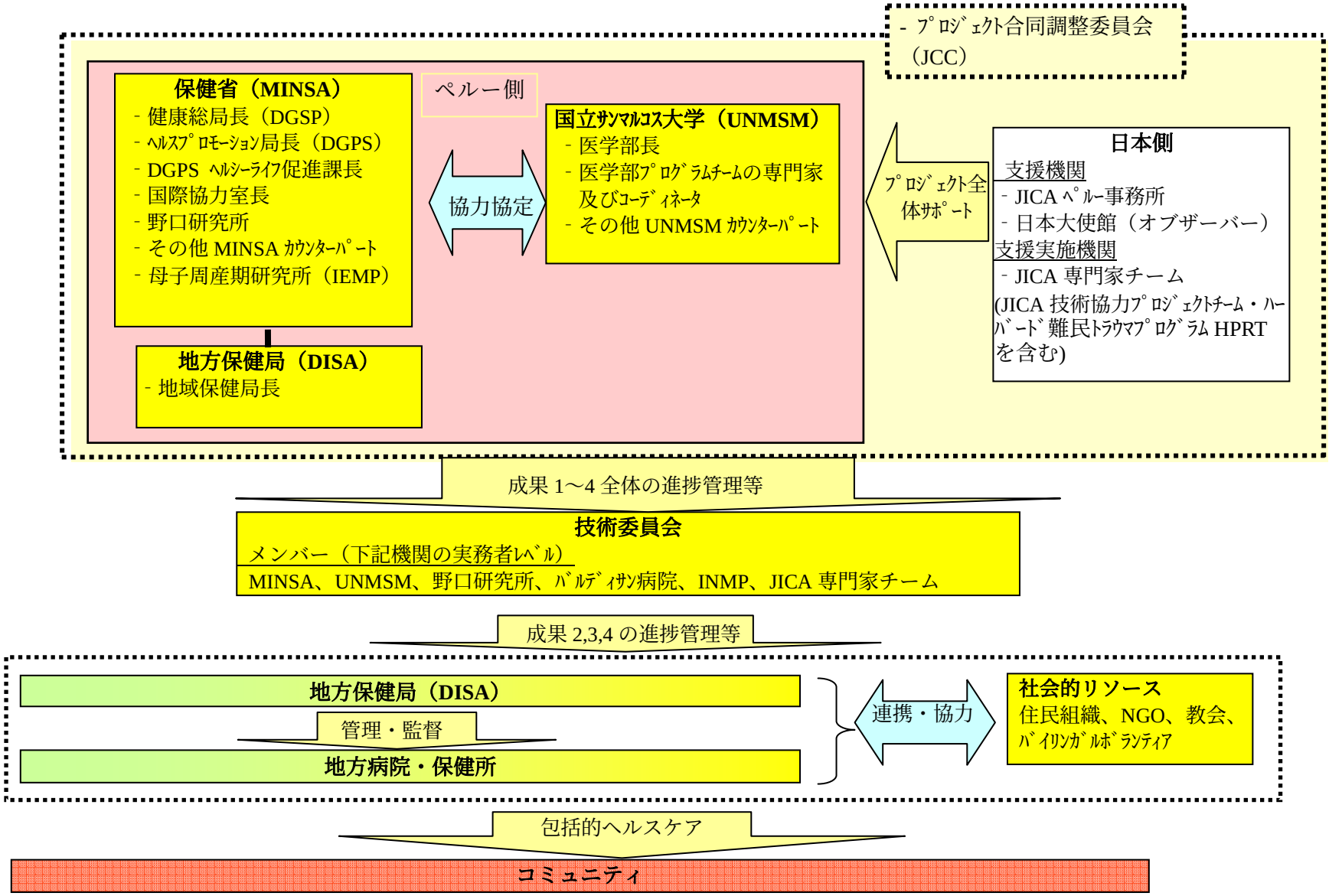
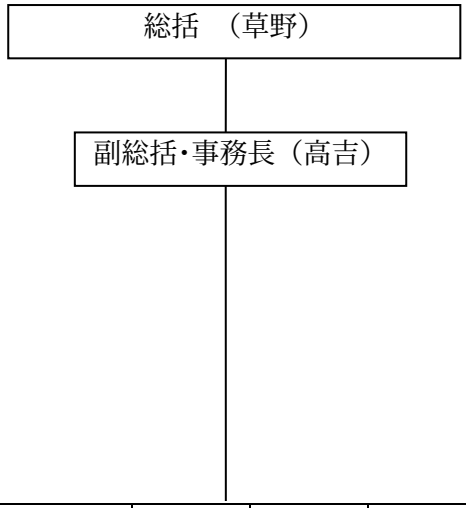


１．プロジェクト実施体制

添付資料 2： JICA 専門家チーム組織図



技術協力プロジェクトチーム	全体活動	成果１	成果２	成果３	成果４
１．草野（保健医療システム）	●	○	○	○	○
２．高吉（事業管理／組織連携強化／広報）	●		○	○	○
３．森川（保健医療人材育成）	○		●		●
４．村内（精神保健（１））	○	○	●		○
５．宮地（精神保健（２））	○	●	○		
６．戸辺（地域保健／ヘルスプロモーション／母子保健／モニタリング評価）	○	○	○	●	●
７．山口（業務調整）	○		○	○	○
８．ハーバード難民トラウマプログラム HPRT	○	●	●		

注：●担当、○担当補佐

[ローカルスタッフ]

ライオン（ロジスティックマネジャー）

テリョ（地域保健）

カウンターパート一覧

Name	Period	Organization	Title	Role in Project
Dr. Luis Podestá	2005-2006	MINSA	General Director of General Direction of Peoples Health (DGSP)	Project Director
Dr. José Carderón*	2006	MINSA	General Director of DGSP	
Dr. Esteban Chiotti	2007	MINSA	General Direcytor of DGSP	
Dra. Maria del Carmen Calle*	2005-2006	MINSA	DGSP	In charge of Project
Dr. Hector Shimabuku	2005-2006	MINSA	DGSP	
Dr. Ricardo Bustamante	2005-2006	MINSA	General Director of General Direction of Health Promotion (DGPS)	Project Coordinator
Dr. Tulio Quevedo*	2005-2006	MINSA	DGPS	
Dr. Hugo Lozada	2006-2007	MINSA	Director of Mental Health	
Dr. Fausto Garmendia*	2005-2007	UNMSM	Coordinator	
Dr. Rosmary Hinojosa	2005-2006	MINSA-INMP	General Director of INMP	Health Human Resource Development/ Hospital Management
Srta. Eva Miranda Ramón*	2005-2007	UNMSM	Specialist of Training	
Dr. Danilo Villavicencio Muñoz	2005-2006	Cusco	General Directors of Health Direction (DISA) and Regional Health Direction (DIRESA)	
Dr. Alberto Caro Palavisini	2007	Cusco		
Dr. Luis Vergara Fernández	2005-2006	Lima Este		
Dr. Mauro Reyes	2007	Lima Este		
Dr. Luis Huamán Palomino	2005-2006	Junin		
Dr. Daniel Zárate	2007	Junin		
Dr. José Quispe Pérez	2005	Ayacucho		
Dra. María Toporrealva Cabrera	2006	Ayacucho		
Dr. Oscar Mery Gamarra Morales	2007	Ayacucho		
Dr. Aldo César Benel Chamaya	2005	Huancavelica		
Dr. Fidel Miranda Medina	2006	Huancavelica		
Dra. Belinda Garcia Inga	2007	Huancavelica		
Lic. Luz Aragones	2007	MINSA	Mental Health Technical Team	Mental health
Dr. Alberto Perales*	2005-2007	UNMSM	Specialist in Psychiatry	
Dra. Edith Chero Campos*	2005	Valdizán Hospital	Specialist in Psychiatry	
Dra. Gloria Cueva*	2005-2007	Valdizán Hospital	Specialist in Psychiatry	
Dr. Francisco Bravo*	2005-2007	Valdizán Hospital	Specialist in Psychiatry	
Dr. Luis Matos Retamozo*	2005-2007	Noguchi Mental Health Instituto	Specialist in Psychiatry	
Lic. Edgar Rivero Contreras	2005-2006	DISA (Lima Este)	Responsible in Mental Health	
Lic. Marco Vargas	2006-2007	DISA (Lima Este)		
Dr. Bernardo Amao Palomino*	2005-2007	DISA		

Name	Period	Organization	Title	Role in Project
		(Huancavelica)		
Lic. Carlos Chavez	2005-2007	DISA (Ayacucho)		
Lic. Cleimer Bautista	2005-2007	DISA (Ayacucho)		
Lic. Carmen Fuente*	2005-2007	DISA (Junin)		
Lic. Yndira Lajo Chavez	2005-2007	DISA (Cuzco)		
Lic. Maria Rojas	2005-2007	DISA (Cuzco)		
Dr. Nelly Lam Figueroa*	2005-2007	INMP	Area of Training and Investigation	Community Health/Health Promotion/Mother and Child Health
Dr. Alfonso Medina Bocanegra*	2005-2007	INMP	Area of Training and Investigation	
Dr. Alberto Paredes	2007	INMP	Area of Training and Investigation	
Lic. Patricia Tello	2005-2006	MINSA	Repair Plan Coordinator	
Lic. Luz Aragones	2007	MINSA	Mental Health Technical Team	
Dr. Juan Carlos Yafac*	2005-2007	Lima Este	Project Local Coordinator	
Dr. José Villareal*	2005-2007	Lima Este	Project Local Coordinator	
Dr. Bernardo Amao Palomino*	2005-2007	Hauncavelica	Project Local Coordinator	
Dr. Roberth Parra	2005-2007	Ayacucho	Project Local Coordinator	
Lic. Judith Aviles	2005-2007	Ayacucho	Project Local Coordinator	
Lic. Carmen Fuente*	2005-2007	Junin	Project Local Coordinator	
Dra. Elbía Yépez*	2005-2007	Cusco	Project Local Coordinator	
Dr. Pedro Mendoza Arana*	2005-2007	UNMSM	General Office of Inter-institutional Cooperation and Relations	Monitoring and Evaluation
Dr. José Castro	2005	MINSA	General Office of International Cooperation (OGCI)	
Dr. Luis Canales	2006-2007	MINSA	OGCI	
Dra. Fatima Villavicewncio	2007	MINSA	OGCI	

* Participants of HPRT course

Project Design Matrix (PDM)

プロジェクト名:　ペルー国人権侵害及び暴力被害住民への包括的ヘルスケア強化プロジェクト[1]　バージョン: PDM-1

期間:3 年間 (2005 年 3 月-2008 年 3 月)

対象地域: 暴力[2]被害地域

実施機関：ペルー側；MINSA,国立サンマルコス大学(UNMSM)　日本側；JICA

受益者：UNMSM医学部教員、MINSAの病院･研究機関ですでに暴力被害者に対するケア活動を行っている保健医療従事者、プロジェクト対象サイト[3]公的保健医療従事者、パイロットサイト[4]において暴力により影響を受けた被害者及びその家族

最終受益者:　UNMSM 学生、パイロットサイトにおける一般住民

プロジェクトの要約	指標	指標入手手段	外部条件
上位目標 暴力によって影響を受けたパイロットサイトの住民の健康が包括的に改善される	・ 暴力被害を受けた住民の精神保健状態が改善される ・ 家庭内暴力が減少される		
プロジェクト目標 パイロットサイトにおける暴力によって影響を受けたが住民が、包括的ヘルスケアを利用できるようになる	・ 2008 年 3 月までに、暴力により被害を受けたと確認された人達の X%が、公的保健医療施設に相談に訪れる ・ 2008 年 3 月までに、暴力により被害を受けたと確認された人達の X%が包括的ヘルスケアを受ける	外来受付記録 ケア日報	**プロジェクト目標から上位目標：** 1. ペルー国政策の中で「暴力被害者への包括的ヘルスケア」の重要性が維持される 2. ペルー国政策の中で「母子保健」の重要性が維持される 3. ペルー国政府によって、パイロットサイトにおける研修活動が持続的に行われる
成果 1. UNMSM 医学部に、暴力により影響を受けた住民へ包括的なヘルスケアを提供するための人材養成に係る常設プログラムが確立される	1-1　2008 年 3 月までに、人権と、暴力により影響を受けた住民への包括的ヘルスケアに関するテーマが、UNMSM 医学部の学士・修士レベルの全ての課程に含まれている 1-2　2007 年 4 月までに UNMSM に、人権と暴力により影響を受けた住民への包括的ヘルスケアに関して教授できる訓練された大学スタッフが 50 人いる	シラバス改訂報告(改訂前シラバス/改訂後シラバス) 教授リスト	**成果からプロジェクト目標：** 1. パイロットサイトにおいて、プロジェクトで開発された、暴力によって影響を受けた人々の診断手法が使用される 2. パイロットサイトの地域開発計画において、「暴力によって影響を受けた

[1]包括的ヘルスケア:回復治療のみでなく、ヘルスプロモーション、予防医学にも力点を置き、特にジェンダー、人権、文化間問題に焦点を当て、個的･集団的(身体/心的/社会経済的)な人間としてのより良い生活を目指す包括的ケア概念。身体的ヘルスケアから、危機や損害の軽減等も含み、特に暴力被害地域における暴力被害者、子供、女性、青少年を対象とする

[2] 1980-2000 年にかけての国内の武力闘争中(テロリズム行為及びそれに応戦する政府グループの闘争)に起こった暴力をさす

[3] DISA リマ東部、フニン、アヤクチョ、ワンカベリカ、クスコ

[4] リマ東部(ワイカン)、フニン(サティポ)、アヤクチョ(ワマンガ)、ワンカベリカ(アコバンバ)、クスコ(シクアニ)

プロジェクトの要約	指標	指標入手手段	外部条件
	1-3　2008 年 3 月までに、UNMSM 医学部で、暴力と人権に関する包括的ヘルスケアディプロマコースが承認される	医学部長決裁	人々の健康」が、核テーマとしてとりいれられる 3. ペルー国政策の中で「暴力被害者への包括的ヘルスケア」の重要性が維持される 4. ペルー国政策の中で「母子保健」の重要性が維持される
2. 暴力により影響を受けた人々へ包括的なヘルスケアを提供するために、一次/二次レベルの保健医療従事者の技能が向上する	2-1 2008 年３月までに､保健医療従事者に対して、暴力と人権に関する包括的ヘルスケアの 2 つの研修プログラム(プロフェッショナル/ノンプロフェショナル)が､大学の公式プログラムとして承認される	医学部長決裁、研修プログラム	
	2-2 2007 年 12 月までに、パイロットサイトにおける一次/二次レベルの保健医療従事者の 50%が、暴力と人権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や人権に関する技能の向上がみられる	機関間技術委員会による評価報告書	
3. 対象県の一次/二次保健医療スタッフ（医師、看護師、助産師）が、母子保健に関する技能を向上させる	3-1 2008 年 3 月までに、研修を受けた保健医療従事者の 50%が、学んだことの 80%を職場に適用する	MINSA モニターグループ報告書	
4. 住民組織や NGO が参加し､暴力により影響を受けた住民が受益者となる地域保健活動が推進される	4-1　2008 年 3 月までに、パイロットサイトにおいて、住民組織の 30%が、計画に沿った地域保健活動に参加している	住民組織グループリスト 計画表	
	4-2　2007 年 11 月までに、1 つのパイロットサイトにつき少なくとも 10 人のバイリンガルヘルスボランティアを研修する	バイリンガル保健プロモータ報告書	

活動	投入	活動から成果：
1-1 UNMSM 医学部カリキュラム/シラバスに関する見直しを行う 1-2 (学部・院生)カリキュラムを改編する 1-3 UNMSM 教授陣のための教授マニュアルを作成する 1-4 学生のための教材を作成する 1-5 大学教育コースを改定する 1-6 UNMSM 医学部の選出された教授陣に対し、「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する研修を行う 1-7 学生(学部･院生)への教授を始める 1-8 暴力により影響を受けた被害者に対する包括的ヘルスケアに関するディプロマコースを開始する。 1-9 コースモニタリング/スーパーバイズを行う 1-10コース評価を実施する 1-11プロジェクト年次会議を開催する (2-16,3-9,4-15 に同じ) 1-12WEB サイトを立ち上げる 1-13プロジェクト経験普及のための全国大会を開催する (2-14,4-12 に同じ) 1-14プロジェクト経験普及のための国際(地域)会議を開催する (成果 2-15,4-13 に同じ) 1-15広報、経験普及 2-1 成果 2,4 に係る機関間調整グループ設置(4-1 に同じ) 2-2 SMU 医学部と保健省地域保健事務局(DISA)間で協力合意書を結ぶ(4-2 に同じ) 2-3 暴力により影響を受けた被害者に対する包括的ヘルスケアに関する保健医療サービス現況･保健医療従事者能力等の基礎調査を行う。 2-4 保健医療従事者研修の研修計画 をたてる。 2-5 研修教材を作成する 2-6 保健医療従事者への研修プログラムを実施する(各 40 人/1 小診療圏×5 ヵ所で W/S を実施) 2-7 研修に参加し、評価基準を満たす保健医療従事者へ修了証書を出す 2-8 研修モニタリング/スーパーバイズを実施する 2-9 研修内部評価を定期的に実施する 2-10 5 パイロットサイトネットワークでの経験共有 W/S を行う 2-11 プロジェクトニュースレターを発行する 2-12 中間内部評価を実施する	ペルー側の投入 〈在外研修 〉 研修講師の配置 研修施設（講義室、実習室）の提供 資機材の提供 カウンターパートの配置 車両の提供 事務サービス（運転手、秘書等）の提供 日本側の投入 短期専門家（保健医療制度，保健医療従事者教育，心的外傷ケア，地域保健など）：複数名　平均年 3 ヶ月を 3 年間　56.55M/M 在外研修（現地国内研修）「暴力被害住民への包括的ケアに係る研修コース」　年 2 コースを 5 地域において 2 年間 機材供与（教育、研修用機材、調査車両等） 現地業務費（現地補助員傭人費、現地研究支援費を含む）　3 年間 NGO を通じた協力	1. 保健医療従事者養成のカリキュラムの内容の変更に関し､UNMSM の自治がたもたれる 2. パイロットサイトにおける研修参加者の異動が減る（辞めない） 3. ペルー国政策の中で「暴力被害者への包括的ヘルスケア」の重要性が維持される 4. ペルー国政策の中で「母子保健」の重要性が維持される 5. ペルー政府によって、パイロットサイトでの研修活動が持続される **前提条件：** 1.暴力に関し、ペルーの政治的な状況が安定している。 2.ペルーと日本によって、プロジェクト実施に必要な予算や人員の配置がなされる

2-13 広報活動を行う 2-14 プロジェクト経験普及のための全国大会を開催する（1-13,4-12 に同じ） 2-15 プロジェクト経験普及のための国際(地域)会議を開催する（1-14,4-13 に同じ） 2-16 プロジェクト年次会議を開催する(1-11,3-9,4-15 に同じ) 3-1 ベースライン調査を実施する(9 DISA での利用者満足度調査) 3-2 研修計画を作成する 3-3 研修教材を作成する 3-4 モニタリング・評価メカニズムを考案する 3-5 研修を実施する 3-6 研修参加者経験共有 W/S を実施する 3-7 研修参加者への評価を実施する 3-8 広報活動 3-9 プロジェクト年次会議を開催する(1-11,2-16,4-15 に同じ) 4-1 成果 2,4 に係る機関間調整グループ設置（2-1 に同じ） 4-2 SMU 医学部と DISA 間で協力合意書を結ぶ（2-2 に同じ） 4-3 社会的資源調査（5 地域）（バイリンガルヘルスプロモーターの特定等含む） 4-4 コミュニティレベルでの W/S、研修等で講師となる人々に対し、米国で、「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する短期研修を行う 4-5 バイリンガルのヘルスプロモーター/キーパーソンへの研修 4-6 地域の市民団体や地方政府関係機関等への啓発ワークショップ（5 地域） (優先ヘルスネットワーク内における包括的ヘルスケアへの住民参加促進に係る活動計画作成(参加型)) 4-7 パイロット地域における住民参加型活動実施 4-8 コミュニティ活動に関するモニタリング 4-9 四半期毎に機関間調整グループによる内部評価(経験/情報共有，その他含)を行う 4-10 活動結果の内部評価を住民参加のもとに実施する（結果は評価レポートにまとめて JCC へ提出するとともに、公開ワークショップで周知させる） 4-11 経験普及（ニュースレター、評価報告書、その他） 4-12 プロジェクト経験普及のための全国大会を開催する（1-13,2-14 に同じ）		

4-13 プロジェクト経験普及のための国際(地域)会議を開催する (1-14, 2-15 に同じ) 4-14 経験の体系化会議の開催 4-15 プロジェクト年次会議を開催する(1-11, 2-16, 3-9 に同じ)		

Project Design Matrix (PDM)

プロジェクト名： ペルー国人権侵害及び暴力被害住民への包括的ヘルスケア強化プロジェクト[1]　　バージョン: PDM-2 (2006 年 2 月 21 日)

期間： 3 年間（2005 年 3 月-2008 年 3 月）

対象地域： 政治的暴力被害地域[2]の中から選定されたプロジェクト対象サイト[3]

実施機関： ペルー側；保健省(MINSA), 国立サンマルコス大学(UNMSM) 日本側；国際協力機構(JICA)

受益者： UNMSM医学部教員、MINSAの病院･研究機関ですでに暴力被害者に対するケア活動を行っている保健医療従事者、プロジェクト対象サイト公的保健医療従事者、パイロットサイト[4]において暴力により影響を受けた被害者[5]及びその家族

