 Organize working group of the Project
2 Development of an Annual Work Plan for community health activities
3 Development of Monitoring and Evaluation mechanism for community health activities
4 Social resource mapping of target communities
5 Organize sensitization workshops on integrated health
6 Conduct community health activities
7 Monitor the development of the activities
8 Prepare Project Reports

Chapter 4 Chronogram

6.2.2. 2nd Project Year

In order to promote access to the health care services for violence and mental health and to assist communities to provide psycho-social care and to foster peace culture, the framework of Output 4 proposes that each region implement the sensitization workshop and community activities by organizations and institutions which represent the community. In the 5th JCC meeting on June 1st, JICA Expert Team presented the format of the annual work plan for this Output and asked the working team of each region to submit it by the end of June 2006.

JICA Expert Team proposed that for year 2006 sensitization workshops in the 5 regions should include training for communication skills so that health promoters, members of NGO, community-based organizations, local authorities and other important actors in the community will be able to identify the victims of violence and provide basic counseling service as well as to develop psycho-social care.

Also the team suggested that non-professional health workers (auxiliary nurses and nursing technicians) participate in the sensitization workshop to be given opportunity for training on mental health and violence, while they are not eligible to participate in the diploma course training as in Output 2 of the project.

Dr. Villarreal of Huaycan Hospital in DISA Lima Este reported that for this year they have elaborated an intervention plan with four- phase training for health professionals. This plan uses the modules of a NGO – ASPEM (Association for the emergent countries: *Asociación para países emergentes*), and that they will take the methodology proposed by JICA-MINSA into consideration when developing the sensitization workshop for health technicians (auxiliary nurses and nursing

technicians) and health promoters.

Dr. Yépez of DIRESA, Cusco, presented the registration sheet. This sheet is based on the format proposed by the Project; it shows the care provided for the victim of violence by health promoters, health institutions and other organizations in the community. The data on care provided for the victims of violence have been collected monthly. Also, she informed that Microred (micro network) has been closely collaborating with the vicarage of Sicuani (*la Vicaría de Sicuani*) and the coordination board of Sicuani against violence (*la Mesa de Concertación de Sicuani*). Both two actors are interested in coordinating the Project activities, and expanding the intervention to other health network (*red*) and micro-network.

After the 5th JCC meeting, each DISA and DIRESA developed the Annual Work Plan of the Output 4.

6.2.3. 3rd Project Year

The Annual Work Plan for the 3rd Project Year was presented at the Five Regional Representatives Workshop on May 3, 2007. The health awareness activities such as the Sensitization Workshops as well as the Health Fairs will be held as they were in the previous years.

The new activity is to provide training for non-professional health care providers, for which each region takes leadership in developing, planning and implementing the program. The non-professionals received training on the care for people affected by violence with health promoters in the previous years. It has appeared, however, that the roles of non-professionals are not quite the same as those of health promoters, who are ordinary citizens in the area. For this reason, the new training program is developed specifically for non-professional health care providers.

6.3. Sensitization Workshop

6.3.1. 1st Project Year

As one part of the activity under Output 4 of the Project, a sensitization workshop was carried out within the Project area targeted at organizations dealing with violence including health promoters, community groups, NGOs, etc. Specifically, workshops were convened in August and November in the 5 pilot sites. Of this activity, that within Huaycan district has already been reported under Progress Report 1.

An overview of sensitization workshops in the 5 project sites is set out below.

Table 32 Results of Sensitization Workshops in 5 Regions (2005)

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Pilot site	Huaycan	Techo Obrero	Ascención	Belén	San Martín de Pangoa
Implementation date	8/19, 8/20	8/15	11/10, 11/11	11/24, 11/25	8/26, 11/10, 11/30
Content	-Health promoter training -Comprehensive health care promotional campaign (including participation by regional organizations)	-Awareness training for health promoters, regional health care personnel, and agencies within the area concerned with violence issues	-Awareness workshop (without participation by health promoters) aimed at agencies within the area concerned with violence issues	-Health promoter training (including participation by regional organizations) -Promotional campaign for comprehensive health care	-Awareness workshop targeting regional agencies -Health promoter training
No. of participating health promoters	53	11	0	40	43
Of the above, the no. of bilingual health promoters	6	11	0	17	3
No. of participating community groups	6	0	9	6	3
No. of participating NGOs	7	1	5	1	2
Formulating work plan	Formulation	Formulation	Formulation	Formulation planned after completion of training	Formulation

(Source: Annual activity report for 2005 in five pilot sites)

Model Workshop for Output 4 (community sensitization workshop) was held in Huaycan, East Lima on August 19th and 20th. This workshop consisted of training workshop for health promoters, health campaign (free medical care and health education for violence victims and public) and health fair (cultural and educational activities). In the training workshop, 72 health promoters were trained on basic knowledge to support violence victims in the community. In the health campaign, 447 people were attended by health professionals in psychiatry, psychology, pediatrics, obstetrics, dentistry and general medicine, and almost 50% of them were violence victims.

Lessons learned of the Project were:

- Importance of multi-sectorial coordination among various local organizations acting against violence such as church, NGOs, municipality, police, educational institutes.
- Health promoters are the significant community resource, which are located almost everywhere in the community and easily accessible.

In Cusco region, the sensitization workshop for health promoters, local health workers and local organizations was held in August 2005 in the pilot site (Techo Obrero micro network). Work plan for mental health promotion in the community was established. Also, promotion of mental health was included in the annual work plan for regional health committees (*consejo regional de salud*) and provincial health committees (*consejo provincial de salud*).

