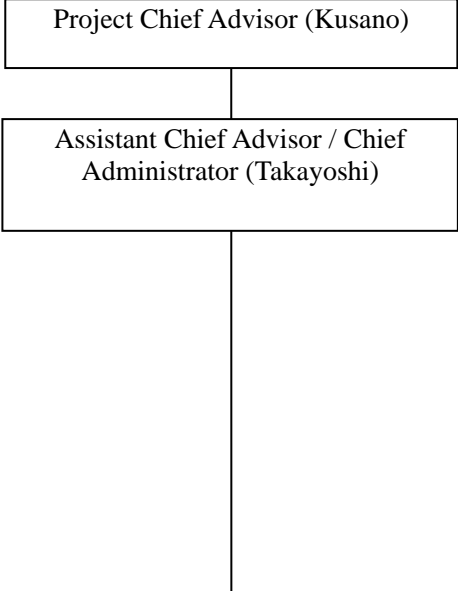


1. PROJECT EXECUTING STRUCTURE

APPENDIX 2. ORGANIZATIONAL CHART of JICA EXPERT TEAM



| Technical Cooperation Project Team | Overall activities | Output 1 | Output 2 | Output 3 | Output 4 |
|--|--------------------|----------|----------|----------|----------|
| 1. Kusano (Health System) | ● | ○ | ○ | ○ | ○ |
| 2. Takayoshi (Project Management / Inter-Organizational Cooperation Strengthen / Public Relations) | ● | | ○ | ○ | ○ |
| 3. Morikawa (Human Resource Development) | ○ | | ● | | ● |
| 4. Murauchi (Mental Health) | ○ | ○ | ● | | ○ |
| 5. Miyaji (Mental Health) | ○ | ● | ○ | | |
| 6. Tobe (Community Health / Health Promotion / MCH / Project Monitoring & Evaluation) | ○ | ○ | ○ | ● | ● |
| 7. Yamaguchi (Administrative Coordinator / Training Management) | ○ | | ○ | ○ | ○ |
| 8. Harvard Program in Refugee Trauma | ○ | ● | ● | | |

Note: ● = Primary responsibility; ○ = Assistant role

Local Staff: Lyons (Logistic Manager), Tello (Community Health)

List of Counterparts

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

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

* Participants of HPRT course

Project Design Matrix (PDM)

Version: PDM-1

Project name: Project of Strengthening Integrated Health Care¹ for People Affected by Violence and Violation of Human Rights in the Republic of Peru

Project period: March 2005 – March 2008

Project areas : Areas affected by the violence²

Implementing agency : Peruvian side ; MINSA,USM Japanese side ; JICA

Target groups : Teaching staff of the Faculty of Medicine of USM, Health personnel providing treatment to the people affected by the violence, MINSA, Public health personnel in the project pilot sites³,Victims and their families affected by the violence in the pilot sites

Final beneficiaries: Students of USM、 People in the pilot sites

| Narrative Summary | Verifiable indicators | Means of Verification | Important Assumption |
|---|--|---|--|
| <p>Super Goal The condition of people’s health in the pilot sites affected by the violence is improved comprehensively</p> | <ul style="list-style-type: none"> • The mental health condition of people affected by violence in the pilot sites is improved • The number of domestic violence cases in the pilot sites is decreased | | |
| <p>Project Objective Peoples affected by the violence in the pilot sites will come to use Integrated Health Care</p> | <ul style="list-style-type: none"> • X% of the identified victims of the violence in the pilot sites visit the public health institution by March 2008 • X% of the identified victims of the violence in the pilot sites receive integrated health care by tMarch 2008 | <p>Outpatients’ registration</p> <p>Diary record of medical treatment</p> | <p>From the Project Objective to the Super Goal :</p> <ol style="list-style-type: none"> 1. The importance of the theme of integrated health care to the people affected by the violence is maintained in the Peruvian policy 2. The importance of the theme of mother and child health is maintained in the Peruvian policy 3. Training activities in the pilot sites are maintained by the Peruvian government |

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, personally/as a group

² Violence here indicates the violence which occurred in the domestic armed conflict (1980-2000) between the terrorist group and the Peruvian government

³ DISA; Eastern Lima, Junin, Ayacucho, Huancavelica, Cusco

| Narrative Summary | Verifiable indicators | Means of Verification | Important Assumption |
|---|--|--|--|
| <p>Results</p> <p>1. A permanent program of systematic training for providing integrated health care to the people affected by the violence is developed in USM</p> <p>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</p> <p>3. In the objective districts, the capacity of the primary and secondary level health-care personnel respecting mother and child health is improved</p> <p>4. Community health care activities with the participation of Community-Based Organizations(CBOs) and NGOs is promoted to bring health benefits to the people affected by the violence</p> | <p>1-1 Topics respecting the human rights and integrated health care of the people affected by the violence are included in all of the courses in the bachelor' s program and the master' s program by March 2008</p> <p>1-2 There are 50 trained teaching staff members who can teach human rights and integrated health care to the people affected by the violence by April 2007</p> <p>1-3 Diploma Course respecting the human rights and integrated health care of the people affected by the violence is approved in USM by March 2008</p> <p>2-1 The two training programs for health personnel (professional/non professional) respecting the human rights and integrated health care of the people affected by the violence are approved as official programs in USM by March 2008</p> <p>2-2 Capacity respecting the human rights and integrated health care of the people affected by the violence of 50% of the health personnel at the primary and second level in the pilot sites is improved by December 2007</p> <p>3-1 50% of the health personnel who received the training apply 80% of what they have learned in their workplace by March 2008</p> <p>4-1 30% of CBOs and NGOs in the pilot sites are participating in several activities following a plan which they make themselves by March 2008</p> <p>4-2 At least 10 bilingual health volunteers are trained in each pilot site by November 2007</p> | <p>Syllabus revision report (syllabus; before and after the revision)</p> <p>Teaching staff list</p> <p>Resolution by dean of the faculty of medicine of USM</p> <p>Resolution by dean of the faculty of medicine of USM Training Programs</p> <p>Evaluation report by the inter-institutional technical committee</p> <p>Monitoring group report by MINSA</p> <p>CBOs' /NGOs list Plan of operation</p> <p>Bilingual; health volunteer report</p> | <p>From the Results to the Project Objective :</p> <ol style="list-style-type: none"> The diagnostic instrument for the people affected by the violence developed in the project is used in the pilot sites The theme "The health of the people affected by violence" is inserted as a core issue into the regional development plan in the pilot sites The importance of the theme of integrated health care to the people affected by the violence is maintained in the Peruvian policy throughout the period of project execution. The importance of the theme of mother and child health is maintained in the Peruvian policy throughout the period of project execution. |

| Activities | Inputs | From the Activities to the Results : |
|---|--|---|
| <p>1-1 Revise curriculum and syllabus of USM Faculty of Medicine</p> <p>1-2 Develop the curriculum</p> <p>1-3 Develop a course manual for professors</p> <p>1-4 Develop several course materials for students</p> <p>1-5 Develop course respecting the human rights and integrated health care of the people affected by the violence in USM</p> <p>1-6 Conduct training respecting the human rights and integrated health care of the people affected by the violence to USM professors in the USA (2weeks/time)</p> <p>1-7 Introduce the curriculum (class for students)</p> <p>1-8 Introduce a Diploma Course respecting integrated health care to the people affected by violence</p> <p>1-9 Conduct course monitoring and supervision</p> <p>1-10 Conduct course Evaluation</p> <p>1-11 Hold the project annual meeting (same as the 2-16,3-9 and 4-15)</p> <p>1-12 Create and maintain a website</p> <p>1-13 Hold a national seminar to propagate the project's experience (same as the 2-14 and 4-12)</p> <p>1-14 Hold an international (regional) seminar and workshop to propagate the project's experience (same as the 2-15 and 4-13)</p> <p>1-15 Publication and promotion of experience</p> <p>2-1 Set up an inter-institutional technical committee to coordinate activities (same as the 4-1)</p> <p>2-2 Conclude the cooperation agreement between USM-DISA (same as the 4-2))))))))))</p> <p>2-3 Conduct a baseline study on the clinical situation, health personnel capacity, etc. in the pilot sites (Cusco, Ayacucho)</p> <p>2-4 Develop the training plan for health personnel</p> <p>2-5 Develop the course materials</p> <p>2-6 Conduct the training course to the health personnel (40 people, 5 pilot sites)</p> <p>2-7 Award course certification to participants who meet the</p> | <p><u>Peruvian side</u></p> <p><Overseas training ></p> <p>Post training instructors</p> <p>Provide training facilities</p> <p>Provide equipment</p> <p>Post counterparts</p> <p>Provide vehicles</p> <p>Provide office work (secretary, driver, etc.)</p> <p><u>Japanese side</u></p> <p>Short-term experts (Health system, Health personnel education, Mental health, Community health, etc.) : A number of people, average period of stay for a person : 2 months/year × 3 years 56.55M/M</p> <p>Overseas training (domestic training course) 「training course respecting the integrated health care to the people affected the violence」 2 courses/year, for 2 years in 5 regions</p> <p>Provide machinery and equipment (education, training equipment, vehicle, etc.)</p> <p>Local expenses (including local assistant, local survey, study, etc.) 3 years</p> <p>Cooperation through NGOs</p> | <p>Results :</p> <p>1. Autonomy of USM with regards to the change of curriculum is maintained</p> <p>2. <u>Changes in staff (training participants)</u> in the pilot sites are decreased (fewer quit)</p> <p>3. The importance of the theme of integrated health care to the people affected by the violence is maintained in the Peruvian policy throughout the project execution.</p> <p>4. The importance of the theme of mother and child health is maintained in the Peruvian policy throughout the project execution.</p> <p>5 Training activities in the pilot sites are maintained by the Peruvian government throughout the project execution</p> <p>Prior conditions :</p> <p>1. There is a steady political setting compatible with the problem scope</p> <p>2. Both Peru and Japan take measures respecting a budget, the personnel, etc.</p> |

