MINUTES OF MEETING OF THE TECHNICAL COMMITTEE (TC) AND
THE JOINT COORDINATION COMMITTEE (JCC) OF
THE PROJECT OF STRENGTHENING INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY THE VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

The Ninth Technical Committee (TC) and the Joint Coordination Committee (JCC) of the Project of STRENGTHENING INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY THE VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project ") was held on April 27, May 9 (TC), and May 4 2007 (JCC), at the Ministry of Health (MINSA) and JICA-Peru, Lima Peru. The JCC discussed the topics covered by the 9th TC and other themes as well as described in the Annex 1.

Lima, May 15, 2007

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Resident Representative
Japan International Cooperation Agency (JICA)
Japan

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1. Plan for the 3rd Year

Mr Makoto Tobe from JICA expert team informed that in October this year the Final Project Evaluation will be conducted by the JCC and the Japanese External Evaluation team. The Technical Committee must provide information about the Project, and for this purpose a Local Consultant will be hired to support the work of the Technical Committee.

In addition, during the month of September, the Progress Report 5 will be prepared, which will include the findings of the evaluation.

The International Seminar will be held in February 2008. In this seminar, the progress and accomplishment of the Project to be covered by the draft of the Final Project Report will be presented.

Harvard Program in Refugee Trauma (HPRT) will continue providing technical assistance for the Project.

The Annual Plan includes the period of April 2007-March 2008. (Annex 2)

2. Monitoring and Project Evaluation (Project target and results of the Project)

2.1 Revision of Project Design Matrix (PDM) / Logical Framework (Annex 3):

The changes proposed and discussed were:

Super Goal:

- Dr. Garmendia proposed to change one expression mentioned in the first indicator: from "mental health" to "integrated health"
- The JICA team commented that it was not logical that the indicator and the objective were the same. Second, the "integrated" health is too wide a concept to be measured. In this sense the team proposed to leave the three indicators as they are now (mental health, domestic violence and maternal child violence).

Project Objective:
The first indicator was changed from "X identified victims..." to "Identified victims..." in view that:

- There is no clear information about the number of victims of violence in each of the focused *microredes*. The Base Line Study did not clarify this information completely. The MINSA does not have precise data, either.
- It was not possible to identify the appropriate number of victims of violence that the Project must give care for.

Output 1:

- It was concluded that the number of professionals from the UNMSM trained in Harvard were 19 and not 50.

Output 2 :

- The training for the Non Professional personnel will be categorized as part of Output 4, as the regions have more direct responsibility to the training, and as the Diploma course cannot train the non professional personnel.
- An additional indicator "2.2" was added in order to include the total number of trained professionals in Harvard (50 participants), who are expected to offer the training of the integrated health care to victims of violence in the regions.

Output 4:

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- "Project Summary" and "Verifiable Indicator" will include the participation of: health technicians (non professional health workers), health promoters, and local institutions. Through the implementation of the Project, the roles of these actors have been clarified and their participation has been considered more important.

2.2 TOR for the Local Consultant

The JICA team explained that the second year of the Project was able to systematize the *quantitative* information about the Project objective: identification, care and referral of violence cases by the health establishments, health promoters and other institutions. The main objective for the Local Consultant will be to give support in the analysis and collection of *qualitative* information in order to reinforce these *quantitative* data.

The extended TC discussed and finalized TOR for the Local Consultant. (Annex 4)

3. Output 1: Study Plan Revision (curricula) and UNMSM Syllabus

Dr. Garmendia informed that Preventive Medicine and Public Health Department and Pediatric Department of the Faculty of Medicine have held a seminar to sensitize lecturers to include the themes related to mental health and violence in their pre-graduate curricula. The lecturers recently restarted these actions after their vacation in the first trimester.

4. Output 2: Diploma Course Plan

4.1 Module Revision

Dr. Garmendia informed that the manuals of six Modules of the Diploma Course were reviewed and they are now working on the second edition so to make it more practical.

4.2 Participants Selection

Dr. Garmendia informed that as of this meeting, he has not received any official participant list from MINSA.

Lic. Luz Aragones, MINSA's representative, explained that MINSA received the list of participants from Ayacucho. Rest of the four regions will submit their lists before 10th of May.

4.3 Diploma Plan

Dr. Garmendia informed that it must be decided what type of training would be conducted. In order to make the training as a Diploma course, it is necessary to register participants so that they are considered as students of UNMSM, and the registration fee and certificate fee need to be paid. Without this fee, the University is not able to issue the Diploma Certificate for the graduates. Instead, the University can issue Certificates indicating that the participants completed the training course. Dr Garmendia also mentioned that at the beginning of the second year of the Project, he gave JICA-SSC team a cost estimate of the Diploma expenses which included the registration fee.

In addition, Dr. Garmendia made a reference to the letter to Mr. Takao Omote, Resident Representative of JICA Peru, dated in April 2006, which mentioned how UNMSM was implementing the Project and that UNMSM did not know the budget assigned to the Project, especially to Output 1 and 2. According to Dr. Garmendia, Mr. Omote responded to his query, mentioning that it must be treated in JCC. Dr. Garmendia mentioned again the necessity to know the budget for the third year, because without defining these in advance, it is not possible to start training activities.

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Mr. Takao Omote from JICA-Perú informed that it is not possible for JICA to pay the indirect costs such as remuneration for the teachers/professionals, or the registration fee. The Project only accepted to cover some of the direct costs necessary for course implementation, such as printing materials and transportation of the professionals (per diem, accommodation and bus/air tickets).

Ms. Fude Takayoshi from the JICA-SSC team informed that JICA cannot pay indirect costs to the institutions which give the training. For example, the INMP receives financial support by JICA only for the direct costs such as: per-diem, accommodation and travel expense of the participants, same for the INMP personnel's follow-up visit, and printing training materials. JICA does not pay the INMP for any remuneration or the tuition fee for conducting the training. Ms. Takayoshi also pointed out that the proposed budget for the Diploma course was once given to the JICA-SSC team but never approved. Finally she offered that JICA Peru is willing to issue the official certificates of attendance for the participants of the Diploma Course.

Dr. Garmendia repeated his initial comment and recommended to coordinate a meeting with high level representatives from the UNMSM Dean and the Ministry of Health in order to seek a solution on this matter.

Dr. Elbia Yepez of Cusco and Ms. Judith Aviles of Ayacucho mentioned that receiving the Diploma is the interest of professionals who finished the course during 2006-2007 and who are registering the 2nd course. It is necessary to define how to solve this problem and to inform the regions changes to be made.

Dr. Calle and Dr. Yépez supported Dr.Garmendia's comment and requested MINSA to ask the UNMSM for the waiver of the tuition fee.

4.4 Monitoring and Evaluation of the Professionals from the Diploma Course

In the extended TC of Wednesday May 9th, 2007, Ms. Eva Miranda from the UNMSM, agreed to prepare a proposal for the supervision of the Diploma Course graduates and suggested that this could be discussed on Tuesday, May 15th during their weekly meeting. The JICA expert team presented their proposal of evaluation of the Diploma Course graduates. (Annex 5)

5. Output 3: INMP Training

5.1. Supervision Visit

Dr. Medina informed that in March 2007 the INMP completed the supervision visits to the training graduates. They have fulfilled the established indicator. During the supervision visit, the INMP noticed that the DIRESA is not doing the supervision for the training graduates. Ms. Marisol Campos from MINSA said that MINSA was sending to the regions the supervision report of the INMP so that the DIRESAS take the necessary procedures for supervision.

5.2. Initial Report of the 8th Course

Dr. Medina informed that on May 2, 2007, INMP started the 8th Course with the theme related to "Protection and Development of Women, Child and Adolescent" with the participation of 25 health professionals from the 9 regions.

5.3. Research Project

Dr. Luz Ayala informed that the purpose of this research is to find out the effects of the violence in female. The participant of the current INMP training course will be trained to do this research.

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6. Output 4: Community Activities

6.1. Plan of Sensitization Workshop and Health Fair

Ms. Luz Aragones from the Mental Health Department informed that on May 3, 2007 during the Workshop with the 5 Regions, each region presented their plans of the community activities (Annex 6)

6.2. Training Plan for the non-professionals: Training material preparation

The JICA team proposed to the regions a basic framework of the study material, based on which the regions will further elaborate the contents of the training. (Annex 7) The Hermilio Valdizan Hospital will support the regions for preparing the module for non-professionals.

On May 30, 31 and June 1st, the regional representatives and the Hermilio Valdizan Hospital will meet in Lima in order to see the progress of preparation and compile the contents so that the training material will be able to be validated first in Huaycan. The JICA expert team suggested that the design and the layout of the training material be collected by the professional designers and the regions agreed to bear such cost. The JICA expert team provided the regions with the Preparation Guideline for the training material. (Annex 8)

7. Technical assistance from HPRT for this year

In the extended TC meeting, the JICA expert team requested the representatives of the institutions to submit a request of preferred topics to be covered by HPRT's lecture in Lima. Dr. Eva Miranda of UNMSM responded that at the Tuesday regular meeting the Peruvian side would officially discuss it and come up with the preferred topics.

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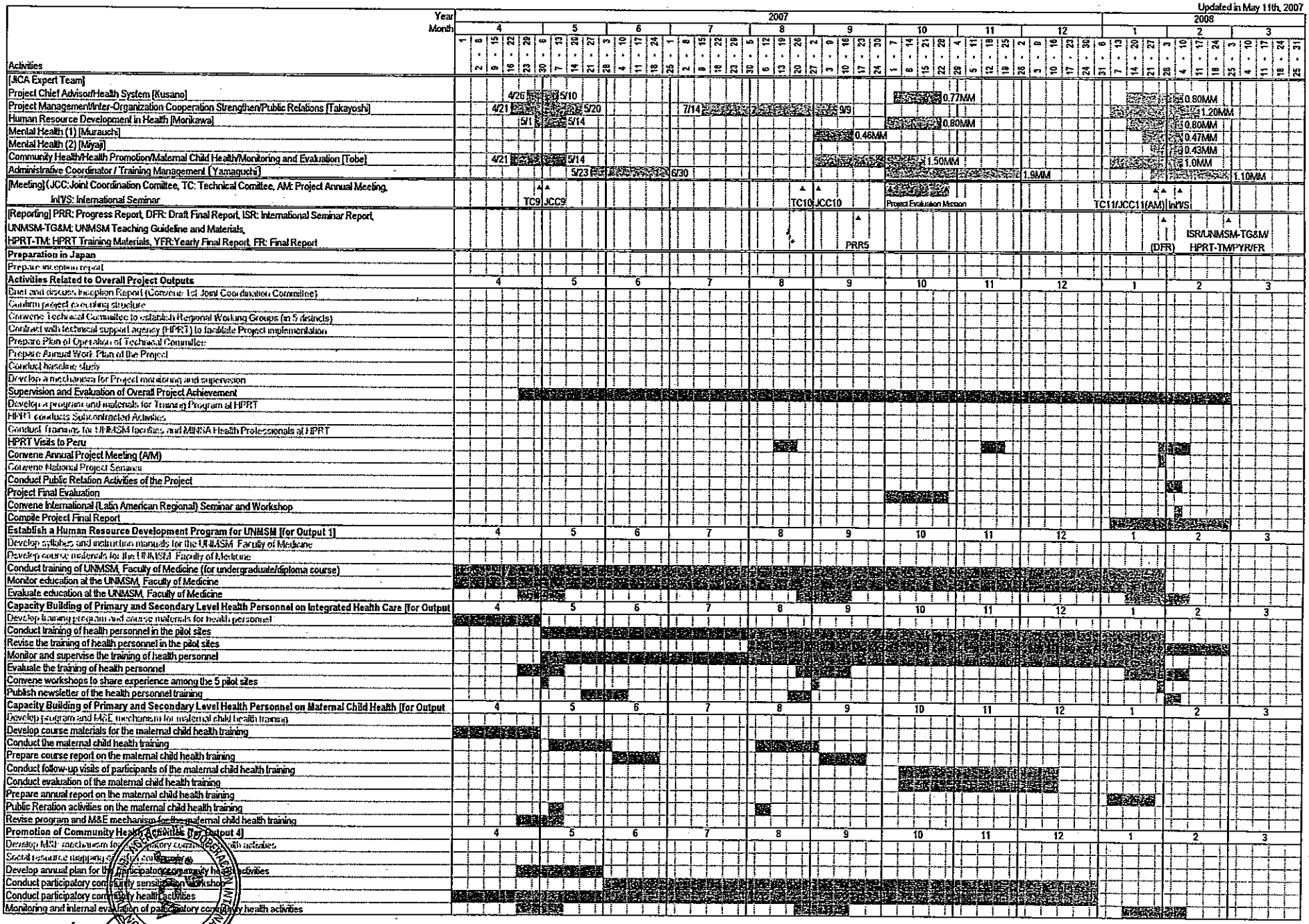
Annual Plan of Operation (3rd Project Year: 2007-2008)

ANNEX 2

Updated in May 11th, 2007



ANNEX 2

Project Design Matrix (PDM)

Version: PDM-3 (May 4, 2007)

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Project Title: Project of Strengthening Integrated Health Care[1] for Population Affected by Violence and Human Rights Violation in the Republic of Peru
Project Period: 3 years (from March 2005 to March 2008)
Project Areas: Project sites[2] selected from areas affected by the political violence[3]
Implementing Agencies: Peruvian side; Ministry of Health (MINSA), National Major University of San Marcos (UNMSM), Japanese side; Japan International Cooperation Agency (JICA)
Target Groups: Teaching staff of the Faculty of Medicine of UNMSM, Health personnel providing health care to the people affected by the violence in MINSA's Health Facilities in the pilot sites[4], Victims and their families affected by the violence[5] in the pilot sites
Final Beneficiaries: Students of UNMSM, People in the pilot sites

Narrative Summary	Verifiable indicators	Means of Verification	Important Assumption
SUPER GOAL			
The condition of people's health in the pilot sites affected by the violence is improved comprehensively.	- The mental health condition of people affected by violence in the pilot sites is improved.	- Baseline Survey - Evaluation at the End of the Project - Follow up Survey after the Project Completion (Use some scale to measure mental health condition)	
	- The number of reported cases of domestic violence in the pilot sites is decreased in the long run.	- Statistics collected through project participating organizations with in Pilot sites	
	- Maternal Child Health (MCH) Condition is improved.	- MCH statistics collected through MINSA health information system [Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Under Five Mortality Rate (U5MR)]	

[1] Integrated Health Care indicates a concept of comprehensive health care for people affected the violence, putting stress not only on the curative medical care but on preventive medicine, people participatory activities, etc. in consideration of gender issue, human rights, and cultural issue, aiming to have a better life as a human being, as an individual and as a group
[2] 5 DISAs : East Lima, Junin, Ayacucho, Huancavelica and Cusco. (For Output 3, additional 4 DISAs: Loreto, Cajamarca, Ancash and Huanuco)
[3] Political Violence here indicates the violence which occurred in the domestic armed conflict between the terrorist group and the Peruvian government from 1980 to 2000. Peruvian Truth and Reconciliation Commission (Comisión Verdadera y Reconciliación: CVR) identified areas affected the Violence.
[4] Pilot sites (Micro-Health Network [microred]) are selected from Project Sites (5 DISAs) as Pilot Sites. 5 Pilot Sites: Huaycan Microred (MR) in DISA East Lima, MR San Martin de Pangoa in DISA Junin, MR Belen in DISA Ayacucho, MR Ascencion in DISA Huancavelica, and MR Techo Obrero in DISA Cusco.
[5] The project targeted the victims of not only the political violence but also other types of violence (e.g. domestic violence against women and children and sexual violence) which are prevalent in project sites.