In Huancavelica region, the sensitization workshop was held on November 10 and 11, 2005. Representatives of almost 30 local organizations (including 9 community-based organizations and 5 NGOs, as well as governmental organizations) attended. In the workshop, roles of each organization for violence victims were discussed, and it was decided to incorporate activities against violence in the work plan of each related organization. Detailed plan of activities of each organization will be decided in 2006. Workshops for health promoters were not conducted this year.

In Ayacucho district, a sensitization workshop targeted at health promoters was carried out in November 2005 with the attendance of representatives from regional educational organizations. The following day, a promotional campaign with regard to mental health and victims of violence was carried out by health promoters.

In Junín district, the working group (DIRESA Junín) organized sensitization workshops for violence-related local organizations (both governmental organizations and non-governmental organizations) in August 2005 and a written resolution (*acta de acuerdo*) on mental health promotion was adopted at the regional (Junín region) and micro-network (San Martin de Pangoa micro network) level. The sensitization workshops for health promoters in the community were held on November 10 and 30, 2005, in order to (i) increase knowledge on mental health, (ii) define the specific role of health promoters within the community and (iii) plan activities for community mental health improvement. After the workshop, health promoters had meetings with their community members and established a plan for activities for mental health promotion.

As planned, workshops were implemented in the Project sites. As participants, these included health promoters, local community organizations, NGOs and related government agencies. Lectures and discussion groups were carried out with regard to (i) overview of national mental health policy, (ii) general approach to violence including both political violence and violence perpetrated against mothers and children, and (iii) what type of activities would be most appropriate on the part of health promoters and other regional organizations. In conclusion, an action plan was then formulated.

6.3.2. 2nd Project Year

The regions presented the dates for the community activities and the sensitization workshop with the health promoters and non-professional health technician.

Huaycan Hospital conducted the Sensitization Workshop for health technician (non-professional) and health promoters from August 4 through September 1 with the support of ASPEM (Italian ONG) and JICA experts.

1st Module: “Violence: definition, origin, persecutions in the World and our country”.
2nd Module: “Care of victims of the violence”
3rd Module: “The positive communication and attentive listening” (support with JICA expert team)
4th Module: “Legal aspects of violence in our country”
5th Module: “Elaboration of guidelines of care of the people affected by the violence”

Module 3 took place on August 25 and 26 of 2006 at the Huaycan Hospital. The principal theme of the workshop was “Positive communication and attentive listening”, elaborated with the technical support of Mrs. Hikari Morikawa and Ms. Patricia Tello as facilitator. 31 participants attended the workshop (13 health promoters, 9 nurse technicians, 1 sociologist of NGO, 6 visitors from other Project sites, and 2 security guards of the Huaycan Hospital).

During the workshop, participants worked on the themes of positive communication, attentive listening and the construction of life stories under the theme “history with future” where the groups were able to put their theory learned into practice. The workshop forms part of the third module of a set of five modules elaborated by the *Microred* Huaycan.

After the workshop they provided comments as part of the course evaluation and some comments on how they think they can realize their work in a responsible manner as follows: “there are many lives at hand for which I must be very careful and thoughtful”, “because it is my responsibility and because I want to see my community improve” and “because I apply everything I learn to help the patients”.

As part of the condition for attending the workshop, the participants are required to: 1) conduct the replication of the workshop to health technicians in other establishments and to members of ONG and community-based organization, and 2) participate in the Health Fair in the community scheduled in September and November this year.

JICA experts handed in the module (teaching materials) used in the workshop to other project sites to support their work with health promoters and health technicians. The team recommends for the regions to follow up the participants of the workshop to reinforce their leanings.

The following table shows summary results of sensitization workshop in 5 regions in the 2nd Project year.

Table 33 Results of Sensitization Workshops in 5 Regions (2006)

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Obrero	Ascensión	Belén	San Martín de Pangoa
Date	August, September, 2006	Jan.24-25, 26-27, 29-30,2007	Nov.15-16, 2006	August, September, 2006	All year
Place	Huaycan Hospital	Marangani Health center Sicuani youth center Layo city hall	Auditorium of Ascension Microred	Belen Health Center	San Martin de Pangoa Health Center
Contents	-Lecture based on five modules - Drama presentation on what they have learned - Lecture for community based organizations	- Type of violence, causes and other influences - Violence against women - Violence against/by adolescents - Drama by participants - Planning for Implementation of activities	- Listening to Trauma experience - Influence of violence - Referral system of the victims of violence	- Positive communication and listening skill - How to identify and refer the victims of violence	- Prevention and care of DV - Healing of the mental health status of the victims of violence - Setting up a self-help group in San Martin de Pangoa
Outputs	- Empowerment and education for health promoters and nurse aids - Members of community organizations outside of the target region raised more awareness on problem of violence	- Local legislative organizations, in charge of dealing with violence issues, participated. - 1-, 3-, 5- year plan of countermeasures for violence were formulated. - Above plans will be included in the budget of three municipalities for promoting community activities.	- Theme of mental health was included in the activities of health promoters. - Health promoters have become part of the referral activity. - A shelter was provided for the victims of DV.	- Health promoters and medical workers have started identification of the victims of violence - Health promoters learned about a referral system - Medical workers, with those who are in charge of Maternal and child care, have started giving care for the victims of violence	- 43 health promoters were trained and involved in mental health activities.
Problems	- Coordination was improper; participants had hard time being approved by their workplaces. - Lecturers are facing the difficulties in providing more time. Same lecturers may not be always available.	- Sicuani was unable to see the target ratio of 100% of nurse aids participating.	- Many attended and a venue was too small for the number of participants. - had not multi-media projector	- Budget and Equipment to be provided by the region were limited and delivered late.	- Due to geographical and weather conditions, it is difficult for the participant s to get together at a designated time. - Budget and Equipment to be provided by the region were limited and delivered late.