書式変更: 英語 米国

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|--|--|--|
| <p>standard</p> <p>2-8 Conduct course monitoring and supervision</p> <p>2-9 Conduct internal course evaluation periodically</p> <p>2-10 Hold workshops for sharing experiences among the 5 health networks</p> <p>2-11 Publish project newsletter</p> <p>2-12 Conduct mid-term internal evaluation</p> <p>2-13 Publication and promotion of experience</p> <p>2-14 Hold national seminar to propagate project experience (same as the 1-13 and 4-12)</p> <p>2-15 Hold international (regional) seminar and workshop to propagate project experience (same as the 1-14 and 4-13)</p> <p>2-16 Hold project annual meeting (same as the 1-11,3-9 and 4-15)</p> <p>3-1 Conduct baseline study (including user satisfaction in 9 DISA)</p> <p>3-2 Develop the course plan</p> <p>3-3 Develop the course materials</p> <p>3-4 Develop monitoring and supervising system</p> <p>3-5 Develop the course</p> <p>3-6 Hold W/Ss for sharing experiences between the participants of the course</p> <p>3-7 Conduct course evaluation of participants</p> <p>3-8 Publication and promotion of experience</p> <p>3-9 Hold the project annual meeting (same as the 1-11,2-16 and 4-15)</p> <p>4-1 Set up the inter-institutional technical committee to coordinate activities (same as the 2-1)</p> <p>4-2 Conclude the cooperation agreement between USM-DISA (same as the 2-2)</p> <p>4-3 Conduct study of social capital in the 5 pilot sites (including identification of the bilingual health promoter)</p> <p>4-4 Develop the training of trainers in the USA for W/Ss and trainings at the community level respecting the human rights and the integrated health care of the people affected by the violence</p> <p>4-5 Develop the training to bilingual health promoters</p> | | |
|--|--|--|

| | | |
|---|--|--|
| <p>and focal points in the pilot sites</p> <p>4-6 Hold the enlightening workshop to CBOs, NGOs and local governmental organizations in the 5 pilot sites (Develop the plan of operation respecting the promotion of the people's participation for the integrated health care)</p> <p>4-7 Develop the people's participatory activities in the pilot sites</p> <p>4-8 Conduct monitoring respecting the community activities</p> <p>4-9 Conduct the internal evaluation by the inter-institutional technical committee (including the experience and information sharing, etc.)</p> <p>4-10 Conduct the internal evaluation with the participation of the people in the pilot sites</p> <p>4-11 Propagate experiences (newsletter, evaluation report, etc.)</p> <p>4-12 Hold national seminar to propagate the project's experience (same as the 1-13 and 2-14)</p> <p>4-13 Hold an international (regional) seminar and workshop to propagate the project's experience (same as the 1-14 and 2-15)</p> <p>4-14 Hold the conference to collate experiences</p> <p>4-15 Hold the project annual meeting (same as the 1-11, 2-16 and 3-9)</p> | | |
|---|--|--|

Project Design Matrix (PDM)

Version: PDM-2 (February 21, 2006)

Project Title: Project of Strengthening Integrated Health Care¹ 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 sites² selected from areas affected by the political violence³

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 sites⁴, Victims and their families affected by the violence⁵ 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.

| 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. | <ul style="list-style-type: none"> • X identified victims of the violence in the pilot sites visit the public health institution by March 2008. <ul style="list-style-type: none"> • X identified victims of the violence in the pilot sites receive integrated health care by March 2008. | <ul style="list-style-type: none"> - Outpatients' registration of the MINSA health institutions in pilot sites and project participating institutions [number of cases attended, types of care provided, number of cases referred to other institutions] - Registration of Victims of Violence [(estimated) number of victims] - Baseline Study [(estimated) number of victims] <ul style="list-style-type: none"> - Care Record of project participating organizations/institutions including public organizations (e.g. health, police, Ministry of Women, municipality, conciliation center) and non-governmental / community-based organizations (NGO, CBO) [number of cases attended, types of violence, types of care provided, number of cases referred to other institutions] | <ol style="list-style-type: none"> 1. Socio-economic factor will not get worse to deteriorate MCH condition and to increase violence. |

| Narrative Summary | Verifiable indicators | Means of Verification | Important Assumption |
|---|---|---|---|
| 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 Fifty faculty 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 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. |
| | 1-2 Topics respecting the human rights and integrated health care of the people affected by the violence are included in all of the courses in the bachelor's program and the master's program by March 2008. | - Curricula / Syllabi revision report [Resolution of Dean of Faculty of Medicine on revision, 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] | |
| | 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 dean of the faculty of medicine of UNMSM [Curricula / Syllabi of Diploma Course] - Teaching Report [number of health personnel attended the diploma course] | |

⁶ Professional Schools of Medicine, Nursing, Midwifery, Nutrition and Medical Technology.

⁷ Integrated Health Insurance (*Seguro Ingegral de Salud: SIS*)

| Narrative Summary | Verifiable indicators | Means of Verification | Important Assumption |
|--|---|---|----------------------|
| 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 /non professional ⁹) respecting the human rights and integrated health care of the people affected by the violence are approved as official training programs in MINSA/UNMSM by March 2008. | - Training Program [Curricula, Syllabi, Course Materials and List of Trainers] | |
| | 2-2 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)] | |

⁸ health workers who have undergraduate degree in Health, such as Physician, Nurse, Nurse-Midwife, Clinical Psychologist, Social Worker, Nutritionist, and Medical Technician.

⁹ 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 |
|--|--|--|----------------------|
| | 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] | |
| 4. Community health care activities with the participation of Community-Based Organizations (CBOs) and NGOs is promoted to bring health benefits to the people affected by the violence. | 4-1 Thirty percent of 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] - 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 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] | |

| Activities | Inputs | From the Activities to the Results : |
|--|---|--|
| <p>Output 0 Activities related to Overall Project Outputs</p> <p>0-1 Brief and discuss Inception Report (Convene 1st Joint Coordination Committee).</p> <p>0-2 Establish Technical Committee (TC).</p> <p>0-3 Convene Technical Committee to establish Regional Working Groups (in 5 districts).</p> <p>0-4 Contract with technical support agency (HPRT) to facilitate Project implementation.</p> <p>0-5 Prepare Plan of Operation of Technical Committee.</p> <p>0-6 Prepare Annual Work Plan of the Project.</p> <p>0-7 Conduct baseline study.</p> <p>0-8 Develop a mechanism for Project monitoring and supervision.</p> <p>0-9 Develop a program and materials for Training Program at HPRT.</p> <p>0-10 Conduct Trainings for UNMSM faculties and MINSA Health Professionals at HPRT.</p> <p>0-11 Convene Annual Project Meeting (A/M)</p> <p>0-12 Convene National Project Seminar</p> <p>0-13 Convene International (Latin American Regional) Seminar and Workshop</p> <p>0-14 Conduct Public Relation Activities of the Project</p> <p>0-15 Compile Project Final Report</p> <p>Output 1 Establish a Human Resource Development Program for UNMSM</p> <p>1-1 Revise curriculum and syllabus of UNMSM Faculty of Medicine.</p> <p>1-2 Develop the curricula for Undergraduate / graduate / diploma courses.</p> <p>1-3 Develop a course teaching manual for faculties</p> <p>1-4 Develop course materials for students</p> <p>1-5 Develop course respecting the human rights and integrated health care of the people affected by the violence in UNMSM</p> <p>1-6 Conduct trainers' training respecting the human rights and integrated health care of the people affected by the</p> | <p><u>Peruvian side</u></p> <p><Overseas training ></p> <p>Post training instructors</p> <p>Provide training facilities</p> <p>Provide equipment</p> <p>Post counterparts</p> <p>Provide vehicles</p> <p>Provide office work (secretary, driver, etc.)</p> <p><u>Japanese side</u></p> <p>Short-term experts (Health system, Health personnel education, Mental health, Community health, etc.) : A number of people, average period of stay for a person : 2 months/year ×3 years 56.55M/M</p> <p>Overseas training (domestic training course) 「training course respecting the integrated health care to the people affected the violence」 2 courses/year, for 2 years in 5 regions</p> <p>Provide machinery and equipment (education, training equipment, vehicle, etc.)</p> <p>Local expenses (including local assistant, local survey, study, etc.) 3 years</p> <p>Cooperation through NGOs</p> | <p>From the Activities to the Results :</p> <ol style="list-style-type: none"> 1. Autonomy of UNMSM with regards to the change of curriculum is maintained. 2. Changes in staff (training participants) in the pilot sites are decreased (fewer staff quit). 3. Training activities in the pilot sites are maintained by the Peruvian government and local governments throughout the project execution. <p>Prior conditions :</p> <ol style="list-style-type: none"> 1. There is a steady political setting compatible with the problem scope 2. Community-based Organizations and NGOs are financially supported by other resources to promote community health activity. 3. The importance of “Integrated Health Care for the Victims of Violence and Human Rights Violation” is maintained in Peruvian policies. 4. The importance of “Maternal-Child Health” is maintained in Peruvian policies. |

- violence to UNMSM professors and MINSA health professionals in the US.
- 1-7 Introduce the curriculum (class for students)
- 1-8 Introduce a Diploma Course respecting integrated health care to the people affected by violence
- 1-9 Conduct course monitoring and supervision
- 1-10 Conduct course Evaluation
- 1-11 Hold the project annual meeting.
- 1-12 Create and maintain a website.
- 1-13 Hold a national seminar to propagate the project's experience.
- 1-14 Hold an international (regional) seminar and workshop to propagate the project's experience.
- 1-15 Publication and promotion of experience.