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ANNEX 3

Narrative Summary	Verifiable indicators	Means of Verification	Important Assumption
PROJECT OBJECTIVE			**From the Project Objective to the Super Goal**
People affected by the violence in the pilot sites will come to use Integrated Health Care.	• Identified victims of the violence in the pilot sites visit the public health institution by March 2008.	- Outpatients' registration of the MINSA health institutions in pilot sites [number of cases attended, number of cases referred to other institutions] - Registration of Victims of Violence [(estimated) number of victims] - Baseline Study [(estimated) number of victims]	1. Socio-economic factor will not get worse to deteriorate MCH condition and to increase violence.
	• Identified victims of the violence in the pilot sites receive integrated health care by March 2008.	- Care Record of project participating organizations/institutions including public organizations (e.g. police, Ministry of Women, municipality, conciliation center) and non-governmental / community-based organizations (NGO, CBO) [number of cases attended, number of cases referred to other institutions]	
Results			**From the Results to the Project Objective :**
1. A permanent program of systematic training for providing integrated health care to the people affected by the violence is developed in Faculty of Medicine of UNMSM[6].	1-1 Nineteen faculties are trained by April 2007 to teach human rights and integrated health care to the people affected by the violence.	- Teaching staff list [Number and name of faculty, course and class in charge]	1. Health of the people affected by violence is mainstreamed as a core issue into the regional development plan in the

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[6] Professional Schools of Medicine, Nursing, Midwifery, Nutrition and Medical Technology.
[7] Integrated Health Insurance (*Seguro Integral de Salud: SIS*)

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Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumption
	1-2 Topics respecting the human rights and integrated health care of the people affected by the violence are included in all selected courses in the undergraduate program and the graduate program by March 2008.	- Curricula / Syllabi revision report [Curricula and syllabi; before and after the revision, Number of Course which should include topics of the integrated health care, Number of course which actually include the topics of the integrated health care] - Teaching Report [number of students attended the course]	pilot sites 2. Maternal Health Care continues to be covered by Integrated Health Insurance[7] program of MINSA. 3. Mental Health Care will be covered by the Integrated Health Insurance program of MINSA.
	1-3 Diploma Course respecting the human rights and integrated health care of the people affected by the violence is approved in UNMSM by March 2008.	- Resolution by the President of UNMSM [Curricula / Syllabi of Diploma Course] - Teaching Report [number of health personnel attended the diploma course]	
2. Capacity of the health personnel at the primary and secondary level providing integrated health care to the people affected by the violence is improved.	2-1 The two training programs for health personnel (professional[8]) respecting the human rights and integrated health care of the people affected by the violence are approved as official training programs in UNMSM by March 2008.	- Resolution by the President of UNMSM - Training Program [Curricula, Syllabi, Course Materials and List of Trainers]	
	2-2 Fifty health professionals are trained to conduct trainings for health care providers on integrated health care for the people affected by the violence.	- List of health professionals completed Trainers' training on integrated health care for the victim of the violence.	

削除: Resolution of Dean of Faculty of Medicine on revision.

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[8] health workers who have undergraduate degree in Health, such as Physician, Nurse, Nurse-Midwife, Clinical Psychologist, Social Worker, Nutritionist, and Medical Technician.
[10] health workers who do not have undergraduate degree in Health, such as Nurse Aid (Técnico de Enfermería, Auxiliar de Enfermería)

Narrative Summary	Verifiable indicators	Means of Verification	Important Assumption
	2-3 Eighty health personnel at the primary and second level in each pilot site will improve capacity respecting the human rights and integrated health care of the people affected by the violence by December 2007.	- Evaluation report by technical committee [Number of Health Personnel need to be trained, actually trained, completed training program {breakdown of profession, institution, post of the personnel}, Pre/Post Training Examination, Follow-up survey including patient satisfaction survey]	
3. In the objective districts, the capacity of the primary and secondary level health-care personnel (Physician, Nurse, Nurse-Midwife) respecting mother and child health (MCH) is improved.	3-1 One hundred fifty health professionals completed the MCH training by March 2008.	- Monitoring report by MINSA/IEMP [Number of participants of training, number of trainees completed the program, Pre-/post training examination]	
	3-2 50% of the health personnel who received the training apply 80% of what they have learned in their workplace by March 2008.	- Monitoring report by MINSA/IEMP [application of skills learned (MCH care skills, victims of violence identified, care to the victims)]	
	3-3 Trainees conduct cascade training in the project sites.	- Monitoring report by MINSA/IEMP [Number of cascade training sessions conducted, number of health personnel trained]	

Narrative Summary	Verifiable indicators	Means of Verification	Important Assumption
4. Community health care activities with the participation of non professional health care providers[10], health promoters, local institutions, Community-Based Organizations (CBOs) and NGOs is promoted to bring health benefits to the people affected by the violence.	4-1 Thirty percent of violence-related local institutions, CBOs and NGOs in the pilot sites are participating in community health activities following a self-established plan by March 2008.	- CBO/NGO list [number, name, activities of organizations] - Minutes of formation and minutes of meetings of coordination committee against violence - Plan of operation - Activity Report [activities conducted, number of victims of violence attended, number of the victims referred to other organizations]	
	4-2 At least 10 (bilingual, [if necessary]) health promoters are trained in each pilot site by November 2007.	- Bilingual health volunteer training report (sensitization workshop report) [number of health promoters trained, number of the victims identified by the promoters, community health activities conducted]	
	4-3 Training on integrated health care for violence victims is conducted to non professional health care providers.	- Training plan - Training materials - Training report (list of participants)	

PROJECT OF STRENGTHENING INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY THE VIOLENCE AND HUMAN RIGHTS VIOLATION

TERMS OF REFERENCE FOR LOCAL CONSULTANT

INTEGRATED EVALUATION OF THE PROJECT RESULTS

I BACKGROUND

In the framework of the conclusions brought by the Truth and Reconciliation Committee, the Ministry of Health (MINSA) of the Republic of Peru, the National Major University of San Marcos (UNMSM) agreed to execute the *Project of Strengthening the Integrated Health Care to the Population Affected by Violence and Human Rights Violation* (hereinafter referred as "the Project") in a commitment to improve health conditions of the population affected by violence with the assistance of Japan International Cooperation Agency (JICA) between March 2005 and March 2008.

In order to manage the project development, the executing institutions, the UNMSM, MINSA, National Institute of Maternal Perinatal Health (INMP), Hermilio Valdizan Hospital, National Institute of Mental Health – Noguchi Institute (INSM-HDHNoguchi) and the (Regional) Health Departments (DISA/DIRESAs), established the Technical Committee (TC) and the Joint Coordination Committee (JCC), which are responsible for implementation, monitoring, and evaluation of the Project. TC and JCC have had meetings four times a year to discuss the progress of the Project, present plans, and made decisions in regards to the Project. All discussions have been recorded in the Meeting Minutes.

During the first two years of the Project, the JICA Expert Team (JICA-SSC) and the project implementation parties have compiled the Project Progress Reports twice a year. The progress of each activity/output is recorded in the Reports. In the third year, the Project Objective as well as four outcomes that lead to the Project Objective is to be evaluated. For this purpose, JCC determined to form evaluation teams at national and local levels, and to hire Peruvian consultants (hereinafter referred as "the Consultants") externally as a support for the project evaluation.

II FUNDAMENTALS OF EVALUATION

During the final year of the Project, TC is responsible to evaluate how the Project Objective has been achieved as an integrated outcome of the four Project activities/outputs.

TC and JCC, the executing institutions, have employed the method of self-evaluation for each activity/output. That is, the organizations responsible for each activity/output evaluate the progress by themselves: Output 1 - UNMSM, Output 2 – Teachers' Group of Diploma Course, INMP/MINSA – Output 3, and DISA/DIRESA – Output 4 respectively. In the self-evaluation, *quantitative* data has been collected. The Consultants are required to assist the national evaluation team in collecting, compiling and analyzing *qualitative* data in order to reinforce the results of the quantitative data by clarifying the level of integration of each output for the care of the victims of violence.

The organizations responsible for the evaluation are the Technical Committee in the national level, and Local Project Coordinators in the regional level. The Consultants will establish close relationship with those organizations to provide consultation services.

[Main Evaluation Points]

The focus of the evaluation is summarized in the following three points.

1. **Changes in the care provided to victims of violence**
   - Any actions taken after the training on issues related to violence
   - Whether the learning is actually incorporated in the service delivery
2. **Implementation of the referral and counter-referral system**
   - Forms used in the system
   - How the system works

- Specific roles of the different health staff (doctors, nurses, and etc.) in the system

3. **Changes in attitude for the care of victims of violence**
- The level of confidence in delivering care
- Technical and/or mental difficulties in delivering care
- Institutional difficulties in delivering care

Supplemental Evaluation Points
- **Clients' perceptions – care received by the victims of violence**
- **Other factors affecting in the service delivery**
  - Local policies for the care of victims of violence
  - Allocated budget for the care of victims of violence
  - Resources available (medications, personnel, and/or equipment)

The data regarding clients' perceptions on the care provided by health staff and other community resources will be collected as a reference because the focus of the Project is the human resources development for the care of victims of violence. The other factors listed above will be collected as supplemental information to better analyse other data.

III OBJECTIVE OF THE CONSULTATION

To collect and analyze qualitative data regarding the integrated health care provided at health facilities and by health promoters and local organizations/institutions in the community to victims of violence from the point of providers' perceptions as complementing data for the quantitative data already collected.

IV TARGET SITES

The target sites are at the Micro Red levels in the 5 Regional Health Departments(DISA/DIRESA) as follows:

- Micro Red Belen, Regional Health Department (DIRESA) in Ayacucho
- Micro Red Ascension, Regional Health Department (DIRESA) in Huancavelica
- Micro Red San Martin de Pangoa, Regional Health Department (DIRESA) in Junin
- Micro Red Techo Obrero, Regional Health Department (DIRESA) in Cusco
- Micro Red Huaycan, Health Department (DISA) IV in Lima Este

V EVALUATION QUESTIONS

The Consultants are asked to collect and analyze data about the following questions:

[Main Questions]

1. For health care professionals:

1) How has the Diploma Course influenced you?
- What have been the actions you took, if there is any?
- How do you feel about your current work after the Diploma Course?
- Do you have any concerns, issues and/or questions regarding the care of the victims of violence?

2) Could you tell us about your referral/counter referral system if there is any?
- The forms used in your health facility
- From whom or what institutions have you received referrals so far?
- To whom or what institutions have you referred the case so far?
- Who is responsible for this system and what are the responsibilities?
- What are your roles in the system?

3) Non-professionals in your hospital have been exposed to new information on the care of victims of violence through workshops, health fairs and/or other events. How has it influenced in the efficiency in the Integrated Health Care?

2. For non-professional health care providers;

1) Some professionals have taken the Diploma Course in your hospital. How has it influenced you and your work?

2) How do you feel about their work in attending the victims of violence?
- How is the change in your confidence level?
- Has there been any change in your satisfaction in your work? How has it changed?

3) Could you tell us about your referral/counter referral system if there is any?
- The forms used in your health facility
- From whom or what institutions have you received referrals so far?
- To whom or what institutions have you referred the case so far?
- Who is responsible for this system and what are the responsibilities?
- What are your roles in the system?

3. For health promoters;

1) What activities related to violence issues have you been involved in?

2) What have you learned to identify the victims of violence?

3) Could you tell us about your referral/counter referral system if there is any?
- The forms used in your facility
- From whom or what institutions have you received referrals so far?
- To whom or what institutions have you referred the case so far?
- Who is responsible for this system and what are the responsibilities?
- What are your roles in the system?

4. For community based organizations, NGOs, public offices, and churches;

1) What have you been doing in promotion, prevention, care and/or other activities in supporting the victims of violence?

2) Could you tell us about your referral/counter referral system if there is any?
- The forms used in your facility
- From whom or what institutions have you received referrals so far?
- To whom or what institutions have you referred the case so far?
- Who is responsible for this system and what are the responsibilities?
- What are your roles in the system?

[Complementary Questions]

For patients;
- What are your observations and feelings about the care provided by 1) health staff, 2) health promoters, and 3) other local institutions?
- Are you more or less satisfied with the services you receive from 1), 2) & 3) listed above? Why and how?

Other Factors;
- Proposals and implementation of local policies that will protect the integral attention to the victims of violence.
- Assigned Budget for the attendance of victims of violence.
- Supplies availability in the health services (personnel, medicines and equipment) for the attendance of victims of violence in the first and second level of care.

VI METHOD OF INVESTIGATION

In order to collect qualitative data, the methodology can include focal groups, interviews and document reviews.

Focus group discussions are expected to be conducted separately with:
- Professionals who have completed the Diploma Course,
- Participants of the INMP training,
- Non-professionals,
- Health promoters, and
- Public and local institutions/NGOs/community based organizations which have provided care/support to victims of violence in the framework of the Project.

Individual interviews are expected to be made with:
- Victims of violence who have visited health facilities (at least 3 persons)
- Victims of violence who have been identified by the health promoters (at least 3 persons)
- Victims of violence who have been attended by public institutions /NGOs/community based organizations (at least 3 persons)
- The head of Micro Reds

* In the case of a local organization, the interview will be made with the representative (one person).

It is recommendable that the evaluating team validates methodology and instruments before the first data collection, then the adjusted instruments are used in Huaycan, Lima Este. When the questions are finally determined, the team should be divided into 2 sub-groups. Group 1 will collect data in Ayacucho and Cusco and Group 2 in Huancavelica and Junín. The estimated time for the investigation in each Micro Red will be approximately one week and two for compiling and analyzing the data.

The arrangements for the site visits should be made directly with the Micro Reds with the assistance of the local evaluation teams. The schedule has to be detailed as such: Visit DIRESA on Monday morning and facilitate focus group in the afternoon, and etc.

The arrangements for the site visits and other meetings in the Project sites should be made by the Consultants with the support of the local and national evaluating teams.

VII ACTIVITIES (RESPONSIBILITIES) OF THE CONSULTANTS

The Consultants are required to:

1. Propose an evaluation plan (which includes relevance or conceptual framework, objectives, strategy, target population, indicators, budget, and Gantt chart) in accordance with the TOR. [May 20 to 30]
2. Test the methodology and tools in Huaycan, DISA IV East Lima. [June 1-7]
3. Prepare an Inception Report with adjusted methodology and tools according the trial in Huaycan, DISA IV East Lima. [June 8 – 13]
4. Present the Inception Report. [June 14]
5. Huaycan, DISA IV East Lima, will be the first site for data collection. All members of the evaluation team visit Huaycan, and conduct data collection according to the plan. [June 15-30]
6. Form two sub-evaluation groups. Each group should collect data in two sites in Ayacucho, Cusco, Huancavelica and Junin. [July and August]
7. Reconstruct and analyze the data. Discuss the results and analysis with the national evaluation group. [September 1-13]
8. Present a Preliminary Report [September 14].
9. Present a Final Report [October 31].

(*) The dates listed above have been fixed and also the Consultants, the national and local evaluation teams, and the JICA-SSC team, will periodically meet at least once in each tour week.