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Obrero	Ascensión	Belén	San Martín de Pangoa
Suggestions	- MINSA and DISA should make efforts for incorporating these activities into the training plan of Lima Este.	- Techo Obrero Health Center is also willing to hold this type of workshop.	- Need to improve the information system for the regional activities of mental health - Need to strengthen its referral system - Need to implement a follow-up of the participants.	- Need budgeting complying with the activity plan. - Will continue empowerment of medical workers and health promoters.	
No. of Participants					
Health promoters	23	58	28	62	43
(Bi-lingual)	-	*(58)*	*(28)*	*(62)*	-
Nurse aid	15	8	12	62	0
Professional medical worker	0	22	0	0	0
Community organization	2	16	1	0	8
NGO	1	0	1	0	0
Regional -government institution	0	30	0	0	0
Public institution	0	10	0	0	0
Nursing student	0	12	0	0	0
Church	0	5	0	0	0
Newspaper press	0	3	0	0	0
No. of organizations participated					
Community organization	2	11	0	0	8
NGO	1	0	1	0	0
Regional-government institution	0	7	0	0	0
Regional organization	0	10	0	0	0

(Source: Annual report of 5 project sites - 2006)

6.3.3. 3rd Project Year

As in the Annual Work Plan, the Sensitization Workshops were provided for health promoters in the five Project sites during the months of June and September, 2007. The instructors for the workshops were the INMP training participants as usual and joined with them were the 2nd year Diploma Course participants. (The final report of the activities is not attached with this report since the report from Cusco is not ready yet).

Table 34 Results of Sensitization Workshops in 5 Project Sites (2007)

DISA/DIRESA	East Lima	Cuzco	Huancavelica	Ayacucho	Junín
Project Site	Huaycan	Techo Oblelo	Ascencion	Belen	San Martin de Pangoa
Date	September 19, 20, 21	June 30 August 18, November 25	August 20-22	June 7, August 22-23	June 19,21,29
Venue	Huaycan park (far from the central area)	Marangani Sicuani	Microred Ascencion	Clinic in Belen	Health Center in San Martin de Pangoa
Contents/ Results	・Training was given to the Health promoters working in areas far from the central (Geographically unfavorable for the patient to reach medical facilities) ・Revised referral form for the victims of violence	・How to identify the victims of violence ・Introduced Victims of violence cases （Referral）	- Health promoters received training on the integrated health care content: - Prevention and intervention of DV - Discussed ways to cooperate with health staff to prevent DV & child abuse, and how to refer people affected by violence when identified.	- 59 health promoters received training on violence	- Health promoters received lectures on self-esteem and DV. - Clarified area specific mental health figures and planned mental health education for the residents. - Decided to request community leaders to participate in the training and to support services for people affected by violence.
Difficulties	・Health promoters are enthusiastic about the activities but hard for them to continue because of the financial reason. ・Male participants were no t willing to participate. ・ Professionals such as INMP course participants did not attend.	・ Simple post test was planned but not conducted.	- Needed to develop teaching materials each time since there was non available. - Very limited support from the boss in working with health promoters.	- The venue was very far away for those who work in remote areas.	- The venue was very far from those who work in remote areas.

DISA/DIRESA	East Lima	Cuzco	Huancavelica	Ayacucho	Junín
Project Site	Huaycan	Techo Oblelo	Ascencion	Belen	San Martin de Pangoa
Plans for activities after the end of the Project	・The same type of training will be provided also for the staff of other institutions involved in violence prevention ,and extended to other areas.	・To continue identifying the families with violence problem. ・Home visits will be conducted to the victims of violence.	- Those who attended the workshops continue to work in the area for people affected by violence. - Continue workshops until all health promoters can attend. - Extend the workshop to area residents.	- Same workshops will be offered every 4 months by professionals (mental health specialists & the Diploma Course participants).	- Provide the same workshops at local institutions (village office, schools, etc.) - Continuously monitor activities at health institutions. - Award health promoters.
Evaluation	・Awareness about violence issues among the community residents was raised, because violence is prevalent to many in the communities. ・100% of health promoters who participated passed the post-training test, and many responded that the training method was good.	・It was demonstrated that the health promoters were positive and enthusiastic about continuing the care for the victims of violence. ・Many participants never had a training with topic of violence so this opportunity became motivating to them. ・Health promoters became confident that their roles are important to identifying the victims of violence and their referral.	- Would like all 120 health promoters to attend the workshop. - This was the first workshop on violence for most participants and motivated them to serve for people affected by violence.	- Because they have very limited opportunities to receive any training, the participants requested further workshops/training on violence.	
Number of participants	24	50	30	59	29
Number of instructors (Diploma Course/INMP Training participants)	2/0	3/3	2/2	3/3	1/0

(Source: Annual report of 5 project sites - 2007)

6.4. Training for Non-professional Health Care Providers

In the 3rd Project Year, the training for non-professional health care providers, who do not have a college degree and primarily auxiliary nurses, is developed and implemented by five project sites. They used to participate in the Sensitization Workshops with health promoters until the 2nd Project Year. However, they are expected to have different roles from health promoters in the care of people affected by violence.