Output 2 Capacity Building of Primary and Secondary Level Health Personnel on Integrated Health Care

- 2-1 Set up a technical committee (TC).
- 2-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts).
- 2-3 Conduct a baseline study on the clinical situation, health personnel capacity, mapping of the victims of violence in the pilot sites.
- 2-4 Develop the training plan for health personnel.
- 2-5 Develop the course materials.
- 2-6 Conduct trainers' training respecting the human rights and integrated health care of the people affected by the violence to UNMSM professors and MINSA health professionals in the US.
- 2-7 Conduct the training course to the health personnel (40 health personnel/year, 5 pilot sites).
- 2-8 Award course certification to participants who meet the established criteria.
- 2-9 Conduct course monitoring and supervision.
- 2-10 Conduct internal course evaluation periodically.
- 2-11 Hold workshops for sharing experiences among the 5 pilot sites (micro health networks).
- 2-12 Publish project newsletter.
- 2-13 Conduct mid-term internal evaluation.
- 2-14 Publication and promotion of experience.

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| <p>2-15 Hold national seminar to propagate project experience. 2-16 Hold international (regional) seminar and workshop to disseminate project experience. 2-17 Hold project annual meeting.</p> <p>Output 3 Capacity Building of Primary and Secondary Level Health Personnel on Maternal Child Health</p> <p>3-1 Conduct baseline study (as a part of 0-7) 3-2 Develop the course plan and curricula. 3-3 Develop the course materials. 3-4 Develop and revise monitoring and supervising system 3-5 Conduct the training course. 3-6 Prepare Course Report (for each course). 3-7 Conduct follow-up/evaluation visits of training participants. 3-8 Publication and promotion of experience. 3-9 Prepare Annual Report. 3-10 Hold the project annual meeting.</p> <p>Output 4 Promotion of Community Health Activities</p> <p>4-1 Set up a technical committee (TC). 4-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts). 4-3 Conduct social resource mapping in the 5 pilot sites (including identification of the bilingual health promoter). 4-4 Conduct trainers' training respecting the human rights and integrated health care of the people affected by the violence to UNMSM professors and MINSA health professionals in the US. 4-5 Develop the training to bilingual health promoters and focal points (sensitization workshop) in the pilot sites. 4-6 Hold the sensitization workshop to CBOs, NGOs and local governmental organizations in the 5 pilot sites (Develop the plan of operation respecting the promotion of the people's participation for the integrated health care). (jointly operate with 4-5) 4-7 Develop the people's participatory activities in the pilot sites. 4-8 Conduct monitoring respecting the community activities 4-9 Conduct the internal evaluation by the technical</p> | | |
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| <p>committee (including the experience and information sharing, etc.)</p> <p>4-10 Conduct the internal evaluation with the participation of the people in the pilot sites.</p> <p>4-11 Disseminate project experiences (newsletter, evaluation report, etc.)</p> <p>4-12 Hold national seminar to disseminate the project experience.</p> <p>4-13 Hold an international (regional) seminar and workshop to disseminate the project's experience.</p> <p>4-14 Hold the conference to organize project experiences</p> <p>4-15 Hold the project annual meeting.</p> | | |
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Indicators of Project Outputs for Each Project Year

| Project Year | Outputs | Indicators | Means of Verification |
|---|---|---|---|
| Output 0 | | | |
| PY 2005 (from March 2005 to March 2006) | Roles and responsibilities of each project participating organization (counterpart organization) are clearly defined. | - Annual work plans are established. | - Annual Work Plan (for TC and for each project output) |
| Output 1 | | | |
| PY 2005 (from March 2005 to March 2006) | The preparation to provide training courses on integrated health care of the people affected by the violence is completed by UNMSM. | - There are 19 trained teaching staff members who can teach human rights and integrated health care to the people affected by the violence in the UNMSM. | - Teaching staff list [Number and name of faculty, courses and classes in charge] |
| PY 2006 (from April 2006 to March 2007) | Program for providing integrated health care of the people affected by the violence is established. | - Curriculum including topics respecting the human rights and integrated health care of the people affected by the violence is approved in the UNMSM. - Topics respecting the human rights and integrated health care of the people affected by the violence are included in all of the courses in the bachelor's program and the master's program. | - Resolution of Dean of Faculty of Medicine - 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] |
| PY 2007 (from April 2007 to March 2008) | A permanent program of systematic training for providing integrated health care to the people affected by the violence is developed in UNMSM. | - Diploma Course respecting the human rights and integrated health care of the people affected by the violence is approved in UNMSM. - 80% of the students in UNMSM have the class respecting the human rights and integrated health care of the people affected by the violence. | - Resolution by dean of the faculty of medicine of UNMSM [Curricula / Syllabi of Diploma Course] - Teaching Report [Curricula and Syllabi of the courses, number of students |

| Project Year | Outputs | Indicators | Means of Verification |
|--------------|--|--|---|
| | | | attended the course, number of students completed the course, number of whole students] |
| Output 2 | | | |
| PY 2005 | Training programs respecting the integrated health care of the people affected by the violence for health personnel at primary / secondary level are prepared. | <ul style="list-style-type: none"> - Training team is organized for implementing the training programs at the pilot sites. - 6-Modules for training program are prepared. | <ul style="list-style-type: none"> - List of Trainers [Name, Organization, Course in Charge, Areas in Charge] - Curricula, Syllabi, Course Materials (draft) |
| PY 2006 | Capacity of the health personnel at the primary and secondary level providing integrated health care to the people affected by the violence is improved. | <ul style="list-style-type: none"> - Two training programs for health personnel (professional/non professional) respecting the human rights and integrated health care of the people affected by the violence are prepared by MINSA and UNMSM. - Forty (40) health personnel at the primary and second level in each pilot site receive the training and improve their capacity respecting the human rights and integrated health care of the people affected by the violence. | <ul style="list-style-type: none"> - Curricula, Syllabi, Course Materials - 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] |
| PY 2007 | Capacity of the health personnel at the primary and secondary level providing integrated health care to the people affected by the violence is improved. | <ul style="list-style-type: none"> - Two training programs mentioned above are approved by MINSA and UNMSM. | <ul style="list-style-type: none"> - Resolution of the Program by Director General of Human Resource Development and Director General of Health Promotion and Dean of UNMSM - Training Program [Curricula, Syllabi, Course Materials and List of Trainers] |

| Project Year | Outputs | Indicators | Means of Verification |
|-----------------|---|--|---|
| | | <ul style="list-style-type: none"> - Eighty (80) health personnel at the primary and second level in each pilot site receive the training and improve their capacity respecting the human rights and integrated health care of the people affected by the violence by December 2007. | <ul style="list-style-type: none"> - 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] |
| Output 3 | | | |
| PY 2005 | Capacity respecting mother and child health of the primary and secondary level health-care personnel (physician, nurse, midwife) is improved in the 9 DISA. | <ul style="list-style-type: none"> - Fifty (50) health professionals completed the MCH trainings by March 2006. - 30% of the trained health personnel apply 40% of what they have learned in their workplace. - Health professionals participated in MCH training conduct cascade trainings (replication trainings) in pilot sites. | <ul style="list-style-type: none"> - Monitoring report by MINSA/IEMP [Number of participants of training, number of trainees completed the program, Pre-/post training examination, application of skills learned (MCH care skills, victims of violence identified, care to the victims), Number of cascade training sessions conducted, number of health personnel trained] |
| PY 2006 | (same as above) | <ul style="list-style-type: none"> - One hundred (100) health professionals completed the MCH trainings by March 2007. - 40% of the trained health personnel apply 60% of what they have learned in their workplace. - Health professionals participated in MCH training conduct cascade trainings in pilot sites. | <ul style="list-style-type: none"> - (Same as above) |
| PY 2007 | (same as above) | <ul style="list-style-type: none"> - One hundred fifty (150) health professionals completed the MCH trainings by March 2008. - 50% of the trained health personnel apply 80% of what they have learned in their workplace. - Health professionals participated in MCH training conduct cascade trainings in pilot sites. | <ul style="list-style-type: none"> - (Same as above) |