最終受益者：UNMSM 学生、パイロットサイトにおける一般住民

プロジェクトの要約	指標	指標入手手段	外部条件
上位目標			
暴力によって影響を受けたパイロットサイトの住民の健康が包括的に改善される。	・ 暴力被害を受けた住民の精神保健状態が改善される。	・ ベースライン調査（開始時） ・ プロジェクト終了時評価 ・ プロジェクト終了後フォローアップ調査 （精神保健状況を測るスケールを使用する）	
	・ 家庭内暴力報告件数が長期的に減少する。	・ パイロットサイト内プロジェクト関係機関による統計	
	・ 母子保健の状況が改善される。	・ 各パイロットサイトにおける MINSA/ DISA の保健情報システムによって収集される母子保健統計 [妊産婦死亡率、乳児死亡率、5 歳未満児死亡率]	
プロジェクト目標			**プロジェクト目標から上位目標**
パイロットサイトにおける暴力によって影響を受けた住民が、包括的ヘルスケアを利用できるようになる。	・ 2008 年 3 月までに、暴力により被害を受けたと確認された人達のX名が、公的保健医療施設に相談に訪れる。	・ 各パイロットサイト内およびその紹介先の公的保健医療施設における外来受付記録 [暴力相談件数・相談内容・ケア内容・	1. 社会経済状況が悪化するなど、暴力がおきやすい状況および母子保健の状況を悪化させる要因が増えない。

[1]包括的ヘルスケア：回復治療のみでなく、ヘルスプロモーション、予防医学にも力点を置き、特にジェンダー、人権、文化間問題に焦点を当て、個的･集団的(身体/心的/社会経済的)な人間としてのより良い生活を目指す包括的ケア概念。身体的ヘルスケアから、危機や損害の軽減等も含み、特に暴力被害地域における暴力被害者、子供、女性、青少年を対象とする

[2] 1980−2000 年にかけての国内の武力闘争中(テロリズム行為及びそれに応戦する政府グループの闘争)に起こった政治的暴力の被害地域（秘国真相究明和解委員会(CVR)によって特定）を指す。

[3] プロジェクト対象サイト： リマ東部、フニン、アヤクチョ、ワンカベリカ、クスコ地域保健局(DISA)（成果 3 母子保健に関してのみ、DISA ロレト、カハマルカ、ワヌコ、アンカシュを対象に含める）

[4] パイロットサイト： 上記プロジェクト対象サイトの 5DISA のなかでさらに小診療地区を選定する。DISA 東部リマ（ワイカン小診療地区)、DISA フニン(サン･マルティン･デ･パンゴア小診療地区)、DISA アヤクチョ(ベレン小診療地区)、DISA ワンカベリカ(アセンシオン小診療地区)、DISA クスコ(テチョ･オブレロ小診療地区)

[5] 政治的暴力被害者のみでなく、家庭内暴力（女性や子供に対する暴力・虐待）・性的暴力などパイロットサイト内で広範に発生している暴力の被害者を対象とする。

プロジェクトの要約	指標	指標入手手段	外部条件
		他機関紹介件数] ・ 暴力被害者台帳 [暴力被害者数(推計値)] ・ ベースライン調査 [暴力被害者数(推計値)]	
	・ 2008 年 3 月までに、暴力により被害を受けたと確認された人達のX名が包括的ヘルスケアを受ける。	・ 各パイロットサイト内のプロジェクト参加機関(公的機関{保健医療・警察・女性省・市役所・調停機関等}・NGO・地域組織 CBO など）のケア日報 [暴力相談件数・相談内容・ケア内容・他機関紹介件数]	
成果			
1. UNMSM医学部[6]に、暴力により影響を受けた住民へ包括的なヘルスケアを提供するための人材養成に係る常設プログラムが確立される。	1-1 2007 年 4 月までに UNMSM に、人権と暴力により影響を受けた住民への包括的ヘルスケアに関して教授できる訓練された大学スタッフが 50 人いる。	・ 教授教員リスト [訓練された教員の氏名・数（学科別)・担当学科・担当科目(予定を含む)]	1. パイロットサイトの地域開発計画において、「暴力によって影響を受けた人々の健康」が、核テーマとしてとりいれられる。 2. 政府統合健康保険[7]に母子保健ケアが継続して含まれる。 3. 政府統合健康保険に精神保健ケアが含まれる。
	1-2 2008 年 3 月までに、人権と、暴力により影響を受けた住民への包括的ヘルスケアに関するテーマが、UNMSM医学部の学士・修士レベルの全ての課程に含まれている[8] 。	・ カリキュラム・シラバス改訂報告 [医学部長決裁、改訂前/改訂後カリキュラム・シラバス、包括的ヘルスケア内容を含むべき科目数（学科別)、包括的ヘルスケア内容を実際に含む科目数（学科別）] ・ 講義実施報告書 [講義受講者数(学科別)]	

[6] 医学・看護・医療技術・栄養・産科の 5 学科からなる。
[7] 保健省所管の健康保険 Seguro Integral de Salud を指す。
[8] UNMSM 医学部内 5 学科の学士・修士課程の学生が、在学中にいずれかの講義・実習を通じて「人権及び暴力により影響を受けた住民への包括的ヘルスケア」に関するテーマについて学習する機会を得ることを意味する。

プロジェクトの要約	指標	指標入手手段	外部条件
	1-3 2008 年 3 月までに、UNMSM 医学部で、暴力と人権に関する包括的ヘルスケアディプロマコースが承認される 。	・ 医学部長決裁 [コースカリキュラム・シラバス内容] ・ ディプロマコース実施報告書 [ディプロマコース受講者数（地域・職種別）]	
2.暴力により影響を受けた人々へ包括的なヘルスケアを提供するために、一次/二次レベルの保健医療従事者の技能が向上する。	2-1 2008 年 3 月までに、保健医療従事者に対して、暴力と人権に関する包括的ヘルスケアの 2 つの研修プログラム(プロフェッショナル[9]/ノンプロフェショナル[10])が、大学の公式プログラムMINSA/ UNMSMの公式研修プログラムとして承認される。	・ 医学部長 MINSA 人材養成・精神保健担当部局長/DISA 局長決裁 ・ 研修プログラム [カリキュラム・シラバス・教材・教員リスト]	
	2-2 2007 年 12 月までに、各パイロットサイトにおける一次/二次レベルの保健医療従事者のうち延べ 80 名が、暴力と人権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や人権に関する技能の向上がみられる 。	・ 機関間技術委員会(TC)による評価報告書 [研修対象医療従事者数(職種別内訳、所属先・担当部署別内訳)・研修受講者数(同)・研修修了者数(同)、受講前/後技能テスト結果、フォローアップ調査(利用者満足度調査を含む)結果]	
3. 対象県の一次/二次保健医療スタッフ（医師、看護師、助産師）が、母子保健に関する技能を向上させる。	3-1 2008 年 3 月までに 150 名が研修を修了する。	・ MINSA/IEMP モニターグループ報告書 [研修受講者数、研修修了者数、受講前/後技能テスト結果比較、研修後の職場での技能適応状況（母子保健技術・母子の暴力被害者発見・ケア数)、伝達講習実施回数、伝達講習参加者数]	
	3-2 2008 年 3 月までに、研修を受けた保健医療従事者の 50%が、学んだことの 80%を職場に適用する。		
	3-3 研修受講者が出身地で伝達講習を実施する。		

[9] 医師・看護師・助産師・臨床心理士・ソーシャルワーカー・栄養士・医療技術者など学士号を持つ保健医療従事者を指す。
[10] 準看護師など学士号を持たない保健医療従事者を指す。

プロジェクトの要約	指標	指標入手手段	外部条件
4.住民組織や NGO が参加し、暴力により影響を受けた住民が受益者となる地域保健活動が推進される。	4-1　2008 年 3 月までに、パイロットサイトにおいて、住民組織(CBO)/NGO の 30%が、計画に沿った地域保健活動に参加している。	・ 住民組織グループリスト [プロジェクト参加 CBO/NGO 数・種別、活動内容] ・ 活動計画 ・ 活動報告書 [活動内容・暴力被害者ケア件数、機関間紹介件数]	
	4-2　2007 年 11 月までに、1 つのパイロットサイトにつき少なくとも 10 人のバイリンガルヘルスボランティアプロモーター[11]を研修する。	・ バイリンガル保健プロモーター研修（啓発ワークショップ）報告書 [研修受講保健プロモーター数（研修受講者リスト）、うちバイリンガル保健プロモーター数、暴力被害者ケア件数、地域保健活動（内容・対象者）]	

活動	投入	活動から成果：
成果0 プロジェクト全体にかかる活動 0-1 インセプションレポートの説明・協議を行う。 0-2 技術委員会を設置する。 0-3 5 地域別ワーキンググループを設置する。 0-4 事業促進に係る技術支援機関（ハーバード難民トラウマプログラム：HPRT）と再委託契約する。 0-5 技術委員会年間活動計画（Plan of Operation）を作成する。 0-6 プロジェクト年間活動計画を作成する。 0-7 ベースライン調査を実施する。[12] 0-8 モニタリング・スーパーバイズメカニズムを考案する。 0-9 HPRTによる指導者養成研修プログラム/教材等を作成する。[13] 0-10 HPRT による指導者養成研修(UNMSM 医学部教員/MINSA 保健医療従事者の代表 50 名：於米国)を実施する。 0-11 プロジェクト年次協議を実施する。	ペルー側の投入 <在外研修 > 研修講師の配置 研修施設（講義室、実習室）の提供 資機材の提供 カウンターパートの配置 車両の提供 事務サービス（運転手、秘書等）の提供 日本側の投入 短期専門家（保健医療制度，保健医療従事者教育，心的外傷ケア，地域保健など）：複数名　平均年 3 ヶ月を 3 年間　56.55M/M 在外研修（現地国内研修）「暴力被害住民への包括的ケアに係る研修コース」　年 2 コースを 5 地域において 2 年間	1. 保健医療従事者養成のカリキュラムの内容の変更に関し、UNMSM の自治がたもたれる 2. パイロットサイトにおける研修参加者の異動が減る（辞めない） 3. ペルー政府およびパイロットサイト自治体によって、パイロットサイトでの研修活動が持続される

[11] 現地の制度上の呼称 Promotores de Salud（Health Promoter）にあわせ、ヘルス・プロモーターに表記を統一する。ヘルス・プロモーターは地域住民の中から選ばれ、無料で研修を受けられるほかは、無報酬で（ボランティアとして）活動している。プロモーターが西語とケチュア語等の現地語のバイリンガルであるかどうかは地域差がある。

[12] UNMSM 医学部教育評価調査および保健医療従事者研修（①プライマリレベル保健医療現状調査、②プライマリレベル保健医療従事者技能調査、③研修ニーズ調査、④対象地域暴力被害者マッピング）からなる。

[13] UNMSM 医学部教員 19 名、MINSA 保健医療従事者（MINSA 本省・野口研・バルディサン病院・ラルコエレーラ国立精神病院・IEMP・5DISA から選出）31 名が対象である。

プロジェクトの要約	指標	指標入手手段	外部条件
0-12 プロジェクト全国大会を開催する。 0-13 広報活動を実施する。 0-14 国際（地域）セミナー・ワークショップを開催する。 0-15 最終報告書を作成する。	機材供与（教育、研修用機材、調査車両等） 現地業務費（現地補助員傭人費、現地研究支援費を含む） NGO を通じた協力	3 年間	
成果1 UNMSM 人材養成プログラム確立 1-1 UNMSM 医学部カリキュラム/シラバスに関する見直しを行う。 1-2 (学部・院生・ディプロマコース)カリキュラムを改編・開発する。 1-3 UNMSM 教授陣のための教育マニュアル（教授用ガイドライン）を作成する 1-4 学生のための教材を作成する。 1-5 大学教育コースを改定する。 1-6 UNMSM医学部教員/MINSA保健医療従事者の代表者に対し、「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する指導者養成研修(於米国)を行う（0-10, 2-6に同じ）。 1-7 学生(学部･院生)への教授を始める。 1-8 暴力により影響を受けた被害者に対する包括的ヘルスケアに関するディプロマコースを開始する。 1-9 コースモニタリング/スーパーバイズを行う。 1-10 コース評価を実施する。 1-11 プロジェクト年次会議を開催する（0-11に同じ）。 1-12 WEB サイトを立ち上げる。 1-13 プロジェクト経験普及のための全国大会を開催する（0-12に同じ）。 1-14 プロジェクト経験普及のための国際(地域)会議を開催する（0-14に同じ）。 1-15 広報、経験普及を行う（0-13の一部として実施）。			**前提条件：** 1.暴力に関し、ペルーの政治的な状況が安定している。 2.各パイロットサイトで地域保健活動を推進する核となる、住民組織や NGO が存在し、活動のための予算措置がとられる。 3. ペルー国政策の中で「暴力被害者への包括的ヘルスケア」の重要性が維持される 4. ペルー国政策の中で「母子保健」の重要性が維持される

プロジェクトの要約	指標	指標入手手段	外部条件
成果2 包括的ヘルスケアに関する1次2次保健医療従事者の技能向上 2-1 技術委員会を設置する(0-2に同じ)。 2-2 5 地域別ワーキンググループを設置する。(0-3に同じ) 2-3 暴力により影響を受けた被害者に対する包括的ヘルスケアに関する保健医療サービス現況・保健医療従事者能力・暴力被害者マッピング等の基礎調査を行う。(0-7の一部として実施) 2-4 保健医療従事者研修の研修計画をたてる。 2-5 研修教材を作成する。 2-6 UNMSM医学部教授陣/MINSA保健医療従事者の代表者に対し、「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する指導者養成研修(於米国)を行う（0-10, 1-6に同じ)。 2-7 保健医療従事者への研修プログラムを実施する(各 40 人/1 小診療圏×5 ヵ所で W/S を実施)。 2-8 研修に参加し、評価基準を満たす保健医療従事者へ修了証書を出す。 2-9 研修モニタリング/スーパーバイズを実施する。 2-10 研修内部評価を定期的に実施する。 2-11 5 パイロットサイトネットワークでの経験共有 W/S を行う。 2-12 プロジェクトニュースレターを発行する。 2-13 中間内部評価を実施する。 2-14 広報活動を行う(0-13の一部として実施)。 2-15 プロジェクト経験普及のための全国大会を開催する（0-12に同じ)。 2-16 プロジェクト経験普及のための国際(地域)会議を開催する（0-14に同じ)。 2-17 プロジェクト年次会議を開催する(0-11に同じ) 。			

プロジェクトの要約	指標	指標入手手段	外部条件
成果3 母子保健技能に関する1次2次保健医療従事者の技能向上 3-1 ベースライン調査を実施する(0-7の一部として実施)。 3-2 研修計画・カリキュラムを作成する。 3-3 研修教材を作成する。 3-4 モニタリング・評価メカニズムを考案する・見直しを実施する。 3-5 研修を実施する。 3-6 研修報告書を作成する。 3-7 研修参加者のフォローアップ・モニタリング・評価訪問を実施する。 3-8 広報活動を行う。 3-9 年次報告書を作成する。 3-10 プロジェクト年次会議を開催する(0-11に同じ)。			
成果4 地域保健活動の推進 4-1 技術委員会を設置する(0-2,2-1に同じ)。 4-2 5 地域別ワーキンググループを設置する。(0-3,2-2に同じ) 4-3 社会的リソースマッピングを実施する(5 地域) (バイリンガルヘルスプロモーターの特定等含む)。 4-4 コミュニティレベルでのW/S、研修等で講師となる人々に対し、米国で「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する短期研修を行う（0-10, 1-6, 2-6に同じ)。 4-5 バイリンガルのヘルス・プロモーター/キーパーソンへの研修(啓発ワークショップ)を実施する。 4-6 地域の市民団体や地方政府関係機関等への啓発ワークショップ (5 地域) (優先ヘルスネットワーク内における包括的ヘルスケアへの住民参加促進に係る活動計画作成(参加型))を実施する。 4-7 パイロット地域における住民参加型活動を実施する。 4-8 コミュニティ活動に関するモニタリングを実施する。 4-9 半年毎に TC による内部評価(経験/情報共有, その他含)を行う。 4-10 活動結果の内部評価を住民参加のもとに実施する（結果は評価レポートにまとめて JCC へ提出するとともに、公開ワークショップで周知させる)。 4-11 経験普及 (ニュースレター、評価報告書、その他)を実施す			

プロジェクトの要約	指標	指標入手手段	外部条件
る。 4-12 プロジェクト経験普及のための全国大会を開催する（0-12に同じ） 4-13 プロジェクト経験普及のための国際(地域)会議を開催する（0-14に同じ） 4-14 経験の体系化会議を開催する。 4-15 プロジェクト年次会議を開催する(0-11に同じ)。			

変更前のベース(Version 1)：国際協力機構ペルー事務所 2005 年 1 月 31 日 PE/HM-033J R/D Minutes Annex 1 Project Design Matrix (Version PDM-1) 日本語版
変更の根拠： ①Plan of Operation (R/D M/M [2005 年 1 月 31 日])との統合 ②JICA 技プロチーム 評価・スーパービジョンにかかる C/P 会議（2005 年 5 月 5 日開催）結果、③プロジェクト進展に伴うプロジェクト対象・プロジェクト活動の見直し（プログレスレポート１・プロジェクト工程表との統合）、④第 4 回プロジェクト合同調整委員会 JCC（2006 年 2 月 6 日）およびその準備・事後会談。
変更の理由：①プロジェクト進展に伴い、プロジェクトが対象とする暴力の種類が変更されたため。②プロジェクト進展に伴い、プロジェクト対象地域が特定（小診療地区単位）されたため。③PDM・Plan of Operation・プロジェクト活動計画を統合し、プロジェクト活動を整理するため。④プロジェクト指標を具体化するため。
赤字：PDM Ver. 1 からの修正箇所

年次毎の成果・指標・入手手段

年度	成果	指標	指標入手手段
成果 0			
2005 年度	カウンターパート機関及び技術支援機関・チーム間で、各々の業務分担及び責任範囲が明確になっている	・ 年間活動計画が作成されている。	・ 年間活動計画
成果 1			
2005 年度	暴力により影響を受けた住民へ包括的なヘルスケアを提供するための UNMSM 医学部教育の準備が整う。	・ UNMSM に、人権と暴力により影響を受けた住民への包括的ヘルスケアに関して教授できる、約 ~~50~~19 人の訓練された教員がいる。	・ 教員リスト [訓練された教員の氏名・数（学科別）・担当学科・担当科目(予定を含む)]
2006 年度	UNMSM 医学部内において、暴力により影響を受けた住民へ包括的なヘルスケアを提供するための医学教育プログラムの内容が確定している。	・ 暴力により影響を受けた住民への包括的ヘルスケア及び人権に関するトピックが含まれたカリキュラムが学内で承認されている。 ・ 人権と暴力による被害者への包括的なヘルスケアに関するトピックが UNMSM 医学部の学士・修士レベルの全ての学科に含まれている。	・ 医学部長決裁 ・ カリキュラム・シラバス改訂報告 [改訂前/改訂後カリキュラム・シラバス、包括的ヘルスケア内容を含むべき科目数（学科別）、包括的ヘルスケア内容を実際に含む科目数（学科別）]
2007 年度	UNMSM 医学部の常設プログラムとして、暴力により影響を受けた住民へ包括的なヘルスケアを提供するための人材養成メカニズムが確立される。	・ 2008 年 3 月までに UNMSM 医学部で、暴力と人権に関する包括的ヘルスケアディプロマコースが承認される。 ・ UNMSM 医学部の 80%の学生が暴力と人権に関する授業を受けている。	・ 医学部長決裁 [コースカリキュラム・シラバス内容] ・ 授業実施報告書 [実施学科/科目（カリキュラム・シラバス）・受講学生数・単位取得学生数・全学生数]
成果 2			
2005 年度	暴力被害住民へ包括的なヘルスケアを提供するための一次/二次レベルの保健医療従事者に対する研修プログラムの準備が整う。	・ 選定されたパイロットサイトに研修プログラムを実施しに行く MINSA/UNMSM 教員チームができる。 ・ 研修のために必要なモジュールが用意される。	・ 教員リスト [氏名・所属先・指導内容・担当地域] ・ 研修カリキュラム・シラバス・教材（案）
2006 年度	一次/二次レベルの保健医療従事者の暴力被害住民への包括的なヘルスケアに関する技能が向上する。	・ 一次/二次レベルの保健医療従事者に対して、暴力と人権に関する包括的ヘルスケアに関する 2 つの研修プログラム(プロフェッショナル/ノンプロフェッショナル)ができる。	・ 研修カリキュラム・シラバス・教材