VIII FINAL PRODUCTS

Please submit the following as the final products;

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

Report	Content	Presentation	Date
Inception Report	Conceptual framework, focus, objectives, methodology, target population, budget, and Gantt chart	Spanish: 12 binded copies. English: 3 binded copies 3 CDs including the reports in Spanish and English versions	June 14, 2007
Preliminary Report	Compiled data of all regions and the analysis, any forms used in the referral and counter-referral system (file cards, registration records & etc.), video tapes and/or other audio tapes of focus group discussions, the Spanish transcripts, and any pictures.	Spanish: 12 binded copies English : 5 binded copies 12 CDs including the reports in Spanish and English versions 1 video set, translations.	September 14, 2007
Final Report	Final Report	Spanish: 12 binded copies. English : 5 binded copies 12 CDs including the reports English and Spanish versions	October 31, 2007

IX CANDIDATE PROFILE:

- Who is a professional with a degree in health or social sciences
- The team should have at least one specialist in violence and another in maternal and child health
- Who has worked in health sector
- Who has experiences in the qualitative research/evaluation
- Who has skills for team work
- Who has proficiency in reading, writing and speaking English (at least one member of the team)

X PROJECT DOCUMENTS

The Project will provide the Consultants with the following documents in CD-ROM:

- Copies of the Meeting Minutes of the Technical Committee and the Joint Coordination Committee in Spanish and English
- Copies of the Progress Reports
- Copies of Training Modules of the Diploma Course on the Integrated Health Care to the Victims of Violence
- Training Reports of the IV, V, VI, and VII National Courses of "Protection and Women, Adolescent and Child Development".

XI PROPOSAL PRESENTATION

The proposal must include;

- Technical Proposal (includes workflow with the timelines) in Spanish and English
- Curriculum Vitae (without official documents) of each Consultant.
- Brief summary of each candidates' experience in similar projects, violence, mother and child health, monitoring, evaluation and community investigation
- The Financial proposal in US Dollars in Spanish and English.

Please present the proposal to the JICA experts team (JICA-SSC) via e-mail before May 18th, 2007 to Patricia Tello (ptelloc@yahoo.com), Makoto Tobe (tobe@ssc-tokyo.co.jp) and Fude Takayoshi (takayoshi@ssc-tokyo.co.jp)

XII DURATION :

The consulting work should be completed within the period of five and half months after the contract date.

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XIII OTHERS

- The Consultants should work closely with the national and the local evaluation groups and the JICA Expert Team (JICA-SSC)
- The expenses for transportation to and from, and accommodation in the project sites should be allocated within the consultation fee.
- The expenses for translations, videotapes/audio tapes, pictures, copies need to be covered by the consultation fee.

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

ANNEX 5

The Follow-up Plan of the Diploma Course

OBJECTIVE:

To provide support to the health care professionals who completed the Diploma Course and to monitor how they have been utilizing the learning to improve the care of victims of violence.

PROCEDURE:

1. In each Micro Red, the participants of the 2006-2007 Diploma Course get together during the months of June and July 2007 ("Case Selection Workshop"). The specific date for this meeting will be arranged on the last day during the Course instructors visit the Micro Red to teach Modules I or II. At this follow-up meeting, please discuss cases related to victims of violence. It will be a good idea for the participants to prepare written case reports before the meeting. The reports should contain at least two cases: one for which the services were provided with health care professionals' satisfaction and another for which the services were provided with health care professionals' difficulties or without their satisfaction. The primary purpose of the meeting is to select 2 cases, satisfactory and unsatisfactory each, which will be submitted to the Course instructors as a follow-up material.

2. The submitted cases will be returned to the Micro Red with technical comments and feedback. The cases will be reviewed and analyzed by :
   - The team of the Diploma Course instructors,
   - HPRT Team (the cases will be send via e-mail), and
   - JICA Expert Team.

   After the review and analysis, the comments and recommendations will be provided to the Micro Red in a written format and, if possible, feedback will be accompanied by a multimedia format.

3. The Peruvian reviewers will hold another meeting ("Case Sharing Workshop") to share cases submitted by all Micro Red as well as the comments, analysis, and recommendations made by both Peruvian and international reviewers. The theoretical content will also be reinforced during the Workshop. This workshop is scheduled during the months of October and November when another team of the Diploma Course instructors visit the Micro Red. The workshop moderator will be chosen from those who completed the Diploma Course.

4. The final product of this follow-up will be a booklet of cases and comments which will be compiled by the Diploma Course instructors. The content of this booklet will be included in the Final Project Report and presented in the next Project International Seminar. It can also be used as an educational material in the future Diploma Course and other training courses.

(*) Expenses for transportation (tickets, per diem, accommodation) of the Course instructors who will execute "Case Selection Workshop" and "Case Sharing Workshop" and printing expenses of the booklet will be supported by the Project.

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Output 4: COMMUNITY ACTIVITY (2007-2008)

REGION	SENSITIZATION WORKSHOP PLAN (ACS – Local Institutions)		FAIR PLANNING		OBSERVATIONS
	General Objective	Content	Objective	Place	
Ayacucho	Improve the skills of the technicians and health promoters so that they can detect cases and be able to attend the patients affected by the violence according their abilities.	- Violence - Human Rights - Care flow of the violence cases	Offer integrated health care by promoting community mental health activities focusing the care to the population affected by the violence.	Considering 8 Health Posts in the Micro Red Belen	This year work with the Coordination Committee Fight against Poverty was started and they will consider themes of violence and mental health with the different institutions members of the committee.
Lima - Este	Strengthen a protection and care system of mental health to the people affected by the family violence through the health personnel and community health promoters.	-Characterization and effects of the Family Violence - Guideline for the support for victims of abuse and violence - Network of care in case of violence. Referral and Counter Referral systems - Syndrome of professional exhaustion. (burn-out)			The training workshop looks for unified intervention criteria and effective procedures for care of people affected by the domestic violence, sexual abuse and mistreatment.
Junin	Incorporate knowledge of mental health, human rights and respect for the people through sensitization workshops.	- Mental Health - Community Mental Health	Develop the sensitization work with the community participation sharing the responsibility to improve the integrated health in the community of San Martin de Pangoa.	"Centro poblado" in San Martín de Pangoa	Sensitization Workshops will be extended to the areas of Rio Grande-Satipo, nearby to Pangoa where the displaced population moved as consequence of the violence.
Huancavelica	Strengthen the capacity of the social actors on the integrated care to the people affected by the political violence and human rights violation.	- participatory Workshop - Promise Formulation	Integrated care to the people affected by the political violence and human rights violation focusing the maternal child health and mental health.	Main Square of the Ascension District	The sensitization workshop will have the participation of the local institutions, health promoters, youth associations and other associations affected by the violence.
Cusco	Improve the skills of the health promoters to detect, care and refer the patients affected by the violence.	First Phase: Training and follow up. Second Phase: Self Care	Promote the integrated care to the people affected by the violence in their internal and external demand.	Sicuani,, Marangani, Layo.	Work will continue with the Coordination committee fight against Violence. Train on follow up and self care.

ANNEX 6

ANNEX 7

Teaching Module:
Training on the Care of the Victims of Violence for Non-professional Health Care Providers

CONTENT

Introduction

1. General Aspects of Violence (H. Herminio Valdizán)
    1.1. What is violence?
    1.2 Types of violence
    1.3 Why and how violent behaviors are presented

2. How does Violence Affect on Health?: Risk Factors and Protection (H. Herminio Valdizán) (Huancavelica)

3. Consequences of Violence and Common Problems on Mental Health (H. Herminio Valdizán)

4. How Can We Deal With Victims of Violence? (Cusco)
    4.1 Detection, Care, and Prevention
    4.2 Flow of Care for the Victims of Violence
    4.3 Criteria for referral and counter referral
    4.4 Follow-up : Steps for Home Visits

5. Social Capacities in Communities for the Care of Victims of Violence (Junin)
    5.1. Roles of the non-professional health care providers
    5.2 Learning about community profile
    5.3 Positive communication
    5.4 Attentive listening
    5.5 Self-esteem
    5.6 Leadership

6. Human Rights (Ayacucho)

7. Self-care (Huaycan)

8. Information System (Ayacucho)

*This workshop is developed by 5 regions with the technical assistance by Dra.Gloria Cueva, Lics. Soleda Serpa Nella Geldres, and JICA Expert Team.

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Guidelines for Non-professional Training Material For the Trainers

Compiling teaching materials is a process of reconstructing information you are teaching according to the specific needs and purpose of your training, not simply listing all information written in existing textbooks.

General:

- Before you write your topic, please identify the important points that non-professionals should know. Based on your clinical experiences, select 3-4 most important points (if possible) in the list. Focus on those points, and try not to cover every little thing.

- Use simple words. Include explanation in the endnote if special terminologies, abbreviations, or other technical expressions are used.

- Avoid repetitions. Keep the paragraphs concise.

Focused, simple and concise!

Content:

- To reinforce participants' learning, it would be useful and fun to include short "Quiz" at the end of the section if appropriate.

- Include a brief case story which can help participants understand the topic or be used for further discussions. Please remember to change the patient's name and other information that would reveal the person's identity.

- In addition to the general "Rol del Tecnico de Salud", allocate some time to explain specific roles required at your facility.

- It would be a good idea to include the topic of "confidentiality" in either "communication" or "human rights" section. Or, you can call an attention at the end of the training that "confidentiality is a critical issue in all work with patients. You can also mention that the area of domestic violence poses an additional challenge in regards to patients' safety, and that domestic violence screening should be done with only the patient and the health care provider present.

- When teaching positive communication, attentive listening, and self-care, it would be practical to include exercises, dynamics, and/or other hands-on learning activities.

May 8, 2007
Hikari Morikawa
JICA Expert

Annex 9

Participant List

9th TC: Friday, April 27, 2007

Nº	NAME	INSTITUTION
1	Luz Aragones	Dirección de Salud Mental
2	Fausto Garmendia	UNMSM
3	Lucy del Carpio	Estrategia Sanitaria de Salud Sexual y Reproductiva
4	Yolanda Campos	JICA-Perú
5	Tateo Kusano	JICA-SSC
6	Hikari Morikawa	JICA-SSC
7	Fude Takayoshi	JICA-SSC
8	Makoto Tobe	JICA-SSC
9	Patricia Tello	JICA-SSC

9th JCC: Friday, May 4, 2007

Nº	NAME	INSTITUTION
1	Luz Aragones	MINSA, Dirección de Salud Mental
2	Fausto Garmendia	UNMSM
3	Marisol Campos	MINSA, Estrategia sanitaria de Salud Sexual y Reproductiva
4	Maria del Carmen Calle	Capacitada en HPRT
5	Judith Aviles	DIRESA Ayacucho
6	Elbia Yépez	DIRESA Cusco
7	Juan Carlos Yafac	DIRESA Lima Este
8	Elberta Ticona	DIRESA Huancavelica
9	Luz Ayala	Instituto Nacional Materno Perinatal
10	Alfonso Medina	Instituto Nacional Materno Perinatal
11	Gloria Cueva	Hospital Herminio Valdizán
12	Luis Mattos	INSMHDHNoguchi
13	Miriam Cabra	INSMHDHNoguchi
14	Takao Omote	JICA-Perú
15	Yolanda Campos	JICA-Perú
16	Tateo Kusano	JICA-SSC
17	Hikari Morikawa	JICA-SSC
18	Fude Takayoshi	JICA-SSC
19	Makoto Tobe	JICA-SSC
20	Patricia Tello	JICA-SSC

9th TC (continued): Wednesday, May 9, 2007

Nº	NAME	INSTITUTION
1	Eva Miranda	UNMSM
2	Gloria Cueva	Hospital Herminio Valdizán
3	Juan Carlos Yafac	DIRESA Lima Este
4	Alfonso Medina	Instituto Nacional Materno Perinatal
5	Nelly Lam	Instituto Nacional Materno Perinatal
6	Daniel Olartegui	UNMSM
7	Yolanda Campos	JICA-Perú
8	Hikari Morikawa	JICA-SSC
9	Fude Takayoshi	JICA-SSC
10	Makoto Tobe	JICA-SSC
11	Patricia Tello	JICA-SSC

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

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

The Ninth Meeting of the Joint Coordination Committee (JCC) of the Project of STRENGTHENING INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY THE VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "the Project") was held on October 19th, 2007 at the Ministry of Health (MINSA), Lima Perú,. The JCC basically reached the agreement upon the topics discussed during the 9th Technical Committee (TC) and other themes described in the Annex 1.

Lima, October 19th 2007

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

Dr. Hugo Lozada
Mental Health Director
General Direction of Health Promotion
Ministry of Health
Republic of Peru

Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan

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

Annex 1

1. Information about the International Seminar

The JICA-SSC expert team explained about the progress and actions referred to the next International Seminar for the Integrated Health Care to Victims of Violence which is going to be held during February 4 and 5, 2008.

The participants gave the following thoughts for this event:

- To include the participation of those regions affected by the violence which were considered under the Integral Reparation Plan.
- To include in the Program a brief presentation of the foreign visitor countries regarding the work they have made referred to the integrated health care to victims of violence.
- To include the participation of the Regional Governments Representatives of the pilot zones and those regions who are actually under the Integral Reparation Plan.

It was requested to MINSA and to Dr. Fausto Garmendia the presentation of themes "Mental Health in Perú" and "Violence in the Region of the Americas", this respectively will be presented during the International Seminar on February 4th, 2008.

Nº	NAME	INSTITUTION
1	Hugo Lozada	Mental Health Director
2	Luz Aragones	Mental Health Technical Team
3	Lucy Del Carpio	Sanitary Strategy of Sexual and Reproductive Health
4	Fausto Garmendia	UNMSM
5	Luís Mattos	INSM-HDHNoguchi
6	Miriam Cabra	INSM-HDHNoguchi
7	Nelly Lam Figueroa	National Institute Materno Perinatal
8	Alfonso Medina	National Institute Materno Perinatal
9	Gloria Cueva	Hospital Hermilio Vardizán
10	Francisco Bravo Alva	Hospital Hermilio Vardizán
11	Verónica Chero	Hospital Hermilio Vardizán
12	Carmen Fuente	Coordinator -Junín
13	Elbia Yepez	Coordinator –Cusco
14	Judith Aviles	Coordinator –Ayacucho
15	Juan Carlos Yafac	Coordinator –Huaycan
16	Takao Omote	Resident Representative JICA-Perú
17	Fumi Nakamura	JICA-Perú
18	Yolanda Campos	JICA-Perú
19	Ikuo Takisawa	JICA-Japan
20	Kyo Hanada	JICA-Japan
21	Hiromi Higashionna	Translator JICA
22	Patricia Asenjo	OCI –MINSA
23	Richard Mollica	HPRT
24	James Lavelle	HPRT
25	Pedro Mendoza	Teacher –UNMSM
26	Vicky Pareja	Advisor
27	Tateo Kusano	JICA-SSC
28	Shigeo Murauchi	JICA-SSC
29	Fude Takayoshi	JICA-SSC
30	Mary Lyons	Logistic JICA-SSC
31	Makoto Tobe	JICA-SSC
32	Patricia Tello	JICA-SSC

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

The Eleventh Joint Coordination Committee (JCC) of the Project of INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY THE VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU (hereinafter referred to as "The Project") was held on February 1st, 2008 at the National Institute of Health (NIH), Lima, Peru. The Committee basically agreed upon issues discussed in the Eleventh Technical Committee (TC) and other issues described in Annex I.

Lima, February 1st, 2008

Mr. Makoto Taniguchi Resident Representative Japan International Cooperation Agency (JIC Japan	Dr. Pedro Abad Barredo 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. International Seminar Program Presentation

On January 24th, during the Eleventh Meeting of the Technical Committee, the program of the International Seminar was presented; members of the different institutions contributed with their opinions which were included. This program was approved at JCC meeting. A copy is attached with this report.