The teaching materials were developed by professional health care providers in the regions with the support of the health staff at Valdizan Hospital which have extensive experiences in mental health training. The JICA Expert team also provided technical support for curriculum and teaching material development.

The following are the contents of the teaching material.

"The Integrated Health Care Manual on the Care of People Affected by Violence for Non-professional Health Care Providers"

Chapter 1: To Understand Violence
- What is violence?
- Types of violence
- How violence starts
- Problems caused by violence
- How to prevent violence?
- Flow of care for the victims of violence

Chapter 2: Mental Health Problems and the Interventions
- Alcoholism
- Depression
- Pain
- Anxiety
- PTSD

Chapter 3: What Non-professional Health Care Providers Can Do
- Conflict management
- Emotional control

Chapter 4: Health Care Providers' Self-care
- What is self-care?
- What is going to happen without self-care?
- The importance of self-care
- How to do your own self-care

Chapter 5: Human Rights
- What are human rights?
- Important points of human rights
- Peruvian laws on human rights

Chapter 6: Information System
- Assessment sheet for DV and child abuse
- Referral forms

The results of the training for non-professionals are as follows:

Table 35 Training for Non-professional Health Care Providers

DISA/DIRESA	East Lima	Cuzco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Oblelo	Ascencion	Belen	San Martin de Pangoa
Date	September 21, 28 October 5, 12, 19	August 15, 16, 17	September 17-19	August 29-31	September 3-4
Venue	Huaycan Hospital, Auditorium	Sicuani Hospital	Ascensión Town Hall	Belen Clinic	Satipo Town Hall
Result	・15 Non-professionals attended the workshop through 5 days. ・To identify the victims of violence, 20 outpatients were put under triage and 13 victims were found. ・Workshop participants conducted IEC on violence for the patients in the hospital waiting room.	・Care-follow- up training using specific cases was done. ・Non-professionals made comments that they were encouraged and motivated by this training and made commitment to the future training for their colleagues and care/ follow-up for the patients.	- The participants learned how to organize community activities. - They also learned how to function in the referral system.	- 50 auxiliary nurses attended.	- 50% of the auxiliary nurses attended.
Difficulties	・15 participants and 6 non-professionals could not attend all the courses. ・Because no support was given from the central level for the training, the planned follow-up activities were not materialized.	・Non professional on vacation did not attend. ・Post training test was not done.	- Delayed in implementation due to the strike by health staff - The roles of non-professional health staff need to be re-examined. - All health staff residing areas affected by violence should be trained.	- Due to the earthquake in August, MINSA could not send the instructor (Valdizan Hospital health staff) to Belen because the person was sent to the disaster area. - The workshop is to be continued by the Diploma Course participants and mental health specialists every four months.	- In order to continue patient care in the area, only 50 % of the auxiliary nurses attended the workshop.

DISA/DIRESA	East Lima	Cuzco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Oblelo	Ascencion	Belen	San Martin de Pangoa
Plan of activities after the Project	・To continue the care for the victims of violence, in coordination with psychologists. ・To continue participating in “he Huaycan Coordination Committee against Violence” ・To continue IEC for the patients in the hospital waiting room.	・When identifying the patients clinical history, try to find the victims of violence in their family. ・Home visits will be conducted for the victims of violence.	(no information)	(no information)	- The workshops should be continued and activities alter the workshops should be monitored.
Evaluation by participants	（Not conducted）	- Enjoyed learning because of good methodology - Dynamic and many opportunities to exchange ideas - No difficult terms. Easy to understand - Active participation - The content was practical and easy to apply at daily work - Clarified how to approach and take care of victims of violence. Provided opportunities to think “if it were me how would I be feeling?” - Practical and applicable at home - Real cases were presented	(no information)	- 28 % of the participants want to learn from the health staff from Valdizan Hospital who could not be there as an instructor.	(no information)
Number of participants	15	23	30	53	22
Number of Instructors (The Diploma Course/INMP participants)	2/0	4/0	2/0	9/0	1/0

(Source: 5 regions (2007), Report of non professional trainings in 5 pilot sites)

6.5. Community Health Activities

6.5.1. 1st Project Year

In Huaycan micro-network in DISA Lima Este, after the sensitization workshop in August 2005, Valdizan Hospital implemented periodical follow-up meetings with health promoters when the hospital weekly visited the community. During follow up meetings, the hospital provided additional training on self-care method of mental health to health promoters. In January 2006, the hospital conducted a closing ceremony for the Project year 2005, and the hospital proposed to use new referral slips to enhance multisectorial referral and related record keeping.

In Junín region, as a result, all of the communities where health promoters are located agreed to promote mental health in the community. A record system of care for violence victims has been established by psychologists working in Microred. The Universidad Nacional Centro del Peru faculty of medicine and nursing started to upgrade the curriculum to include violence / mental health components.

This year marks the first year of the Project. In light of the fact that very little of the Project area has experience in implementing activities to promote mental health care, the primary focus during this initial period has been on efforts to deepen basic understanding of mental health issues and strengthen collaboration among organizations concerned with victims of violence in the Project sites.

From the next year of the Project, health care personnel will be trained within the Project sites under Output 2. Based on the subsequent strengthening of health care services, it is then desirable that efforts be made to encourage local communities to avail of such services. Also, because there are numerous areas where there is no structure for keeping records on care for victims of violence, steps are necessary to establish such a registry mechanism.