		・ パイロットサイトにおける 40 名の一次/二次レベルの保健医療従事者が暴力と人権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や人権に関する技能の向上が見られる。	・ 技術委員会(TC)による評価報告書 [研修対象医療従事者数(職種別内訳、所属先・担当部署別内訳)・研修受講者数（同）・研修修了者数（同）、受講前/後技能テスト結果、フォローアップ調査結果]
2007 年度	一次/二次レベルの保健医療従事者の暴力被害住民への包括的なヘルスケアに関する技能が向上する。	・ 2008 年 3 月までに一次/二次レベルの保健医療従事者に対して、暴力と人権に関する包括的ヘルスケアに関する 2 つの研修プログラム(プロフェッショナル/ノンプロフェッショナル)が UNMSM/MINSA で承認される。 ・ 12 月までにパイロットサイトにおける延べ 80 名の一次/二次レベルの保健医療従事者が暴力と人権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や人権に関する技能の向上が見られる。	・ 医学部長 MINSA 人材養成・精神保健担当部局長/DISA 局長決裁 ・ 研修プログラム [カリキュラム・シラバス・教材・教員リスト] ・ 技術委員会(TC)による評価報告書 [研修対象医療従事者数(職種別内訳、所属先・担当部署別内訳)・研修受講者数（同）・研修修了者数（同）、受講前/後技能テスト結果、フォローアップ調査結果]
成果 3			
2005 年度	対象県の一次/二次保健医療スタッフ(医師、看護師、助産師)の母子保健に関する技能が向上する。	・ 2006 年 3 月までに延べ 50 名が研修を修了する。 ・ 研修を受けた保健医療従事者の 30%が学んだことの 40%を職場に適用する。 ・ 研修受講者が出身地で伝達講習を実施する。	・ MINSA/IEMP モニターグループ報告書 [研修受講者数、研修修了者数、受講前/後技能テスト結果比較、研修後の職場での技能適応状況（母子保健技術・母子の暴力被害者発見・ケア数）、伝達講習実施回数、伝達講習参加者数]
2006 年度	対象県の一次/二次保健医療スタッフ(医師、看護師、助産師)の母子保健に関する技能が向上する。	・ 2007 年 3 月までに延べ 100 名が研修を修了する。 ・ 研修を受けた保健医療従事者の 40%が、学んだことの 60%を職場に適用する。 ・ 研修受講者が出身地で伝達講習を実施する。	・ （同上）
2007 年度	対象県の一次/二次保健医療スタッフ(医師、看護師、助産師)の母子保健に関する技能が向上する。	・ 2008 年 3 月までに延べ 150 名が研修を修了する。 ・ 2008 年 3 月までに、研修を受けた保健医療従事者の 50%が、学んだことの 80%を職場に適用する。	・ （同上）

		・ 研修受講者が出身地で伝達講習を実施する。	
成果 4			
2005 年度	住民組織や NGO が参加し、暴力により影響を受けた住民が受益者となる地域保健活動の準備が整う。	・ UNMSM、MINSA 関係機関、及び各サイト少なくとも 1 つの現地の住民組織又は NGO がプロジェクトの内容を理解し、活動の意思を持ち、地域住民活動体制を作っている。	・ 住民組織グループリスト [プロジェクト参加 CBO/NGO 数・種別、活動内容] ・ 活動計画 ・ 活動報告書 [活動内容・暴力被害者ケア件数、機関間紹介件数]
2006 年度	UNMSM、MINSA 関係機関、及び各サイト少なくとも 1 つの現地の住民組織又は NGO が参加し、暴力により影響を受けた住民が受益者となる地域保健活動が推進されている。	・ 各パイロットサイトにおいて、住民組織や NGO の 10%が計画に沿った地域保健活動に参加している。	・ (同上)
2007 年度	UNMSM、MINSA 関係機関、及び各サイト少なくとも 1 つの現地の住民組織又は NGO が参加し、暴力により影響を受けた住民が受益者となる地域保健活動が推進されている。	・ 2007 年 11 月までに 1 つのサイトにつき、少なくとも 10 人のバイリンガル・ヘルスプロモーター(西語・ケチュア語)が養成される。 ・ 2008 年 3 月までに、各サイトで住民組織や NGO の 30%が、計画に沿った地域保健活動に参加している。	・ バイリンガル保健プロモーター研修（啓発ワークショップ）報告書 [研修受講保健プロモーター数（研修受講者リスト）、うちバイリンガル保健プロモーター数、暴力被害者ケア件数、地域保健活動（内容・対象者）] ・ 住民組織グループリスト [プロジェクト参加 CBO/NGO 数・種別、活動内容] ・ 活動計画 ・ 活動報告書 [活動内容・暴力被害者ケア件数、機関間紹介件数]

変更前のベース(Version 1)：**国際協力機構** 2005 年 1 月 25 日 JICA(PR)第 1-25020 号 **本プロジェクト業務指示書** 「6. **本業務契約で求められる成果**」(pp.4-5)
変更の根拠： 2005 年 5 月 5 日開催の「評価・スーパービジョンにかかる JICA 技プロチーム・C/P 会議」及び 上記 PDM Version 1→Version 2 への変更に伴う修正
変更の理由：①プロジェクト指標を具体化するため。
赤字：PDM Ver. 1 からの修正箇所

Project Design Matrix (PDM)

プロジェクト名： ペルー国人権侵害及び暴力被害住民への包括的ヘルスケア強化プロジェクト[1]　　バージョン: PDM-3 (2007 年 5 月 4 日)

期間： 3 年間（2005 年 3 月-2008 年 3 月）

対象地域： 政治的暴力被害地域[2]の中から選定されたプロジェクト対象サイト[3]

実施機関： ペルー側；保健省(MINSA), 国立サンマルコス大学(UNMSM) 日本側；国際協力機構(JICA)

受益者： UNMSM医学部教員、MINSAの病院･研究機関ですでに暴力被害者に対するケア活動を行っている保健医療従事者、プロジェクト対象サイト公的保健医療従事者、パイロットサイト[4]において暴力により影響を受けた被害者[5]及びその家族

最終受益者：UNMSM 学生、パイロットサイトにおける一般住民

プロジェクトの要約	指標	指標入手手段	外部条件
上位目標			
暴力によって影響を受けたパイロットサイトの住民の健康が包括的に改善される。	・ 暴力被害を受けた住民の精神保健状態が改善される。	・ ベースライン調査（開始時） ・ プロジェクト終了時評価 ・ プロジェクト終了後フォローアップ調査 （精神保健状況を測るスケールを使用する）	
	・ 家庭内暴力報告件数が長期的に減少する。	・ パイロットサイト内プロジェクト関係機関による統計	
	・ 母子保健の状況が改善される。	・ 各パイロットサイトにおける MINSA/ DISA の保健情報システムによって収集される母子保健統計 [妊産婦死亡率、乳児死亡率、5 歳未満児死亡率]	
プロジェクト目標			**プロジェクト目標から上位目標**
パイロットサイトにおける暴力によって影響を受けた住民が、包括的ヘルスケアを利用できるようになる。	・ 2008 年 3 月までに、暴力により被害を受けたと確認された人達が、公的保健医療施設に相談に訪れる。	・ 各パイロットサイト内の公的保健医療施設における外来受付記録 [暴力相談件数・他機関紹介件数] ・ 暴力被害者台帳 [暴力被	1. 社会経済状況が悪化するなど、暴力がおきやすい状況および母子保健の状況を悪化させる要因が増えない。

[1]包括的ヘルスケア：回復治療のみでなく、ヘルスプロモーション、予防医学にも力点を置き、特にジェンダー、人権、文化間問題に焦点を当て、個的･集団的(身体/心的/社会経済的)な人間としてのより良い生活を目指す包括的ケア概念。身体的ヘルスケアから、危機や損害の軽減等も含み、特に暴力被害地域における暴力被害者、子供、女性、青少年を対象とする

[2] 1980−2000 年にかけての国内の武力闘争中(テロリズム行為及びそれに応戦する政府グループの闘争)に起こった政治的暴力の被害地域（秘国真相究明和解委員会(CVR)によって特定）を指す。

[3] プロジェクト対象サイト： リマ東部、フニン、アヤクチョ、ワンカベリカ、クスコ地域保健局(DISA)（成果 3 母子保健に関してのみ、DISA ロレト、カハマルカ、ワヌコ、アンカシュを対象に含める）

[4] パイロットサイト： 上記プロジェクト対象サイトの 5DISA のなかでさらに小診療地区を選定する。DISA 東部リマ（ワイカン小診療地区)、DISA フニン(サン･マルティン･デ･パンゴア小診療地区)、DISA アヤクチョ(ベレン小診療地区)、DISA ワンカベリカ(アセンシオン小診療地区)、DISA クスコ(テチョ･オブレロ小診療地区)

[5] 政治的暴力被害者のみでなく、家庭内暴力（女性や子供に対する暴力・虐待）・性的暴力などパイロットサイト内で広範に発生している暴力の被害者を対象とする。

プロジェクトの要約	指標	指標入手手段	外部条件
		害者数(推計値)] ・ ベースライン調査 [暴力被害者数(推計値)]	
	・ 2008 年 3 月までに、暴力により被害を受けたと確認された人達が包括的ヘルスケアを受ける。	・ 各パイロットサイト内のプロジェクト参加機関(公的機関{警察・女性省・市役所・調停機関等}・NGO･地域組織 CBO など)のケア日報 [暴力相談件数・他機関紹介件数]	
成果			
1. UNMSM医学部[6]に、暴力により影響を受けた住民へ包括的なヘルスケアを提供するための人材養成に係る常設プログラムが確立される。	1-1 2007 年 4 月までに UNMSM に、人権と暴力により影響を受けた住民への包括的ヘルスケアに関して教授できる訓練された大学スタッフが 19 人いる。	・ 教授教員リスト [訓練された教員の氏名・数（学科別)・担当学科・担当科目(予定を含む)]	1. パイロットサイトの地域開発計画において､「暴力によって影響を受けた人々の健康」が、核テーマとしてとりいれられる。 2. 政府統合健康保険[7]に母子保健ケアが継続して含まれる。 3. 政府統合健康保険に精神保健ケアが含まれる。
	1-2 2008 年 3 月までに、人権と、暴力により影響を受けた住民への包括的ヘルスケアに関するテーマが、UNMSM医学部の学部・大学院レベルのテーマを含むに適切であるとされた全ての科目に含まれている[8] 。	・ カリキュラム・シラバス改訂報告 [改訂前/改訂後カリキュラム・シラバス、包括的ヘルスケア内容を含むべき科目数（学科別)、包括的ヘルスケア内容を実際に含む科目数（学科別）] ・ 講義実施報告書 [講義受講者数(学科別)]	
	1-3 2008 年 3 月までに、UNMSM 医学部で、暴力と人権に関する包括的ヘルスケアディプロマコースが承認される 。	・ 学長決裁 [コースカリキュラム・シラバス内容] ・ ディプロマコース実施報告書 [ディプロマコース受講者数（地域･職種別）]	

[6] 医学・看護・医療技術・栄養・産科の 5 学科からなる。
[7] 保健省所管の健康保険 Seguro Integral de Salud を指す。
[8] UNMSM 医学部内 5 学科の学士・修士課程の学生が、在学中にいずれかの講義・実習を通じて「人権及び暴力により影響を受けた住民への包括的ヘルスケア」に関するテーマについて学習する機会を得ることを意味する。

プロジェクトの要約	指標	指標入手手段	外部条件
2.暴力により影響を受けた人々へ包括的なヘルスケアを提供するために、一次/二次レベルの保健医療従事者の技能が向上する。	2-1　2008 年 3 月までに、保健医療従事者に対して、暴力と人権に関する包括的ヘルスケアの研修プログラム(プロフェッショナル[9]向けコース)が、UNMSMの公式研修プログラムとして承認される。	・ 学長決裁 ・ 研修プログラム [カリキュラム・シラバス・教材・教員リスト]	
	2-2 暴力被害者に対する包括的ヘルスケアに関して研修を行える医療従事者が 50 人いる。	・ 指導者養成研修修了者リスト	
	2-3 2007 年 12 月までに、各パイロットサイトにおける一次/二次レベルの保健医療従事者のうち延べ 80 名が、暴力と人権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や人権に関する技能の向上がみられる 。	・ 機関間技術委員会(TC)による評価報告書 [研修対象医療従事者数(職種別内訳、所属先・担当部署別内訳)・研修受講者数(同)・研修修了者数(同)、受講前/後技能テスト結果、フォローアップ調査(利用者満足度調査を含む)結果]	
3. 対象県の一次/二次保健医療スタッフ（医師、看護師、助産師）が、母子保健に関する技能を向上させる。	3-1　2008 年 3 月までに 150 名が研修を修了する。	・ MINSA/IEMP モニターグループ報告書 [研修受講者数、研修修了者数、受講前/後技能テスト結果比較、研修後の職場での技能適応状況（母子保健技術・母子の暴力被害者発見・ケア数)、伝達講習実施回数、伝達講習参加者数]	
	3-2　2008 年 3 月までに、研修を受けた保健医療従事者の 50%が、学んだことの 80%を職場に適用する。		
	3-3　研修受講者が出身地で伝達講習を実施する。		

[9] 医師・看護師・助産師・臨床心理士・ソーシャルワーカー・栄養士・医療技術者など学士号を持つ保健医療従事者を指す。

プロジェクトの要約	指標	指標入手手段	外部条件
4.保健プロモーター、ノンプロフェショナル保健医療従事者[10]、暴力対策関連の地域機関、住民組織やNGOが参加し、暴力により影響を受けた住民が受益者となる地域保健活動が推進される。	4-1　2008年3月までに、パイロットサイトにおいて、暴力対策関連の地域機関[11]、住民組織(CBO)/NGOの30%が、計画に沿った地域保健活動に参加している。	・ 住民組織グループリスト[プロジェクト参加CBO/NGO数・種別、活動内容] ・ 暴力対策協議会設置決議、開催記録 ・ 活動計画 ・ 活動報告書 [活動内容・暴力被害者ケア件数、機関間紹介件数]	
	4-2　2007年11月までに、1つのパイロットサイトにつき少なくとも10人の(バイリンガル)ヘルスプロモーター[12](バイリンガルかどうかは地域の必要性による)を研修する。	・ バイリンガル保健プロモーター研修（啓発ワークショップ）報告書 [研修受講保健プロモーター数（研修受講者リスト)、うちバイリンガル保健プロモーター数、暴力被害者ケア件数、地域保健活動（内容・対象者）]	
	4-3 ノンプロフェッショナル保健医療従事者に対して、暴力被害者に対する包括的ヘルスケアに関する研修が実施される。	・ 研修計画 ・ 研修教材 ・ 研修報告書[研修受講者リスト]	

[10] 準看護師など学士号を持たない保健医療従事者を指す。

[11] 市役所、学校、調停所、女性省機関、警察署など暴力問題に関係する地域公的機関を指す。これら地域機関と住民組織、NGOなどが各地域で暴力対策協議会を設置している、もしくはプロジェクト活動を通じて設置される。

[12] 現地の制度上の呼称Promotores de Salud (Health Promoter)にあわせ、ヘルス・プロモーターに表記を統一する。ヘルス・プロモーターは地域住民の中から選ばれ、無料で研修を受けられるほかは、無報酬で（ボランティアとして）活動している。プロモーターが西語とケチュア語等の現地語のバイリンガルであるかどうかは地域差がある。

活動	投入	活動から成果：
成果0 プロジェクト全体にかかる活動 0-1 インセプションレポートの説明・協議を行う。 0-2 技術委員会を設置する。 0-3 5 地域別ワーキンググループを設置する。 0-4 事業促進に係る技術支援機関（ハーバード難民トラウマプログラム：HPRT）と再委託契約する。 0-5 技術委員会年間活動計画（Plan of Operation）を作成する。 0-6 プロジェクト年間活動計画を作成する。 0-7 ベースライン調査を実施する。[13] 0-8 モニタリング・スーパーバイズメカニズムを考案する。 0-9 HPRTによる指導者養成研修プログラム/教材等を作成する。[14] 0-10 HPRT による指導者養成研修(UNMSM 医学部教員/MINSA 保健医療従事者の代表 50 名：於米国)を実施する。 0-11 プロジェクト年次協議を実施する。 0-12 プロジェクト全国大会を開催する。 0-13 広報活動を実施する。 0-14 国際（地域）セミナー・ワークショップを開催する。 0-15 最終報告書を作成する。	ペルー側の投入 <在外研修 > 研修講師の配置 研修施設（講義室、実習室）の提供 資機材の提供 カウンターパートの配置 車両の提供 事務サービス（運転手、秘書等）の提供 日本側の投入 短期専門家（保健医療制度，保健医療従事者教育，心的外傷ケア，地域保健など）：複数名　平均年 3 ヶ月を 3 年間　56.55M/M 在外研修（現地国内研修）「暴力被害住民への包括的ケアに係る研修コース」　年 2 コースを 5 地域において 2 年間 機材供与（教育、研修用機材、調査車両等） 現地業務費（現地補助員傭人費、現地研究支援費を含む）　3 年間 NGO を通じた協力	1. 保健医療従事者養成のカリキュラムの内容の変更に関し、UNMSM の自治がたもたれる 2. パイロットサイトにおける研修参加者の異動が減る（辞めない） 3. ペルー政府およびパイロットサイト自治体によって、パイロットサイトでの研修活動が持続される

[13] UNMSM 医学部教育評価調査および保健医療従事者研修（①プライマリレベル保健医療現状調査、②プライマリレベル保健医療従事者技能調査、③研修ニーズ調査、④対象地域暴力被害者マッピング）からなる。

[14] UNMSM 医学部教員 19 名、MINSA 保健医療従事者（MINSA 本省・野口研・バルディサン病院・ラルコエレーラ国立精神病院・IEMP・5DISA から選出）31 名が対象である。

成果1 UNMSM 人材養成プログラム確立

1-1 UNMSM 医学部カリキュラム/シラバスに関する見直しを行う。
1-2 (学部・院生・ディプロマコース)カリキュラムを改編・開発する。
1-3 UNMSM 教授陣のための教育マニュアル（教授用ガイドライン）を作成する
1-4 学生のための教材を作成する。
1-5 大学教育コースを改定する。
1-6 UNMSM医学部教員/MINSA保健医療従事者の代表者に対し、「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する指導者養成研修(於米国)を行う（0-10, 2-6に同じ)。
1-7 学生(学部･院生)への教授を始める。
1-8 暴力により影響を受けた被害者に対する包括的ヘルスケアに関するディプロマコースを開始する。
1-9 コースモニタリング/スーパーバイズを行う。
1-10 コース評価を実施する。
1-11 プロジェクト年次会議を開催する（0-11に同じ)。
1-12 WEB サイトを立ち上げる。
1-13 プロジェクト経験普及のための全国大会を開催する（0-12に同じ)。
1-14 プロジェクト経験普及のための国際(地域)会議を開催する（0-14に同じ)。
1-15 広報、経験普及を行う（0-13の一部として実施)。

前提条件：

1.暴力に関し、ペルーの政治的な状況が安定している。
2.各パイロットサイトで地域保健活動を推進する核となる、住民組織や NGO が存在し、活動のための予算措置がとられる。
3. ペルー国政策の中で「暴力被害者への包括的ヘルスケア」の重要性が維持される
4. ペルー国政策の中で「母子保健」の重要性が維持される

成果2 包括的ヘルスケアに関する1次2次保健医療従事者の技能向上

2-1 技術委員会を設置する(0-2に同じ)。
2-2 5 地域別ワーキンググループを設置する。(0-3に同じ)
2-3 暴力により影響を受けた被害者に対する包括的ヘルスケアに関する保健医療サービス現況・保健医療従事者能力・暴力被害者マッピング等の基礎調査を行う。(0-7の一部として実施)
2-4 保健医療従事者研修の研修計画をたてる。
2-5 研修教材を作成する。
2-6 UNMSM医学部教授陣/MINSA保健医療従事者の代表者に対し、「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する指導者養成研修(於米国)を行う（0-10, 1-6に同じ)。
2-7 保健医療従事者への研修プログラムを実施する(各 40 人/1 小診療圏×5 ヵ所で W/S を実施)。
2-8 研修に参加し、評価基準を満たす保健医療従事者へ修了証書を出す。
2-9 研修モニタリング/スーパーバイズを実施する。
2-10 研修内部評価を定期的に実施する。
2-11 5 パイロットサイトネットワークでの経験共有 W/S を行う。
2-12 プロジェクトニュースレターを発行する。
2-13 中間内部評価を実施する。
2-14 広報活動を行う(0-13の一部として実施)。
2-15 プロジェクト経験普及のための全国大会を開催する（0-12に同じ)。
2-16 プロジェクト経験普及のための国際(地域)会議を開催する（0-14に同じ)。
2-17 プロジェクト年次会議を開催する(0-11に同じ) 。

成果3 母子保健技能に関する1次2次保健医療従事者の技能向上 3-1 ベースライン調査を実施する(0-7の一部として実施)。 3-2 研修計画・カリキュラムを作成する。 3-3 研修教材を作成する。 3-4 モニタリング・評価メカニズムを考案する・見直しを実施する。 3-5 研修を実施する。 3-6 研修報告書を作成する。 3-7 研修参加者のフォローアップ・モニタリング・評価訪問を実施する。 3-8 広報活動を行う。 3-9 年次報告書を作成する。 3-10 プロジェクト年次会議を開催する(0-11に同じ)。		
成果4 地域保健活動の推進 4-1 技術委員会を設置する(0-2,2-1に同じ)。 4-2 5 地域別ワーキンググループを設置する。(0-3,2-2に同じ) 4-3 社会的リソースマッピングを実施する(5 地域) (バイリンガルヘルスプロモーターの特定等含む)。 4-4 コミュニティレベルでのW/S、研修等で講師となる人々に対し、米国で「人権と、暴力の影響を受けた住民に対する包括的ヘルスケア」に関する短期研修を行う（0-10, 1-6, 2-6に同じ)。 4-5 バイリンガルのヘルス・プロモーター/キーパーソンへの研修(啓発ワークショップ)を実施する。 4-6 地域の市民団体や地方政府関係機関等への啓発ワークショップ (5 地域) (優先ヘルスネットワーク内における包括的ヘルスケアへの住民参加促進に係る活動計画作成(参加型))を実施する。 4-7 パイロット地域における住民参加型活動を実施する。 4-8 コミュニティ活動に関するモニタリングを実施する。 4-9 半年毎に TC による内部評価(経験/情報共有, その他含)を行う。 4-10 活動結果の内部評価を住民参加のもとに実施する（結果は評価レポートにまとめて JCC へ提出するとともに、公開ワークショップで周知させる)。 4-11 経験普及 (ニュースレター、評価報告書、その他)を実施する。		

4-12 プロジェクト経験普及のための全国大会を開催する（0-12に同じ） 4-13 プロジェクト経験普及のための国際(地域)会議を開催する（0-14に同じ） 4-14 経験の体系化会議を開催する。 4-15 プロジェクト年次会議を開催する(0-11に同じ)。		