2. UNMSM Report Presentation

Dr Fausto Garmendia presented the progress of the results made by the University .

Concerning Output 1, he said that so far they have included the topic of integrated health care in 62% of 82 courses.

At the same time, he reported that during the months of February and March, it is the best timing to include the topics of the integrated health care in the syllabi because the curricula is now changing, and that by the end of March which is the Project ending, they will be able to include the topic of integrated health care at 100% of the selected courses.

Concerning the Output 2, he said that the Module V is being concluded and that the Module VI is to be conducted during the first week of March, this will put end to the professional training under the frame of this project. At the same time he informed that the Diploma Manuals have been already registered at the National Library.

3. INMP Report Presentation

Dr. Medina informed that during these 3 years of the Project, they have executed 6 courses, 2 courses per year. As the result of the last follow-up made by the trainers, it is known that 82% of this participants is applying 80% of what they have learned and that the topic of violence and integrated health care is already inserted in the INMP Training Module.

4. Actions Taken to Respond Recommendations made at Project Final Evaluation

Concerning this matter, Ms. Luz Aragones informed to the JCC regarding the actions taken in order to fulfill with the recommendations made by the Evaluation Mission, herein below there is a summary of the actions taken per each recommendation:

Recommendation a)

> *Evaluation results and project achievements of the Project should be disseminated to the stakeholders, both at the national and regional levels. At the national level, multi-sectoral participation should be considered as the care for the victims of violence include activities beyond health sector. At the regional and local level, the political executives who have a control over actual resource allocation at those levels need to be involved as their decisions are critical for the sustainability of the project outcome in the 5 pilot zones. The International Seminar and Workshop scheduled on February may be an effective venue for such domestic, as well as international, advocacy purposes.*

Actions:

Results of the Project evaluation have been officially socialized by a document to the 5 pilot zones as well as to the Ministry of Health. At the same time there have been meetings with the Presidency of Ministry Council, MINDES (Ministry of Women and Social Development) and the JUNTOS Program in order to let them know the actions that have been taken in this project and the evaluation conclusions on which it is highlighted that this project was totally successful.

On the other hand, an invitation call for the attendance of the First International Seminar for the Integrated Health Care for Victims of Violence has been made for the participation of national and regional authorities, Ministry of Justice, Ministry of Education, Ministry of Women and Social Development (MINDES), OPS, San Marcos National University, Presidency of Ministry Council, United States Agencies for the International Development (USAID) in Peru, UNICEF, International Cooperation Agency in Peru (APCI), and UNESCO,

Recommendations b)

Explicit prioritization of care for the victims of violence in Regional Development Plan should be promoted in all the pilot areas. Experience in each pilot area should be documented as a basis of such advocacy and as a reference to other areas to follow.

Actions:
Starting the month of February 2008, the MINSA´s Mental Health Direction has taken the decision to decentralize the Integral Reparation Plan budget to the regions in order to support the work being made in relation to the integrated mental health attention given to the people affected by the violence.

In two of the three pilot regions have been inserted the topic of the integrated care to victims of violence in the regional plans (Ayacucho) and provincial plans (Cusco)

- In Ayacucho: they have established three priorities in the Quarterly Strategic Plan of the Regional Health Direction 2007-2012: care to mother and child, malnutrition and mental health, and this plan will include not only regional activities but also its own budget.
- In Cusco: it counts with the Local Plan against the Family Violence and Child Mistreatment in the Canchis Province for the period 2007-2011; the finance of three Projects with the Participative Budget in the Sicuani District for the construction of the Shelter House S/. 300,000; in Layo District for the Health Promotion and Prevention S/.15,600; and the Pitumaca District for the Community Support Project S/.140,000.

In case of Junin region, it is necessary to be mentioned that as result of the work implemented by the Project Coordinator there exists now in Huancayo a Regional Declaration for the Mental Health and Peace Culture for the Junin population, which is the previous step to incorporate the topic of the integrated attention to victims of violence in their quarterly plans.

Recommendation c):

Training programs developed by the Project (for professionals, health technicians and health promoters) should be officially authorized by the MINSA-DIRESA in order to ensure the sustainability of those programs.

Actions:
The Mental Health Direction in coordination with the Human Resources Development Office will take the necessary actions to set up the training programs that are being implemented at the DIRESA´s level.

Recommendation d):

Better integration with existing national programs such as SIS, PIR JUNTOS-MINSA should be explored to ensure effective and efficient use of the limited resources available for the care of the victims of violence.

Actions:
Under the frame of the Health Reparation Plan, there exists permanent teams of professionals specialized in the 11 regions across our country and, since 2007, they have kept a budget from the Ordinary Resources which starting this year will be transferred to the DIRESA´s in order to enable them to keep a better sustainability of the actions.

At the same time, with the main purpose to strengthen the mental health actions, since 2007, we have had the financing support of the National Program for Direct Support to the Poorest-JUNTOS in order to hire personnel and finance activities related to mental health.

The target population for this care activities will be towns and communities located in the regions where the armed conflict had more incidence. The actions considered in the Mental Health Reparation Plan as well as the JUNTOS program are: Training, Integral Recovery considering both community and clinic intervention, Prevention and Promotion.

Concerning the Integral Health Insurance (SIS) and regarding the victims of human rights violation at level of the Decentralized Offices of the SIS (ODSIS), they have given priority and ensured in the first place the complete list of beneficiaries who reach the health establishment of its jurisdiction, at the same time they are also paying attention to those beneficiaries who are not listed in order to include them after previous checking with the National Human Rights Council. In total it has been distributed a list of 458 beneficiaries and 3,664 relatives at level of the 34 DISAS as consequence of human rights violation.

Recommendation e):

Costing of major items necessary for the continued operation of the programs and activities introduced by the Project should be conducted for better estimation of required budget.

Actions:

With the support of the International Cooperation Office (OCI) in Ministry of Health, it has been coordinated with the General Direction of Planning and Budgeting (DGPP) in order to prepare a study cost of the project. Actually this structure is still pending for its costs projection.

At the end of her presentation, Ms.Aragones requested the words of Mr. Makoto Taniguchi from JICA-Peru. He congratulated on the progress being made and he informed that an additional assistance is now under discussion with JICA in order to ensure the continuation of the Project.

5. Preparation of the Final Report

The expert team of JICA-SSC explained that with the contribution of the institutions involved in this Project, the preparation of the Final Report is to being made. Final report is based on the Progress Report 5 (September 2007) and additionally includes the progress made between Oct 2007 and March 2008. Mr. Makoto Tobe presented the executive summary of the final report and it contains the more significant aspects of the project like: background, logical framework, project executing structure, project period, project sites, progress per each output, lessons learned, recommendations (see annex) The JCC approved the outline of the final report and its summary. The summary will be distributed among the participants of the International Seminar.

List of Participants

Nº	NAME	INSTITUTION
1	Luz Aragones	Technical Team of Mental Health
2	Lucy Del Carpio	Health & Sanitation Strategy of Sexual and Reproductive Health
3	Mariso Campos	Health & Sanitation Strategy of Sexual and Reproductive Health
4	Fausto Garmendia	UNMSM
5	Luís Mattos	INSM-HDHNoguchi
6	Miriam Cabra	INSM-HDHNoguchi
7	Nelly Lam Figueroa	INMP Instituto Nacional Materno Perinatal
8	Alfonso Medina	INMP Instituto Nacional Materno Perinatal
9	Gloria Cueva	Hospital Hermilio Vardizán
10	Francisco Bravo Alva	Hospital Hermilio Vardizán
11	Carmen Fuente	Coordinator -Junín
12	Judith Aviles	Coordinator –Ayacucho
13	Juan Carlos Yafac	Coordinator –Huaycan
14	José Villarreal	Huaycan
15	Makoto Taniguchi	Resident Representative JICA-Perú
16	Fumi Nakamura	JICA-Perú
17	Yolanda Campos	JICA-Perú
18	Mael Morante	Representative of DGPS MINSA
19	Carlos Salgado	Hospital Victor Larco Herrera
20	Richard Mollica	HPRT
21	James Lavelle	HPRT
22	Pedro Mendoza	Professor –UNMSM
23	Victoria Pareja	Consultant
24	Tateo Kusano	JICA-SSC
25	Hikari Morikawa	JICA-SSC
26	Fude Takayoshi	JICA-SSC
27	Mary Lyons	JICA-SSC
28	Makoto Tobe	JICA-SSC
29	Sakiko Yamaguchi	JICA-SSC
30	Patricia Tello	JICA-SSC

Joint Evaluation Report

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

Final Evaluation

October 23, 2007

1. Introduction

During the period 1980-2000, a substantial number of people were affected by political and other forms of violence in the Republic of Peru. Many of the victims live in hard-to-reach areas, often in isolation from the rest of the community. In response to this situation, Japan International Cooperation Agency (JICA), through System Science Consultants Inc., implemented *the Project on Strengthening Integrated Health Care for People Affected by Violence and Violation of Human Rights* (Project) based on a request from the government of Peru, in collaboration with Ministry of Health (MINSA) and National Major University of San Marcos (UNMSM) from March 2005 to March 2008. The Project aimed at delivering integrated health care services to the victims of violence in five pilot areas.

The purpose of the study is to evaluate the overall achievement of the Project since its commencement in March 2005, using JICA's standard project evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability. The results, including recommendations for both Peruvian and Japanese Governments, are compiled as a final evaluation report.

2. Evaluation Process

2.1 Methodology of Evaluation

Evaluation was conducted jointly by Japanese and Peruvian evaluators. They conducted surveys at the project sites through questionnaires and interviews to the counterpart personnel, other related agencies and the Japanese experts involved in the Project.

The list of evaluators is as follows.

Name	Title	Affiliation
Mr. Ikuo TAKIZAWA	Leader	JICA
Dr. Kyo HANADA	Public Health Specialist	JICA
Ms. Erika TANAKA	Evaluation Analyst	Consultant
Dr. Patricia ASENJO	Evaluation Specialist	MINSA

Both Peruvian and Japanese sides jointly analyzed and reviewed the Project, using the Project Cycle Management (PCM) method. Evaluation is based on Project Design Matrix (PDM) Version 3 (Annex 3), which was revised in May 2007.

2.2 Criteria for Evaluation

Both sides reviewed all activities and achievements, and evaluated the Project based on the following five criteria.

(1) Relevance	Relevance of the Project is reviewed by the validity of the Project Purpose and Overall Goal in connection with the government development policy and the needs in Peru.
(2) Effectiveness	Effectiveness is assessed to what extent the Project has achieved its

	Project Purpose, clarifying the relationship between the Project Purpose and Outputs.
(3) Efficiency	Efficiency of the project implementation is analyzed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
(4) Impact	Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project.
(5) Sustainability	Sustainability of the Project is assessed in terms of political, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained after the Project is completed.

3. Achievements and Implementation Process

3.1 Inputs

Inputs from Peruvian and Japanese sides are summarized in Annex 4 to Annex 7.

3.2 Results of Activities

Activities of the Project are summarized in Annex 8.

3.3 Results of Outputs

Output 1: A permanent program of systematic training for providing integrated health care to the people affected by the violence is developed in Faculty of Medicine of UNMSM

At the Faculty of Medicine of UNMSM, a program of training for integrated health care to the victims of violence was created and is being implemented as expected.

Trainers' course to improve integrated health care for the people affected by violence was provided by Harvard Program in Refugee Trauma (HPRT) in January and February in 2006. A total of fifty Peruvians from UNMSM, MINSA, and other relevant organizations participated in the course. Out of UNMSM participants, nineteen are faculties of UNMSM. Among 31 trained professionals from MINSA, four serves as faculties of UNMSM as well.

In the five Schools of the Faculty of Medicine at UNMSM, there are 174 subjects in total. As a result of the review of the courses, it was recognized that 81 subjects should include integrated health care related to violence. As of August 2007, the revision of curriculum has been completed in 38 subjects, which accounts for 47% of subjects that need revision. It is expected that the revision of the courses will be further progressed in all of the required subjects by the end of the Project, although the revision depends on collaboration among other related actors at UNMSM.

Diploma course "Integrated Health Care for the Victim of Violence" was developed and was recognized as official course by the rector of UNMSM on 9 February, 2007.

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

It is recognized that the capacity of professional health personnel providing integrated health care to violence victims has been improved.

Training programs for professional health personnel have been established. Development of six modules of the Diploma course was completed and the modules were approved at the seventh Joint Coordination Committee (JCC) in December 2006. The Diploma course was officially approved at UNMSM in February 2007.

Fifty health professionals completed program at HPRT and improved their capacity in integrated health care. Out of fifty participants, 90% have been involved in implementation of training for other professionals.

Approximately 80 health professionals in each five pilot sites participated in Diploma course in the second and third year of the Project, which means a total of about 400 professionals have been trained. These health professionals have been implementing knowledge and skill acquired in the course in their routine work.

Output 3: In the objective districts, the capacity of the primary and secondary level health care personnel (Physician, Nurse, Nurse-Midwife) respecting mother and child health (MCH) is improved.

It can be said that the capacity of health care personnel such as physician and nurse has been considerably improved.

At the time of Final Evaluation, a total of 121 health care personnel in nine regions, including doctors, nurses, midwives and social workers, participated in training courses conducted by INMP (National Institute of Perinatal Maternity). According to the evaluation conducted by the Project, significant score increase was observed between pre-test and post-test in each five course. Therefore it is considered that the capacity of the participants was improved.

As to the utilization of the results of the training, the Project conducted a survey on how much the participants adopt the contents of the training in their daily work, by direct observation and use of an evaluation scale in four components. The survey was conducted for 67 participants out of the total 71 participants of the training and it was revealed that 47 participants surveyed (66% of the total participants) are utilizing more than 80 % of what they learned at the training in their routine work.

The benefit of the training has been disseminated to other health care providers (professionals and health technicians) through replication of training. In the first year of the Project, 224 health care providers attended the replication courses, and 2,404 health care providers in the second year. Health professionals who instructed the courses recognized the improvement of participants of replication courses.

Output 4:Community health care activities with the participation of non professional health care providers, health promoters, local institutions, Community-Based Organizations (CBOs) and NGOs is promoted to bring health benefits to the people affected by the violence.

Community health care activities have been strengthened through the Project.

The Project organized sensitization workshops, where 24 Community-Based Organizations (CBOs) and 16 Non-Governmental Organizations (NGOs) participated in the first year and 21 CBOs and 2 NGOs participated in the second year respectively. These organizations also participated in Health Fairs held in the community. Through project activities, Committee of Consultation against Violence with multi-sectoral participation was established and/or strengthened in each five pilot site.

The Project invited health promoters in the community in sensitization workshops and 147 promoters, including 37 bilingual promoters, participated in the first year of the Project. In the second year of the Project, 214 health promoters, of which 148 are bilingual, participated in the workshops. Many of health promoters were motivated through the workshops and they are now aware of the importance of integrated health care, which they were not familiar with before.

In the second year of the Project, 97 health technicians were trained in five pilot sites. In the third year, training courses for health technicians were held in five pilot sites. Training material "Guide for Integrated Health Care to the Victims of Violence for Health Technicians" was developed. Health technicians who participated in the course improved their knowledge and skill in mother and child health care as well as care for the violence victims. They also began to contact patients and community people with different attitude, sounding about violence when necessary, for example.

3.4 Implementation Process

The Project has been implemented smoothly in general and produced expected achievements.