6.5.2. 2nd Project Year

The strategies of intervention implemented by the regions are diverse, responding to the level of advance each DIRESA has in health promotion. In the 6th JCC meeting, each DISA and DIRESA presented the progress of the community health activities and their plan for this year.

(1) Huaycan (Lima Este)

Until the Project started, community intervention in the microred mainly had focused on mental health care provided by the Valdizan Hospital in the Señor de Los Milagros health center.
Since this year, after the personnel of the Huaycan Hospital attended the training in the HPRT Program, the microred has presented the Community Activity Plan as part of the Strategic Plan Proposal of Fight against Violence.

This strategic plan contains four Phases: Phase I, to develop a sensitization plan and set up a consultation room for patient care for the victims of violence; Phase II, to develop a program of intervention in mental health in different services and establishments of the microreds; Phase III, intersectorial agreements with participation of community and local institutions for prevention, detection, management and follow up of the victims of violence, and Phase IV, to elaborate a training program of health promoters in the prevention, detection and follow up and companionship of the victims of violence.

The Annual Community Activity Plan presented by the microred of Huaycan is closely related with Phase III and IV of the strategic plan. Phase II preserves relation with the Diploma Course.

Since August 4 this microred has programmed the training course (sensitization workshop) for health promoters and health technicians on knowledge and management of persons affected by violence. This training will be concluded on September 1.

Likewise, as part of the activities of the annual plan Huaycan organized two community sensitization workshops, on September 23 and on the international Non Violence Day in November.

(2) Ayacucho:

Since June 2006, the Microred Belen and the Regional Hospital of Ayacucho, have integrated and realized monthly meetings for Output 2, 3 and 4 of the project.

This strategic integration between the microred and the hospital has achieved the following outputs: the Regional Training Center of the hospital incorporated the theme of violence in the replication training of the maternal-infantile health, as well as in training health technicians (non professionals) of the microred Belen; 8 people from the hospital are participating in the Diploma Course and this helped strengthening the hospital as a center of reference for the care for violence cases.

As part of the community activities, the microred has programmed the health fairs and also PR activities of the mental health service in the health establishments through the radio and television spot messages in Spanish and Quechua. The microred received the support from the Communication Faculty of the University of Ayacucho when making these spot messages.

The first Health Fair was held on September 9 with the participation of the personnel from the microred and of the Hospital, graduates of INMP training, local institutions as ADRA, local authorities (president of sectors, neighbor council, governor general) and community-based organizations called the "glass of milk", "wawa-wasi" and mothers' club.

(3) Cusco:

In Sicuani the committee of conciliation of fight against violence (*mesa de concertacion contra la violencia*) integrates the local institutions in Microred Techo Obrero. This committee formulated a flowchart for care and reference of the victim of violence. It is to classify the victims of violence in 3 groups: (1) Child neglect (i.e. malnutrition) , to be referred to DEMUNA, (2) child abuse and violence against woman, to be referred to the Woman Center for Emergency (CEM), health facilities, office of public prosecutor and family police and (3) sexual abuse, to be referred to the family police.

Since July 2 in Sicuani, the decentralized care of the cases of violence in the microreds of Techo Obrero and Layo has been started. On September 13 and 14 the training for health technicians and health promoters will be held with the participation of professionals who are taking part in the Diploma Course. The representatives of the Committee of fight against poverty, of the Women Center for Emergency (CEM) and the Church (Vicaria) also participated in the training. Currently, the psychologist of the Sicuani Hospital visited the communities and committee of conciliation of fight against violence will ask for another psychiatrist to be assigned in this microred.

Finally, Dr. Yépez presented the experiences of Sicuani, where health promoters distribute the message to promote the vaccination of children under 5 years old, and advocate lack of vaccinations is one way of the violence for carelessness to their children.

(4) Junín:

The representative of Junín, Ms. Carmen Fuente began her presentation commenting that, the different strategies of intervention carried out from the project are done extensively in Microred San Martin de Pangoa as well as other 5 microreds of the region; this has brought about positive effect of the Project to other 5 microreds. The health establishments in these areas have received training in the themes of interfamilial violence, violence of rights and integral attention and realized screening interviews to people affected by the violence

As part of the actions realized by the DIRESA in such areas including the microred of San Martin de Pangoa, it has carried out 1,838 screening interviews, 3,746 patient care, 235 educational sessions for a total of 6,689 beneficiaries from May 2005 to August of 2006.

Ms. Fuente informed that currently 8 (permanently contracted) professionals of the Hospital of Satipo are preparing the material to train the non-professional health personnel. Particularly, DIRESA

Junín, and DIRESA Cusco have developed integrated forms of Project activities operation, by involving municipal governments and the committees of fight against violence.

The results of 2006 community health promotion activities in five target regions are listed in the next table.

Table 36 5 Results of community health activities (2006)