変更前のベース(Version 1)：国際協力機構ペルー事務所 2005 年 1 月 31 日 PE/HM-033J R/D Minutes Annex 1 Project Design Matrix (Version PDM-1) 日本語版
変更の根拠： ①Plan of Operation (R/D M/M [2005 年 1 月 31 日])との統合 ②JICA 技プロチーム 評価・スーパービジョンにかかる C/P 会議（2005 年 5 月 5 日開催）結果、③プロジェクト進展に伴うプロジェクト対象・プロジェクト活動の見直し（プログレスレポート１・プロジェクト工程表との統合）、④第 4 回プロジェクト合同調整委員会 JCC（2006 年 2 月 6 日）およびその準備・事後会談。
変更の理由：①プロジェクト進展に伴い、プロジェクトが対象とする暴力の種類が変更されたため。②プロジェクト進展に伴い、プロジェクト対象地域が特定（小診療地区単位）されたため。③PDM・Plan of Operation・プロジェクト活動計画を統合し、プロジェクト活動を整理するため。④プロジェクト指標を具体化するため。
赤字：PDM Ver. 1 からの修正箇所

年次毎の成果・指標・入手手段

年度	成果	指標	指標入手手段
成果 0			
2005 年度	カウンターパート機関及び技術支援機関・チーム間で、各々の業務分担及び責任範囲が明確になっている	・ 年間活動計画が作成されている。	・ 年間活動計画
成果 1			
2005 年度	暴力により影響を受けた住民へ包括的なヘルスケアを提供するための UNMSM 医学部教育の準備が整う。	・ UNMSM に、人権と暴力により影響を受けた住民への包括的ヘルスケアに関して教授できる、約 ~~50~~19 人の訓練された教員がいる。	・ 教員リスト [訓練された教員の氏名・数（学科別）・担当学科・担当科目(予定を含む)]
2006 年度	UNMSM 医学部内において、暴力により影響を受けた住民へ包括的なヘルスケアを提供するための医学教育プログラムの内容が確定している。	・ 暴力により影響を受けた住民への包括的ヘルスケア及び人権に関するトピックが含まれたカリキュラムが学内で承認されている。 ・ 人権と暴力による被害者への包括的なヘルスケアに関するトピックが UNMSM 医学部の学士・修士レベルの全ての学科に含まれている。	・ 医学部長決裁 ・ カリキュラム・シラバス改訂報告 [改訂前/改訂後カリキュラム・シラバス、包括的ヘルスケア内容を含むべき科目数（学科別）、包括的ヘルスケア内容を実際に含む科目数（学科別）]
2007 年度	UNMSM 医学部の常設プログラムとして、暴力により影響を受けた住民へ包括的なヘルスケアを提供するための人材養成メカニズムが確立される。	・ 2008 年 3 月までに UNMSM 医学部で、暴力と人権に関する包括的ヘルスケアディプロマコースが承認される。 ・ UNMSM 医学部の 80%の学生が暴力と人権に関する授業を受けている。	・ 医学部長決裁 [コースカリキュラム・シラバス内容] ・ 授業実施報告書 [実施学科/科目（カリキュラム・シラバス）・受講学生数・単位取得学生数・全学生数]
成果 2			
2005 年度	暴力被害住民へ包括的なヘルスケアを提供するための一次/二次レベルの保健医療従事者に対する研修プログラムの準備が整う。	・ 選定されたパイロットサイトに研修プログラムを実施しに行く MINSA/UNMSM 教員チームができる。 ・ 研修のために必要なモジュールが用意される。	・ 教員リスト [氏名・所属先・指導内容・担当地域] ・ 研修カリキュラム・シラバス・教材（案）
2006 年度	一次/二次レベルの保健医療従事者の暴力被害住民への包括的なヘルスケアに関する技能が向上する。	・ 一次/二次レベルの保健医療従事者に対して、暴力と人権に関する包括的ヘルスケアに関する 2 つの研修プログラム(プロフェッショナル/ノンプロフェッショナル)ができる。	・ 研修カリキュラム・シラバス・教材

		・ パイロットサイトにおける 40 名の一次/二次レベルの保健医療従事者が暴力と人権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や人権に関する技能の向上が見られる。	・ 技術委員会(TC)による評価報告書 [研修対象医療従事者数(職種別内訳、所属先・担当部署別内訳)・研修受講者数（同）・研修修了者数（同）、受講前/後技能テスト結果、フォローアップ調査結果]
2007 年度	一次/二次レベルの保健医療従事者の暴力被害住民への包括的なヘルスケアに関する技能が向上する。	・ 2008 年 3 月までに一次/二次レベルの保健医療従事者に対して、暴力と人権に関する包括的ヘルスケアに関する 2 つの研修プログラム(プロフェッショナル/ノンプロフェッショナル)が UNMSM/MINSA で承認される。 ・ 12 月までにパイロットサイトにおける延べ 80 名の一次/二次レベルの保健医療従事者が暴力と人権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や人権に関する技能の向上が見られる。	・ 医学部長 MINSA 人材養成・精神保健担当部局長/DISA 局長決裁 ・ 研修プログラム [カリキュラム・シラバス・教材・教員リスト] ・ 技術委員会(TC)による評価報告書 [研修対象医療従事者数(職種別内訳、所属先・担当部署別内訳)・研修受講者数（同）・研修修了者数（同）、受講前/後技能テスト結果、フォローアップ調査結果]
成果 3			
2005 年度	対象県の一次/二次保健医療スタッフ(医師、看護師、助産師)の母子保健に関する技能が向上する。	・ 2006 年 3 月までに延べ 50 名が研修を修了する。 ・ 研修を受けた保健医療従事者の 30%が学んだことの 40%を職場に適用する。 ・ 研修受講者が出身地で伝達講習を実施する。	・ MINSA/IEMP モニターグループ報告書 [研修受講者数、研修修了者数、受講前/後技能テスト結果比較、研修後の職場での技能適応状況（母子保健技術・母子の暴力被害者発見・ケア数）、伝達講習実施回数、伝達講習参加者数]
2006 年度	対象県の一次/二次保健医療スタッフ(医師、看護師、助産師)の母子保健に関する技能が向上する。	・ 2007 年 3 月までに延べ 100 名が研修を修了する。 ・ 研修を受けた保健医療従事者の 40%が、学んだことの 60%を職場に適用する。 ・ 研修受講者が出身地で伝達講習を実施する。	・ （同上）
2007 年度	対象県の一次/二次保健医療スタッフ(医師、看護師、助産師)の母子保健に関する技能が向上する。	・ 2008 年 3 月までに延べ 150 名が研修を修了する。 ・ 2008 年 3 月までに、研修を受けた保健医療従事者の 50%が、学んだことの 80%を職場に適用する。	・ （同上）

		・ 研修受講者が出身地で伝達講習を実施する。	
成果 4			
2005 年度	住民組織や NGO が参加し、暴力により影響を受けた住民が受益者となる地域保健活動の準備が整う。	・ UNMSM、MINSA 関係機関、及び各サイト少なくとも 1 つの現地の住民組織又は NGO がプロジェクトの内容を理解し、活動の意思を持ち、地域住民活動体制を作っている。	・ 住民組織グループリスト [プロジェクト参加 CBO/NGO 数・種別、活動内容] ・ 活動計画 ・ 活動報告書 [活動内容・暴力被害者ケア件数、機関間紹介件数]
2006 年度	UNMSM、MINSA 関係機関、及び各サイト少なくとも 1 つの現地の住民組織又は NGO が参加し、暴力により影響を受けた住民が受益者となる地域保健活動が推進されている。	・ 各パイロットサイトにおいて、住民組織や NGO の 10%が計画に沿った地域保健活動に参加している。	・ (同上)
2007 年度	UNMSM、MINSA 関係機関、及び各サイト少なくとも 1 つの現地の住民組織又は NGO が参加し、暴力により影響を受けた住民が受益者となる地域保健活動が推進されている。	・ 2007 年 11 月までに 1 つのサイトにつき、少なくとも 10 人のバイリンガル・ヘルスプロモーター(西語・ケチュア語)が養成される。 ・ 2008 年 3 月までに、各サイトで住民組織や NGO の 30%が、計画に沿った地域保健活動に参加している。	・ バイリンガル保健プロモーター研修（啓発ワークショップ）報告書 [研修受講保健プロモーター数（研修受講者リスト）、うちバイリンガル保健プロモーター数、暴力被害者ケア件数、地域保健活動（内容・対象者）] ・ 住民組織グループリスト [プロジェクト参加 CBO/NGO 数・種別、活動内容] ・ 活動計画 ・ 活動報告書 [活動内容・暴力被害者ケア件数、機関間紹介件数]

変更前のベース：PDM (Version 2) 2006 年 2 月 21 日
変更の根拠： 2007 年 5 月 4 日実施の第 9 回プロジェクト合同調整委員会 JCC における協議。
赤字および吹き出し：PDM Ver. 2 からの修正箇所

MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF
THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The first Joint Coordination Committee (JCC) is for the project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on April 5th, 2005 at Ministry of Health, Lima Peru (MINSA). JCC basically reached the agreement upon the contents of the draft of the Inception Report (IC-R). Discussion and agreement in detail are shown in Annex I.

Lima, April 6th, 2005

Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan

Dr. Tulio Quevedo
Project Coordinator
General Direction of Health Promotion
Ministry of Health
Republic of Perú

Mr. Tateo Kusano
Project Chief Advisor
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Japan

Dr. Fausto Garmendia
Coordinator
Permanent Program of Integral Health
Attention for the Population Affected by
Violence and Human Rights Violence,
National Major University of San Marcos
Republic of Perú

Dr. Luis Vergara Fernandez
General Director of DISA East Lima

Dr. María del Carmen Calle
General Direction of People's Health
Ministry of Health
Republic of Perú

Dr. Francisco Bravo Alva
General Director
Hermilio Valdizán Hospital
Ministry of Health

Dr. Martín Nizama Valladolid
General Director
Mental Health Institute
Honorio Delgado- Hideyo Noguchi

Dra. Nelly Lam Figueroa
Maternal Peri Natal Institute

ANNEX I

I DISCUSSIONS

1. Dr. Pedroza of OGCI/MINSA began the meeting thanking the assistance of the representatives of the counterpart institutions of the Project. Likewise, he made a brief description of the organization of the Project as well as its background.

2. Mr. Tateo Kusano, Project Chief Advisor of the JICA Expert Team, described the contents of the Inception Report (IC/R), as well as he proposed the points of the agenda to be developed in this first meeting of Joint Coordination Committee (JCC) of the Project. It considers that a very important activity is 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). It is necessary for Peruvian side to determine the members of the Directive Committee (DC), its functions and the frequency of the meeting.

3. Mr. Kusano requested that per each Japanese expert (7) Peruvian counterpart should be appointed ideally both from academic and health service level. Likewise, he expressed that the Annual Work Plan of Technical Committee (TC) and that of each project region should be prepared by TC in order to clarify the activities, and that Peruvian side will prepare and compile all the Project Reports instructed in the Inception Report (IC-R) with the assistance of JICA Expert Team in English and Spanish.

4. The definition of the violence focused by the project, the selection criteria of the trainers who will be trained at HPRT, and the Annual Work Plan of TC will be prepared by TC and approved by the second JCC meeting which will be held on the second week of May 2005.

5. 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 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.

6. UNMSM emphasized that the Project focus should be only on the political violence. 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.

7. JICA Resident Representative stated that the final goal of the project is that the people affected by the violence can receive the integrated health services. Development of human resources on mental health and trauma care is merely the means and a part of the process in achieving the overall goal of the Project.

8. 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.

9. Representatives from 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.

10. JICA project team advised that the project needs to focus not only on political violence but also on other forms of violence, such as family violence, sexual violence and delinquencies in project sites for following reasons:

(1) Long term effect of political violence appears in various forms of consequences such as family violence, drug and alcohol addiction, suicide and unemployment.

(2) 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.

(3) 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.

(4) 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.

(5) Integrating maternal child health care with the project is critical to break off the inter-generational

transmission of the violence.

(6) Widening the scope of the violence will make the project more relevant in accordance with the national mental health policies.

11. MINSA requested for JICA Expert Team to afford the direct cost for transportation, lodging, per diem for regional representatives to ensure their attendance at official meetings such as JCC, DC and TC. DISA cannot afford such a cost because of the decentralization and the budget limitation. JICA Expert Team explained that although the project would cover the direct cost for various trainings, the cost for official meetings cannot be covered by JICA funding.

II AGREEMENTS

12. The first DC meeting will be held on April 06, 2005, and JCC approved the internal regulation of DC.

13. The Technical Committee will be held on Friday 08, at 10 a.m. in MINSA to review the suggestions from JCC, to prepare the Annual Work Plan of TC, to decide the selection criteria of candidates for trainers-training in HPRT, and to discuss other points arose.

14. The tripartite meeting of MINSA/UNMSM/REGIONS will be held on Monday, April 11th 2005 at 10 a.m. in the meeting room of Hotel Las Américas.

15. The second JCC meeting will be held on the second week of May 2005, with the purpose to review and approve the issues to be discussed at the first TC.

ANNEX II

LIST OF PARTICIPANTS

No.	Name	Organization
	Francisco Bravo Alva	H. Valdizán
	Edith Chero Campos	H. Valdizán
	Teresa Reyes A.	UNMSM
	Santiago Cabrera Ramos	UNMSM
	Walter Calderón M.	UNMSM
	Nelly Lam Figueroa	IEMP
	Alfonso Medina Bocanegra	IEMP
	Takao Omote	JICA
	Eva Miranda	UNMSM
	Jorge Moreno	UNMSM
	Fausto Garmendia	UNMSM
	Roxana Vivar	IESM HD-HN
	Alberto Perales Cabrera	UNMSM
	Carmen Fuente Magan	DISA JUNIN
	Danilo Villavicencio	DISA CUZCO
	Maria del Carmen Calle	MINSA
	Tulio Quevedo	MINSA
	Julio Pedroza	MINSA
	Tateo Kusano	JICA
	Fude Takayoshi	JICA
	Minoru Tanabe	JICA
	Naoko Miyagi	JICA
	Makoto Tobe	JICA

ANNEX III

LIST OF COUNTERPARTS

No.	JAPANESE EXPERT	EXPERTEES	NAME	Organization	Post
	Ing. Tateo Kusano	Project Director	Dr. Luis Podestá	MINSA	General Director of General Direction of People's Health (DGSP)
			Dra. Maria del Carmen Calle	MINSA	DGSP
	Licda. Fude Takayoshi	Project Coordinator	Dr. Tulio Quevedo	MINSA	DGPS
			Dr. Fausto Garmendia	UNMSM	UNMSM-Coordinator
	Dr. Minoru Tanabe	Health Human Resource Development / Hospital Management	Dr. Alfonso Medina Bocanegra	MINSA/IEMP	Director General of IEMP
			Srta. Eva Miranda Ramón	UNMSM	Specialist in Training
			Dr. Danilo Villavicencio Muñoz (Cuzco) Dr. Luis Vergara Fernández (Lima Este) Dr. Luis Huamán Palomino (Junín) Dr. José Quispe Pérez (Ayacucho) Dr. Fidel Miranda Medina (Huancavelica)	DISA	General Director of each regional health direction
	Dr. Naoko Miyaji	Mental Health (academic)	Dr. Alberto Perales	UNMSM	Specialist in Psychiatry
			Dra. Edith Chello Campos	Valdizán Hospital	Specialist in Psychiatry
			Dr. Luis Matos	Noguchi Mental Health Institute	Specialist in Psychiatry

	Dr. Norihiko Kuwayama	Mental Health (community)	Dr. Alberto Perales	UNMSM	Specialist in Psychiatry
			Dra. Edith Chero Campos	Valdizán Hospital	Specialist in Psychiatry
			Dr. Luis Matos Retamozo	Noguchi Mental Health Institute	Specialist in Psychiatry
			Lic. Edgar Rivero Contreras (Lima Este) Dr. Bernardo Amao Palomino (Huancavelica) Lic. Carlos Chavez (Ayacucho) Lic. Carmen Fuente M. (Junín) Lic. Yndira Lajo Cahvez (Cuzco)	DISA	Chief Psychologist of each DISA
	Ing. Makoto Tobe	Maternal Child Health / Community Health / Health Promotion	Dra. Nelly Lam Figueroa	IEMP	Chief Training Officer
	Ing. Shigeru Kobayashi	Monitoring and Evaluation	Dr. Pedro Mendoza Arana	UNMSM	General Office of Inter-institutional Cooperation and Relations
			Dr. José Castro	MINSA	OGCI

MINUTES OF MEETING
OF THE SECOND JOINT COORDINATION COMMITTEEE OF
THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY
VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The second Joint Coordination Committee (JCC) for the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on May 6th, 2005 at Ministry of Health, Lima Peru (MINSA). The Committee basically agreed upon issues discussed in the 2nd Technical Committee and other issues described in Annex I.

Lima, May 6, 2005

Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan

Dr. María del Carmen Calle
General Direction of People's Health
Ministry of Health
Republic of Perú

Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan

Dr. Fausto Garmendia
Coordinator
Permanent Program of Integral Health
Attention for the Population Affected by
Violence and Human Rights Violence,
National Major University of San Marcos
Republic of Perú

Dr. Francisco Bravo Alva
General Director
Hermilio Valdizán Hospital
Ministry of Health

Dra Nelly Lam Figueroa
Maternal Peri Natal Institute

Lic. Edgard Rivero
Coordinador Mental Health of DISA East Lima

ANNEX I

1. Output 1 and 2

1.1. HPRT Trainers' Training

1) The List of the candidates for HPRT trainers' training will be made by May 15th, 2005.
2) HPRT trainers training will start in August or September 2005.
3) Selection Criteria of the HPRT training are as follows:
   - Health professionals (i.e. physician, registered nurse, nurse midwife and clinical psychologist. Not limited to faculty of universities) having knowledge on mental health (not need to be 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 health condition
4) Composition of 50 participants to the training is as follows:

Organizations	No. of Participants
UNMSM	19
MINSA, LIMA	4
5 DISAs	10 (=2 person * 5 regions)
Mental Health Specialized Institutes	13 (Noguchi 5, Valdizan 5, Larco Herrela 3)
IEMP	4
TOTAL	50

5) The selection criteria and the organizational composition of the candidates of HPRT Training were decided considering the suggestion of JICA expert team on the 2nd Technical Committee.

1.2. Annual Work Plan (AWP)

AWP for Output 1 and 2 will be prepared by UNMSM and MINSA as decided in the 2nd T/C meeting. Draft of AWP will be prepared after the details of HPRT Training are decided, and it will be revised and finalized after the first batch of HPRT Training is finished.

1.3. Baseline Study (BLS) by UNMSM

1) Demographic information of the people affected by the political violence was collected in qualitative and quantitative way through interview with key informants.
2) Clinical history of the people affected by the political violence was collected from selected samples and analyzed in qualitative way only.
3) Technical ability of health professionals and their needs for training on mental health care were analyzed in quantitative way.
4) The draft of BLS report of five regions (Spanish version) will be handed in to JICA expert team by the end of July 2005.

2. Output3

Budget for IEMP training for this year is around USD 45,000 and is almost half than the cost of the last year. Budget negotiation will be completed before the commencement of the training on 13th of June 2005.

3. Output 4

3.1. Annual Work Plan and Social Resource Mapping

MINSA will hold the preparatory meeting with DISA representatives by the end of May 2005 to prepare AWP for Output 4 and Social Resource Mapping. Due of the AWP is the end of May 2005 and that of the Social Resource Mapping is the end of June 2005.

3.2. Pilot sites

Pilot sites for the project ("Micro-red" area) were specified as follows:

DISA Lima Este:	Microred Huaycan (Red Vitarte – La Molina)
DISA Ayacucho:	*Some microred in Red Huamanga (Not yet decided because of absence of representative from the region)*
DISA Cusco	Microred Techo Obrero (Sicuani, Red Canas-Canchis-Espinar)
DISA Junín	Microred San Martín de Pangóa (Red Satipo)
DISA Huancavelica	Microred Ascención (Red Huancavelica)*

* Originally, the pilot site for DISA Huancavelica was to be selected from Red Acobanba, however Microred Ascención from Red Huancavelica was selected as a target site in DISA Huancavelica for the following reasons: Microred Ascencion has more needs for the care of people affected by political violence; Peruvian government selected it as a priority area; UNMSM has already finished its baseline survey in this area.

4. Methodology of Monitoring, Supervision and Evaluation of the project

Responsible personnel for monitoring, supervision and evaluation of the project will be chosen and listed by May 15th, 2005. TC will monitor and supervise the progress of each activity in its monthly meeting using the established format. Evaluation indicators for the Output 4 will be determined in the Workshop that will be held in each pilot site from August 2005.