| Project Year | Outputs | Indicators | Means of Verification |
|--------------|--|--|---|
| Output 4 | | | |
| PY 2005 | Preparation for community health care activities with the participation of Community-Based Organizations (CBOs) and NGOs is completed. | - At least one CBO or NGO establishes the implementation system for the community health care activities. | <ul style="list-style-type: none"> - CBO/NGO list [number, name, activities of organizations] - Plan of operation - Activity Report [activities conducted, number of victims of violence attended, number of the victims referred to other organizations] |
| PY 2006 | Community health care activities which target the people affected by the violence are promoted at each pilot site in cooperation with UNMSM, MINSA and at least one CBO or NGO in each site. | - 10% of CBOs and NGOs in each pilot site are participating in several activities following a plan which they make themselves. | - (sama as above) |
| PY 2007 | (same as above) | <ul style="list-style-type: none"> - At least 10 bilingual health promoters (Spanish and Quechua speakers) are trained in each pilot site by November 2007. - 30% of CBOs and NGOs in the pilot sites are participating in several activities following a plan which they make themselves. | <ul style="list-style-type: none"> - 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] - CBO/NGO list [number, name, activities of organizations] - Plan of operation - Activity Report [activities conducted, number of victims of violence attended, number of the victims referred to other organizations] |

Project Design Matrix (PDM)

Version: PDM-3 (May 4, 2007)

Project Title: Project of Strengthening Integrated Health Care¹ 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 sites² selected from areas affected by the political violence³

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 sites⁴, Victims and their families affected by the violence⁵ 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.

| 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. | <ul style="list-style-type: none"> • Identified victims of the violence in the pilot sites visit the public health institution by March 2008. • Identified victims of the violence in the pilot sites receive integrated health care by March 2008. | <ul style="list-style-type: none"> - 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] - 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] | 1. Socio-economic factor will not get worse to deteriorate MCH condition and to increase violence. |
| 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 |

⁶ Professional Schools of Medicine, Nursing, Midwifery, Nutrition and Medical Technology.

⁷ Integrated Health Insurance (*Seguro Ingegral de Salud: SIS*)

| Narrative Summary | Verifiable indicators | Means of Verification | Important Assumption |
|--|---|--|--|
| | <p>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.</p> | <ul style="list-style-type: none"> - 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] | <p>pilot sites</p> <p>2. Maternal Health Care continues to be covered by Integrated Health Insurance⁷ program of MINSA.</p> <p>3. Mental Health Care will be covered by the Integrated Health Insurance program of MINSA.</p> |
| | <p>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.</p> | <ul style="list-style-type: none"> - Resolution by the President of UNMSM [Curricula / Syllabi of Diploma Course] - Teaching Report [number of health personnel attended the diploma course] | |
| <p>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.</p> | <p>2-1 The two training programs for health personnel (professional⁸) 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.</p> | <ul style="list-style-type: none"> - Resolution by the President of UNMSM - Training Program [Curricula, Syllabi, Course Materials and List of Trainers] | |
| | <p>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.</p> | <ul style="list-style-type: none"> - List of health professionals completed Trainers' training on integrated health care for the victim of the violence. | |

⁸ health workers who have undergraduate degree in Health, such as Physician, Nurse, Nurse-Midwife, Clinical Psychologist, Social Worker, Nutritionist, and Medical Technician.

| 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 |
|---|--|---|----------------------|
| <p>4. Community health care activities with the participation of non professional health care providers⁹, health promoters, local institutions, Community-Based Organizations (CBOs) and NGOs is promoted to bring health benefits to the people affected by the violence.</p> | <p>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.</p> | <ul style="list-style-type: none"> - 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] | |
| | <p>4-2 At least 10 (bilingual, [if necessary]) health promoters are trained in each pilot site by November 2007.</p> | <ul style="list-style-type: none"> - 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] | |
| | <p>4-3 Training on integrated health care for violence victims is conducted to non professional health care providers.</p> | <ul style="list-style-type: none"> - Training plan - Training materials - Training report (list of participants) | |

⁹ health workers who do not have undergraduate degree in Health, such as Nurse Aid (Técnico de Enfermería, Auxiliar de Enfermería)

| Activities | Inputs | From the Activities to the Results : |
|--|---|--|
| <p>Output 0 Activities related to Overall Project Outputs</p> <p>0-1 Brief and discuss Inception Report (Convene 1st Joint Coordination Committee).</p> <p>0-2 Establish Technical Committee (TC).</p> <p>0-3 Convene Technical Committee to establish Regional Working Groups (in 5 districts).</p> <p>0-4 Contract with technical support agency (HPRT) to facilitate Project implementation.</p> <p>0-5 Prepare Plan of Operation of Technical Committee.</p> <p>0-6 Prepare Annual Work Plan of the Project.</p> <p>0-7 Conduct baseline study.</p> <p>0-8 Develop a mechanism for Project monitoring and supervision.</p> <p>0-9 Develop a program and materials for Training Program at HPRT.</p> <p>0-10 Conduct Trainings for UNMSM faculties and MINSA Health Professionals at HPRT.</p> <p>0-11 Convene Annual Project Meeting (A/M)</p> <p>0-12 Convene National Project Seminar</p> <p>0-13 Convene International (Latin American Regional) Seminar and Workshop</p> <p>0-14 Conduct Public Relation Activities of the Project</p> <p>0-15 Compile Project Final Report</p> | <p><u>Peruvian side</u></p> <p><Overseas training ></p> <p>Post training instructors</p> <p>Provide training facilities</p> <p>Provide equipment</p> <p>Post counterparts</p> <p>Provide vehicles</p> <p>Provide office work (secretary, driver, etc.)</p> <p><u>Japanese side</u></p> <p>Short-term experts (Health system, Health personnel education, Mental health, Community health, etc.) : A number of people, average period of stay for a person : 2 months/year ×3 years 56.55M/M</p> <p>Overseas training (domestic training course) 「training course respecting the integrated health care to the people affected the violence」 2 courses/year, for 2 years in 5 regions</p> <p>Provide machinery and equipment (education, training equipment, vehicle, etc.)</p> <p>Local expenses (including local assistant, local survey, study, etc.) 3 years</p> <p>Cooperation through NGOs</p> | <p>From the Activities to the Results :</p> <ol style="list-style-type: none"> 1. Autonomy of UNMSM with regards to the change of curriculum is maintained. 2. Changes in staff (training participants) in the pilot sites are decreased (fewer staff quit). 3. Training activities in the pilot sites are maintained by the Peruvian government and local governments throughout the project execution. <p>Prior conditions :</p> <ol style="list-style-type: none"> 1. There is a steady political setting compatible with the problem scope 2. Community-based Organizations and NGOs are financially supported by other resources to promote community health activity. 3. The importance of “Integrated Health Care for the Victims of Violence and Human Rights Violation” is maintained in Peruvian policies. 4. The importance of “Maternal-Child Health” is maintained in Peruvian policies. |
| <p>Output 1 Establish a Human Resource Development Program for UNMSM</p> <p>1-1 Revise curriculum and syllabus of UNMSM Faculty of Medicine.</p> <p>1-2 Develop the curricula for Undergraduate / graduate / diploma courses.</p> <p>1-3 Develop a course teaching manual for faculties</p> <p>1-4 Develop course materials for students</p> <p>1-5 Develop course respecting the human rights and integrated health care of the people affected by the violence in UNMSM</p> <p>1-6 Conduct trainers’ training respecting the human rights and integrated health care of the people affected by the</p> | | |