In the beginning of the Project, related stakeholders, MINSA, UNMSM, and DIRESA (Regional Health Direction)/DISA(Health Direction) took considerable time to formulate detailed plan of the Project. In the course of discussion, the definition of violence was clarified. Violence is not limited to political violence but all the forms of violence, including social violence, domestic violence and sexual violence are also included in tasks tackled in the project and the project plan was reviewed and formulated in PDM and Plan of Operations (PO).

The project implementation process was adequately monitored. The Project set up JCC and Technical Committee (TC) and the meetings were held periodically. Apart from JCC and TC, regular weekly meetings were held at UNMSM and working groups were set up in five pilot sites.

Communications among project stakeholders were generally good. Communications between Peruvian and Japanese sides and communications among involved organizations such as MINSA, UNMSM, DIRESA/DISA, and other institutions are generally good.

The Peruvian side allocated necessary personnel and budget to implement the Project. The Peruvian counterparts are highly motivated and have adequate expertise.

There was no major influence of Important Assumptions described in PDM. Although the Presidential election and local election that took place in 2006 caused a large scale personnel replacement in governmental organizations, project implementation process was not affected very much.

4. Evaluation by Five Criteria

4.1 Relevance

Relevance is high from the perspective of the Peruvian needs and policy and Japanese Official Development Assistance (ODA) policy.

The needs of integrated health care are high. Violence and violation of human rights caused by political reasons were serious issue for a long time in Peru. In addition, health care for the victims of other forms of violence, such as domestic violence and sexual violence, is becoming increasingly important. Furthermore, primary health care service such as mother and child health care needed further improvement.

The Project Purpose that puts importance in mental health care is consistent with the policy of the present Peruvian government. In the Peruvian National Plan "Acuerdo Nacional (National Accord)" issued in July 2002, equity and social justice is listed as one of four priority objectives. After the Presidential election, any specific national plan has not been officially issued. However, MINSA formulated the National Plan of Mental Health in 2007.

The Project is in line with Japanese ODA policy. In the ODA Policy to Peru, assistance in social sector is considered one of four priority areas. Promotion of mother and child health and training and education of health service providers are named as important cooperation in social sector. Mental health care is not an area where JICA has much experience and clear technical advantages and in this sense this Project was challenging.

4.2 Effectiveness

The Project Purpose is being steadily achieved and effectiveness is high.

The number of identified, treated, and referred victims of violence has been remarkably increasing since the beginning of the Project. For details, see the table below.

	Aug. - Dec. 2005	Jan. – Dec. 2006	Jan. – Aug. 2007
· identified by health promoters	6	185	98
· being attended by health promoters	6	137	69
· referred to supporting institutions by health promoters	6	25	41
· identified by health care facilities	932	3,378	5,371
· being attended by health care facilities	856	3,340	2,901
· referred to other supporting institutions by health care facilities	118	352	224
· identified by community organizations, NGO, local authorities	138	2,318	35
· being attended by community organizations, NGO, local authorities	138	2,306	35
· referred to other supporting institutions by community	100	1,671	10

organizations, NGO, local authorities			

For the increase of identified, attended, and referred victims of violence, a variety of efforts have been made in regions. For example, in Cusco, multi-sectoral approach involving many actors effectively worked, and, in Huaycan, the strengthened linkage between health institutions and communities has been observed and Health Fair is organized with active participation of those stakeholders.

The results of training courses conducted by the Project are recognized from professional to health technicians and health promoter levels although it may be necessary that activities for health technicians and health promoters be further strengthened. In addition, the system to identify and refer violence victims has been established in pilot sites. For example, flow charts for care of patients and screening instruments to refer patients have been developed.

All the four Outputs are being achieved as expected and all the four Outputs are logically related to the Project Purpose and contributed to the achievement of the Project Purpose.

4.3 Efficiency

Inputs are appropriately utilized and efficiency is generally high.

Japanese inputs were efficiently utilized and contributed to produce expected outputs. Peruvian counterparts were highly motivated and have expected expertise to efficiently and effectively implement the Project.

Training courses provided by the Project, those for professionals, health technicians, and health promoters were beneficial to the participants and the participants have been utilizing the results of the training in their routine work. In the Project, a cascade training system was introduced, where limited number of personnel directly trained gave replication training to other personnel. Personnel trained by HPRT served as core trainer in the cascade training system. Training courses provided by HPRT was beneficial in that it gave a systematic approach to mental health care and the participants appropriately adapted what they learned to the local situations. Diploma course was designed primarily as a distance education so that working health personnel can participate without leaving their place of assignment. To confirm the results of training, the Project conducted follow-up activities. Some trained personnel were transferred to other health institutions after the training due to personnel replacement following presidential election but it did not affect the progress of the Project very much.

Meetings such as JCC, TC, and working groups served well as opportunities to discuss and share the progress and tasks of the Project.

4.4 Impact

If the benefits of the Project continue, it is probable to achieve Overall Goal in the future.

As to the health care of victims affected by violence, the system to identify, attend, and refer has been established through the Project. The training provided by the Project has produced

favorable outcome so far. For example, as a result of INMP Training, Birth Waiting Homes were established and the rate of institutional delivery is reportedly increased, and the construction of shelter home for victims of violence is planned in Cusco.

However, there are still tasks to be done to improve health status. First, it is important to continuously promote the active involvement of related stakeholders in communities, including local government bodies, other relevant Ministries, schools, NGOs, community organizations and people. Secondly, as the number of identified, attended and referred patients has been greatly increased, adequate medical treatment system is required to improve the mental health situation of identified and referred patients. For example, the sufficient number of psychiatrists should be adequately allocated and mental drugs should be made available for patients. In addition, it should be noted that the improvement of health is closely related to social and economic situations. Also health information system to monitor health impacts should be strengthened.

Though it is difficult to measure health impact, some positive impacts can already be pointed out. Competency Development Center（CDC）, which serves as a core of training at regional level, is in the process of establishment and/or improvement in some regions including project pilot areas. Through the Project, the importance of mental health was recognized by the local government and in Ayacucho, mental health is incorporated in regional plan of health by DIRESA. Regional plan for mental health is formulated and the local university started program for integrated care for the victims of violence in Junin. No negative impact has been observed so far.

4.5 Sustainability

Sustainability is expected if government commitment is secured.

Political sustainability is quite high at present. The Ministry of Health formulated National Plan of Mental Health and each region developed its regional plan based on the National Plan. As community activities are important in integrated health care, it is desirable to have political commitment and support to promote community involvement.

Technical sustainability is also high. Sustainability at the Faculty of Medicine, UNMSM, is ensured because it is established as permanent training program and as Diploma Course. Trained personnel have sufficient capacity and high motivation to implement their work. Training and follow-up system of health personnel has also been established through the Project. The system to identify, refer, and attend victims of violence has been established at many health care institutions. However, number of trainers may not be enough to ensure future technical sustainability.

Financial sustainability can be a critical factor. It is essential to allocate necessary budget to continue activities implemented by the Project. This includes budget for personnel, training and follow-up. Integration of project activities with existing social programs such as SIS (Integrated Health Insurance), PIR (Integrated Plan for Reparation), and JUNTOS-MINSA (National Program of Direct Support for the Poorest) needs to be strengthened. Political initiative to give priority to integrated health care for victims of violence is necessary for increased budget allocation.

5. Conclusions

Based on the evaluation, it is concluded that the Project was highly successful in developing systematic training mechanisms for the expansion of integrated care for the victims of violence. Those programs comprehensively address the pre-service and in-service training needs of different cadres of health care providers, most profoundly those of professionals and to the lesser extent those of health technicians and health promoters. Combination of international and local resources, linking academic and administrative organizations, is effectively utilized to produce expected outcome of the Project. Those trained by the Project in five pilot areas have demonstrated excellent leadership for the establishment of innovative models for the delivery of integrated care to the victims of violence in accordance with each local condition. However, increased attention to the needs of health technicians and health promoters is necessary in order to effectively deliver integrated care to the victims of violence. Increased commitment from the Peruvian government, both at national and regional levels, deemed necessary in order to sustain and further strengthen such programs and models established as a result of the Project. It is concluded that the Project Purpose is likely to be achieved. Therefore, the Project should be terminated as planned.

6. Recommendations

1) Recommendations for the rest of the project period

In consideration of the urgent need to mobilize political commitment to maintain, strengthen and further expand programs and models established as a result of the Project, recommendations were made as follows.

a) Evaluation results and achievements of the Project should be disseminated to the stakeholders both at the national and regional levels. At the national level, multi-sectoral participation should be considered as the care for the victims of violence include activities beyond health sector. At the regional and local level, political executives who have a control over actual resource allocation at those levels need to be involved as their decisions are critical for the sustainability of the project outcome in the five pilot areas. International Seminar and Workshop scheduled in February may be an effective venue for such domestic, as well as international, advocacy purposes.

b) Explicit prioritization of care for the victims of violence in Regional Development Plan should be promoted in all of the pilot areas. Experiences of each pilot area should be documented as a basis of such advocacy and as a reference to other areas to follow.

c) Training programs developed by the Project (for professionals, health technicians and health promoters) should be officially authorized by MINSA-DIRESA in order to ensure sustainability of those programs.

d) Better integration with existing national programs, such as SIS, PIR and JUNTOS-MINSA, should be explored to ensure effective and efficient use of limited resources available for the care of victims of violence.

e) Costing of major items necessary for the continued operation of the programs and activities

introduced by the Project should be conducted for better estimation of required budget.

2) Recommendations beyond the term of the Project

a) For Peruvian side

It is recommended that MINSA in collaboration with other relevant institutions to continue to perform its leadership role to integrate the care for the victims of violence in all aspects of health services. Following measures should be taken specifically for the health sector;

- Continuous support for frontline health workers trained by the Project through integrated supervision mechanisms by DIRESA/DISA.
- Increase in number or improvement in geographical distribution of psychiatrists, as a medium- to long-term strategy to ensure access of victims of violence and other patients in need to psychiatric care. Output of specialist education needs to be increased at the same time.
- Roll-out of training programs for general practitioners to give them more confidence to dispense psychiatric drugs in order to mitigate shortage of psychiatrists as a short- to medium-term strategy to ensure access to psychiatric care.
- Further integration of care for the victims of violence with other health services could be another short- to medium-term strategy to ensure integrated care.
- Strategic advocacy to national and local political executives for sufficient and sustainable resource allocation for the activities related to integrated care for the victims of violence.

It is recommended that UNMSM as a leading academic institution and as a center of excellence for integrated health care for the victims of violence in Peru to take following measures;

- Continuous provision of pre-service and in-service training to expand skilled human resources.
- Active support for other educational institutions to include curriculum related to care of victims of violence in order to diffuse achievement of the Project.

b) For Japanese side

It is recommended that JICA as one of the leading donor agencies in Peru, which is committed to promote the culture of peace through realization of human security, to take following measures;

- Continuation of policy dialogue through JICA Peru with the stakeholders in Peruvian government in order to promote integration of care for the victims of violence in all aspects of social services.
- Consideration of additional assistance, within the limitation of resources, to support efforts of Peruvian government to expand the programs and models developed as a result of the Project to benefit greater geographical areas of priority.

PERUVIAN UNIVERSITY CAYETANO HEREDIA
Public Health and Administration Faculty
"Carlos Vidal Layseca"

LOCAL ADVISORY

FOR INTEGRAL EVALUATION RESULTS OF PROJECT
Strenghtening of the Integral Attention of Health and Persons Affected by the Violence and Violation of Human Rights

International Cooperation Agency of Japan – JICA
Systems Science Consultants Inc. – SSC

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Lima, November 16, 2007

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Summary

The main objective of the present working study is to collect and analyze the information of the evaluation results related to the Project for Strengthening of Integrated Health Care for People Affected by the Violence and Violation of Human Rights in the care to the people affected by the violence in the micro-networks of the Project.

The information collected in the present evaluation was based on the qualitative survey techniques, interviews and focus groups to professionals, health technicians, and promoters trained by the Project; and to users being attended by these people as well as to directive personnel of the micro-networks and other actors who normally attend the people affected by the violence in the communities. At the same time, the personnel who were trained by the project received a questionnaire to complement their quantitative information. This information focused the training experiences during the attention practices, in the change of attitude of the trained personnel, in the referral and counter-referral systems, and in the users, directive personnel and key actors perception.

The main results of the Project in the care to the people affected by the violence remain in the field of the trained personnel who show the better way of treating with the patients, they have now better emotional aptitudes and have more interest to attend this problem of violence. Half of the trained personnel reported significant changes in their way of treating with their patients affected by the violence and a quarter of them perceive significant changes in the human resources to attend these cases by respecting the human rights and the autonomy of these people. The changes are much more significant among the professional group among other segments of human resources, and in the case of the Junin group among the other regions.

The trained personnel recognize the big limitations that there exists in order to give an efficient approach to the problem of the violence. The dialogue and interventions for the people affected by the violence mainly focuses on the attention and protection of victims with the aim to persuade the person offering violence. The dimensions of cognitive, emotional, rational or systematic behavior of the violence are not commonly approached.

The people who received the training by the Project have a more positive attitude to make the referral or to accept references of people affected by the violence. There is a clear conscience of the need to work with discipline and in an inter-sectorial manner. Some agreements at inter-institutional levels have been developed, nevertheless the referral and counter referral systems are mostly informal and they are based on the interpersonal relationship.

Users in general are satisfied with the care and they perceive that the health services are paying much more attention to the mental health and violence topics. These people feel more confident to use the health services or to look for some help in case of some violence instances, this means that the demand is now increasing.

Observation 1:

Chart 2. Percentage of people of different occupational segments that participate in the different activities of training of the project. Questionnaire 2007.