ANNEX II

LIST OF PARTICIPANTS

Organization	Name	Post
MINSA	Dra. María de Carmen CALLE DARILE	General Direction of People's Health (DGSP)
MINSA	Licda. Lourdes Rivas Loarte	General Office of International Cooperation (OGCI)
MINSA	Licda. Patricia Tello	DGPS
UNMSM	Dr. Fausto GARMENDIA	Coordinator
UNMSM	Dr. Alberto Perales	Professor of Psychiatry
UNMSM	Dr. Bernardo Cano Uria	Psiquiatra Niño – Adolescente
Valdizan Hospital	Dr. Francisco Javier Bravo Alva	Executive Director
IEMP	Dra. Nelly Lam Figueroa	Directora Ejecutiva de la Oficina de Apoyo a la Investigación y Docencia
DIRESA Lima-East	Lic. Edgard Rivero	Coordinador Salud Mental (Psycologo)
DIRESA JUNÍN	Dr. Pedro Vicuña Vilchez	DIRESA JUNIN
DIRESA CUSCO	Dr. Danilo Villavicencio Muñoz	DIRESA CUSCO
DIRESA Huancavelica	Dr. Bernardo Amao Palomino	DIRESA Huancavelica
JICA Perú	Lic. Takao Omote	Resident Representative
JICA Perú	Licda. Midori Kishimoto	Program Officer
JICA Expert Team	Ing. Tateo Kusano	Expert in Project Chief Advisor / Health System
JICA Expert Team	Licda. Fude Takayoshi	Expert in Project Coordination / Strengthen Cooperation between Organization / Public Relations
JICA Expert Team	Ing. Shigeru Kobayashi	Expert in Health Human Resource Development / Hospital Management
JICA Expert Team	Ing. Makoto Tobe	Expert in Maternal Child Health, Health Promotion, Community Health

MINUTES OF MEETING
OF THE THIRD JOINT COORDINATION COMMITTEEE OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The Third Joint Coordination Committee (JCC) for the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on August 26th, 2005 at Ministry of Health, Lima Peru (MINSA). The Committee basically agreed upon issues discussed in the 3rd Technical Committee and other issues described in Annex I.

Lima, August 26th, 2005

Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan

Dr. Maria del Carmen Calle
General Direction of People's Health
Ministry of Health
Republic of Perú

Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan

Dr. Fausto Garmendia
Coordinator
Permanent Program of Integral Health
Attention for the Population Affected by
Violence and Human Rights Violence,
National Major University of San Marcos
Republic of Perú

Dra Nelly Lam Figueroa
Maternal Peri Natal Institute

Dr. Francisco Bravo Alva
General Director
Hermilio Valdizán Hospital
Ministry of Health

ANNEX 1

1. Output 4

(1) Progress of Annual Work Plan for Output 4 and social resource mapping

Each DISA was expected to hand in following documents to JCC by 5 of August:

- Annual Work Plan for Output 4 with minutes of meeting for agreement on the plan by local multi-sectoriall committee acting against violence
- Social Resource Map (including resource map, list of local organizations acting against violence, and list of Health promoters)

All DISAs have handed in the Annual Work Plans, but they still need some modifications. All DISA have been developing the resource maps, but still incomplete. MINSA will coordinate for All DISAs to submit the revised plans and maps by September 10.

(2) Model Workshop in Huaycan

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 of violence 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 from the project were:

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

Hermilio Valdizan Hospital will submit the final report of the workshop to the project team by August 29th.

(3) Data Collection System on Violence

MINSA has not yet established registration system of the violence victims, and no data on violence has been systematically collected. Through this project, each pilot site will establish the registration and data collection system of violence victims to monitor and evaluate the progress of the project.

2. Output 3

(1) Follow-up visit to DISAs

IEMP and MINSA will conduct 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.

(2) 5th training course

The 5th training course will be held from the middle of November to 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 follow-up visit in September, so that appropriate candidates can attend the 5th course.

(3) Regional Training Center

Each DISA is responsible for developing Regional Training Center under decentralization policy, through support from external donors (e.g. USAID, GTS, NGOs.) including this Project. The progress of the development of the training center will be monitored and evaluated through the follow-up visit mentioned above.

(4) Training Curriculum Revision for IEMP training

From the 6th course in year 2006, the course will train health workers working at local hospitals and health centers who will support regional readers to develop the regional training centers. The curriculum of the training will be revised to include more themes on mental health of women and children, including leanings from the training in HPRT.

3. Output 2

(1) Training System for Output 2

Special session will be held to discuss training system through which trainees of HPRT will train local health providers.

(2) Annual Work Plan for Output 2

Annual work plan for Output 2 will be developed by MINSA in coordination with UNMSM after the first HPRT Training and will be proposed to the 4th JCC meeting held in the beginning of February 2006.

4. Output 1

(1) Definition and classification of Violence

Definition and classification of Violence for this Project handles will be established applying Peruvian laws on violence and WHO definitions.

(2) Baseline survey

- Report of Junin has not been finished due to security problems in the region. It will be submitted to the JCC by 15th of September, 2005.
- Executive Summary for the study of Huaycan and Ayacucho are missing, and will be completed by UNMSM.
- UNMSM will conduct comparative analysis of the result of the base line survey in the 5 regions.
- Data source and list of references will be supplemented in the study report.

(3) Training Plan

UNMSM will develop the training plan for professors and students of UNMSM and local university after the first HPRT training in January 2006, reflecting the result of the baseline surveys and lernings from HPRT training.

5. HPRT training

Mr. Kusano and Ms. Takayoshi of the Project Team visited HPRT in Boston from August 23 to 25, 2005 and followings were agreed:

(1) basic principles of the project:

- The project targets not only political violence but also other types of violence prevalent in Peru.

- The project develops integrated health system, combining mental health and maternal/childe health.
- The project is conducted by JCC which consists of not only UNMSM but also MINSA and its related organizations as Peruvian members.

(2) Trainings in HPRT
   A) Responsibility of Trainees: The trainees participated in HPRT training have responsibility to conduct training for university faculties and students and primary/secondary health personnel at local areas.
   B) Training Period: Two 8-day trainings (9 nights and 10 days including air trip between Lima and Boston)
      1st group: January 22 to January 31, 2006
      2nd group: February 19 to February 28, 2006
   C) Grouping: 1st group - medical doctors, 2nd group – co-medicals (each 25 members)
   D) Interpreter / translation: Two Spanish-English interpreters will be available in all training sessions. All training materials and tool kit will be translated in Spanish. All lectures will (Spanish translation) be recorded in CD and distributed at the end of the trainings.
   E) Training methods: Participatory approach (combination of lectures and group discussions)

(3) Terms of Reference (Tasks)
   A) Preparation of the trainings
   B) Review of Baseline Study and Annual Work Plan
   C) Conduct two 8-day trainings in Cambridge
   D) Conduct monthly conference with JCC-UNMSM
   E) Reporting: two reports - at the end of 4 months and at the end of 8 months

(4) Curriculum of HPRT Training program
   — Introduction-Toolkit
   — Trauma story
   — Depression
   — PTSD
   — Psychopharmacology
   — Coping, Altruism, work and solidarity
   — Domestic violence
   — Alcohol/drugs
   — Cultural competence
   — Case counseling
   — Children/adolescents
   — Screening instruments
   — Wrap-up

(5) Contact organization: UNMSM will serve as contact organization and as a representatives of JCC

(6) Preparatory session: UNMSM conducts preparatory sessions for HPRT Trainees at Lima one day before departure from Peru

Participating organization for HPRT training will submit list of candidates to the Project Team by September 15th. The project team prepares the format of CV and distribute after September 15th.

The Project offer the air tickets (roundtrip to Boston - Peru), room-charges of hotel accommodation, per-diem.

6. Reporting

Baseline Survey Report consists of main report (glossary, introduction, summary of each report, comparative analysis and list of references) and annexes (report of UNMSM curriculum and 5 regions).

Progress Report 1 mainly developed by each project output;.

1) Output 1:UNMSM
2) Output 2:MINSA/UNMSM
3) Output 3:MINSA/IEMP
4) Output 4:MINSA/DISA

Both reports will be prepared in Spanish, English and Japanese. Details of preparation process will be determined on August 31st.

MINSA will develop the project webpage in MINSA homepages.

ANNEX 2

LIST OF PARTICIPANTS

Nº	Name	Organization
1	Midori Kishimoto	JICA-Peru
2	Takao Omote	JICA-Peru
3	Tateo Kusano	JICA - Project Team
4	Fude Takayoshi	JICA - Project Team
5	Makoto Tobe	JICA - Project Team
6	Minoru Tanabe	JICA - Project Team
7	Fausto Garmendia	UNMSM
8	Ulises Miñoz	UNMSM
9	Pedro Alcantara Valdivia	UNMSM
10	Maria del Carmen Calle	MINSA - DGSP
11	Marisol Campos Fanola	MINSA - DGSP
12	Tulio Quevedo	MINSA - DGPS
13	Patricia Tello CastelloTulio Quevedo	MINSA - DGPS
14	Francisco Bravo Alva	Hospital Hermilio Valdizan
15	Edhid Chero	Hospital Hermilio Valdizan
16	Nelly Lam Figueroa	Instituto Especializado materno Perinatal

MINUTES OF MEETING
OF THE FOURTH JOINT COORDINATION COMMITTEEE AND
OF THE FIRST ANNUAL MEETING OF
THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY
VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The Fourth Joint Coordination Committee (JCC) and the First Annual Meeting of the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on February 6, 2006 at the Ministry of Health, Lima, Peru (MINSA). The Committee basically agreed upon issues discussed in the Fourth Technical Committee and other issues described in Annex I.

Lima, February 20, 2006

Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan

Dr. Tulio Quevedo
Project Coordinator
General Direction of Health Promotion
Ministry of Health
Republic of Perú

for Mr. Tateo Kusano (MAKOTO TOBE)
Project Chief Advisor
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Dr. Fausto Garmendia
Coordinator
Permanent Program of Integral Health Care
for the Population Affected by
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National Major University of San Marcos
Republic of Perú

Dr. Francisco Bravo Alva
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Hermilio Valdizán Hospital
Ministry of Health

Dra Nelly Lam Figueroa
Maternal Perinatal Institute

Dr. LUIS MATOS
Coord. Equipo Itinerante
Nacional Mental Health Institute
Honorio Delgado- Hideyo Noguchi

Dr. Luis Vergara Fernández
General Director
DISA East Lima

ANNEX 1

1. **HPRT Training of Trainers**

The 1st training of trainers in Harvard Refugee Trauma Program (HPRT) was conducted in Boston/Cambridge, Massachusetts, USA from January 22nd to February 1st, 2006. Twenty five (25) Peruvian participants completed the entire training course. Overall review on the Training was presented in the 4th TC meeting on February 2nd, followed by the approval of JCC.

2. **Cascade Method Training**

Participants of HPRT Training of Trainers will form a working group to develop framework of the cascade method training, prepare for the training and conduct the training. The working group starts to have weekly meeting from February 7th, 2006.

3. **Output 1**

3.1. Annual Work Plan for Project Year 2005 and 2006 (February 2005-March 2007)

Universidad Nacional Mayor de San Marcos (UNMSM) will establish the work plan for Output 1 for 1st and 2nd year of the project (February 2005 – March 2007) through the discussion in the working group of the HPRT training participants, based on the Project Plan of Operation. (See Annex 2)

3.2. Progress of Development of Curricula, Syllabi, and Course Materials for UNMSM Training Programs

Since last year 2005, UNMSM has started to modify the curricula and syllabi of the undergraduate (*pregrado*) courses in the five professional schools of the faculty of medicine in order to incorporate the components of violence and human rights. Modification of the curricula will continue so that all appropriate undergraduate courses will have included violence and human rights topics by the end of the Project.

The Diploma course (*Diplomatura*) will be prepared and receive the approval of the Dean of the University within this year, so that the course will start from the academic year 2007 as a part of postgraduate (*postgrado*) courses.

4. **Output 2**

4.1. Annual Work Plan for Project Year 2005 and 2006 (February 2005-March 2007)

MINSA will establish the work plan for Output 2 for 1st and 2nd year of the project (February 2005 – March 2007) in coordination with UNMSM.

4.2. Progress of Development of Curricula, Syllabi, and Course Materials for Health Personnel Training Programs (Professional, Non-Professional)

UNMSM is preparing the training course for 50 participants of HPRT Training of Trainers, aiming to expand their abilities as trainers for primary / secondary health workers in five pilot sites. The draft curriculum of this training course consist of nine modules: (1) political violence, (2) violence against children and adolescents, (3) gender violence, (4) social violence, (5) analysis of base line study, (6) integrated care for the victim of the violence, (7) adult education method, (8) Peruvian laws and regulations on violence, and (9) integrated health promotion in violence and human rights violation.

Starting form the year 2006, these 50 trainers (Participants of the HPRT training and the UNMSM training) will train 200 primary health workers (40 workers in each pilot site) per year.

5. **Output 3**

5.1. Results of Follow-up / Evaluation Visits for the 4th IEMP Training

AGENCIA DE COOPERACION INTERNACIONAL DEL JAPON - EN EL PERU - JICA

Follow-up and evaluation visit on participants of the 4th Instituto Especilaizado Materno Perinatal (IEMP) training in 9 regions was conducted in September and October 2005. Observation indicates that it was necessary to increase the amount of time allotted to violence, interculturality, gender and human rights in the 5th training course.

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

5.2. Results of the 5th IEMP training

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 her attendance 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 to develop CDC. Further assistance and initiative of each participating DISA are necessary to develop CDC in the regions.

5.3. Plan for the Follow-up / Evaluation Visits for the 5th IEMP Training

Follow-up and evaluation visit for 9 sites is being implemented in February and March 2006, using same evaluation format as in the previous visit in September and October 2005.

5.4. Presentation of Annual Report (Output 3)

IEMP presented the annual report of the Output 3, which consisted of (1) summary of the 4th training course, (2) summary of the follow-up visit after the 4th training course, (3) summary of 5th Training course and (4) plan for the follow-up visit after the 5th training course.

6. Output 4

6.1. Results of Sensitization Workshops

Five regions implemented Sensitization Workshops in August and November 2005.

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 in regional health committee (*consejo regional de salud*) and provincial health committee (*consejo provincial de salud*).

In Huancavelica region, the sensitization workshop was held in November 10 and 11, 2005. Representative of almost 30 local organizations (including 9 community-based organizations and 5 NGOs, as well as governmental organizations) were presented. In the workshop, roles of each organization for the 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 the year 2006. Workshop for health promoters were not conducted for this year.

In Junín region, the working group (DIRESA Junin) organized sensitization workshops for violence-related local organizations (both governmental organizations and non-governmental organizations) in August 2005 and written resolution (*acta de acuerdo*) on mental health promotion was adopted in regional (Junín region) and micro-network (San Martin de Pangoa micro network) level. The sensitization workshops for health promoters in the community were held in November 10 and 30, 2005, in order to (1) increase knowledge on Mental Health, (2) define roles of Health Promoters in mental health promotion in the community and (3) plan of activities for community mental health improvement.

the plan of activities for mental health promotion.

6.2. Results of Community Health Activities (Plan of Activities)

In Huaycan micro-network in DISA Lima Este, Valdizan hospital provided additional training on self-care method of mental health to health promoters after the sensitization workshop in August 2005.

In January 2006, the hospital had closing ceremony of the training, and the hospital proposed to use new referral slip to enhance the multisectorial referral and for its record keeping.

In Junin region, all of the communities where health promoters located were agreed to promote mental health in the community. Recording system of care for violence victims has been established by psychologist working in the Microred. National University of Centre of Peru (*Universidad Nacional Centro del Peru*) faculty of medicine and nursing started to upgrade the curriculum to include violence / mental health component.

7. Monitoring and Evaluation

7.1. Revision of PDM

JICA expert team proposed the revision of the Project Design Matrix (PDM: *Marco Lógico del Proyecto*) for the following reasons:

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

JICA expert team presented the draft of the revised PDM in early January to the responsible organizations of each output (UNMSM, MINSA and IEMP). The 4th JCC decided that UNMSM, MINSA and IEMP would give feedback about the draft of the revised PDM by February 13th, 2006, and that if further modification would be necessary, related organizations including JICA Expert team have meeting to finalize the revised PDM.

8. Annual Work Plan for the Project Year 2006

8.1. Plan for PY 2006

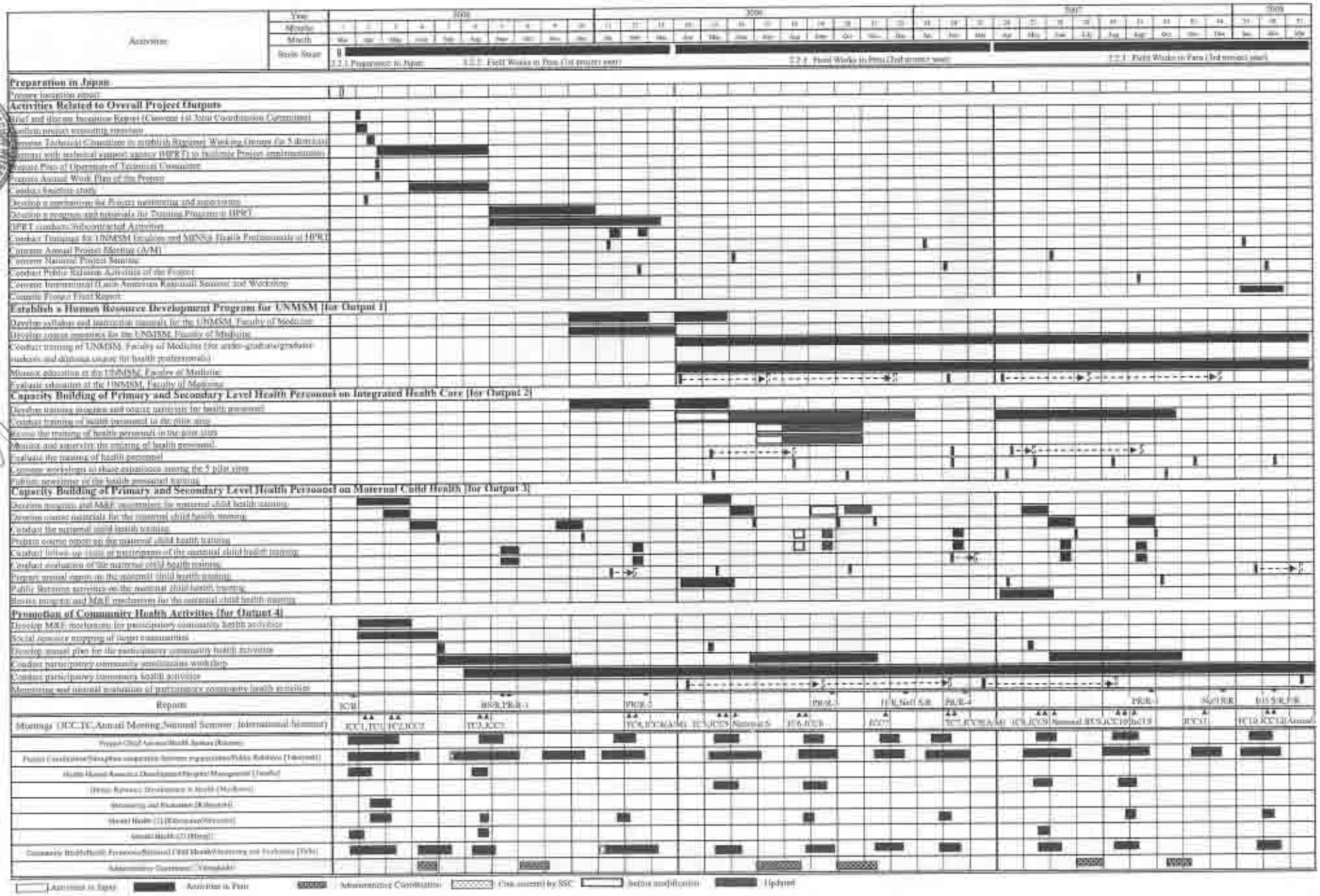
Annual Work Plan of the Project (for the Technical Committee) was presented to the 4th JCC (See Annex 2). Member organizations basically agreed on the plan.

UNMSM and MINSA will submit the Annual Work Plan for Output 1 and 2 after the discussion in the working group of the HPRT training participants..

IEMP will conduct the 6th course in June-July 2006 and the 7th course in October-November 2006.

DISA and DIRESAs proposed their annual work plan for Output 4 in each region in their Annual Reports.

Detailed Annual Work Plan for each Output will be finalized in the 5th JCC meeting scheduled in May 2006.



Plan of Operation of the Project

ANNEX2

ANNEX 3

LIST OF PARTICIPANTS

Name	Institution	Post
MARIA DEL CARMEN CALLE	MINSA-DGPS	Asesora de la DGPS
HECTOR SHIMABUKU	MINSA-DGSP	Coord. Alterno del Proyecto
TULIO QUEVEDO LINARES	MINSA-DGPS	Coord. ESNSM
PATRICA TELLO CASTELLO	MINSA-DGPS	Consultora Plan de Reparaciones
MARISOL CAMPO	MINSA-DGSP	
FAUSTO GARMENDIA	UNMSM	Coordinador
NELLY LAM FIGUEROA	IEMP	OEDIDE
ALFONSA MEDINA B.	IEMP	Apoyo Técnico
FRANCISCO BRAVO	HOSP. H. VALDIZAN	
VERONICA CHERO	HOSP. H. VALDIZAN	
LUIS MATOS	INSM/MINSA	Coord. Equipo Itinerante
ROMMY KENDALL	INSM/MINSA	Integrante de Equipo Itinerante
CARMEN FUENTE MAGÁN	DIRESA JUNIN	Coord. Salud Mental
AMAO PALOMINO	DIRESA HUANCAVELICA	Coord. Salud Mental
DANILO VILLAVICENCIO	DIRESA -CUSCO	Director DIRESA
EDGAR RIVERO	DISA LIMA ESTE	Coordinador de Salud Mental
TAKAO OMOTE	JICA	Representante Residente
MIDORI KISHIMOTO	JICA	Gerente de Proyectos
TATEO KUSANO	JICA/SSC	Coordinador
FUDE TAKAYOSHI	JICA/SSC	Experto JICA
MAKOTO TOBE	JICA/SSC	Experto JICA
SHIGEO MURAUCHI	JICA/SSC	Experto JICA

AGENCIA DE COOPERACION INTERNACIONAL DEL JAPON - EN EL PERU - JICA

MINUTES OF MEETING
OF THE FIFTH JOINT COORDINATION COMMITTEEE
OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The Fifth Joint Coordination Committee (JCC) of the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on June 1st, 2006 at the Ministry of Health, Lima, Peru (MINSA). The Committee basically agreed upon issues discussed in the Fifth Technical Committee (TC) and other issues described in Annex I.