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Obrero	Ascensión	Belén	San Martín de Pangoa
Date	10/7, 12/15	7/2,29 , 7/18, 7/30, 7/25, 8/22	11/3-4	November, December	11/30 12/1-2
Venue	Huaycan Hospital	4 areas in the project site: Pitumarca, Herca, Tinta, Techo obrero	Central Park Ascension	2 areas in the project site: Pilacucho y cuchipampa	Areas in Satipo, affected by violence
Activity	- Games, involving the topics of violence - Introduction of local organizations that are dealing with violence - Presentation of athletic movement and music for stress relief and alleviating violence - Gave Christmas gifts for adopted children	- Free medical and psychological consultation service	- Free medical and psychological consultation service - Health education	- Sports event by different age groups（Children, Adolescents, Adults and elderly people） - Distribution of materials - Presentation of drama - Skill of stress control - Positive communication and listening	- Psychological interview with the victims of violence - Health education on the theme of self-esteem - Focus group workshop on self-esteem
Outputs	- Local institutions and organizations mad collaborative efforts for preventing violence - Representatives of communities and medical workers participated. - Raised awareness among community people about problem of violence	- Medical and psychological consultation service was provided for the victims of violence for free	- Prevention and health promotion were provided in a comprehensive way for the victims of political violence	- Community was empowered by the health and welfare promotion event for the victims of violence	- Interviewed with 48 people - 98 were given care by the mental health specialists. - Health education was provided twice - Workshop was held once.
Problems	- Did not start on time because an organizer was late. - Not closely coordinated with schools	- No drugs was available for the depressed patients - Not enough time allocated for this activity because of the National Vaccination Campaign - Difficult to provide services for the victims of violence living in the vicinity of f the target site.	- Lack of budget, materials, and audio-visual equipment	- Sound equipment was out of order. - More staff should have participated. - Lack of budget for audio-visual equipment	- There is no psychiatrist. - Difficult to reach and inform the people living in remote areas about the event and activity.

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Obrero	Ascensión	Belén	San Martín de Pangoa
Suggestions	- Willing to continue these types of activities in collaboration with schools. -Prevention of violence will be the primary focus for the medical institutions and will be strengthened.	- Comprehensive package of health insurance SIS should be applied also to the victims of violence and their families. - The activity plan of Microred needs to be approved by Red.	- Local government institutions and its related organizations must collaborate more, and agreement for commitment needs to be kept in writing.	- Sound equipment needs repair. - Staff also needs to be more empowered. - Need more financial support for the annual work plan	- Need permanent psychiatrists - An itinerant team of psychiatrists of another project becomes permanently available.

(Source: Annual Report of the 5 regions (2006), 5 pilot sites of the Project)

6.5.3. 3rd Project Year

The 5 project regions continued to conduct the community health activities with trained health promoters, members of local committee against violence and graduates of diploma course and INMP trainings same as the 2nd project year.

Table 37 5 Results of community health activities (2007)

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Obrero	Ascencion	Belen	San Martin de Pangoa
Date	September 29	June 30 (Marangani) August 18, November 25(Sicuani)	April-October, 2007	July 15-Sepbermber 15	July 29 (Satipo) November 18,19 （Pangoa）
Venue	Huaycan “Z” area (Canchita de Invermet)	Marangani Sicuani	Ascencion	14 areas within Belen(Río Seco, Cuchipampa, Pilacucho, Yuraq Yuraq, Belén Alto, Belén Bajo, Quinuapata, Barrios Altos, Morro de Arica, Huascahura, Rancha, Santa Ana, Socos, Luyanta.) Belen Senior Club	Satipo Pangoa
Activity	・Held Health Festival	・Provided integrated care for the victimes of violence	Held Integrated Health Care Festival for Domestic Violence	Held Health Festival	Held Health Festival

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Obrero	Ascencion	Belen	San Martin de Pangoa
Output	・ Community empowerment activity was conducted for the victims of violence, with participation by a group of food catering service for the poor in 7 areas. ・ Empowerment for the residents. ・ City hall, NGO, Police, Huaycan Hospital 、 Comedor Populales(A group of food catering service for the poor)、 Ministry of Women, attended the workshop.	・Care was provided for 85 patients 65 women and 55 children participated. Specialized care was provided	Variety of regional institutions (both public and private) such as for violence, mental health and handicapped participated.	・ Health Festival was fully conducted as planned. ・Participants at different life stages, such as children, adolescent, adult and senior were present. ・Health medical workers and Health promoters and community residents made collaborative effort as group and consciousness among them was raised.	・Interview by psychologists ・Screening for the victims of political violence(depression, anxiety, DV) Counseling ・Referral to Psychiatrist and examination ・ Health education (Self esteem・DV)
Difficulties	None	-The number of community residents' participants was smaller than expected. - Some regional institutions did not meet their given roles.	・ Enough number of care providers were not available during the morning session. ・Budget was not enough for the empowerment seminar and care provision.	None	(No information)
Suggestion	Accompanying the victims of violence when they visit the institutions and medical facilities, to be expanded in the whole areas.	(No information)	・ To continue providing humanitarian care with essence of human rights.	To facilitate integrated care for the victims of violence, community residents, health promoters and health medical workers shall coordinate and strengthen the collaborative activities.	(No information)
Evaluation	・Community residents anticipate the future extension of care. Some shows concern on the sustainability of follow-up activities ・Support from the central level, i.e. MINSA should be given to the participants of workshop so	(No information)	・ Regional institutions were positively involved. （ Police, female police officer, Emergency center for women, Mental health care center, NGO, Coordination Committee against violence, Association for the	・well organized.	(No information)

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín
Project site	Huaycan	Techo Obrero	Ascencion	Belen	San Martin de Pangoa
	that they can continue providing care for the victims of violence.		handicapped） ・Legal and social welfare support was given by welfare assistance center for the victims of DV. Health promoters often get involved in the assistance activity by this center. ・Health medical workers from the regional hospitals and social insurance hospitals.		
Number of Participant Staff	Health medical workers 15 HPTR training participants 2 NGO 18 Regional institutions (Food caterer for the poor), City hall, Police 220	260（Total number of community participants and staff）	Total 600 (Community participants and staff) Diploma course participants 8 Health promoters 30 Non professional health workers 55 HPRT training participant 1	Health medical workers 109 (Diploma course participants 3) Health promoters 17 Rep. from regional institutions 6	512

(Source: Annual Report of the 5 regions (2007), 5 pilot sites of the Project)

6.6. Monitoring and Evaluation of the Community Health Activities

6.6.1. 1st Project Year

Upon completion of sensitization workshops, participating health promoters and regional organizations then both introduced and encouraged local community members to avail of local social resources including screening and consulting with victims of violence (local health care facilities, NGOs addressing issues of violence victimization, and other related government agencies).