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| <p>1-7 Introduce the curriculum (class for students)</p> <p>1-8 Introduce a Diploma Course respecting integrated health care to the people affected by violence</p> <p>1-9 Conduct course monitoring and supervision</p> <p>1-10 Conduct course Evaluation</p> <p>1-11 Hold the project annual meeting.</p> <p>1-12 Create and maintain a website.</p> <p>1-13 Hold a national seminar to propagate the project's experience.</p> <p>1-14 Hold an international (regional) seminar and workshop to propagate the project's experience.</p> <p>1-15 Publication and promotion of experience.</p> <p>Output 2 Capacity Building of Primary and Secondary Level Health Personnel on Integrated Health Care</p> <p>2-1 Set up a technical committee (TC).</p> <p>2-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts).</p> <p>2-3 Conduct a baseline study on the clinical situation, health personnel capacity, mapping of the victims of violence in the pilot sites.</p> <p>2-4 Develop the training plan for health personnel.</p> <p>2-5 Develop the course materials.</p> <p>2-6 Conduct trainers' training respecting the human rights and integrated health care of the people affected by the violence to UNMSM professors and MINSA health professionals in the US.</p> <p>2-7 Conduct the training course to the health personnel (40 health personnel/year, 5 pilot sites).</p> <p>2-8 Award course certification to participants who meet the established criteria.</p> <p>2-9 Conduct course monitoring and supervision.</p> <p>2-10 Conduct internal course evaluation periodically.</p> <p>2-11 Hold workshops for sharing experiences among the 5 pilot sites (micro health networks).</p> <p>2-12 Publish project newsletter.</p> <p>2-13 Conduct mid-term internal evaluation.</p> <p>2-14 Publication and promotion of experience.</p> | | |
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| <p>2-15 Hold national seminar to propagate project experience. 2-16 Hold international (regional) seminar and workshop to disseminate project experience. 2-17 Hold project annual meeting.</p> <p>Output 3 Capacity Building of Primary and Secondary Level Health Personnel on Maternal Child Health</p> <p>3-1 Conduct baseline study (as a part of 0-7) 3-2 Develop the course plan and curricula. 3-3 Develop the course materials. 3-4 Develop and revise monitoring and supervising system 3-5 Conduct the training course. 3-6 Prepare Course Report (for each course). 3-7 Conduct follow-up/evaluation visits of training participants. 3-8 Publication and promotion of experience. 3-9 Prepare Annual Report. 3-10 Hold the project annual meeting.</p> <p>Output 4 Promotion of Community Health Activities</p> <p>4-1 Set up a technical committee (TC). 4-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts). 4-3 Conduct social resource mapping in the 5 pilot sites (including identification of the bilingual health promoter). 4-4 Conduct trainers' training respecting the human rights and integrated health care of the people affected by the violence to UNMSM professors and MINSA health professionals in the US. 4-5 Develop the training to bilingual health promoters and focal points (sensitization workshop) in the pilot sites. 4-6 Hold the sensitization workshop to CBOs, NGOs and local governmental organizations in the 5 pilot sites (Develop the plan of operation respecting the promotion of the people's participation for the integrated health care). (jointly operate with 4-5) 4-7 Develop the people's participatory activities in the pilot sites. 4-8 Conduct monitoring respecting the community activities 4-9 Conduct the internal evaluation by the technical</p> | | |
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| | | |
|---|--|--|
| <p>committee (including the experience and information sharing, etc.)</p> <p>4-10 Conduct the internal evaluation with the participation of the people in the pilot sites.</p> <p>4-11 Disseminate project experiences (newsletter, evaluation report, etc.)</p> <p>4-12 Hold national seminar to disseminate the project experience.</p> <p>4-13 Hold an international (regional) seminar and workshop to disseminate the project's experience.</p> <p>4-14 Hold the conference to organize project experiences</p> <p>4-15 Hold the project annual meeting.</p> | | |
|---|--|--|

Indicators of Project Outputs for Each Project Year

| Project Year | Outputs | Indicators | Means of Verification |
|--|---|---|---|
| Output 0 | | | |
| PY 2005 (from March 2005 to March 2006) | Roles and responsibilities of each project participating organization (counterpart organization) are clearly defined. | - Annual work plans are established. | - Annual Work Plan (for TC and for each project output) |
| Output 1 | | | |
| PY 2005 (from March 2005 to March 2006) | The preparation to provide training courses on integrated health care of the people affected by the violence is completed by UNMSM. | - There are 19 trained teaching staff members who can teach human rights and integrated health care to the people affected by the violence in the UNMSM. | - Teaching staff list [Number and name of faculty, courses and classes in charge] |
| PY 2006 (from April 2006 to March 2007) | Program for providing integrated health care of the people affected by the violence is established. | - Curriculum including topics respecting the human rights and integrated health care of the people affected by the violence is approved in the UNMSM. - Topics respecting the human rights and integrated health care of the people affected by the violence are included in all of the courses in the bachelor's program and the master's program. | - Resolution of Dean of Faculty of Medicine - 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] |
| PY 2007 (from April 2007 to March 2008) | A permanent program of systematic training for providing integrated health care to the people affected by the violence is developed in UNMSM. | - Diploma Course respecting the human rights and integrated health care of the people affected by the violence is approved in UNMSM. - 80% of the students in UNMSM have the class respecting the human rights and integrated health care of the people affected by the violence. | - Resolution by dean of the faculty of medicine of UNMSM [Curricula / Syllabi of Diploma Course] - Teaching Report [Curricula and Syllabi of the courses, number of students |

| Project Year | Outputs | Indicators | Means of Verification |
|--------------|--|--|---|
| | | | attended the course, number of students completed the course, number of whole students] |
| Output 2 | | | |
| PY 2005 | Training programs respecting the integrated health care of the people affected by the violence for health personnel at primary / secondary level are prepared. | <ul style="list-style-type: none"> - Training team is organized for implementing the training programs at the pilot sites. - 6-Modules for training program are prepared. | <ul style="list-style-type: none"> - List of Trainers [Name, Organization, Course in Charge, Areas in Charge] - Curricula, Syllabi, Course Materials (draft) |
| PY 2006 | Capacity of the health personnel at the primary and secondary level providing integrated health care to the people affected by the violence is improved. | <ul style="list-style-type: none"> - Two training programs for health personnel (professional/non professional) respecting the human rights and integrated health care of the people affected by the violence are prepared by MINSA and UNMSM. - Forty (40) health personnel at the primary and second level in each pilot site receive the training and improve their capacity respecting the human rights and integrated health care of the people affected by the violence. | <ul style="list-style-type: none"> - Curricula, Syllabi, Course Materials - 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] |
| PY 2007 | Capacity of the health personnel at the primary and secondary level providing integrated health care to the people affected by the violence is improved. | <ul style="list-style-type: none"> - Two training programs mentioned above are approved by MINSA and UNMSM. | <ul style="list-style-type: none"> - Resolution of the Program by Director General of Human Resource Development and Director General of Health Promotion and Dean of UNMSM - Training Program [Curricula, Syllabi, Course Materials and List of Trainers] |

| Project Year | Outputs | Indicators | Means of Verification |
|-----------------|---|--|---|
| | | <ul style="list-style-type: none"> - Eighty (80) health personnel at the primary and second level in each pilot site receive the training and improve their capacity respecting the human rights and integrated health care of the people affected by the violence by December 2007. | <ul style="list-style-type: none"> - 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] |
| Output 3 | | | |
| PY 2005 | Capacity respecting mother and child health of the primary and secondary level health-care personnel (physician, nurse, midwife) is improved in the 9 DISA. | <ul style="list-style-type: none"> - Fifty (50) health professionals completed the MCH trainings by March 2006. - 30% of the trained health personnel apply 40% of what they have learned in their workplace. - Health professionals participated in MCH training conduct cascade trainings (replication trainings) in pilot sites. | <ul style="list-style-type: none"> - Monitoring report by MINSA/IEMP [Number of participants of training, number of trainees completed the program, Pre-/post training examination, application of skills learned (MCH care skills, victims of violence identified, care to the victims), Number of cascade training sessions conducted, number of health personnel trained] |
| PY 2006 | (same as above) | <ul style="list-style-type: none"> - One hundred (100) health professionals completed the MCH trainings by March 2007. - 40% of the trained health personnel apply 60% of what they have learned in their workplace. - Health professionals participated in MCH training conduct cascade trainings in pilot sites. | <ul style="list-style-type: none"> - (Same as above) |
| PY 2007 | (same as above) | <ul style="list-style-type: none"> - One hundred fifty (150) health professionals completed the MCH trainings by March 2008. - 50% of the trained health personnel apply 80% of what they have learned in their workplace. - Health professionals participated in MCH training conduct cascade trainings in pilot sites. | <ul style="list-style-type: none"> - (Same as above) |

| Project Year | Outputs | Indicators | Means of Verification |
|--------------|--|--|---|
| Output 4 | | | |
| PY 2005 | Preparation for community health care activities with the participation of Community-Based Organizations (CBOs) and NGOs is completed. | - At least one CBO or NGO establishes the implementation system for the community health care activities. | - CBO/NGO list [number, name, activities of organizations] - Plan of operation - Activity Report [activities conducted, number of victims of violence attended, number of the victims referred to other organizations] |
| PY 2006 | Community health care activities which target the people affected by the violence are promoted at each pilot site in cooperation with UNMSM, MINSA and at least one CBO or NGO in each site. | - 10% of CBOs and NGOs in each pilot site are participating in several activities following a plan which they make themselves. | - (sama as above) |
| PY 2007 | (same as above) | <ul style="list-style-type: none"> - At least 10 bilingual health promoters (Spanish and Quechua speakers) are trained in each pilot site by November 2007. - 30% of CBOs and NGOs in the pilot sites are participating in several activities following a plan which they make themselves. | <ul style="list-style-type: none"> - 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] - CBO/NGO list [number, name, activities of organizations] - Plan of operation - Activity Report [activities conducted, number of victims of violence attended, number of the victims referred to other organizations] |

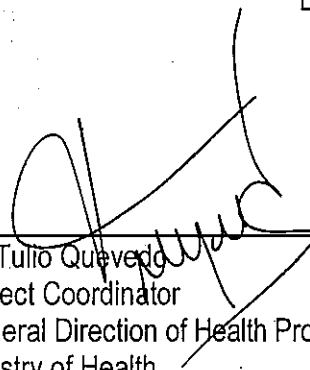
MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF
THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY
VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