Lima, June 15th, 2006

Mr. Takao Omote
Resident Representative
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Dr. Tulio Quevedo
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General Direction of People's Health
Ministry of Health
Republic of Peru

Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan

Dr. Fausto Garmendia
Coordinator
Permanent Program of Integral Health Care
for the Population Affected by
Violence and Human Rights Violation,
National Major University of San Marcos
Republic of Peru

1. Output 4: Community Health Activities

In order to promote access to the health care services for violence and mental health, the framework of Output 4 proposes that each region implement the sensitization workshop and community activities by organizations and institutions which represent the community. 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 (See Annex 2 and 3).

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.

Dra. 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 Cusco (*la Vicaría de Cusco*) 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.

Dr. Tulio Quevedo informed that the representatives from DIRESA Junín, Ayacucho and Huancavelica were convoked for this meeting, but the change of directors in these DIRESAs made them difficult to attend.

2. Output 3

The second follow-up visit was conducted in February and March 2006. IEMP and MINSA officers visited all 9 DISAs, which participated in the 4th and 5th IEMP training courses. The work plan for developing regional training centers (Centro de Desarrolo de competencia: CDC) was presented to all 9 DISAs and got included in the regional training plan (*Plan anual de Capacitacion: PAC*) of many regions. More than half of DISAs incorporated the theme of violence into their training plans; however health facilities have not yet become fully capable of detecting and treating violence cases.

This year, 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 will start from June 26th , and the 7th course will be held from October to November 2006.

3. Output 2

JICA Expert Team proposed the alternative cascade training models for health professionals (see Annex 4) based on the discussion at the 5th TC. The model consists of two steps:

Step 1: Fifty HPRT Training participants (master trainers) will train 25 health professionals (5 professionals per region) in Lima in July.

Step 2: These 25 trainers (5 trainers per region) will develop and conduct training for 175 professionals (35 professionals per region) on each site. Master trainers will monitor and supervise trainings through site visits and the Internet.

JICA Expert Team pointed out the following:

- The Project Design Matrix attached to the Minutes of Meeting signed in January 31, 2005 did not consider this cascade training to be a diploma course.
- The baseline survey revealed that there are only 293 professionals in 5 project sites. This may imply that the number of prospective trainees may be smaller.

Dr. Garmendia argued as below:

- This cascade training is designed to be a diploma course so to maintain its quality. They, the master trainers, are prepared to provide training for 400 health professionals in next two years according to the original plan.
- Modules of the training were prepared by different working groups formed by the HPRT training participants. Each group was assigned to develop a training content according to its specialty.
- The contents of the training are so specialized and technical that the training is better to be conducted on-site directly by the master trainers who developed the modules.
- A proposal by JICA Expert Team is not feasible in a way that it will make difficult for 25 representatives from 5 sites to replicate the training for 175 professionals in the regions. These representatives may not have good teaching skills or the expertise in giving training with theme of violence.

JICA expert team explained that the method of this cascade training should be decided by the Peruvian side to meet the needs of Peruvian society taken into consideration the availability of human resources and planned budget.

UNMSM, MINSA and JICA expert team will continue discussion and select the best option next week (week starting from June 4th).

4. Output 1

Dr. Garmendia reported that UNMSM has been revising the teaching syllabus of 5 undergraduate schools of Faculty of Medicine. Nine departments out of 12 departments of the Faculty have some courses (*asignaturas*) which are suitable for including the topics of violence, and syllabus are under revision in all of these 9 departments so that the violence can be one of the axes of the themes in the Faculty.

5. Support from Harvard

MINSA and UNMSM expect support from Harvard Program in Refugee Trauma (HPRT), specifically for;

- Training in Peru on violence against children and adolescent
- Long-range on-site supervision on the cascade training
- Revision of the training modules / methods

JICA Expert Team explained that they have been having a hard time so far in doing negotiation with HPRT. HPRT's once- submitted proposal was very different from the Terms of Reference made by JICA Expert Team, which was almost the same as Peruvian requests as above. Though the Team has requested HPRT submit a counter proposal by May 31st, HPRT has not given a reply as of today June 1st, 2006.

6. Annual Work Plan

JICA Expert team presented and explained about the draft of annual work plan (see Annex 5) and JCC basically agreed on the plan. Next week, UNMSM, MINSA and JICA Expert team will further discuss more detailed schedule of Output 2 activities, as well as the national seminar of the Project. (A week starting from June 5th).

7. Suggestions from JICA Expert team

At the end of the meeting, Ms. Morikawa of JICA Expert team suggested that all parties present here today try to rethink about how the term, psychological trauma or PTSD, means to Peruvians and Peruvian society. She mentioned that PTSD is a concept created by Americans based on their concern and their social context, and that thinking about what it means to Peruvian history and social context will help identify Peruvian ways of looking at how violence has affected people and also the Peruvian approach to cope with it.

Annex 2

Proposal of the Design of the Sensitization Workshop

Main Objective: To improve the performance and community intervention of the health technicians and health promoters by developing their skills of positive communication and attentive listening during the care process to patients affected by violence problems.

1. To provide the health technicians of skills of positive communication and attentive listening for their work with the community.
2. To support the health promoters to identify their strengthens in order to project a continuing line in their personal lives and the life of the community.

DAY	TOPICS	CONTENTS	METHODOLOGIES
1	Presentation of Participants		**Dynamics** Ice breaking: "My Balloons" Getting to know each other:" Who I am"
	Presentation of the JICA Project	Presentation of the JICA Project Workshop Objective Methodology Program Evaluation of the workshop	**Exposition -Dialog**
		SNACK	
	Characteristics of the Communication and the Active Listening	What is the communication, Elements of Communication, Characteristics of a positive communication, Verbal & Non Verbal communication, Positive Comments vs Negative Comments, Attitude and behavior that helps or blocks the communication.	**Individual & Group Work** **Drama & discussions:** Patient-health care provider interaction **Lecture:** Non Verbal Communication **Exercise:** Non Verbal Communication **Lecture:** Verbal communication skills-Attentive listening **Exercise:** Attentive Listening
		LUNCH	
	Characteristics of the patients who have suffered violence	Types of violence, Characteristics of a patient who suffered violence	**Exposition -Dialog** **Dynamics:** "All move if you ---" (Tachi) **Exercise:** Understanding the patients' point of view – Empathy
	Preparation of small handbook for the active listening and communication with patients affected by the violence	How do you prepare a small handbook, Proposal of the contents, Selection of contents, Design Proposal, Prepare a draft.	Group Work **Activities:** Team Work- " One animal by three persons" **Lecture:** How do you listen the history of a patient?- Open-ended Questions **Exercise:** Effective Use of the Open-ended Questions

2	Presentation of techniques of reconstructing history: "Our History, our future"		**Group work, Lecture & discussion:** Skilled helper – empowerment & confidentiality
SNACK			
			Exercise : Reconstruction of History with health promoters
LUNCH			
	Action Plan	Preparation of a Map of Violence in the community and The Action Plan	**Questions & Action Planning**
	Evaluation of the Training		Participants evaluate the following workshop aspects: contents, methodology, facilitation and organization.

Annex 3

Recommended Activities for Output 4

Goals:

To develop and implement a group activity for emotional recovery which will play a role as the primary therapeutic opportunity.

Objectives: By the end of this project year,

1) Non-professional health care providers will receive facilitation/communication skills training that is useful for implementing the group activity.

2) The trained facilitators will implement a group activity for emotional recovery, entitled "Our History, Our Future", to promoters.

3) "Well-being Fair" will be held with the emphasis on violence related issues.

4) Each project site will identify and plan the most relevant activity/activities in their community.

5) Each project site will identify and plan the most relevant monitoring and follow-up method for the activities.

Annex 4

Proposal of Cascade Training Model for Health Professionals in 5 Regions

June 1st, 2006
JICA Expert Team

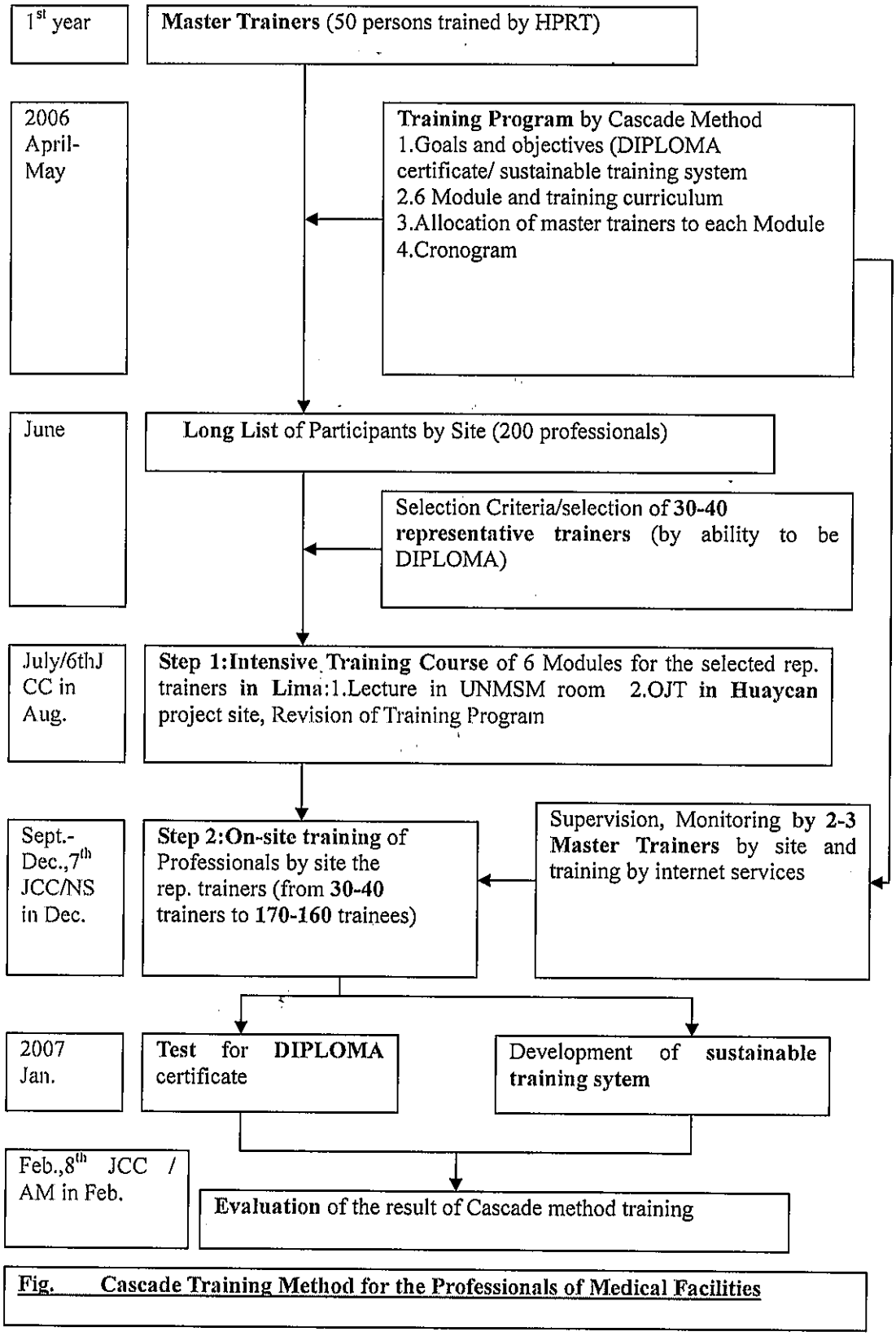


Fig. Cascade Training Method for the Professionals of Medical Facilities

Most Recommendable Cascade Training Method by Japanese Expert Team

Step1

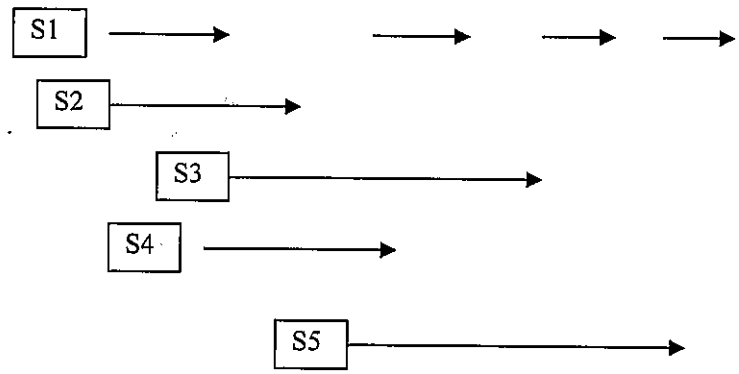
Master trainers who are the professionals trained by HPRT will provide training to the representative trainers selected from each project site in Lima. This training will be done in UNMS lecture room and on-the-job training in HUAYCAN.

	Population (Professionals) 2005	M1-M6 (by WG =50 Master trainers) as pilot training project in July		Review (TC-6th JCC in August) Monitoring/ Evaluation of the pilot project
		Lecture in UNMSM Class room	On-site training in Huaycan	
Site1 (Huaycan)	87,558(94)	5 trainers including professionals who were trained by HPRT		
Site2(Cusco-Techo Obrero)	80,854(42)	5 trainers including professionals who were trained by HPRT		
Site3(Huancavelica-Ascencion **+Neighboring area**)	28,867(14) + **Neighbor-Ing area**	5 trainers including professionals who were trained by HPRT		
Site4 (Ayacucho-Belen)	40,000(75)	5 trainers including professionals who were trained by HPRT		
Site5(Junin- San Martinde angoa)	30,315(68)	5 trainers including professionals who were trained by HPRT		
Total	267,594 (293)	25 trainers		

Step2

These representative trainers who are trained in Lima will provide training to the target professionals (trainees) in each site. A few master trainers will support these trainers at the site according to the request from the representative trainers.
This second step training approach will be applicable as a sustainable training system in Peru for the future within the limited human and financial resources.

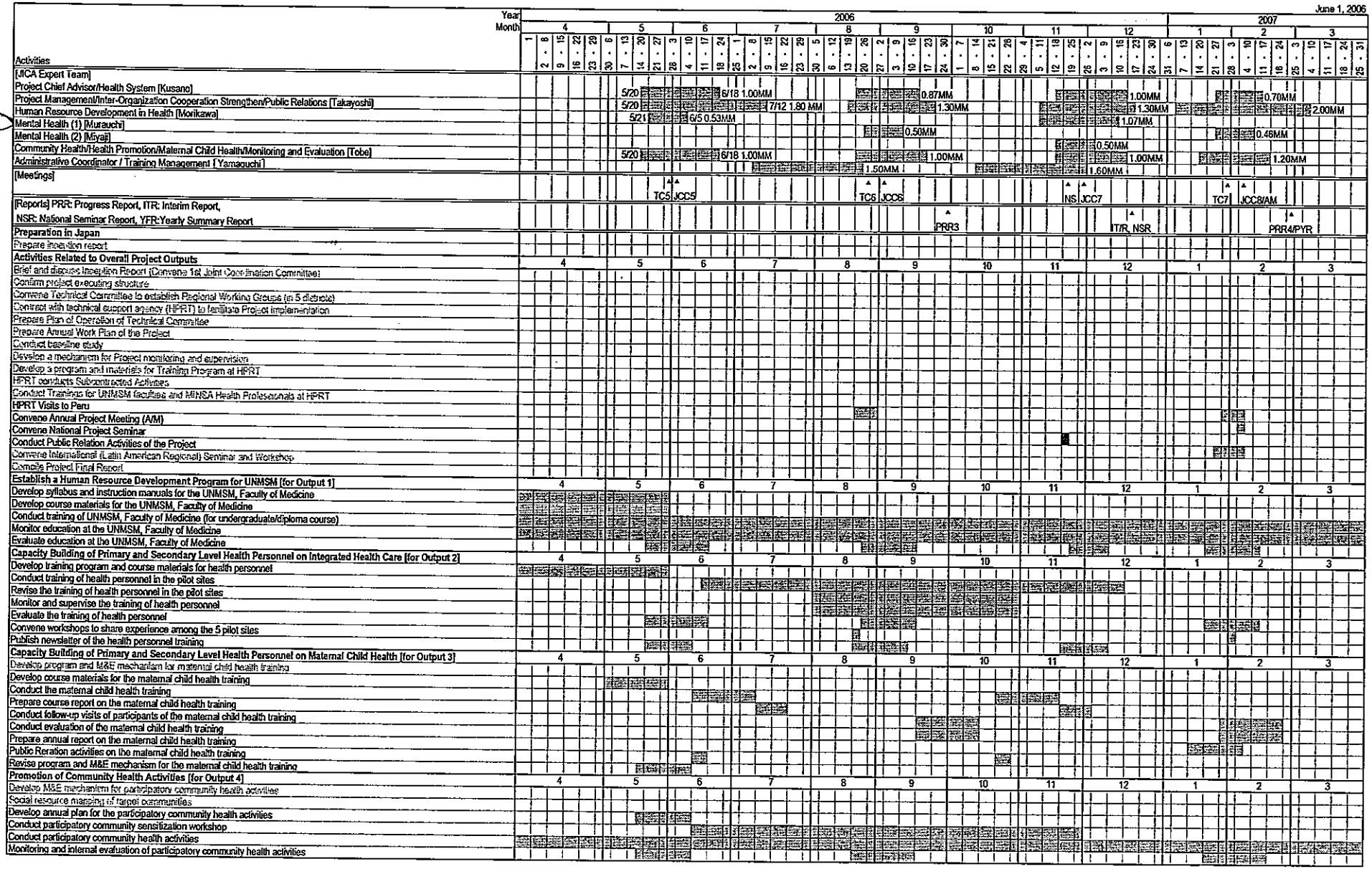
	Population (Professionals) 2005	M1(by Trainers)	M2(by Trainers)	M3(by Trainers)	M4(by Trainers)	M5(by Trainers)	M6(by Trainers)
Site1 (Huaycan)	87,558(94)	**Five** trainers by site will provide training to the **35** professionals (trainees) at each site during September and December ,depending upon the availability of the representative master trainers by module and professionals by site.					
Site2(Cusco-Techo Obrero)	80,854(42)						
Site3(Huancavelica- Ascencion)	28,867(14)						
Site4 (Ayacucho-Belen)	40,000(75)						
Site5(Junin-San MartindePangoa)	30,315(68)						
Total	267,594 (293)	200 trainees	200 trainees	200 trainees	200 trainees	200 trainees	200 trainees



Annex 5

Annual Plan of Operation (2nd Project Year: 2006-2007)

June 1, 2006



Annex 6

List of Participants

PARTICIPANTS	INSTITUTION
Dr. Tulio Quevedo	MINSA-DGSP
Dra. María del Carmen Calle	MINSA- DGPS
Dr. Hector Shimabuku	MINSA-DGSP
Dr. Luci del Carpio	MINSA-DGSP
Lic. Marisol Campo	MINSA-DGSP
Lic. Patricia Tello	MINSA-DGSP
Dr. Fausto Garmendia	UNMSM
Lic. Takao Omote	JICA-Peru
Lic. Midori Kishimoto	JICA-Peru
Ing. Tateo Kusano	JICA Expert
Mg. Hikari Morikawa	JICA Expert
Lic. Fude Takayoshi	JICA Expert
Mg. Makoto Tobe	JICA Expert
Dra. Nelly Lam	INMP
Dr. Alfonso Medina	INMP
Dr. Francisco Bravo	Hospital Hermilio Valdizán
Lic. Miriam Cabra	Hospital Hermilio Valdizán
Dra. Gloria Cueva	Hospital Hermilio Valdizán
Lic. Marco Vargas	DISA IV Liuma Este
Dr. José Enrique Villareal	Hospital de Huaycán
Dra. Elbia Yepez	DIRESA Cusco –Techo Obrero
Sr. Jorge Tizòn Basurto	MINSA-OGCI
Lic. Carolina Benavides	APCI

MINUTES OF MEETING
OF THE SIXTH JOINT COORDINATION COMMITTEEE
OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The Sixth Joint Coordination Committee (JCC) of the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on August 29th, 2006 at the Ministry of Health, Lima, Peru (MINSA). The Committee basically agreed upon issues discussed in the Sixth Technical Committee (TC) and other issues described in Annex I.

Lima, September 19th, 2006

Mr. Takao Omote
Resident Representative
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Coordinator
Permanent Program of Integral Health Care
for the Population Affected by
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National Major University of San Marcos
Republic of Peru

1. Output 1: Establishing a human resource program at UNMSM

1.1. Curricular Changes in 5 Schools of the Faculty of Medicine

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.

1.2. Agreements of the Diploma Course Curricular Plan

Starting from February 2006, the Curricular Plan of Diploma Course "Integrated Health Care for the Victim of Violence" was being formulated. When having been finalized, it was presented to the Postgrade Unit of the Faculty of Medicine, and approved at the level of the Continuing Education Section. After resolving several observations, it was also approved by the Directive Committee of the Post Graduate Unit. It has just been sent to the Dean of Faculty of Medicine to be considered by the Faculty Council on its creation and the number of vacancies as well as the budget of the course. For the final approval it will be submitted to the University Council.

2. Output 2 : Training of primary level health personnel on Integral Health Attention

2.1. List of Participants

The trainer team of Module I found that some participants were changed from the initial participant list submitted by DISA and DIRESAs upon MINSA's request before the course started. Dr. Garmendia and JICA Expert Team emphasized that it is very important that the DISA and DIRESAS would confirm the list of participants based on the attendance of the onsite training of Module I.