Activity results with regard to victims of violence in the respective Project sites are as indicated below.

Table 38 Number of Victims of Violence as Identified, Being Cared or as Introduced to other Agencies for by Health Promoters, Health Care Facilities or Other Organizations Concerned with Violence within the Project Sites (August – Dec 2005)

DISA/DIRESA	Lima Este	Cusco	Huancavelica	Ayacucho	Junín	Total
Health promoter activities						
Number of victims of violence identified by health promoters	288	0	-	1	30	**319**
Number of victims of violence being cared for by health promoters	288	0	-	1	22	**311**
Number of victims of violence referred to other institutions by health promoter	288	0	-	0	10	**298**
Health care organizations						
Number of victims of violence identified by health care organizations	1,060	914	-	19	20	**2,013**
Number of victims of violence being cared for by health care organizations	1,060	838	-	19	18	**1,935**
Number of victims of violence referred to other institutions by health care agencies	38	108	-	2	15	**163**
Participating organizations within the Project area (excluding health care organizations)						
Number of victims of violence identified by other organizations within the Project area	0	-	-	2	70	**72**
Number of victims of violence being cared for by other organizations within the Project area	0	-	-	2	62	**64**
Number of victims of violence referred to other institutions by regional organizations within the Project area	0	-	-	2	23	**25**
Total						
Number of identified victims of violence	1,348	914	0	22	120	**2,404**
Number of victims of violence being cared for	1,348	838	0	22	102	**2,310**
Number of victims of violence referred to other institutions	326	108	0	4	48	**486**

-: not collected due to lack of information system

(Source: Annual Report of the 5 regions (2005), 5 pilot sites of the Project)

6.6.2. 2nd Project Year

(1) Registration of Care

Last year, JICA experts proposed to the DIRESAS a registration format for the identification, attention and references of cases of violence attended by health promoters, the establishment of health and other types of institutions in the community to collect indicators of the project purpose defined in the PDM.

This year, the classification of problems related with violence and the types of diagnose proposed by the HIS (Health Information System) of MINSA has been incorporated into the format. (attached in Annex 9).

In relation to the registration of attentions by the health promoter, it has been proposed a conceptual revision of the indicators of: identification, attention and reference for the adequate registration of the cases.

(2) System of Case Reference

The DIRESAs are developing proposals for referral system of the cases of violence:

1) Lima Este: For Module V of the training workshop for health promoters and health technicians, Huaycan Hospital will revise the format of reference elaborated by the Hermilio Valdizan Hospital last year
2) Cusco: has elaborated a flowchart of care for cases of violence with the institutions that participate in the committee of conciliation against violence, and also elaborated a case referral slip to avoid the duplication of the cases attended by the institutions as well as to keep record of care.
3) Junín: has taken the referral format of the MAIS (integral health attention model) of MINSA
4) Ayacucho: is in the process of validation of a referral format constructed by the Belen Microred and the Regional Hospital of Ayacucho.

(3) Monitoring Result of the Project Indicators

Table 39 Number of Victims of Violence as Identified, Being Cared or as Introduced to Other Agencies by Health Promoters, Health Care Facilities or Other Organizations Concerned With Violence Within The Project Sites (January – December 2006)

Activities of Health Promoter	Huaycan	Cusco	Hvca	Ayacucho	Junín	Total
Number of victims of violence identified	10	15	12	19	129	185
Number of victims of violence being attended	10	15	0	19	93	137
Number of victims of violence referred to other institutions	10	15	0	0	0	25
Activities of Health care provider	**Huaycan**	**Cusco**	**Hvca**	**Ayacucho**	**Junín**	**Total**
Number of victims of violence identified	1,630	1,257	97	71	323	3,378
Number of victims of violence being cared for	1,630	1,257	97	71	285	3,340
R456. problems related to violence		1,257	97	71	327	1,752
T7411. physical abuse by spouse	0	15	72	13	262	428
T7412. physical abuse of children	66	6	9	2	69	112
T742. sexual abuse	26	15	1	27	12	83
T743. psychological abuse	28		0	18	165	1,157
Z654. victim of crime o terrorism including torture	974	35	4	0	89	128
Other type of violence	0	273	202	0	0	810
Number of victims of violence referred to other institutions	335	352	0	0	0	352
Activities of Community-based Organizations, NGO, violence related local institutions/authorities (excluding health care provider)	**Huaycan**	**Cusco**	**Hvca**	**Ayacucho**	**Junín**	**Total**
Number of victims of violence identified	0	2,179	1	0	138	2,318
Number of victims of violence being cared for	0	2,179	1	0	126	2,306
Number of victims of violence referred to other institutions	0	1,555	0	0	116	1,671
TOTAL						
Identification	1,640	3,451	110	90	590	5,881
Care	1,640	3,451	98	90	504	5,783
Referral	10	1,922	0	0	116	2,048

(Source: Annual Report of the 5 regions (2006), 5 pilot sites of the Project)

6.6.3. 3rd Project Year

The results of the project indicators from January to December 2007 were as below.