TRAINNING	PROFESSIONAL		TECHNICAL		PROMOTER	
Harvard Tutorship	3	7%	0%	0%	0	0%
Academic Degree	30	68	0%	0%	0	0%
IMP Tutorship	17	39%	0%	0%	0	0%
Replies	12	27%	14	82%	11	46%
Others	10	23%	8	47%	20	83%

Chart 3. Percentage of trained people that make diverse ways of attention to people affected by Violence, according to the occupational segment. Questionnaire 2007

Activities	Professional		Technical		Promoter		All	
Cases Reception	35	80%	6	40%	14	60%	55	**60%**
Advisory	36	80%	l6	90%	24	100%	76	**90%**
IM Speeches	29	70%	6	40%	11	50%	46	**50%**
EM Speeches	28	60%	9	50%	9	40%	46	**50%**
Domiciliary Visits	22	50%	5	30%	19	80%	46	**50%**
Social Assistance	12	30%	4	20%	8	30%	24	**30%**
Attentions	17	40%	4	20%	6	30%	27	**30%**
References	31	70%	8	50%	10	40%	49	**50%**

Chart 4. Percentage of trained people that make diverse ways of attention to people affected by Violence, according to regions. Questionnaire 2007-12-01

Activities	**Lima**		**Junin**		**Huancavelica**		**Cusco**		**Ayacucho**	
Cases										
Reception	5	56%	12	80%	11	69%	12	52%	17	68%
Advisory	7	78%	14	93%	12	75%	22	96%	23	92%
IM Speeches	2	22%	13	87%	9	56%	13	57%	20	40%
EM Speeches	1	11%	11	73%	9	56%	13	57%	12	48%

Chart 5. Percentage of trained people that perceive significant changes attributed to training, in their own performance in the attention to people affected by violence, according to occupational segment. Questionnaire 2007

Aspect of the performance in front of people affected by violence	**Professional**		**Technical**		**Promoter**		**All**	
Treatment and warming in the attention	30	65%	3	18%	10	42%	43	**49%**
Use of techniques in the Intervention	12	26%	2	12%	7	29%	21	**24%**
Control of their emotions (compassion, anger, fear)	21	46%	4	24%	7	29%	32	**37%**
Capacity to work in team	20	43%	4	24%	7	29%	31	**36%**
Conflict management	21	46%	3	18%	4	17%	28	**32%**

Chart 5. Percentage of trained people that perceive significant changes attributed to training, in their own performance in the attention to people affected by Violence, according to regions. Questionnaire 2007

Aspect of the performance in front of people affected by violence	**Lima**		**Junin**		**Huancavelica**		**Cusco**		**Ayacucho**	
Treatment and warming in the attention	4	44%	14	93%	6	38%	11	48%	8	32%
Use of techniques in the Intervention	5	56%	9	60%	1	6%	3	13%	3	12%
Control of their emotions (compassion, anger, fear)	2	22%	12	80%	2	13%	9	39%	7	28%
Capacity to work in team	1	11%	11	73%	3	19%	10	43%	6	24%
Conflict management	4	44%	11	73%	4	25%	4	17%	5	20%

Chart 6. Percentage of trained people that perceive significant changes attributed to the training in diverse aspects of the attention to people affected by Violence, according to occupational segment. Questionnaire 2007

Aspects of the attention to people affected by violence	Professional		Technical		Promoter		All	
Quantity of patients that look for attention to violence problems	8	17%	2	12%	9	38%	19	**22%**
Skill of the health personnel to care people affected by violence	11	24%	3	18%	7	29%	21	**24%**
Resources and installations for the management of violence	5	11%	1	6%	9	38%	15	**17%**
Inter disciplinary management of the problems of violence	10	22%	0	0%	5	21%	15	**17%**
Quantity of references of people affected by violence to other institutions	14	30%	1	6%	4	17%	19	**22%**
Respect to the rights and autonomy of the people affected by violence	15	33%	1	6%	5	21%	21	**24%**
Use of instruments or adequate forms	10	22%	1	6%	5	21%	16	**18%**
Inter institutional agreements for the attention to people affected by violence	8	17%	2	12%	6	25%	16	**18%**
Authorities' interest	6	13%	0	0%	7	29%	13	**15%**
Participation of civil and community organizations	6	13%	1	6%	8	33%	15	**17%**

Chart 7. Percentage of trained people that perceive significant changes attributed to the training in diverse aspects to people affected by violence, according to regions. Questionnaire 2007

Aspects of the attention to people affected by violence	Lima		Junin		Huancavelica		Cusco		Ayacucho	
Quantity of patients that look for attention to violence problems	0	0%	9	60%	1	6%	6	26%	3	12%
Skill of the health personnel to care people affected by violence	0	0%	9	60%	1	6%	7	30%	4	16%
Resources and installations for the management of violence	1	11%	9	60%	2	13%	1	4%	2	8%
Inter disciplinary management of the problems of violence	0	0%	6	40%	1	6%	7	30%	1	4%
Quantity of references of people affected by violence to other institutions	1	11%	8	53%	1	6%	6	26%	3	12%
Respect to the rights and autonomy of the people affected by violence	1	11%	9	60%	1	6%	7	30%	3	12%
Use of instruments or adequate forms	2	22%	7	47%	0	0%	4	17%	3	12%
Inter institutional agreements for the attention to people affected by violence	0	0%	7	47%	0	0%	7	30%	2	8%
Authorities' interest	1	11%	6	40%	1	6%	4	17%	1	4%
Participation of civil and community organizations	1	11%	7	47%	2	13%	4	17%	1	4%

Chart 8. Percentage of trained people that refer to have put in practice diverse initiatives to people affected by violence, after the training. Questionnaire 2007

Initiatives or actions implemented after the training	**N**	**%**
Reception of cases	25	29%
Guidance and advisory to affected people	18	21%
Information campaigns	16	19%
Inter institutional steps/intra institutional	14	16%
Training of personnel	14	16%
To improve the attention / Warming	10	12%
Following of cases and domiciliary visits	7	8%
Application of cards	7	8%
References to specialists	6	7%
No initiative	15	18%

Chart 9. Difference in the perception of personal and institutional changes, attributed to the Project, according to the occupational segment, sex of the Participants, headquarters, professions and form of received training. Questionnaire 2007

	N	Average of Level of Changes Perceived in the Self-performance	Average of Level of Changes Perceived in the Attention
		(Continuous scale from 0 to 100)	*(Continuous scale from 0 to 100)*
All the trained	85	58	41
Segment of Human Resources			
Professional	44	68	48
Promoters	17	50	38
Technician	24	41	30
Sex			
Female	65	59	41
Male	20	54	44
Place			
Lima	9	60	40
Junin	15	85	69
Huancavelica	16	47	29
Cusco	23	60	48
Ayacucho	25	45	27
Profession			
Nurse	19	49	32
Doctor	6	78	62
Obstetrician	12	63	49
Psycologists	4	78	58
Way of Training			
Harvard Tutorship	3	70	62
Diploma Course	30	71	48
INMP Totorship	17	66	47
Replies	37	46	32

Observation 2:

Interview 1 Sicuani User (it is already in the final report).

***What is your name?**

- Sonia.

***How old are you, Sonia?**

30 years old.

***Have you been taken care about any mental health problem or by emotional or violence situations in this health Centre?**

- No.

***What were you taken care of here?**

- It has been five months since I came, I was scared to come to the post, I was scared to come. Then, I came to ask here to this Post why I was so afraid. And they say it is because I am pregnant, they said. I did not come before, but I was afraid because my husband is jealous too and he may get angry with that. Then, just like that, I did not let him know. Before, he was also hitting me, kicking me... as he is older, then he is jealous. He has even treated me just as if I were not from my house and one tolerates it because before, it was the same, he maltreated me the same way, I wanted to die.... There, in the Post, the have told me then "you must not tolerate, your husband must come to dialogue, talk, it is not normal things are that way". And that is the way things happened, I have told them he has kicked me, he has given me a punch, I have told them so.

  ***And about these problems, have you told someone here in the Health Centre?**

  -Yes.

  ***Whom did you tell about?**

  -Mrs. Marielena.

  ***What is she?**

  - She is obstetrician. Yes, she talked to me, she said that.

***And when you told her about, what did she say about your problem?**

-About that problem, they said that my husband must come to talk to him more because that, what he has done, is wrong, she said. But my husband does not want to come, he does not want to come.

***And what else did they say to you here**?

-They only say that.

***What did they advise to you?**

-That you must not.... you must not let anybody to maltreat you, you must tell somebody about it, or come here to tell it.

***What else?**

Another doctor tell me the same, too. She only say that. Sometime, I have already spoken with my husband and he does not want to come, "he has no right to do those things to you", they said. "He has no right to make those things to you, to blow you a stick, nor physically, nothing". You must not allow anything".

***And what did you think about the advises they gave to you?**

I think they were good. Yes, since then, when it happened, I came down and told about it, with that they encouraged me more. I was more confident. I could already talk to the others, but he does not want to talk about it. They have already told me and they have spoken to see the children, too. They said I should talk to him when he is quiet and talk about the family. When I talked to him, he stopped hitting me too much.

***So, the advices did give results?**

-Yes, they have. I have spoken to him sometimes arguing or when he is quiet. I have also talked to my husband, crying. And now, he has changed a lot. He almost does not hit me any more. Then, what they said is giving results.

***Then, what do you think about the advisory you have received here? The advice you have received?**

-It is good to me because they have been useful to me, with the advice it has stopped, before the maltreatment was too much and so, with the advice, it has become better. There are other women who received the the maltreatment and do not come to the Post, they allow it and stay home. If one allows it, "your husband will go on hitting you". Me, like

others also, did not come down too, I stayed home just like that. I was tormented.

***And now?**

-Now, I am not, I come down to the Square, there are other ladies too, we talk about it also. Now I am normal with my children, too. I, before was exactly like that, from my house I went to the fields, we stayed in the house, in, it was like a menace, that is why we stayed in. And the others are the same. When one understands what they said, one starts getting the changes...

***Are you happy with the attention?**

-Yes, I like what they told me, I like to take their advices.

***Sonia, have you noticed some changes in how these problems are cared in the Health Post? Do you believe they are putting attention to these kind of problems?**

-Yes, they pay them much more attention. Before, it was not like that, for me it is ok. Other say it is not so, but for me it is ok. Because what it was before, it is not like that now.

***And what do you think, must the Health Posts care more about violence and mental health?**

-They must care more about that, there are people that also suffer more maltreatment or there are also violations, those things happen and then a professional is necessary to go to the consult and help him/her more.

***And how do you think the Health Centre is doing? Is it doing right or is it doing wrong?**

-It is doing right.

***What is it lacking to be better?**

-It is lacking to make the couple always talk to each other, to let the man understand. Because when one talks to him, he can understand. They must make them come to make them understand. They must call more her couple to speak to all of them. To let them understand.

***Do you think the Health Post would be prepared for that or it is lacking support to take care of those type of things?**

-The Health Post would be lacking help. That is to say, hmm, more psychologists, more in order to guide the husbands more here and to help

them more too, guide the one who work here. That it would be lacking.

***Have you heard about the Project the Japanese Cooperation is doing with a University of Lima, that they are training people to attend better?**

- No, I have not heard about it.

***Actually, they are trying to train more professionals, technicians and promoters to treat these very important aspects for life, better. Not only the body health, but the soul health.**

- That is good.

Interview 2: Junin User

Nora, 36 years old, whose daughter was taken care in the San Martin the Pangoa Hospital
You told me your case a little, tell me it again, please.

Ok, in case we are attended by psychologists, here doctor, we are here for our daughter, because she was a little, she forgot things, I do not know why, for the like itself we have kept in Naylanda –Sono Moro, I believe my little daughter was like that, then, I have brought her here, thanks God it helped me a lot, my little daughter feels better already, she does not forgets things she made any more, she already remembers them.

How was the life she lived in the other place you tell me about, why do you think it affected your daughter?

Because, doctor, because we lived, subversion always came to attack that annex, because we lived in Naylandia – Sono Moro, they stayed there a year, look, first it started in the 90 and then, in the 92, they started to attack, in the 93, they took off 4, 5 people, they killed them, in the 94, the got into at 11 p.m., when my husband was in a walking around service, there is where my husband was killed. The terrorists killed him, I was left with 2 children, when my oldest son was three and the little girl was one and a half, I was left, but we were displaced from Palomar, we did not have a farm in Sono Moro, just a little lot we had, There we lived, doctor, and always we lived with that fear. They said the terrorists are coming and we escaped, by night, we slept together, having the lantern ready, ready the blanket to carry the child. All that pressure I had, I even got sick myself, my daughter suckled me that way and it seems it is a lie, miss, the children, they would have know when there was a shooting doctor, we escaped to the mount, they didn't even cry, although we put them there in silence, as if they would know what was going to happen to us; and of all that, my little daughter has become like this, she even was stammering doctor, she did not speak well, she always spelled and I was always worried, I made her cured, I took her like that, I made her cure from fright and after that, she got better from speaking, she already pronounced well, the problem was about she was forgetful, forgetful doctor, she forgot everything there, I did not know where to take my child, since then, I acquainted that there was a psychologist for nothing in the hospital. Here, in the hospital San Martin de Pongoa, then I brought her here.

How did you acquaint about that psychologist for nothing?

I came because my little child was, I did not know but I was there and hey, in the hospital there is a psychologist for nothing, he does not

charge, and so, I came bringing my little child. I came to the young man, I registered, I told him you know what young man, I am like this because I am a widow, mi child is an orphan and I feel like this, I had my compromise and after my husband died, I broke with it, I have two children with him, sometimes I am both parents, I am a mother of four children and then my little girl is like that. There is when the psychologist has told me, no madam, we are taking a census, there is a session, we are here to support the victims of the political violence, there is when I acquainted.

And you, yourself, came to look for help?

Yes, I, myself, came here and told him my problem.

And how were you attended?

Yes, very well, the young man explained to me, he said yes to me, he helped me very much, I felt depressed, I told him my problem and he helped me, he helped my little girl as well as me. Then, as my little girl did not forget anymore, I am not bringing her here again, she is better; now I have my 17 years old son, I told him we were going to the psychologist and, as he is a young man, all right mom, I am not, he tells me so.

And did you have any problem in getting attention to your daughter?

- - Nothing.

How did you come here?

I came like this when I was not well, I came here, to the hospital for other sickness I had, there I read that the psychologist was for nothing that is why I bent on bringing my little child, yes doctor.

I want you to tell me what kind of attention they gave you when you came, what did the psychologist gave you, advisory, guidance, what did the psychologist did?

He gave me guidance, doctor.

And has your daughter been attended here or was she derived to another place?

She was always attended here, my little girl; the case is that a cyst appear to my older son here, but the insurance of the SIS has derived

him to Satipo, from Satipo they have passed me to the Dos de Mayo Hospital, there they have operated, that was by the SIS already.

And did you have to pay for that attention or has it still been for nothing?

In my case, I have always paid for my daughter. The psychologist was for nothing, I have not paid anything, for other sicknesses, here in the hospital you have to pay.

And what did you think about what they gave to your daughter here?

I thought it was really good and I would like to ask that sometimes many fathers or mothers do not know why we are in the annexes, we do not know, they do not know about that support and do not bring our children and so many children, there are many in Naylando Sono Moro doctor, there you can go a sometimes, as we do not know about it, and me, if I do not come to the hospital, I did not acquaint about it, then, thanks, when I came to the hospital I acquainted, and I say thanks for it, actually, I am grateful and me and my little girl were helped, that depression I had also.

Have you received attention too?

Yes, I confess. Also in advisory because I told him the problem I had.

Then you and your daughter have been attended, isn't that true, and you say that many people from the annexes do not know and what should they do to let them know more.

I think that they should go to the radio, that they could do a public letter and tell exactly what day or make a schedule telling from which hour to which hour the orphans could be attended, the displaced ones, the widows in case of advisory, then how many young men and misses that are on the same environment that we have lived for the same violence that we have lived, there is also the same, I would like that doctor. That you can attend all of them.

And you think that the attention was good, you are satisfied with the attention they gave your daughter.

Yes doctor, to my daughter I am very grateful. Because, because it helped very much to surpass my problem; because I felt bad, I had a trauma too, it teach me to know how to think, I told him as if I would surpass the problem, he explained to me and my daughter, I have seen my daughter is not the way she was before. Now, she is not forgetful,

doctor. Now her notebook is already kept, “where is my notebook, mom?, I said, “there is too much, so you forget you have a husband, Your daughters, I must be like that, not you”. And I brought her here, I don’t know, the girl has already told you, you would have advised her and she left that, now she remembers the things she kept, she is more like a miss, also.

And you know about these process that is being doing in the region and in the hospital justly with the affected by the violence, you know about this project that is training the professionals, you know about it, you have heard about it.

Yes, the psychologist has already explained it to me.

Yes, and what do you think about this project, what good things does the project have?

Well, in my way of thinking, it can bring good fruits for sure. Because it will be giving advisory supporting the people because sometimes we are depressed, stressed, so many young men, misses, by lack of advice, sometimes they go through bad roads, they go drinking for not knowing because I tell you doctor, because we sometimes are like parents, some parents even do not have primary education, sometimes they treat the young too formerly but if that would be, it is very well, welcome, because with that we will surpass all the young, the ladies that feel depressed, stressed, I would agree and now I know, for me is a great joy, I say now there is going to be a speech in Naylada Sono Moro, let them go, I am worried about that town, maybe I came to Pangoa but always because my husband is death, there my husband is buried, always that town I can not forget, I always defend Naylanda Sono Moro, I would like that you go there because we have suffered there, we have died there, uf!! More than six hundred people, so many, have died there, I do not tell you that subversion has come four times there, then there are widows, there are orphans, there are widowers, father, mother have died and there are helpless left like that and I don’t watch just for myself, I think in them, also, maybe I have come here to Pangoa for my children’s education and I have them studying in the school, that is why I came here leaving Naylanda but, anyway, that town I can not forget, doctor.