Dr. Quevedo promised MINSA would send the official letter to request each DISA/DIRESA to update the participant lists urgently. MINSA, UNMSM and JICA expert team agreed that the updated list which each DISA/DIRESA officially submits to MINSA responding to this request would be the final list of the participants. Also Dr. Quevedo informed that on August 14th, Mental Health Department of General Direction of People Health (DGSP) of MINSA sent an official letter to DISA and DIRESA requesting; support for the trainer team of UNMSM / MINSA /JICA; and to guarantee the Diploma Course participants the job stability.

Dr. Fausto Garmendia presented a written report of progress of the Diploma Course. So far, 4 project sites (microred of Huaycan, Belen, Ascencion and Techo Obrero) have received the training of Module I, Microred San Martin de Pangoa is to receive it from 31st through September 2nd. Module II was already started in Huaycan.

In general, the Diploma Course has been progressing as programmed, with an optimal level of participation and accurate conduction by the trainer team.

Dr. Garmendia asked to strengthen coordination between MINSA and the DIRESAS; to facilitate the participation of the professionals to the Diploma Course; and to finalize participant lists.

Finally, it was pointed out that some of the professionals trained lasts year at the HPRT are not participating in the activities related to the Diploma Course. It was suggested that the follow- up be made for such professionals as well as to make flexible the schedule of Tuesday weekly meetings so that more professionals can take part in this meeting.

3. Output 3: Training of the primary and secondary level health personnel on maternal-child health (INMP)

3.1. 6th Training Course on Maternal-Pre-natal Health

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 (*microreds*) (Huyacan, Techo Obrero, San Martin de Pangoa, Belen y Ascension), and from DIRESAS of Ancash, Cajamarca, Loreto and Huanuco. The participants of the 6th - 9th course, 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.

3.2. Follow up visit

Dr. Lam presented the schedule of follow- up/supervision visits to the training participants of 9 regions. This will start on September 4 through October 3.

This year, supervision will be extended to the health centers, in addition to the DIRESA and Hospitals. This corresponds to the focus of the 6th course on the personnel of primary and secondary level of care.

During the supervision, the following monitoring indicators will be taken into consideration: 1) in the field, application of the knowledge and skills learned for patients care, and 2) replication training realized to the health personnel in the microred.

4. Output 4: Promote the community health activities (5 DIRESAS)

4.1. Annual Work Plan

As of the 6th JCC meeting, the DIRESAS of Huancavelica, Ayacucho and DISA Lima Este completed their annual plans of community activity, whereas the plans of Junin and Cusco remain pending.

4.2. Advance and Community Health Plan Activities

The strategies of intervention implemented by the regions are diverse, responding to the level of advance each DIRESA has in health promotion.

<u>Huaycan (Lima Este)</u>

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, managememt 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 will organize two community sensitization workshops, on September 23 and on the international Non Violence Day in November.

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 will be 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.

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) will also participate in the training. Currently, the psychologist of the Sicuani Hospital visits the communities and committee of conciliation of fight against violence will ask for another psychiatrist to be assigned in this microred.

Finally, Dr. Yepez 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.

Junin:

The representative of Junin, 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 intrafamiliar violence, violence of rights and integral attention and realized screening interviews to 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 Pongoa, 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 Junin, and DIRESA Cusco have developed integrated forms of Project activities operation, by involving municipal governments and the committees of fight against violence.

4.3. Sensitization Workshop

The regions presented the dates for the community activities and the sensibilization workshop with the health promoters.

Lima Este:

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). 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 particiapants 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.

Health professionals and technicians of 3 DIRESAs of the Project (Ayacucho, Junin and Huancavelica)also participated in the Module 3 of the workshop, they would take this workshop as model and will replicate it in their respective microreds.

The schedule of the sensitization workshop for health technicians and health promoters in other DIRESAs are:
Cusco: September 13 and 14.
Ayacucho: 7 Workshops between the months of September 2006 through January 2007
Huancavelica : September 21,22 and 23.
Junin: schedule pending.

4.4. Monitoring

(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 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.

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 is developing a proposal for referral system of the cases of violence:

- 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
  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.
  Junin: has taken the referral format of the MAIS (integral health attention model) of MINSA
  Ayacucho: is in the process of validation of a referral format constructed by the Belen Microred and the Regional Hospital of Ayacucho.

5. Progress Report

JICA expert team presented the table of contents of the Progress Report 3 to JCC. JCC member institutions will submit the results of their progress according to the indicators of the logical framework of the Project by September 14.

6. Administration of the Health Personnel

In response to administrative difficulties (i.e. unexpected job transfer) claimed by the participants of HPRT training program, the INMP training course and of Diploma Course, Mr. Takao Omote, Representative Resident and the JICA expert team had a meeting with Dr. Manuel Lujan, Advisor of the vice-ministry office and Dr. Tulio Quevedo, Director of Mental Health on September 24th, 2006. Dr. Lujan pledged to send a letter to the DIRESAS requesting to have professionals participating in the trainings remain in their work areas.

In relation to this, Dr. Maria del Carmen Calle, suggested to invite to the 7th JCC in the month of November the Regional Directors of Health of 5 regions of the project, to request support for the permanency of the trained personnel in the regions.

And for the participants to the Harvard training, Dr. Calle proposed to conduct a follow- up communication with the participants and to verify their commitments with the actions of the project.

Annex 2

List of Participants:

No.	Name	Institution
1	Tulio Quevedo	Dirección General de Salud de las Personas- Estrategia Sanitaria de Salud Mental y Cultura de Paz
2	Fausto Garmendia	UNMSM
3	Hector Shimabuku	Dirección General de Salud de las Personas-
4	Maria del Carmen Calle	Dirección General de Salud de Promoción de la Salud
5	Robert Parra	DIRESA Ayacucho
6	Ruth Ochoa	DIRESA Ayacucho
7	José Villarreal	DIRESA Lima Este
8	Carmen Fuente	DIRESA Junin
9	Elbia Yépez	DIRESA CUSCO
10	Lucy del Carpio	Dirección General de Salud de las Personas- Estrategia Sanitaria de Salud Sexual y Reproductiva
11	Nelly Lam Figueroa	Instituto Nacional Materno Perinatal
12	Alfonso Medina	Instituto Nacional Materno Perinatal
13	Takao Omote	JICA Peru
14	Midori Kishimoto	JICA Peru
15	Tateo Kusano	JICA-SSC
16	Hikari Morikawa	JICA-SSC
17	Shigeo Murauchi	JICA-SSC
18	Fude Takayoshi	JICA-SSC
19	Makoto Tobe	JICA-SSC
20	Patricia Tello Castello	JICA-SSC

MINUTES OF MEETING
OF THE SEVENTH JOINT COORDINATION COMMITTEEE
OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The Seventh Joint Coordination Committee (JCC) of the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on December 4, 2006 at the Ministry of Health, Lima, Peru (MINSA). The Committee basically agreed upon issues discussed in the Sixth Technical Committee (TC) and other issues described in Annex I.

Lima, December 4, 2006

Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan

Dr. Hugo Lozada
Director of Mental Health
General Direction of People's Health
Ministry of Health
Republic of Peru

Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan

Dr. Fausto Garmendia
Coordinator
Permanent Program of Integral Health Care
for the Population Affected by
Violence and Human Rights Violation,
National Major University of San Marcos
Republic of Peru

Annex 1

1. Output 1 and 2

Dr Fausto Garmendia of San Marcos Major National University (UNMSM) informed that for Output 1 they have already included the theme of Violence in the courses of all the Professional Schools of Faculty of Medicine. The considerable number of professors is interested in including the theme of violence in their regular courses. The Permanent Program of Violence now holds 23 professors in 2006 whereas in 2003 there was only 6.

At the same time the number of courses with the themes of violence and integrated health care has increased in their 5 schools. Out of 81 courses in 2005, 30 included these themes (37%) and in 2006 they registered 37 (45.6%) which had included theme of violence and integral health.

They also conducted a research on "Analysis of the knowledge about violence among the students during their internship, pre-professional practices in all their 5 Professional Schools of Faculty of Medicine", applying a new educational method – standardized patients -. The results showed that 89% know about the integrated health care; 73% have difficulties in attending the victims of violence; 47% are capable of giving preventive and promotional health activities for the people affected by violence, and 53% have experience for giving care for the victims of violence.

The program participated to the conference on Violence and Health of the Peruvian-Argentina Medical Congress. Also, they are providing the course "the violence as problem in integrated health care" to the ex-residents of medicine who are in the process of extra training.

Dr Garmendia participated in the First Congress of Medical Education in the Peruvian Association of Faculties of Medicine (ASPEFAM), at which, as a member, he presented "the Baseline Study for Better Training in the Post-Graduate". This study was conducted within the scope of the Project and was awarded the First Place as the best research study.

For the Output 2, those professionals from UNMSM and MINSA trained by HPRT, have finished the preparation for the Diploma course on "Integrated Health Care for the Victims of Violence". The Manuals are self explanatory and will be used by the students in the on-site and non-on-site lecture. 5 manuals have been printed out and distributed to the students. . . All the lectures up to Module IV were already completed in all 5 Micro-reds.

The team of Module III teachers complemented their activities by doing research work at schools to see the situation of violence surrounding children.

2. Output 3

Dr. Nelly Lam of the National Maternal Child Institute (INMP) reported that each region given training by the Project (5 focused and 4 only for the INMP) for the 2005-2006 period has established CDC, the Regional Training Center, prepared the Annual Training Plan and started to use the Screening Formats in the health centers.

The INMP team who were trained by HPRT prepared a Module called "Call me Women" (Avisame Mujer). It contains concepts and description of a model of care; clinical guideline for the violence against women; and a training module for the care of the women who are suffering from violence. It is necessary to point out that the ideal flow of care was included in the Module IV of the Diploma course.

Follow-up supervision visits by the INMP to the regions, after the training, show that 71 out of 74 professionals trained (96%) were monitored, out of which 47(66%) are applying 80% of what they have learned. Thesee professionals have given the replication of this training for the total number of 2,314 professionals in all DISAS. The main topics of the training are the human rights, violence, mental health and health promotion mainly.

Dr. Lam said the INMP achieved the following results for the Output 3; to strengthen the regional training systems in all 9 DISAS; to improve the health services for women and children; to incoporate the human rights, mental health and violence into the trainings of all the different DISAS; to participate in the Diploma course together with UNMSM to contribute to the Module of Integrated Health Care for the Women affected by gender violence.

3. Output 4

3.1. Ayacucho Region - Micro Red Belén

The progress in this Microred Belén was presented by the Lic. Judith Aviles. She explained that this Microred has organized its community participation by the following phases:

- **INTERVENTION PHASE:**
  - Sharing the Project purpose " The integrated care of the victims of violence"
  - Population Census of victims of political violence in the different sectors and communities of Micro Red Belen.
  - Case Analysis of the maternal mortality and violence by the team of multidiscipline.
  - Survey study about the knowledge in case of pregnancy problems, early birth, puerperal period etc.
  - Identification of risk sectors .

- **INTERVENTION PHASE:**
  - Training Workshops for the health personnel related to violence based on gender and care for the victims of violence.
  - To identify the size of violence cases by sectors of jurisdiction in the Microred Belén.
  - Meeting of the working team in order to analyze the violence cases and the maternal-child mortality.
  - To strengthen the knowledge of the possible alert signs in case of pregnancy, birth, and puerperal period.
  - To conduct workshops in order to strengthen the knowledge of their rights and health duties.

In August, Dr. Hernan Quispe, a health technician, had a chance to participate in the Workshop of Positive Communication and Attentive Listening held in the Microred Belen targeting at the promoters and health technicians. The replica of this communication workshop was conducted in the Microred Belén during the month of October, as well as the Local Fair featuring "Integral Health Care" with essence "welfare". It also included the traditional medical care, games, sports for children, youths and third age people. There was a message exhibition about " No to Violence", positively accepted by the population.

Finally, the Lic. Aviles reported that from November, the Microred Belén has a permanent psychologist who does the screening of victims affected by post- violence. For this purpose they have prepared a stamp for referral that is used in all the screening sheets.

3.2. Junin Región – San Martín de Pangoa

The presentation was made by the psychologist Karina Torres, who gave the information about the progress made so far in this region with the following results. In the region at the Microred level, the agreement to work on themes of violence and mental health was officially signed by the different public & private institutions. Besides they have provided an intensive training for the different professionals at the Microrred level and have held a monthly technical meeting with the psychologists who are taking action in mental health (workshops, fairs, mental health anniversary date, etc). All the personnel have committed themselves under an Engagement Agreement Document, to include the theme of violence in their daily work.

3.3. Huancavelica

Lic. Fanny Perez who made her presentation showing the activity results at the level of Hospital, Microred and Community.

- Included the theme of violence in the training syllabus of obstetric emergency care
- Introduced the Screening Form of violence in the 7 centers of the Microred Ascension
- Conducted sensitization workshops on violence cases for the staff of health centers in Microred Ascension, people in surrounding communities, community agents, midwife students of the Huancavelica University, teenagers' group and local authorities.

3.4. Micro Red Huaycan

- indicators (process, impact)

Dr. José Villarreal, who is the coordinator of mental health actions and violence in the Microred Huaycan, reported that in August, training for the Health Promoters and Health Technicians was held.
As part of the activities in the community level, a Health Fair called "Encounter of Love and Peace" was held on October 7th, 2006 with the participation of the Huaycan Hospital personnel, health promoters, CENDIPP, ASPEM, Milk Organization Committee, DEMUNA from Vitarte, Red Solidaria de Enfermos con Tuberculosis, SAMU Social. This activity was held in the establishment of the Huaycan Hospital with the support of JICA..

Dr. Villarreal also informed that the Huaycan Hospital formed a Team of Fight against Violence, who prepared a plan of "Integrated Health care for the persons affected by violence". The hospital plans to give in January 2007 a new training course about violence for their cleaning staff, hospital guards and health technicians.

3.5. Cusco Region - Micro red Techo Obrero

Dr. Elbia Yépez who is the coordinator of the Microred Techo Obrero reported that actually they are already working the Flow of care- Chart, based on the Integrated Health Care for the victims of violence that was put into implementation in the past August by the institutions who belong to the Fight Table members working against poverty in the Techo Obrero district. At the same time a meeting was held with victims of violence and they have come up with an Operative Plan.

4. Comments by HPRT

After all the presentations were shown by the regions, Dr Richard Mollica and James Lavelle gave their comments:

- Follow- up and Supervision: it is necessary that the professionals who are conducting the Diploma course in the regions do the follow-up of the Diploma students.
- Sustainability: In order to maintain the Project sustainability Minsa needs to secure the positions of the trained personnel and of those who will be trained during 2007 so that they will not be transferred or rotated to elsewhere.
- Financing: To obtain better financing, MINSA must properly estimate the cost of mental health treatment per patient. This will surely helps to know how much it costs to treat a standard patient.
- Self Care: it is necessary to promote self-care among health personnel and provide facilities for such services. Medical personnel in mental health must have best physical-mental and social conditions in order to attend victims of violence.
- Evaluation: It is necessary to see the impact and the treatment results, focusing on the capability of the trainers. What is most recommended is to follow a pre and post test.

- Centers of Excellence: HPRT recommends that a group of specialists per each region be formed as centers of excellence, in order to take care of the most difficult cases that may arise as consequence of the attention and services.

5. Discusión Topics

Mr. Tateo Kusano, Chief Advisor of the Project, presented a list of 8 topics to be discussed. These topics were already included in the Progress Report No. 3 and that will be also presented to the National Seminar as a guidance instrument to lead the work by the regions (See Annex 2). The topics presented were:

(1) How do we expand the capacity of care in the primary psychiatrist level?
(2) How can we maintain the good quality of care given by the doctor without psychiatric background (non professional psychiatrist)?
(3) How do we secure the budget allocation for the Services of Mental Health ?
(4) What is the "Integrated Health Care?"
(5) How and with what tools do we train the health personnel without university degree?
(6) How can we re-determine who will take the Diploma Course?
(7) Follow -up, review and Project evaluation
(8) What do we do with the personnel changes?

6. Counterpart List

The recent personnel changes in MINSA have made it unclear who remains as project counterparts as of today. It was requested to the Director of Mental Health, Dr Hugo Lozada that MINSA update the list of the persons involved in this Project as counterpart. The list is attached in the Annex 3.

ANNEX 2

Current Issues presented in the Progress Report 3

(1)How do we expand capability of psychiatric primary care treatment?
Medical workers in regions who are taking the Diploma Course training have relatively little experience in providing psychiatric care. This may leave doubt if this training is truly able to equip these medical workers with sufficient clinical capability for psychiatric treatment. Psychiatric problems dominant in Peru are; Depressive Disorder and Other Affective Disorders; Anxiety Disorders such as PTSD; Schizophrenia and Other Psychotic Disorders; and Substance Abuse and Dependence. Therefore, it is important to thoroughly review Module 3 (Children/adolescent), Module 4 (Women) and Module5 (Adults/elderly persons) whether these Modules are designed to provide participants with practical clinical capability. Likewise, it is critical for social workers, nurses and practical nurses to become more capable of doing initial screening of the patients, as they are often the first contact made by the patients in medical institutions.

(2)How can we maintain the good quality of care provided by medical professionals with no psychiatric background?
At the initial stage, by intentionally limiting the number of outpatient care, medical workers with no psychiatric background (doctors, clinical psychologist) may be able to spend sufficient time for each treatments and for the follow-up of the patients. Later, the number can be gradually increased, which would enable these medical professionals to estimate the cost of care (including procurement of psychoactive drug). Additionally, the network of human resources built by the Diploma Course should contribute in making a system , whereby medical doctors with no psychiatric background are able to consult with professional psychiatrists when necessary.

(3)How do we secure budget allocation for Mental Health Services?
At this point, it is hard to conclude that sufficient budget has been allocated for mental health services. Some regions have been financially supported by an EU project, however, the EU's financial assistance will be terminated by December 2006. This may result in budget shortage for the cost of mental health services.

(4)What is the "integrated health care"?
The Output 4 activities have providing various training programs, and helped reinforce the network of health promoters, NGOs and community-based organizations. Since psychiatric medical care is becoming available by the health professionals trained by the Outputs 1-3, community programs should take care of non-medical needs, that is, providing psychosocial care as well as creating peace culture. Psychosocial care means helping an individual, family, group or community overcome specific emotional or social problems and achieve specified goals for well-being. It seeks to help people modify their behaviors, personalities or situations to attain satisfying, fulfilling functioning within the framework of one's values, goals and the available resources of society. Medical care is very important for those who need it. There are cases, however, which pain can be reduced by developing problem-solving skills or coping skills. In other cases too, playing sports, planting community gardens, or setting up a space just for dropping by and chatting can help people connect to one another, leading to become a supportive community. The primary purpose of psychosocial care is to help people become resilient and self-reliant. When both medical and psychosocial services supplement each other and are made available to the victims of violence, it can be an integrated health care delivery. Building peace culture will truly be a part of health issue as it will serve as violence prevention down the road.

The indicators set for assessing the Project goal are the number of medical care given for the victims of violence and the number of care provided by health promoters and NGOs. Simply achieving the greater number of medical care does not necessarily support the goals of the Project. Medical institutions have certain capacity for receiving patients. The greater number of patients may end up providing care with less quality and causing "burn-out" syndrome among the medical workers. As argued above, the number of victims of violence who need medical care may decline when the system of psychosocial care works out. Thus, the integration of psychiatric medical services and psychosocial care is deemed requisite for "Comprehensive Health Care" .

(5) How and with what do we train Medical workers with no university degree?
This year's Output 2 training is provided only to medical workers with university degree. However, there are only non medical professionals, namely those who are without a university degree, at many of the front-line medical institutions such as Puesto de Salud. These non-professionals are often the first contact made by the victims of violence, and therefore it is important that they are also educated and prepared for the care of the victims of violence.

(6)How do we determine who should take the Diploma Course and how do we make adjustments accordingly?
Originally, the Output 2 training for medical workers (the Diploma Course) is aiming at producing 80 Diploma holders per site in the next two years, totaling 400 persons by the end of the Project. However, the 2005 Baseline Survey showed that there are only 143 medical workers with a university degree in total of five project sites, and 293 including non-professionals. Because of this discrepancy between the target number and the actual number of eligible medical workers, some sites have already accepted participants from neighboring Microred or other Reds in DIRESAs to achieve the target number. This situation requires us to re-evaluate both the content of the training and who to be trained at the beginning of the third year of the Project.

(7)Review on Project evaluation
At present, the quantitative indicators as in PDM are applied in the evaluation. However, the method of collecting data in relation to the number of psychiatric care provided by health promoters, NGOs, community groups and local administration is still being developed and modified in the Project sites. In addition, qualitative outputs achieved by the Project should be taken into consideration at the time of evaluation; changes in the attitude of medical personnel for the patient care ; changes in quality of care; and the development of more institutionalized and sustainable way of training medical workers. By so doing, the outputs accomplished by the Project are more comprehensively examined.

(8)What do we do with personnel changes?
This Project involves various training programs such as HPRT training, MCH training and the Diploma Course for medical workers. Unfortunately, many of these training graduates became subject to the recent personnel changes in MINSA and DIRESAs due to this year' s presidential election and had already been transferred to elsewhere. This has hindered sustainable and desirable Project participation by these graduates, and certainly made negative impact on the Project. The Project team made efforts to minimize such political influence by negotiating with the Vice Minister and his Attaché, yet many of the key counterparts have already been transferred. The team will continue requesting MINSA/DISA/DIRESA, and the Regional Government which have authority over personnel issues, for further cooperation and consideration on this matter.

Annex 3

Peruvian Side Counterpart

The Peruvian side nominates the following counterparties for each Japanese expert.