Table 40 Number of Victims of Violence as Identified, Being Cared or as Introduced to Other Agencies by Health Promoters, Health Care Facilities or Other Organizations Concerned With Violence Within The Project Sites (January – December 2007)

Activities of Health Promoter	Huaycan	Cusco	Hvca	Ayacucho	Junín	Total
Number of victims of violence identified	27	44	23	95	64	253
Number of victims of violence being attended	10	44	2	95	45	196
Number of victims of violence referred to other institutions	18	44	3	72	12	149
Activities of Health care provider	**Huaycan**	**Cusco**	**Hvca**	**Ayacucho**	**Junín**	**Total**
Number of victims of violence identified	3,352	1,609	943	4,342	251	10,497
Number of victims of violence being cared for	3,352	1,609	430	4,342	202	9,935
R456. problems related to violence	92	1,609	430	13	43	2,187
T7411. physical abuse by spouse	234	84	68	55	51	492
T7412. physical abuse of children	28	64	19	23	71	205
T742. sexual abuse	23	21	6	4	25	79
T743. psychological abuse	837	516	161	131	49	1,694
Z654. victim of crime o terrorism including torture	3	11	0	0	52	66
Other type of violence	943	463	19	4,116	514	6,055
Number of victims of violence referred to other institutions	442	561	0	148	41	1,192
Activities of Community-based Organizations, NGO, violence related local institutions/authorities (excluding health care provider)	**Huaycan**	**Cusco**	**Hvca**	**Ayacucho**	**Junín**	**Total**
Number of victims of violence identified	144	2,746	12	782	112	3,796
Number of victims of violence being cared for	93	2,746	12	782	68	3,701
Number of victims of violence referred to other institutions	13	911	0	478	72	1,474
TOTAL	Huaycan	Cusco	Hvca	Ayacucho	Junín	Total
Identification	3,523	4,399	978	5,219	427	14,546
Care	3,455	4,399	444	5,219	315	13,832
Referral	473	1,516	3	698	125	2,815

(Source: Annual Report of the 5 regions (2007), 5 pilot sites of the Project)

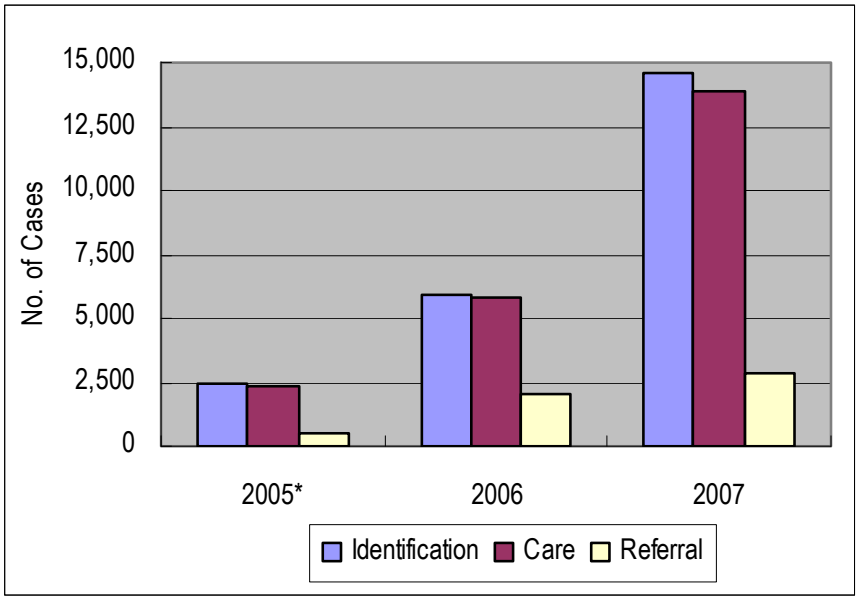
6.6.4. Progress in 3 Years

Following table and graph shows the progress of Project purpose indicator. Basically as the project activities progress the number of identification, care and referral of the violence victims increased.

Table 41 Number of Victims of Violence as Identified, Being Cared or as Introduced to Other Agencies by Health Promoters, Health Care Facilities or Other Organizations Concerned With Violence within the Project Sites (2005-2007)

Project Objective Indicators: No. of victims of violence…	Aug. – Dec. 05	Jan. – Dec. 06	Jan. – Dec. 07
IDENTIFIED TOTAL	**2,404**	**5,881**	**14,546**
– identified by health promoters	319	185	253
– identified by health care facilities	2,013	3,378	10,497
– identified by community organizations, NGO, local authorities	72	2,318	3,796
ATTENDED TOTAL	**2,310**	**5,783**	**13,832**
– attended by health promoters	311	137	196
– attended by health care facilities	1,935	3,340	9,935
– attended by community organizations, NGO, local authorities	64	2,306	3,701
REFERRED TO OTHER INSTITUTIONS TOTAL	**486**	**2,048**	**2,815**
– referred to supporting institutions by health promoters	298	25	149
– referred to other supporting institutions by health care facilities	163	352	1,192
– referred to other supporting institutions by community organizations, NGO, local authorities	25	1,671	1,474

(Source: Annual Report of the 5 regions (2005 - 2007), 5 pilot sites of the Project)



(Source: Annual Report of the 5 regions (2005 - 2007), 5 pilot sites of the Project)

Figure 3 Number of Victims of Violence as Identified, Being Cared or as Introduced to Other Agencies by Health Promoters, Health Care Facilities or Other Organizations Concerned with Violence within the Project Sites (2005-2007)