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

Lima, April 6th, 2005



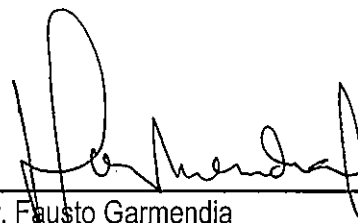
Mr. Takao Omote
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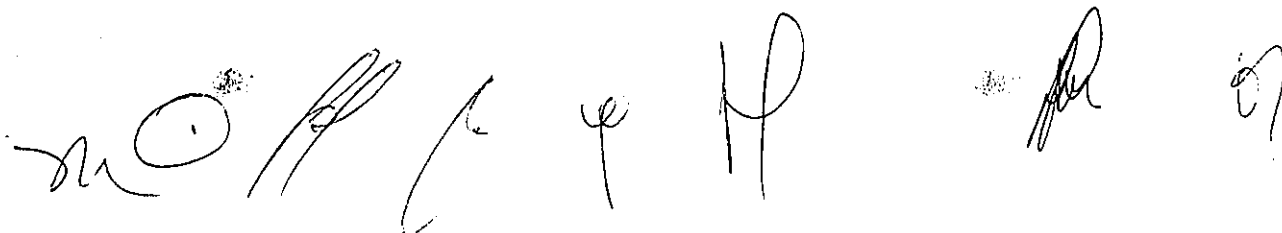
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General Director
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Ministry of Health

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

Dra. Nelly Lam Figueroa
Maternal Peri Natal Institute

I DISCUSSIONS

1. Dr. Pedroza of OGC/MINSA began the meeting thanking the assistance of the representatives of the counterpart institutions of the Project. Likewise, he made a brief description of the organization of the Project as well as its background.
2. Mr. Tateo Kusano, Project Chief Advisor of the JICA Expert Team, described the contents of the Inception Report (IC/R), as well as he proposed the points of the agenda to be developed in this first meeting of Joint Coordination Committee (JCC) of the Project. It considers that a very important activity is to integrate the maternal and perinatal health to the mental health component. Another aspect is to identify the selection criteria of the candidates that shall be trained in Harvard Program in Refugee Trauma (HPRT). It is necessary for Peruvian side to determine the members of the Directive Committee (DC), its functions and the frequency of the meeting.
3. Mr. Kusano requested that per each Japanese expert (7) Peruvian counterpart should be appointed ideally both from academic and health service level. Likewise, he expressed that the Annual Work Plan of Technical Committee (TC) and that of each project region should be prepared by TC in order to clarify the activities, and that Peruvian side will prepare and compile all the Project Reports instructed in the Inception Report (IC-R) with the assistance of JICA Expert Team in English and Spanish.
4. The definition of the violence focused by the project, the selection criteria of the trainers who will be trained at HPRT, and the Annual Work Plan of TC will be prepared by TC and approved by the second JCC meeting which will be held on the second week of May 2005.
5. MINSA has been implementing an Integrated Health Care model to the population affected by violence and is in the process to adapt it to Peruvian reality. The model will incorporate project outputs through participation of the University of San Marcos (UNMSM), HPRT, Hideyo Noguchi Mental Health Institute, H. Valdivan Hospital and Maternal Perinatal Institute (IEMP), involving health services, community organizations and victims of the violence.
6. UNMSM emphasized that the Project focus should be only on the political violence. UNMSM will be responsible for the training at academic level; the training of the health personnel at primary and secondary level health institutions and the provision of the health care are the responsibilities of the MINSA.



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

8. IEMP mentioned that violence is highly prevalent in the country, but health workers do not have skills to screen, detect and treat those victims of the violence including family violence. In some cases, health workers became psychologically affected while attending to the victims of the violence. As the priority is to provide the health care for the victims of the violence, the candidate of the training must be selected from the health personnel currently working at health services.

9. Representatives from DISA pointed out that faculty and students of local universities need to be trained the Project, because most of the health workers working in the regions are graduates of the local universities. Some of them have also done baseline studies related to the violence.

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

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

(2) Many victims of political violence do not declare that they are the victims of political violence, and therefore it is difficult and has little clinical meaning to single out victims of political violence from victims of other types of violence.

(3) Because long time has passed since the political violence occurred in the country, the training for health students, which aims to produce long term benefits in mental health and trauma care, must have a wider focus and be able to deal with other forms of violence, such as family violence, sexual violence, delinquencies, abuse, and suicides, which many studies showed the high prevalence rate in the country.

(4) Symptoms and psychopathology of the political violence have much in common with other types of violence. Therefore, though the project expands its focus to violence in general, not only limited to the political violence, the approach will not differ so much. HPRT has enough flexibility to include other types of violence into their training program.

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

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transmission of the violence.

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

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

II AGREEMENTS

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

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

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

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

LIST OF PARTICIPANTS

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

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

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

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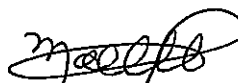
MINUTES OF MEETING
OF THE SECOND JOINT COORDINATION COMMITTEE OF
THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY
VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

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

Lima, May 6, 2005



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



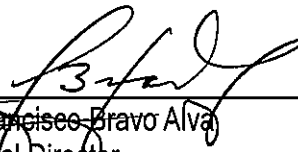
Dr. María del Carmen Calle
General Direction of People's Health
Ministry of Health
Republic of Peru



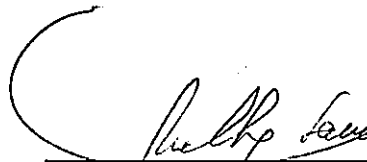
Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
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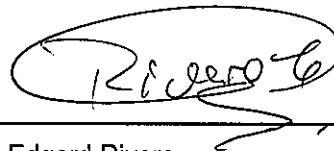
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Dra Nelly Lam Figueroa
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Lic. Edgard Rivero
Coordinador Mental Health of DISA East Lima

1. Output 1 and 2

1.1. HPRT Trainers' Training

- 1) The List of the candidates for HPRT trainers' training will be made by May 15th, 2005.
- 2) HPRT trainers training will start in August or September 2005.
- 3) Selection Criteria of the HPRT training are as follows:
 - Health professionals (i.e. physician, registered nurse, nurse midwife and clinical psychologist. Not limited to faculty of universities) having knowledge on mental health (not need to be specialist in mental health)
 - Intermediate English skills
 - Strong humanitarian motivation to promote mental health care
 - Commitment to disseminate the knowledge and skills learned in the training after returning to Peru.
 - In good health condition
- 4) Composition of 50 participants to the training is as follows:

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

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

1.2. Annual Work Plan (AWP)

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

1.3. Baseline Study (BLS) by UNMSM

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

2. Output3

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

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3. Output 4

3.1. Annual Work Plan and Social Resource Mapping

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

3.2. Pilot sites

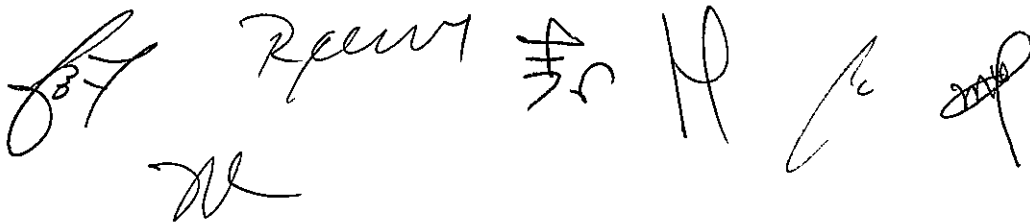
Pilot sites for the project ("Micro-red" area) were specified as follows:

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

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

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

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

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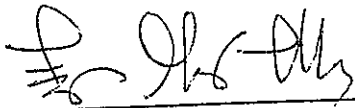
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| UNMSM | Dr. Bernardo Cano Uria | Psiquiatra Niño – Adolescente |
| Valdizan Hospital | Dr. Francisco Javier Bravo Alva | Executive Director |
| IEMP | Dra. Nelly Lam Figueroa | Directora Ejecutiva de la Oficina de Apoyo a la Investigación y Docencia |
| DIRESA Lima-East | Lic. Edgard Rivero | Coordinador Salud Mental (Psicologo) |
| DIRESA JUNÍN | Dr. Pedro Vicuña Vilchez | DIRESA JUNIN |
| DIRESA CUSCO | Dr. Danilo Villavicencio Muñoz | DIRESA CUSCO |
| DIRESA Huancavelica | Dr. Bernardo Amao Palomino | DIRESA Huancavelica |
| JICA Perú | Lic. Takao Omote | Resident Representative |
| JICA Perú | Licda. Midori Kishimoto | Program Officer |
| JICA Expert Team | Ing. Tateo Kusano | Expert in Project Chief Advisor / Health System |
| JICA Expert Team | Licda. Fude Takayoshi | Expert in Project Coordination / Strengthen Cooperation between Organization / Public Relations |
| JICA Expert Team | Ing. Shigeru Kobayashi | Expert in Health Human -Resource Development / Hospital Management |
| JICA Expert Team | Ing. Makoto Tobe | Expert in Maternal Child Health, Health Promotion, Community Health |

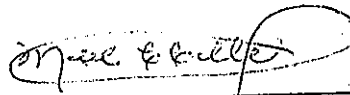
MINUTES OF MEETING
OF THE THIRD JOINT COORDINATION COMMITTEE OF
THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY
VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