Japanese Expert	Counterparty Name	Organization	Position
(1) Counseling Chief/ Health System (Tateo Kusano)	Dr. José Calderón Yberico	MINSA	General Director of the General Direction of People Health (DGSP)
	Dr. Hugo Lozada Rocca	MINSA	DGSP
	Dr. Fausto Garmendia	UNMSM	Coordinator
(2) Project Coordination/ Cooperation Strengthening among organizations (Fude Takayoshi)	Dr. Elsa Montalvo	MINSA	DGSP
	Dr. Alberto Perales	UNMSM	Specialist in Psiquiatry
(3) Development of Health Human Resources / Hospital Direction (Hikari Morikawa)	Dr. Alfonso Medina Bocanegra	MINSA/IEMP	Training Specialist and Investigation
	Srta. Eva Miranda Ramón	UNMSM	Professional Specialist
	Dr. Danilo Villavicencio Muñoz (Cuzco) Dr. Pablo Córdova Ticse (Lima Este) Dr. Luis Huamaní Palomino (Junín) Dra. María Torrealva Cabrera (Ayacucho) Dr. Aldo Benel Chamaya(Huancavelica)	DISA	General Directors, Health Direction, Regional Health Directions
(4) Mental Health 1 (Results 2 & 4) (Shigeo Murauchi)	Dr. Alberto Perales	UNMSM	Specialist in Psiquiatry
	Dra. Edith Chero Campos	Valdizán Hospital	Specialist in Psiquiatry
	Dr. Luis Matos Retamozo	Noguchi Mental Health Institute	Specialist in Psiquiatry
	Lic. Marco Vargas López (Lima Este) Dr. Bernardo Amao Palomino (Huancavelica) Lic. Cleimer Bautista Soto (Ayacucho) Lic. Carmen Fuente M. (Junín) Dra. Elvia Yepez (Cuzco)	DISA DIRESA DIRESA DIRESA DIRESA	Mental Health Responsable
(5) Mental Health 2 (Result of	Dr. Alberto Perales	UNMSM	Specialist in Psiquiatry
	Dra. Edith Chero Campos	Valdizán Hospital	Specialist in Pasiquiatry

Output 1) (Naoko Miyaji)	Dr. Luis Matos	Noguchi Mental Health Institute	Specialist in Psiquiatry
(6) Community Health / Health Promotion / Mother-Child Health (Makoto Tobe)	Dra. Nelly Lam Figueroa	IEMP	Training Chief
(7) Monitoring and Evaluation (Makoto Tobe)	Dr. Pedro Mendoza Arana	UNMSM	Responsable General de Relaciones y Cooperación Interinstitucional
	Dr. José Castro Quiróz	MINSA	OGCI

(revised on the 7th JCC meeting, December 4, 2006,)

Annex 4

Participants List

Nº	NAME	INSTITUTION
1	Hugo Lozada	General Direction of People Health- Sanitary Strategy of Mental Health and Peace Culture
	Beatriz Seclen	Mental Health Direction
2	Fausto Garmendia	UNMSM
3	Judith Aviles	DIRESA Ayacucho
4	Ruth Ochoa	DIRESA Ayacucho
5	José Villarreal	DIRESA Lima Este
6	Karina Torres	DIRESA Junín
7	Elbia Yépez	DIRESA Cusco
8	Fanny Pérez	DIRESA Huancavelica
9	Nelly Lam Figueroa	Instituto Nacional Materno Perinatal
10	Richard Mollica	Harvard (HPRT)
11	James Lavelle	Harvard (HPRT)
12	Takao Omote	JICA Peru
13	Midori Kishimoto	JICA Peru
14	Ikuo Takisawa	JICA Japón
15	Tateo Kusano	JICA-SSC
16	Hikari Morikawa	JICA-SSC
17	Shigeo Murauchi	JICA-SSC
18	Fude Takayoshi	JICA-SSC
19	Makoto Tobe	JICA-SSC
20	Patricia Tello	JICA-SSC
21	Vicky Pareja	CAPS
22	Gloria Cueva	Hospital Hermilio Vardizán

MINUTES OF MEETING
OF THE EIGHTH JOINT COORDINATION COMMITTEE
OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE
AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The Eighth Joint Coordination Committee (JCC) of the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on February 7 and 14, 2007 at the Ministry of Health, Lima, Peru (MINSA). The Committee basically agreed upon the issues discussed in the Eighth Technical Committee (TC) and other issues described in Annex I.

Lima, February 14, 2007

Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan

Dr. Hugo Lozada
Director of Mental Health
General Direction of People's Health
Ministry of Health
Republic of Peru

Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan

Dr. Fausto Garmendia
Coordinator
Permanent Program of Training for
Integrated Health Care of the Victim of Violence
Faculty of Medicine
National Major University of San Marcos
Republic of Peru

1. Output 2

1.1. Development of the Diploma course:

Concerning the Output 2, Dr. Garmendia informed that the *presential* (on-site training) phase of Module V in three Microredes (Huaycan, Ascensión and Techo Obrero) was being concluded and that the presential phase of Module VI in Huaycan had started in the present week. At the same time the follow-up of the learning is in progress.

Dr. Garmendia also pointed out some of the problems and challenges in this diploma course and that each pilot zone showed different situation. It is necessary to receive the support from the DIRESAs and to materialize an agreement specifically with the regional governments in order to guarantee the attendance of the participants of the course.

Concerning the diploma course implementation during 2006-2007, Dr. Garmendia said that he was preparing the report of the course, and this document would be given to JICA-SSC by the end of February. In addition, by February 16th, he will disclose information about the results of the pre and post tests (conducted at the beginning of the course and both at the beginning of and at the end of the Module 1 to 4) as well as the information on the course attendance of the students.

1.2. Progress of authorization by the University

Dr. Garmendia informed that the Diploma course had been approved by the University Council and was waiting for the signing by the president of the University.

1.3. Supervision and Evaluation System of the Diploma course

Dr. Garmendia presented the following evaluation indicators: the number of patients diagnosed, pre- and post-test evaluation of each module, attendance to the presential (on-site training) phase, evaluation of the homework, evaluation of the global impact, periodic follow-up to the trained health professionals.

At the same time the HPRT team reminded that the supervision would focus on evaluation of the clinical abilities and that as UNMSM had proposed, it is possible to maintain smooth communication between students and trainers through the internet. Student can ask for advice in case they have encountered complicated cases.

Dra. María del Carmen Calle said that there are two aspects in the supervision: one is related to the academic development of the Diploma course participants and the other is related with the clinical skills they have obtained for attending to the victims of violence. The clinical skills must be evaluated in the field, by directly observing the Diploma course graduates. She also presented a proposal for supervision; self-care of the health professionals who attend to violence cases.

1.4. Selection Criteria for the participants of the Diploma course for the 3rd 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

According to Dr. Rommy Kendal, a representative of the INSM-HDH Noguchi, the proposed basic criteria guarantee the permanence of participants in the process of continuous formation. Concerning the complementary criteria, Dr. Kendall suggests that in case of Ayacucho it is better to include the health professionals who are working with the Arquidiócesis Commission which has been actively working with victims of the political violence since 2000

Dr. Garmendia said that if Diploma course includes participants from the local police, they have to be members of the Health Department of the Police (SANIDAD) and not of the law enforcement department. Also he mentioned that in case of the local universities, participants have to be in the higher positions, like the directors of school, who may be able to change the curricula of the school later.

However, Dra. Yépez from the Microred Techo Obrero, considers that the participants should include professionals/lecturers of the local and regional universities, who are not necessarily in the higher position. They are residing closer to the project sites where there exist violence cases and they can be considered as a reference source for the Diploma course participants.

Mr. Kusano of the JICA expert team clarified that changing of the curricula of the local university to include the theme of the violence is out of the scope of the Project.

With this opinions and suggestions, JCC finally approved the basic and complementary criteria as written above.

1.5. Training for the non professional health providers

The five regions of the project, as a whole, mentioned that they have already started the training of the non-professional health personnel in each project site with the support of the theory given during the diploma course training. In addition, they mentioned that :

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- The regions can prepare a Training Guide based on the training experience for the promoters and non professional health technicians, by using the knowledge acquired during the Diploma course and adjusting the contents of the modules of diploma course to the level of the non professionals.
- Training for the non professionals can be handled by the professionals trained in the Diploma course.
- The course may use methodology of workshops as well as practices of health service in community and hospitals

In addition, the regions presented to JCC a proposal with time schedule to prepare the training manual and to execute the training for the non professional personnel.

After the discussion, JCC agreed upon the following:

- The regions will be responsible for conducting the training for the non-professional health personnel based on the experience they obtained during the first and second year of this Project; namely, the sensitization workshops to the health promoters and health technicians, and the training given to the health technicians through the regional training center (Centro de Desarrollo de Competencias: CDC) of the Ayacucho Regional Hospital.
- In coming May of the next project year in 2007, the regions will first present their training plan for the non professionals to the members of TC, and then to JCC in order to receive its authorization.

The proposal prepared by the regions was reviewed by the experts of UNMSM and MINSA and is attached as annex 2 of this document.

2. Output 3

2.1. Progress of the Follow-up Visit

Dra Lam, representative of INMP, explained that the follow-up of the INMP training course was started in January 2007. This time they plan to visit all trainees of the 7th course and some trainees of the 4th, 5th, and 6th courses whose evaluation score in the previous visit in September 2006 did not reached to 100%.

2.2. Plan for the 3rd Year (8th and 9th course)

Regarding the Plan for the 3rd year, Dra Lam presented a work plan, which includes:
- planning, coordination and preparation of training materials (April)
- execution of the 8th and 9th courses in May and August respectively
- evaluation, preparation and presentation of the course reports (June and September)
- follow-up visit (October, November and December)
- evaluation of the follow-up visit, and preparation of the final report (January and February)

Concerning the last follow-up visit, INMP proposed to cover all trainees trained by the Project in 3 years (4th to 9th courses), and 15 -18 trainees from each DIRESA located in the different establishments. It requires more man power of the evaluators and/or longer stay in each DIRESA.

3. Output 4

Concerning the Output 4, all the regions presented their annual reports of the Project activities from January 2006 to December 2006, based on the format prepared by the JICA-SSC expert team.

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The JICA expert team asked the regions why there are big differences in the statistic information on the identification, care and referral of people affected by the violence (see annex 3)

Dra. Elbia Yépez from Cusco, informed that in Techo Obrero, they decided to consider the "abandon" as a case of violence. For Example, children with symptoms of malnutrition, or without having completed the vaccine program, are considered as cases of violence. As a result, in the present year, these establishments in Techo Obrero registered around 1,257 cases.

On the other hand, local institutions like Emergency Center for Women, Police and Vicarage registered all their interventions as attentions. They did not distinguish the cases among *identified, attended or referred* patients. She mentioned that she would regulate the reporting format of these local institutions from January 2007. The total number of the victim of violence reported from January to December 2006 was of 2,179.

In Huancavelica and Ayacucho, the statistics of violence cases registered in health establishments are very similar. Huancavelica registered 97 cases and in Ayacucho 71 in 2006. Nevertheless, in the registration of violence cases recorded by other local institutions, Huancavelica reported only 1 case, while Ayacucho reported 0. This is because these regions have not established the necessary coordination with the local institutions so that they can collect and submit information.

Ms. Carmen Fuente, representative of Junin, pointed out that there were 323 cases in Junín, but it only included the case reported from one health center in San Martin de Pangoa and Emergency center for Women in the area.

The representatives of five regions decided that they would continue sharing their experience and findings so that they could propose an unified format of registration of violence cases. The JCC concluded that it was important to standardize the criteria of process of the care for the violence cases (care, diagnosis, treatment, advice, and case-referral / back referral)

4. Monitoring, Evaluation and Supervision of the Project

Lic. Luz Aragones on behalf of Dr. Hugo Lozada, Director of Mental Health Department in MINSA , presided the meeting which was extended and held on Feb 14th. She discussed that the Project would need to consider the quantitative indicators (i.e. number of patient attended) and qualitative indicators (i.e. review of typical cases and achieved cases) as well as establishing working groups in national and regional level, when conducting monitoring, evaluation and supervision of the project.

In addition, Mr. Kusano of the JICA expert team reminded that the main purpose of this Project is to establish an integrated health care system in the target regions and that in the past two years the evaluation was done basically by outputs. But in the third year, in addition to the output-based evaluation, it will be necessary for the Project o evaluate the results in an integrated way.

According to the Record of Discussion of the Project, the Technical Committee is the responsible for monitoring, evaluation and supervision of the Project. The JCC agreed with the proposal given by MINSA; to establish a national working group for evaluation that would consist of representatives of MINSA, UNMSM, INMP, Hospital Hermilio Valdizán, INSM-HDHNoguchi and JICA expert team, and to establish local working groups in each region involving DIRESA and project sites.
Basic Tasks for each working group are:

National working group:

- To review the self-evaluation of each output conducted by the responsible organizations: The

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UNMSM will handle that of Output 1 and of the Diploma course teachers as Output 2. MINSA/INMP will be in charge of Output 3 and MINSA and DISA/DIRESAs for Output 4.
- To conduct the integrated evaluation in the project sites with the support of an external organization in Peru, which will assist both the Technical Committee, and the regions headed by DIRESA/DISA

Local working group:
- To conduct the integrated evaluation in the regions and in the project sites.

The JCC confirmed the eligibility of an external organization. :
- It is in Peru.
- have experience in Project evaluation
- have experience in violence and mental health

Dr. Garmendia proposed that the Project make an agreement with each region to confirm their support to the evaluation. However, MINSA emphasized that there is a record of discussion of the Project signed by MINSA, UNMSM and JICA. On January 18th, MINSA sent the Directors of 5 DIRESAs the Record of the Discussion of the Project to remind them about the Project and to confirm their participation in the Project.
To reinforce its validity, MINSA will again send official letters to the DIRESAs informing about the Plan for the 3rd Year of the Project, attaching this Minutes of Meeting, and will ask DIRESA for the follow-ups according to the agreements sated in this Minutes of Méeting. In addition,

5. Plan for the 3rd year of the project (April 2007 – March 2008)

The JCC discussed the main activities for the 3rd year of the Project. One of the points of discussion was the International Seminar which is expected to be conducted in February 2008. Dr Garmendia proposed to do this Seminar in December 2007 in order to compile the seminar minutes in a publication. However, the JCC clarified that the main purpose of the international seminar is to present the results of the Project among Peruvian and representatives of Latin American countries, based on the draft final report which is going to be prepared by the Project during January 2008. Dr Garmendia showed his acceptance to the proposed date.

The main activities for the 3rd year are :

March – April 2007:	Revision of Manuals of Module of the Diploma course
	Selection of the participants for the Diploma course
April – May 2007:	Confirmation of the annual work plan (3rd year of the project)
April 2007 – February 2008:	Monitoring, Evaluation and supervision of the Project
May 2007 – January 2008:	Diploma course (2nd course)
May – November 2007:	Non-Professional Training
May – December 2007:	Sensitization Workshop, Community Health Activity
May - August 2007:	Training by the INMP – Maternal Child Health (8th and 9th course)
September 2007:	Preparation of the Progress Report 5
October 2007:	Project Final Evaluation (by JICA Tokyo and JCC of the project)
October – December 2007:	INMP training follow-up
January 2008:	Preparation of the Final Report (draft)
February 2008:	Project International Seminar
February 2008	Preparation of the Final Report

The JCC concluded the session by approving the activities plan for the 3rd year of the Project.

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Annex 2

Training Plan of Non-Professional Health Worker, Proposed by the Representatives of Five Regions

PLAN DE TRABAJO PARA CAPACITACION A PERSONAL DE SALUD NO PROFESIONAL EN "ATENCION A PERSONAS AFECTADAS AFECTADAS POR VIOLENCIA"

JUSTIFICACION :

Los equipos tecnicos de salud que intervienen en las zonas afectadas por violencia de las regiones Huancavelica, Cusco, Ayacucho, Huaycan, Junín se encuentran constituidas por profesionales y personal tecnico en salud, estos ultimos no profersionales, es imprescindible capacitar a personal no profesional en el tema de ATENCION A PERSONAS AFECTADAS AFECTADAS POR VIOLENCIA, por ser el recurso humano que se encuentra en las zonas mas distantes e inaccesibles, es importante elevar la propuesta del periodo de ejecución para dar inicio a lo proyectado a partir del mes de mayo del año 2007.

EQUIPO TECNICO
Equipo tecnico conformado por
- responsables del Proyecto en 5 regiones o microredes

APOYO TECNICO
- docentes invitados de universidades locales

RESPONSABILIDADES DE EQUIPO TECNICO
- Elabolacion de Plan
- Elaboalcion de manual
- Ejecución de capacitacion en 5 microredes pilotos
- Monitoreo de actividades
- Evaluacion de resultado de capacion
- Entrega de resultados

CRONOGRAMA

Año 2007, Mes	Mayo	Junio	Julio	Ago	Sep	Oct	Nov	Dec
Elabolacion de Plan								
Elaboalcion de manual								
Ejecución de capacitacion en 5 microredes pilotos								
Monitoreo de actividades								
Evaluacion de resultado de capacion								
Entrega de resultados								

Carmen Fuente Magan (directora salud mental, DIRESA Junin)
Bernado Amao Palomino (directora salud mental, DIRESA Huancavelica)
Elbia Yepez Chacon (Medico, Centro de Salud Techo Obrero, DIRESA CUSCO)
Judith Aviles Osnayo (Gerente Microred Belen, DIRESA Ayacucho)
Bacilia Vivanco Garfias (Unidad de Capacitacion, Hospital Regional Ayacucho)
Robert Parra Heredia (Director de Atención Integral de Salud, DIRESA Ayacucho)
Miguel Ventocilla Sanabria (Responsable Salud Mental, Microrred Pangoa)
Jessica Zevallos Tucto (Psicologa, Microred Ascencion, DIRESA Huancavelica)
José Enrique Villareal (Hospital Huaycan, DISA IV Lima Este)

Lima, 7 de febrero de 2007

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Annex 3

Results of Project Indicators (from January 2006 to December 2006)

Activities of Health Promoter

Monitoring and evaluation indicators	Huaycan	Cusco	Hvca	Ayacucho	Junin	Total
Number of victims of violence identified	10	15	12	19	46	**102**
Number of victims of violence being attended	10	15	0	19	72	**116**
Number of victims of violence referred to other institutions	10	15	0	0	118	**143**

Activities of Health care provider

Monitoring and evaluation indicators	Huaycan	Cusco	Hvca	Ayacucho	Junin	Total
Number of victims of violence identified	1,630	1,257	97	71	39	**3,094**
Number of victims of violence being cared for	1,630	1,257	97	71	30	**3,085**
R456. problems related to violence		1,257	97	71	20	**1,445**
T7411. physical abuse by spouse	0	15	72	13	237	**337**
T7412. physical abuse of children	66	6	9	2	69	**152**
T742. sexual abuse	26	15	1	27	2	**71**
T743. psychological abuse	28		0	18	169	**215**
Z654. victim of crime o terrorism including torture	974	35	4	0	89	**1,102**
Other type of violence	0	273	202	0	652	**1,127**
Number of victims of violence referred to other institutions	335	352	0	0	0	**687**

Activities of Community-based Organizations, NGO, violence related local institutions/authorities (excluding health care provider)

Monitoring and evaluation indicators	Huaycan	Cusco	Hvca	Ayacucho	Junin	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**

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

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Annex 4

List of Participants

Wednesday, February 7, 2007 (Day 1)

Nº	Name	Institution
1	Hugo Lozada	Director de Salud Mental (DGSP)
2	Fausto Garmendia	UNMSM
3	Beatriz Seclen	Dirección de Salud Mental (DGSP)
4	Lucy del Carpio	Estrategia Sanitaria de Salud Sexual y Reproductiva
5	Mael Morante	Dirección General de Promoción de la Salud (DGPS)
6	Eva Miranda	UNMSM
7	Maria del Carmen Calle	Capacitada en HPRT
8	Carmen Fuente	DIRESA Junín
9	Robert Parra	DIRESA Ayacucho
10	Judith Aviles	DIRESA Ayacucho
11	Basilia Vivanco	Hospital de Ayacucho
12	Elbia Yépez	DIRESA Cusco
13	José Villarreal	DIRESA Lima Este
14	Juan Carlos Yafac	DIRESA Lima Este
15	Bernardo Amao	DIRESA Huancavelica
16	Nelly Lam Figueroa	Instituto Nacional Materno Perinatal
17	Alfonso Medina	Instituto Nacional Materno Perinatal
18	Takao Omote	JICA-Perú
19	Midori Kishimoto	JICA-Perú
20	Tateo Kusano	JICA-SSC
21	Shigeo Murauchi	JICA-SSC
22	Fude Takayoshi	JICA-SSC
23	Makoto Tobe	JICA-SSC
24	Patricia Tello	JICA-SSC
25	Richard Mollica	HPRT (Observer)
26	James Lavelle	HPRT (Observer)
27	Tamaki Kobayashi	HPRT (Observer)
28	Yasushi Kikuchi	HPRT (Observer)

Wednesday, February 14, 2007

Nº	Name	Institution
1	Luz Aragonez	Dirección de Salud Mental
2	Fausto Garmendia	UNMSM
3	Romy Kendal	INSMHDHNoguchi
4	Gloria Cueva	Hospital Hermilio Vardizán
5	Francisco Bravo Alva	Hospital Hermilio Vardizán
6	Verónica Chero	Hospital Hermilio Vardizán
7	Maria del Carmen Calle	Capacitada en HPRT
8	Takao Omote	JICA-Perú
9	Midori Kishimoto	JICA-Perú
10	Tateo Kusano	JICA-SSC
11	Fude Takayoshi	JICA-SSC
12	Makoto Tobe	JICA-SSC
13	Patricia Tello	JICA-SSC

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