And what do you think would be lacking, let us say, would you see weakness in the project or work that is being doing, let us say, with those victims of violence, what is it lacking of?

I would ask in that case doctor that we can do something, some work or something like that for the widows, as an example, we can dedicate or may be a ceo, we dedicate to embroider, to knit, or cosmetology, much of scarce, or we do not know fields, fields the women are not for the

work like the men, that I would ask for and for the young, at least a scholarship so they may study and surpass, so many young have finished their school, for lack of economy they do not leave more to study to an academy as an example, more like the SENATI, mechanics, automotive, that is to say, short careers for the misses or if you want to support with something to those widows or to displace them, sometimes we can not go back to our fields, that you give us a speech, something to make manual work, I would like to ask for that.

Now tell me a little about the association you belong to, how did you take part in the association.

Well, here in Pangoa they have formed an association but by the River Sono Moro, there nobody knew about the association. Then, there we acquainted that this association was asking for an evidence to be attended in order to insure their health and education, then, seeing all those needs, a doctor from FONCODES of Huancayo came, the doctor told us that we could get associated; as more associates we are, more we can be projected; then, I went to Naylanda Sono Moro and in a meeting we had, the community, I participated, then others like me, the authorities agreed, let us form our association and we formed our association and now he have formed our association and I have the charge of secretary.

How is the association called?

Displaced Association, that is to say, victims and displaced association of the right margin of the Sono Moro River, that is the name of the association; we have already presented an office to the City Hall of Pangoa, the Mayor has already given the resolution to us, we have made our book legalized, now I just have to approve our statute and take it to the public registry, to the public notary and make a census of all the displaced, victims and widows, all of them, to take that census list to Lima MINDES so all the beneficiaries, with that evidence, they are going to insure us and also education for the orphans, that is our goal, that is why we are organized, it has also been a collective reparation, that was just for 17 annexes only, for the annexes that have been hit more by the political violence and also we ask for individual reparation, how many widows are not repaired for violence, for the husbands death, also seeing that a prowler has an indemnification, then not only we ask to organize ourselves, but to ask for it, so it is amplified and we are paid for our husbands indemnification.

How many people take part in this association?

We are president, vice president, secretary, treasurer, and a member of council and a prosecutor, we are six. Only the six are as a directive joint

and we are already to associate and we will see how many of us will get associated.

And are you doing or not some work together in this hospital?

-No, not yet, as we are recently new, we have done nothing yet, that is in the hospital.

Do you have any plan to work together, to make some work together with the hospital?

No, not at all, we have not thought yet, we have not agreed at all.

Then, by now, what you are doing is assembling your proposal.

-Yes.

Ok, Mrs. Nora, thank you very much for your sharing.

Interview 3: User of the Service of Huancavelica

Mary, 48 years old, user of the health services in relation to the problems of violence

In what place or health establishment are you being attended?

In the mental health place and, apart, in a house in the Aprodit place, that is for political violence. We have coordinated and we had three places where we have treated various people, not only me. Me, my children and many people that are affected. And apart that, many neighbour people that are already treating, they are various. And we are grateful to the doctor and the institution. And, at least, they worry about the mental health because..... few are the ones who worry about.

Well, what was the principal problem of violence that, let us say, brought you to this place?

It was because I was very depressed, with many problems I had for my husband's death. And with my children that sometimes a lonely mother always has many worries, as a father an mother, we have many problems. Then, apart, I have gone as a register by the regional government of a project for people affected by political violence. After that workshop, I came back very much depressed, hurt, as if something had crossed my chest, too much hurt, and any little worry is as if something drives in here. And when I talk with the psychologist or the psychiatrist, then it stops. In this experience of register, I got sick, because I saw some victims of the violence.

How were you taken to these services, to this therapy? What took you here?

We always were leaders and we always were with the psychologist and the leaders were needed to coordinate and make the meetings and coordination to attract the people to treat them of it here. And as they insist us, no? Sometimes, we are very careless. When they do not tell us something, we are careless and when they insist, then, in that way we have understood.

What difficulties do you find in this health service?
In the health service, we find sometimes when we come to make an external consult, it is a little hard to us the procedure to make the records. And we are waiting hours and hours for the treatment. That

is what is wrong. Because of this, we have considered convenient to

be attended directly here. Then, here the doctor and the psychologist prepare a record to us and give us our date and tell us what day it is and they tell us to come. One comes with problems, the people who has had a problem come to treatment and because they wait so long, they go away. And that is why we do not agree with it.

And you think it is the same if, as an example, you come with a stomach ache or with a hurt?

They give more importance to the physical part. As we are not bleeding, we are not with any hurt, we are not attended. Then, the 90% of the people here, do not treat their mental health, they do not care about it at all. We are a few, who care about it. Now that it has started to work this about mental health, we have recently seen the importance the people who have mental health, has, of the professionals, of the psychologists, psychiatrists, we do not give any importance to it. It is true that when the people come with, as an example, a broken arm, a broken head, they give quick attention to them, but when psychologically sick come, sometimes they do not give so much attention to us. They do not attend us quickly. And because of this, the people do not come for treatment. But in this case, as we have coordinated it, it is being tried directly, immediately, we arrive and we are attended, that is the objective, what they want, they come and they are attended. That's how the people is already treating, specifically, of mental health.

Maria, tell us a little, how was the attention you received? How was the attention you received?

In the first place, there was a nurse that make the sieving. From there, she derived us, if it is not going to treat us a psychologist or a psychiatrist. In my case, she took me to a psychiatrist. I had a kind of problems, various problems. I need a psychiatrist. He treated me and gave me recipes and I am in treatment, in therapy also, and now I feel better.

How was the interview with the doctor?

He is very gentle, sometimes hum.... Those things influence very much for the attention. He treat us warmly so we can have confidence to tell him some things we have hidden inside, we have to take them out. As a professional, he knows how to ask about things.....

What do you think about the attention of a psychologist?

He was very gentle and he attended me. I told him all my problems

and my sufferings. When I was 22 years old (I believe crying), I had problems.

Did he give you a diagnosis?

Yes, depression.

About your treatment?

Yes, he gave me medicine. A am having them for three months. I think is ok and I am better.

So you feel that it has been a good attention.

Yes, they have attended me very well. Besides, when someone come, we are attended as it has to be. I come and they attend me in a few minutes, others are attended too in the same way. The attention is good. He gave us exactly an hour. An hour, from hour to hour, more or less, the attention will last.

How do you rank the attention you receive? If you would have to rank it, as an example, bad, regular, good, very good?

Regular.

What could be better?

It's ok. But the nurse's attention could be better. There are a lot of people and she delays to come out, the miss. Her treat is a little cold. Sometimes, one comes reneging and must be well attended.

What do you think are the strengthens and weaknesses the health services have?

Above all, there is a lack of psychologists. The place, an adequate place is needed.

And what do you observe in the attention, is it improving or is it getting worse? Is it the same?

It has improved. Yes, because there are more professionals, before there were not psychologists. And we have had to insist and make more psychologists to come. The people is making and asking to attend them now, we are use to make it now. And yes, we are taking this problem of mental health, something we didn't do before. Now,

they do want to be tried. There are more users that come to be treated before, this was not so. The treat too. The doctor and the psychologist have improved in their treat.

Maria, what do you think about the project that is training the mental health personnel?

Your project is very good.....

Thank you very much.

Many thanks to you.

Interview 4: Huaycan user

Marisol, 18 years old, attended in the central hospital of Huaycan.

What are the reasons you come here to be attended by the psychologist?

Hm, by the problem of pregnancy. To talk about me, about my mood, how am I with my family and with myself, emotionally.

And the way you are, do you have any problem about which the doctor is helping you?

No, not a problem, she only made me do a drawing to know how I was there, but everything is ok. This is the first time a have been attended by the psychologist.

And what do you think about the attention she has given you?

Good, the lady is very gentle, yes, she is a good psychologist, you can tell that. By the way she talks to you, and when she makes the questions she makes you a little confusing but she makes you answer with the truth, she does not give you time to create a lie, as you can say.

And how did you decide to come to be attended in the hospital of Huaycan?

I did not imagine I was going to be attended by a psychologist because I came specially with the baby, to know how he was but they send me to psychology. They told me that to know how I was emotionally, with problems, or traumas, something like that.

And what did they say, for what a psychologist will be good for?

For not to have problems because there are other women that are in pregnancy but with problems, they want to kill themselves, or kill the baby, or abandon them, that's why, to see I have no problems with the baby about having him or not.

And that was what they explain to you.

No, I suppose that was it, if it is, here, as there is too much movement, they do not explain to you, that is to say, all as they say, they give you a kind of idea.

Of course, and you think it is ok that they derive you with the

psychologist, that is something good, is it necessary or not?
Yes, I believe it is good. In this way, it helps you already, the miss is like a friend , she gives you advices already for how you are, if you have any trauma, problem with your couple or familiar, she helps you.

And it was, is it easy to come to be attended in the hospital, how is the attention, do they make you wait too much, how is it?

Well, the attention is good but they make you wait too long, well, that is necessary because as there are too many people, you have to wait it is not just because they want to make you wait, it is necessary for you to wait because there are so many women, children, all of them, that's why you have to wait.

And what services have you gone through?

Ah! I first went to the cashier to get a ticket, then they send me to the obstetrician to see the baby and then, here, in odontology, and at last, in psychologist, this is at last. Then Nutrition, they have send me to nutrition and then they will send me with the social assistant, they say, to get an insurance for pregnancy.

Now tell me what do you think about the prices for the attentions, have you paid something to be attended or not yet?

Only, as I have a record since last year, I have only paid to be attended in obstetrics, I have paid for the ticket that are only three soles.

And you live here, near the hospital, it is easy to get here?

I live in the zone, well, I can get here walking, by car, as you like, but it is near.

And you would say that you are satisfied with the attention you Have received till right now, satisfied but could it be better or aren't you satisfied?

Satisfied, yes, but it could be better, of course, but for the quantity of people who is attended. It would be better if there is not too much delay but this delay is justified, you can say, because of the quantity of people, it is always necessary.

Do you believe that the psychologist has given you the enough time to listen to you or has she attended you quickly, or would you have liked her to give you more time, to attend you more

quickly in less time?

I would have liked to talk a little more with her, but as she has so many patients to attend too and she is that busy, but she did attend me well. She has attended me. Fifteen minutes, or so, that is the time for a pregnant, more or less. And she has given me a date to attend me later.

And do you think you are going to come back to be attended?

Yes, I am going to come back.

And yes, you have heard talking about a project, the YAICA project, that is a project of attention to people affected by violence, have you heard about this project?

No.

Ok, to finish, what recommendation would you give to improve the attention they have given to you?

Specially the order, it would be the order, that it has a more firm step because there are people, that is to say, that get their date and then they go and then, as they do not have time, they have to go on passing, then, they come back and they are a little confuse, that, the order most of all. Of course in their time, because there are people that get their date, then, they go for any reason, emergency may be, then they come back and the person who is being attended, is uncomfortable, and then he/she has to come back.

That would be all, very well, thank you very much for having talk to me.

Thanks to you.

Interview 5: Ayacucho user

Isaac, 19 years old, user of the Belen Microred.

For what problem were you attended in the hospital?

For intent to suicide. It was a month and a half ago, I don't remember it too well. What happened. For problems in my house, with my family, people, I was in a depression. I was living a depression three months ago. Morally, it was also denigrating the first month, the second month more or less and I fell down the third month, the university was too many things; I did approve the exam, but I did not get the percentage and all of that, to Archaeology and History, and in the last thrust they gave me in that moment, it had to Be the definitive one. I take the champion.

How did they attend you?

Stomach wash in emergency.

And there with whom did they date you, with the psychologist or with the psychiatrist?

Ah! With the psychiatrist, Dr. Michuy, I think it was.

How are you now?

I am better.

Would you like you would have success with the attempt?

No, now I think with my head cool, I don't.

Would you do it again?

After all I have passed and with the symptoms I had, a terrible stomach ache, and I couldn't pass my saliva, the vision started to darken, I saw a little cloudy, it even left sequels, now it passed by, suddenly I was resting and I felt that my own body brought back and stopped even to breath. I repented. I ask myself what have I done, why it has won, I always talk about the things with my friends, about suicide and I had some friends who did that and had success and they are not here any more.

That is to say, you have called very much my attention telling me that here, in Ayacucho, young adolescents talk about

suicide.

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So it is, we touch that theme because, mostly at the age I was, fifteen fourteen, sixteen years old our attention was attracted by suicide. Some of the ones who finished a time ago, became depressive, even they told us I have that idea, what do you think about it, and so, while we talk about it I remember, even, advising him how to do it, I gave him all the positive ones not to do it and finally I remember when I was, all I have said and I, myself, fell down in that.

When you attempt it, have you drunk?

No, I was healthy. To be honest, the first time I thought about it, I did it; I did it the first time I thought about it, I even went to my bedroom, during forty minutes I thought about it, if I did it or not, there was like an internal fight inside, one said do it, the other said, no, don't do it. For example, I enumerate if I have worked this, at least you are good doing those things, but there were other things that you are that way, finally.

And your girlfriend, how is she with you?

She is better: she knew about the things that happened, the things that happened were never a problem, her family do not accept me and, on the contrary, here in my family, she is accepted, I feel a little bad because I can not accompany her near her house because if they see me, they are going to give her problems, after what I did, I feel I have matured a little more in my way of thinking, in the things I am doing, that I am putting effort in the things I'm doing, but, as I tell you, I am quiet, we are ok, I am ok.

You, after that, are you still taking pills?

Not now because they started to shock. I took the (clorozepan) and the (aclerol). The (clorazepan) made me sleep all night long and I woke up Sleepy, kind of bewildered, it did not let me do my things.

And did you go sometime to the health centre, to the Health Centre here in Belen?

Yes, when I talked with Camilo. It was only once. We talked well, even he gave me answers to what I thought there weren't. He made me understand what I had done. They send me, to see, I had some doubt about my personality, I went to that, I told my little problems I had, suddenly I did not have them any more. It was too much, taking too much seriously the things they made me a joke and they did not offend me any more.

In that époque, did you already think about suicide?

No, the first time I thought about it was when I did it and that was what came to me suddenly, and that was the first time, I did not attempt it before, I have thought about it.

Why didn't you go on coming?

Because I believe I am ok, and I, myself, have to fix my own problems I have in front in reference to as much as I talk to him, I do not put into practice what he is saying, I can not solve the problems I have, maybe I, myself, have to try to convince myself what I made was wrong and put me goals from now on.

With the attention you received, are you satisfied?

Yes.

What do you think is right and what is wrong in the attention you have received?

In the attention, it seemed to me very well that they had the courtesy to come here so my mother went upstairs and was talking and I did not imagine they were coming to my house to talk to me; in the negative, I do not find anything wrong till now because I see what they did is ok.

Do you believe the attention has changed?

As far as I see, yes, I remember that before they made you wait and all, I even remember that sometime I broke my head playing when I was little, I made a little fissure in the head and in that moment, I didn't take notice of it, but I was bleeding from the head and we went and until we told them I had broken my head, I was waiting and then they attended me. Now, I see it more quickly.