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

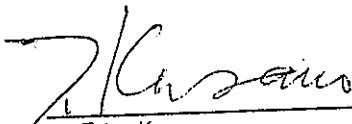
Lima, August 26th, 2005



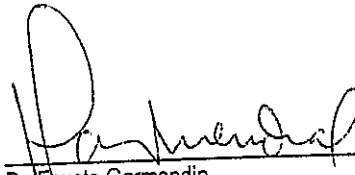
Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan



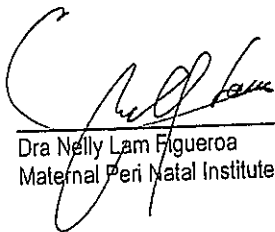
Dr. Maria del Carmen Calle
General Direction of People's Health
Ministry of Health
Republic of Peru



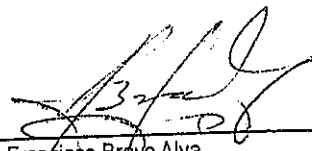
Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



Dr. Fausto Garmendia
Coordinator
Permanent Program of Integral Health
Attention for the Population Affected by
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National Major University of San Marcos
Republic of Peru



Dra Nelly Lam Figueroa
Maternal Perinatal Institute



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

ANNEX 1

1. Output 4

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

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

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

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

(2) Model Workshop in Huaycan

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

Lessons learned from the project were:

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

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

(3) Data Collection System on Violence

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

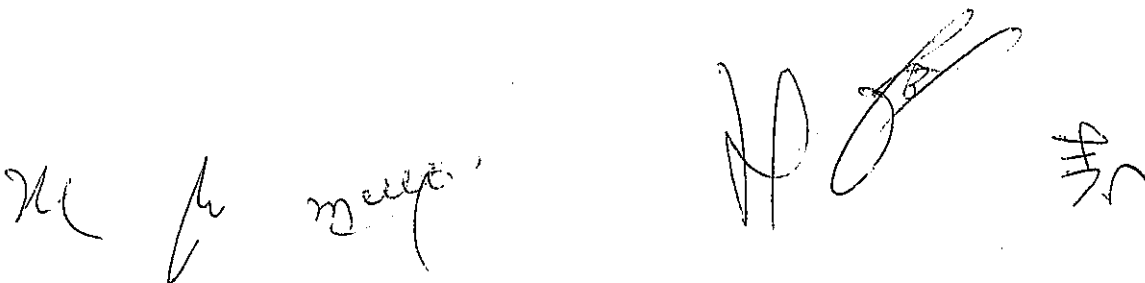
2. Output 3

(1) Follow-up visit to DISAs

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

(2) 5th training course

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

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(3) **Regional Training Center**

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

(4) **Training Curriculum Revision for IEMP training**

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

3. Output 2

(1) **Training System for Output 2**

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

(2) **Annual Work Plan for Output 2**

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

4. Output 1

(1) **Definition and classification of Violence**

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

(2) **Baseline survey**

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

(3) **Training Plan**

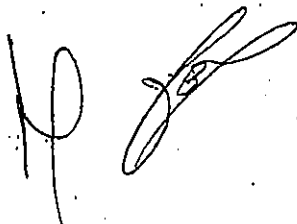
UNMSM will develop the training plan for professors and students of UNMSM and local university after the first HPRT training in January 2006, reflecting the result of the baseline surveys and learnings from HPRT training.

5. HPRT training

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

(1) **basic principles of the project:**

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



- The project develops integrated health system, combining mental health and maternal/child health.
 - The project is conducted by JCC which consists of not only UNMSM but also MINSA and its related organizations as Peruvian members.
- (2) Trainings in HPRT
- A) Responsibility of Trainees: The trainees participated in HPRT training have responsibility to conduct training for university faculties and students and primary/secondary health personnel at local areas.
 - B) Training Period: Two 8-day trainings (9 nights and 10 days including air trip between Lima and Boston)
 - 1st group: January 22 to January 31, 2006
 - 2nd group: February 19 to February 28, 2006
 - C) Grouping: 1st group - medical doctors, 2nd group – co-medicals (each 25 members)
 - D) Interpreter / translation: Two Spanish-English interpreters will be available in all training sessions. All training materials and tool kit will be translated in Spanish. All lectures will (Spanish translation) be recorded in CD and distributed at the end of the trainings.
 - E) Training methods: Participatory approach (combination of lectures and group discussions)
- (3) Terms of Reference (Tasks)
- A) Preparation of the trainings
 - B) Review of Baseline Study and Annual Work Plan
 - C) Conduct two 8-day trainings in Cambridge
 - D) Conduct monthly conference with JCC-UNMSM
 - E) Reporting: two reports - at the end of 4 months and at the end of 8 months
- (4) Curriculum of HPRT Training program
- Introduction-Toolkit
 - Trauma story
 - Depression
 - PTSD
 - Psychopharmacology
 - Coping, Altruism, work and solidarity
 - Domestic violence
 - Alcohol/drugs
 - Cultural competence
 - Case counseling
 - Children/adolescents
 - Screening instruments
 - Wrap-up
- (5) Contact organization: UNMSM will serve as contact organization and as a representatives of JCC
- (6) Preparatory session: UNMSM conducts preparatory sessions for HPRT Trainees at Lima one day before departure from Peru

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

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

6. Reporting

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

Progress Report 1 mainly developed by each project output:

- 1) Output 1:UNMSM
- 2) Output 2:MINSAs/UNMSM
- 3) Output 3:MINSAs/IEMP
- 4) Output 4:MINSAs/DISA

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

MINSAs will develop the project webpage in MINSAs homepages.

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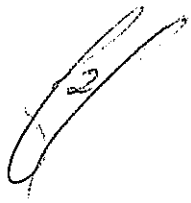
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ANNEX 2

LIST OF PARTICIPANTS


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

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

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

Lima, February 20, 2006



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



Dr. Tullio Quevedo
Project Coordinator
General Direction of Health Promotion
Ministry of Health
Republic of Peru



for Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan

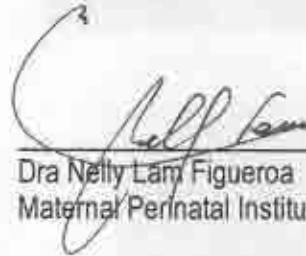
(Makoto TOBE)



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



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



Dra Nelly Lam Figueroa
Maternal Perinatal Institute



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



Dr. Luis Vergara Fernández
General Director
DISA East Lima

1. HPRT Training of Trainers

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

2. Cascade Method Training

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

3. Output 1

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

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

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

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

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

4. Output 2

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

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

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

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

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

5. Output 3

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



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

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

5.2. Results of the 5th IEMP training

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

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

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

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

5.4. Presentation of Annual Report (Output 3)

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

6. Output 4

6.1. Results of Sensitization Workshops

Five regions implemented Sensitization Workshops in August and November 2005.

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

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

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



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the plan of activities for mental health promotion.

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

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

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

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

7. Monitoring and Evaluation

7.1. Revision of PDM

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

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

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

8. Annual Work Plan for the Project Year 2006

8.1. Plan for PY 2006

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

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

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

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

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



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| Activity | 2006 | | | | | | | | | | | | 2007 | | | | | | | | | | | | 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|-----|---|---|---|-----|----|----|----|------|----|----|----|-----|----|----|----|-----|----|----|----|------|----|----|----|-----|----|----|---|-----|---|---|---|-----|---|---|---|-----|----|----|----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | Jan | | | | Feb | | | | Mar | | | | Apr | | | | May | | | | Jun | | | | Jul | | | | Aug | | | | Sep | | | | Oct | | | | Nov | | | | Dec | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Preparation in Japan | [Gantt chart bars for preparation activities] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activities Related to Overall Project Outputs | [Gantt chart bars for overall project outputs] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Establish a Human Resource Development Program for UNMSM (for Output 1) | [Gantt chart bars for HR development program] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity Building of Primary and Secondary Level Health Personnel on Integrated Health Care (for Output 2) | [Gantt chart bars for capacity building] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity Building of Primary and Secondary Level Health Personnel on Maternal Child Health (for Output 3) | [Gantt chart bars for maternal child health] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotion of Community Health Activities (for Output 4) | [Gantt chart bars for community health activities] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Report | [Gantt chart bars for report] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Additional in light
 Activities in Part
 Administrative Contribution
 One month by SSC
 Activity modification
 Update

Plan of Operation of the Project

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LIST OF PARTICIPANTS

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



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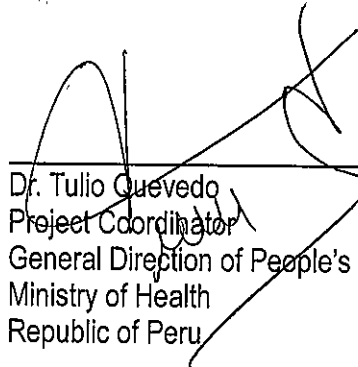
MINUTES OF MEETING
OF THE FIFTH JOINT COORDINATION COMMITTEE
OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY
VIOLENCE AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

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

Lima, June 15th, 2006



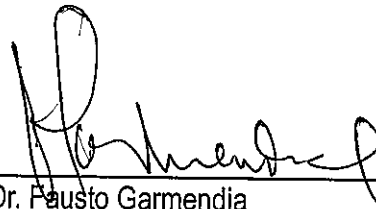
Mr. Takao Omote
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Dr. Tulio Quevedo
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1. Output 4: Community Health Activities

In order to promote access to the health care services for violence and mental health, the framework of Output 4 proposes that each region implement the sensitization workshop and community activities by organizations and institutions which represent the community. JICA Expert Team presented the format of the annual work plan for this Output and asked the working team of each region to submit it by the end of June 2006.