Have you known about the work in the health centre with, for example, hit women or people that suffer because of violence?

Yes, I say they made like a little assembly, in the health centre, I think it is fine in the places like Belen that are far away from Ayacucho, too many problems in the psychological part and I think it is a good idea to be training people.

Have you heard about the strengthening of the project of Strengthening the attention to people affected by violence or violation of human rights, have you heard about a program that is being implemented?

No.

Your mother told us you have two brothers. The other two also with suicide ideas.

My oldest brother, 25 years old, he attempted it many several times. He was getting attention in psychology and has gone several times. He is medicated and as I see is that he is much better in comparison with how he was before, because before he was aggressive, when he drank, he was too much aggressive, he has improved very much, he is studying systems. My brother had a problem for violation, I believe. Because he went drinking with his friends, as he met easy women in discotheques and maybe he met someone who did not want to be with him, as he was drunk and all of that, that is why he did what he did.

And when did he start to get medical treatment?

When he was in prison. It will be three months. His treatment started not too long ago, with the same psychiatrist who attended me too. He has not hit anybody any more.
That is all, thanks.

I have waited it happens, I attempted to suicide to understand things well, I don't know why the hell, but I have waited for that, because before I did not give importance, I have gone to parties, I went out, I was not interested, something new, I have even been careless about myself. My feeding, my aspect. I was studying a little and I even had the insolence of giving my exam without studying.

Now I am studying eight hours a day, more or less. Four hours in an Academy, and four hours more. When it is exam time, I do not sleep at night, till I can.

To what are you going to postulate, are you going to postulate to the same?

Yes, I like it, I feel very much attraction for letters and history. I am much more interested with the events that have happened and little by little, understand the mistakes of the past. My great dream is to make a Mastery and teach in the University.

専門家派遣

Name	Expertise	1st Year (Mar. 2005 - Mar. 2006)		2nd Year (Apr. 2006 - Mar. 2007)		3rd Year (Apr. 2007 - Mar. 2008)		Total
		Period of Dispatch	Total (days)	Period of Dispatch	Total (days)	Period of dispatch	Total (days)	
Tateo Kusano	Project Chief Advisor, Health System	Mar. 28 - May 17 Aug. 15 - Sept. 13 Jan. 16 - Feb. 18	115	May. 20 - Jun. 18 Aug. 18 - Sept. 12 Nov. 20 - Dec. 19 Feb. 1 - Feb. 24	110	Apr. 27 - May 11 Oct. 2 - Oct. 24 Jan. 21 - Feb. 13	62	287
Fude Takayoshi	Project Coordination/Strengthening cooperation between organization/Public	Mar. 28 - Jun. 13 Jul. 12 - Sept. 27 Oct. 30 - Dec. 16 Jan. 5 - Feb. 23	254	May 20 - Jul. 12 Aug. 26 - Oct. 9 Nov. 25 - Dec. 24 Jan. 15 - Mar. 11	185	Apr. 21 - May 20 Jul. 14 - Sept. 9 Jan. 9 - Feb 10	121	560
Minoru Tanabe	Health Human Resource Development/ Hospital Management	Mar. 28 - Apr. 16 Aug. 6 - Aug. 29	44					44
Hikari Morikawa	Human Resource Development			May 21 - Jun. 5 Aug. 18 - Sept. 1 Dec. 1 - Dec. 22	53	Apr. 29 - May 12 Sept. 26 - Oct. 20 Jan. 22 - Feb. 14	62	115
Norihiko Kuwayama	Mental Health 1	Apr. 17 - May 1 Aug. 12 - Aug. 22	26					26
Shigeo Murauchi	Mental Health 1	Jan. 29 - Feb. 11	14	Aug. 18 - Sept. 1 Jan. 31 - Feb. 13	29	Oct. 10 - Oct. 23 Feb. 1 - Feb 14	28	71
Naoko Miyaji	Mental Health 2	Mar. 28 - Apr. 10 Aug. 3 - Aug. 23	35			Feb. 2 - Feb. 12	13	48
Shigeru Kobayashi	Monitoring and	Apr. 19 - May 9	21					21
Makoto Tobe	Community Health/Health Promotion/Mother and Child Health, Monitoring and Evaluation	Mar. 28 - May 17 Jun. 8 - Jul. 15 Aug. 6 - Sept. 4 Jan. 12 - Mar. 4	171	May 20 - Jun. 18 Aug. 23- Sept. 21 Nov. 25 - Dec. 24 Jan. 22 - Feb. 26	126	Apr. 21 - May 14 Sept. 3 - Oct. 22 Jan. 15 - Feb. 8	99	396
Sakiko Yamaguchi	Admministrative Coordinator, Training Management	Jun. 8 - Jun. 28 Oct. 9 - Nov. 4	48	Jul. 6 - Aug. 25 Oct. 22 - Dec. 9	120	May 23 - Jun. 30 Oct. 25 - Dec. 11 Jan. 23 - Feb. 24	60	228
Total			728		623		445	1796

HPRT研修参加者リスト (第1グループ：2006年1月)

No.	Organization	Name	Gender	Age	Profession	Department	Position	Remark
1	UNMSM	CALDERON MORALES WALTER	M	56	OBGYN	Dept. Public Health	Associate Professor	Coordinator of Permanent Program of Training in Integral Health for Victim of the Violence
2	UNMSM	GARMENDIA LORENA FAUSTO	M	73	Internal Medicine	Dept. Medicine	Professor	Ex Dean of Faculty of Medicine, Coordinator of PPTIHVV, UNMSM
3	UNMSM	NELSON RAUL MORALES SOTO	M	66	Internal Medicine	Dept. Medicine	Professor	Member of PPTIHVV
4	UNMSM	PERALES CABRERA ALBERTO	M	73	Psychiatrist	Dept. Psychiatrics	Professor	Coordinator of PPTIHVV
5	UNMSM	BARAHONA MEZA LORENZO	M	63	Psychiatrist	Dept. Psychiatrics	Professor	Member of PPTIHVV
6	UNMSM	MAYORGA GUIDO	M	53	Pediatrician	Dept. Pediatrics	Associate Professor	Member of PPTIHVV
7	UNMSM	MENDOZA ARANA PEDRO	M	43	General Practitioner	Dept. Public Health	Professor	Coordinator of PPTIHVV
8	UNMSM	OLIVEROS DONOHUE MIGUEL	M	69	Pediatrician	Dept. Pediatrics	Professor	Member of PPTIHVV
9	UNMSM	PACORA PORTELLA PERCY	M	46	OBGYN	Dept. OBGYN	Associate Professor	Member of PPTIHVV
10	UNMSM	SAAVEDRA CASTILLO CARLOS	M	54	Psychiatrist	Dept. Psychiatrics	Auxiliary Professor	Member of PPTIHVV
11	H. Valdizan Hospital	FRANCISCO BRAVO ALVA	M	56	Psychiatrist	General Direction of Hospital	Director of Hospital	
12	H. Valdizan Hospital	EDITH VERONICA CHERO CAMPOS	F	41	Psychiatrist	Dept. of Mental Health Promotion	Chief of Dept.	Member of Itinerary Team
13	H. Valdizan Hospital	SOLEDAD SERPA REYES	F	50	Nurse	Dept. of Nursing	Chief of Dept.	Member of Itinerary Team
14	H. Valdizan Hospital	GLORIA CUEVA VERGARA	F	45	Psychiatrist	Dept. of Training and Investigation	Chief of Dept.	Chief of Itinerary Team
15	IEMP	NELLY MARITZA LAM FIGUEROA	F	48	OBGYN	Training and Investigation Office	Director of Office	
16	IEMP	ALFONSO MEDINA BOCANEGRA	M	55	OBGYN	Training and Investigation Office	Officer	Sub-Chief of the Office
17	INSM-Noguchi	MARIA ROXANA VIVAR CUBA	F	46	Psychiatrist	Dept. of Child and Adolescent	Medical Officer	Member of Itinerary Team
18	INSM-Noguchi	LUIS MATOS RETAMOZO	M	56	Psychiatrist	Dept. of Addiction	Medical Officer	Chief of Itinerary Team
19	INSM-Noguchi	ROMMY KENDALL FOLMER	F	34	Psychiatrist	Dept. of Addiction	Chief of Dept.	Member of Itinerary Team
20	MINSA	MARIA DEL CARMEN CALLE DAVILA	F	50	Pediatrician	General Direction of Health Promotion	Advisor of DGPS	Sub-Chief of the DGPS Ex Chairperson of JCC

No.	Organization	Name	Gender	Age	Profession	Department	Position	Remark
21	MINSA	TULIO QUEVEDO LINARES	M	45	Psychiatrist	DGPS	Director of Mental Health Unit	
22	MINSA	MARYSOL CAMPOS	F	40	Midwife	General Direction of People's Health	Officer of Sexual and Reproductive Health	Officer in Charge of IEMP Training
23	Larco Herrera Hospital	LEONARDO RODRIGUEZ MONZON	M	50	Psychiatrist	Acute Psychiatry Pavilion I	Medical Officer	Member of Itinerary Team
24	Larco Herrera Hospital	CARLOS SALGADO VALENZUELA	M	40	Psychiatrist	Acute Psychiatry Pavilion I	Medical Officer	Chief of Itinerary Team
25	DIRESA Huancavelica	BERNARDO AMAO PALOMINO	M	49	Psychiatrist	DGPS-DIRESA Huancavelica	Coordinator of Mental Health & Peace Culture	Head of Mental Health Program in DIRESA Huancavelica

HPRT研修参加者リスト (第2グループ：2006年2月)

No.	Organization	Name	Gender	Age	Profession	Department	Position	Remark
1	UNMSM	FIGUEROA AMES LUZMILA	F	54	Nurse	Nursing	Associate Professor of Nursing	Master of Community Health
2	UNMSM	GUPIO MENDOZA GLORIA	F	51	Nurse	Nursing	Associate Professor of Nursing	Master in Mental Health and Psychiatry
3	UNMSM	SARMIENTO HURTADO ENRIQUE	M	55	Occupational Therapist	Medical Technology	Assistant Professor of Occupational Therapy	
4	UNMSM	SOLIS ROJAS MIRIAM	F	41	Nurse Midwife	Midwifery	Assistant Professor of Midwifery	Master of Education
5	UNMSM	YOLANDA QUISPE ALOSILLA	F	46	Nurse Midwife	Midwifery	Associate Professor of Midwifery	
6	UNMSM	ARCAYA MONCADA MARIA JOSEFA	F	55	Nurse	Nursing	Associate Professor of Nursing, Ed.M	
7	UNMSM	CANO BERNARDO	M	47	Psychiatrist	Psychiatry	Assistant Professor of Psychiatry	
8	UNMSM	RAMON MIRANDA EVA	F	49	Nurse	Medicine	Professor of Public Health	
9	UNMSM	GABINA MAMANI CONTO	F	42	Nurse	Nursing	Associate Professor of Nursing	Ed. M, Emergency and Disasters
10	MINSA	LUCY DEL CARPIO	F	57	OBGYN	Health Strategy of Sexual and	Coordinator	
11	MINSA	CARLOS SANTILLAN RAMIREZ	M	48	Pediatrician	Advisory Bureau of Minister of Health	Advisor	
12	H. Valdizan Hospital	NELIDA GELDRES VILLAFUERTE	F	51	Psychologist	Psychology	Psychologist	Member of Itinerary Team
13	IEMP	EVA CHINGA CHUMPITAZ	F	44	Nurse Midwife	Obstetrics	Nurse Midwife	
14	IEMP	GUADALUPE ARRASCUE SANCHEZ	F	46	Nurse	Nursing	Emergency Nurse	
15	INSM-Noguchi	MARIA MENDOZA	F	47	Nurse	Community Mental Health	Sub-director of Community Mental Health	Member of Itinerary Team
16	INSM-Noguchi	MIRIAM CABRA BRAVO	F	49	Nurse	Adult Outpatient Care	Nurse	Member of Itinerary Team
17	Larco Herrera Hospital	MARTHA PALOMINO GOMEZ	F	44	Psychologist		Psychologist	
18	DIRESA Ayacucho	JOSE DEYVIS ANICAMA BARRIOS	M	36	Physician	Direction of People Health	Director of People Health	
19	DIRESA Ayacucho	CLEYMER BAUTISTA PRADO	M	32	Obstetrician	Direction of Health Service	Obstetrician	
20	DIRESA Cuzco	ELBIA LISBETH YEPEZ CHACON	F	43	Physician	Red Canas-Canchis Espinar (CCE) Microred	Director of Red CCE and MR Techo Obrero	

No.	Organization	Name	Gender	Age	Profession	Department	Position	Remark
21	DIRESA Huancavelica	DANIEL EZEQUIEL BENITES TACAN	M	45	Physician	Microred Churcampa	Chief of Microred	
22	DIRESA Junin	Rosa Mercedes Sobrerilla Ricci	F	47	Psychiatrist	Hospital Daniel A. Carrion	Psychiatrist	
23	DIRESA Junin	CARMEN ELVIRA FUENTE MAGAN	F	39	Psychologist	Direction of Mental Health	Director of Mental Health Direction	
24	DISA Lima Este	JUAN CARLOS YAFAC VILLANUEVA	M	43	Physician	Hospital Huaycan	Director of Hospital	
25	DISA Lima Este	JOSE VILLARREAL PALOMINO	M	36	Physician	Huaycan Micro network	Training Department	

供与機材

Name	Price	Quantity	Total price	Year of Asset entry	Location	Utilization
Telephone-fax machine	¥25,472	1	¥25,472	2005	Project Office at MINSA	Satisfactory
Color printer	¥101,887	1	¥101,887	2005	Project Office at MINSA	Satisfactory
USB cable	¥2,168	4	¥8,671	2005	Project Office at MINSA	Satisfactory
Personal computer	¥158,500	1	158,550	2005	Project Office at MINSA	Satisfactory
Software	¥20,092	1	¥20,092	2005	Project Office at MINSA	Satisfactory
Projector/screen	¥142,972	1	¥142,972	2005	Project Office at MINSA	Satisfactory
Scanner	¥20,837	1	¥20,837	2005	Project Office at MINSA	Satisfactory
Total			¥478,431 (=US$4,164)			

1US$= 114.9 (Oct.1, 2007)

現地業務費

Japanese side

Japanese yen

Item	1st Year (Mar.2005- Mar. 2006)	2nd year (Apr. 2006 - Mar. 2007)	3rd year-planned (Apr. 2007 - Mar. 2008)	Total for three years (Planned)
Project Staff	4,199,009	3,269,367	3,712,830	11,181,206
Equipment maintenance			179,670	179,670
Consumables	242,554	376,362	425,513	1,044,429
Transportation	23,332,533	16,626,425	24,146,593	64,105,551
Communication	37,162	97,462	35,930	170,554
Material production	482,351	456,018	1,789,560	2,727,929
Rent	976,780	393,006	1,236,129	2,605,915
Facility maintenance	54,430	83,523	0	137,953
Local Training	366,259	1,121,515	338,250	1,826,024
Contract with HPRT	47,038,000	24,000,000	24,000,000	95,038,000
Contract with Cayetano University			3,600,000	
Total	76,729,078	46,423,678	59,464,475	182,617,231 (=US$1,589,358)

1US$=￥114.9 (Oct. 1, 2007)

Peruvian side

Personnel cost for counterparts
Project office (Space, service charges, office materials)
Training venue
Equipment and materials necessary for training courses