JICA Expert Team proposed that for year 2006 sensitization workshops in the 5 regions should include training for communication skills so that health promoters, members of NGO, community-based organizations, local authorities and other important actors in the community will be able to identify the victims of violence and provide basic counseling service (See Annex 2 and 3).

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

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

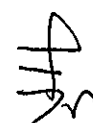
Dra. Yépez of DIRESA Cusco, presented the registration sheet. This sheet is based on the format proposed by the Project; it shows the care provided for the victim of violence by health promoters, health institutions and other organizations in the community. The data on care provided for the victims of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

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

2. Output 3

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

This year, INMP training focuses on the training of health professionals who are directly attending patients in the health facilities (*nivel asistencial*) of the Project sites. Participants will be able to improve



maternal pediatric service skills including the care for the victim of violence, as well as supporting the development of regional training center.

The 6th course will start from June 26th, and the 7th course will be held from October to November 2006.

3. Output 2

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

- Step 1: Fifty HPRT Training participants (master trainers) will train 25 health professionals (5 professionals per region) in Lima in July.
- Step 2: These 25 trainers (5 trainers per region) will develop and conduct training for 175 professionals (35 professionals per region) on each site. Master trainers will monitor and supervise trainings through site visits and the Internet.

JICA Expert Team pointed out the following:

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

Dr. Garmendia argued as below:



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

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

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

4. Output 1

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



5. Support from Harvard

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

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

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

6. Annual Work Plan

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

7. Suggestions from JICA Expert team

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

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Proposal of the Design of the Sensitization Workshop

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

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

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

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

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Recommended Activities for Output 4

Goals:

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

Objectives: By the end of this project year,

- 1) Non-professional health care providers will receive facilitation/communication skills training that is useful for implementing the group activity.
- 2) The trained facilitators will implement a group activity for emotional recovery, entitled "Our History, Our Future", to promoters.
- 3) "Well-being Fair" will be held with the emphasis on violence related issues.
- 4) Each project site will identify and plan the most relevant activity/activities in their community.
- 5) Each project site will identify and plan the most relevant monitoring and follow-up method for the activities.

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Proposal of Cascade Training Model for Health Professionals in 5 Regions

June 1st, 2006
JICA Expert Team

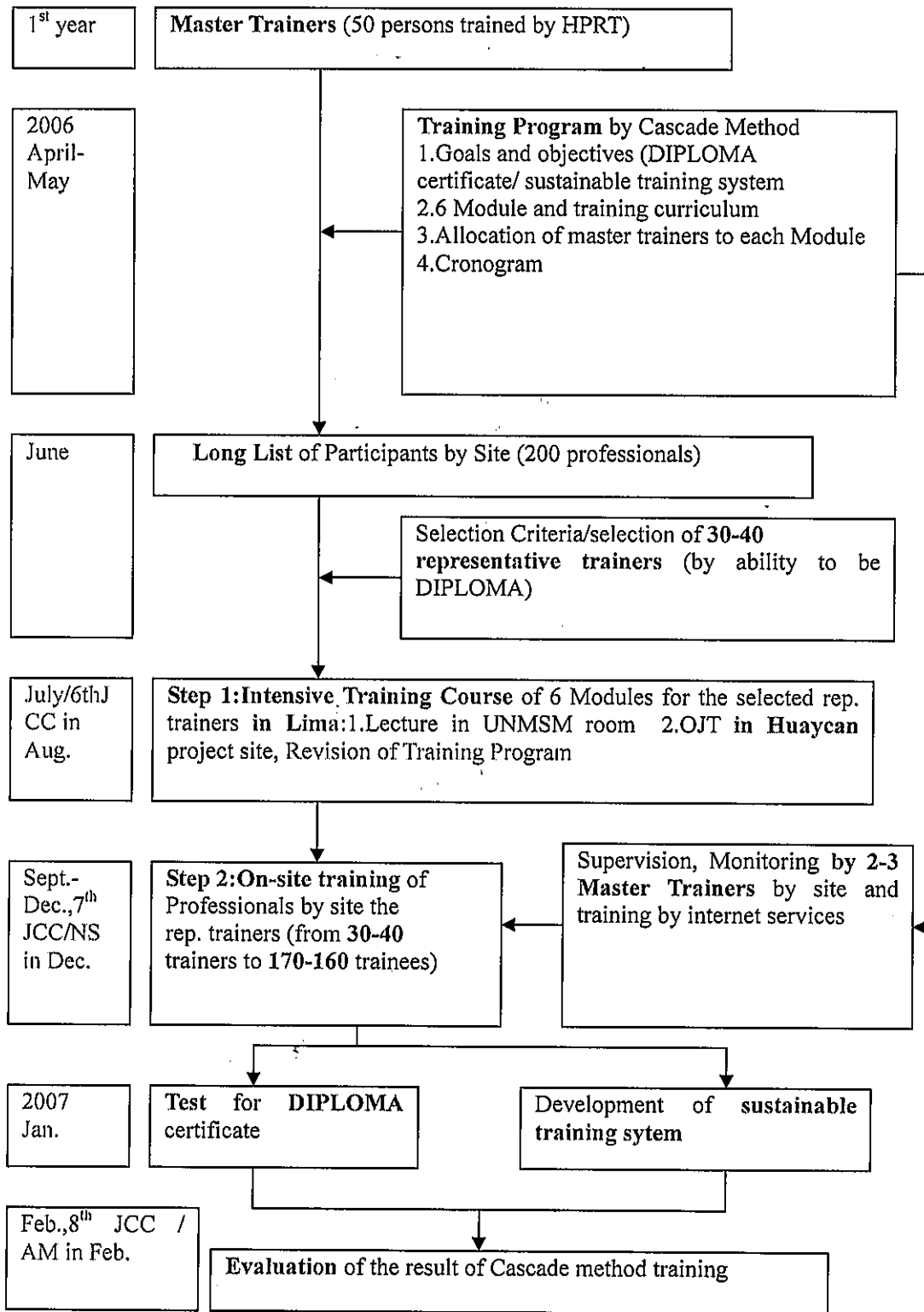


Fig. Cascade Training Method for the Professionals of Medical Facilities

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Most Recommendable Cascade Training Method by Japanese Expert Team

Step1

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

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

Step2

These representative trainers who are trained in Lima will provide training to the target professionals (trainees) in each site. A few master trainers will support these trainers at the site according to the request from the representative trainers.

This second step training approach will be applicable as a sustainable training system in Peru for the future within the limited human and financial resources.

| | Population (Professionals) 2005 | M1(by Trainers) | M2(by Trainers) | M3(by Trainers) | M4(by Trainers) | M5(by Trainers) | M6(by Trainers) |
|---------------------------------|---------------------------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| Site1 (Huaycan) | 87,558(94) | <p>Five trainers by site will provide training to the 35 professionals (trainees) at each site during September and December, depending upon the availability of the representative master trainers by module and professionals by site.</p> <pre> graph LR S1[S1] --> T1[] S2[S2] --> T2[] S3[S3] --> T3[] S4[S4] --> T4[] S5[S5] --> T5[] style T1 width:0px,height:0px style T2 width:0px,height:0px style T3 width:0px,height:0px style T4 width:0px,height:0px style T5 width:0px,height:0px </pre> | | | | | |
| Site2(Cusco-Techo Obrero) | 80,854(42) | | | | | | |
| Site3(Huancavelica-Ascencion) | 28,867(14) | | | | | | |
| Site4 (Ayacucho-Belen) | 40,000(75) | | | | | | |
| Site5(Junin-San MartindePangoa) | 30,315(68) | | | | | | |
| Total | 267,594 (293) | 200 trainees | 200 trainees | 200 trainees | 200 trainees | 200 trainees | 200 trainees |

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

| Activities | 2006 | | | | | | | | | | | | 2007 | | | | | | | | | | | |
|--|------|---|---|---|---|---|----|----|----|---|---|---|------|---|---|---|---|---|----|----|----|---|---|---|
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 |
| <p>UNCSA Support Team</p> <p>Project Chief Advisor/Health System (Kusano)</p> <p>Project Management/Institution-Organization Cooperation Strengthening/Public Relations (Takayoshi)</p> <p>Human Resource Development in Health (Morikawa)</p> <p>Mental Health (1) (Murauchi)</p> <p>Mental Health (2) (Miyagi)</p> <p>Community Health Promotion/Maternal Child Health/Monitoring and Evaluation (Takahashi)</p> <p>Administrative Coordinator / Training Management (Yasunouchi)</p> <p>(Meetings)</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(Reports) PRR- Progress Report, ITR, Interim Report, NSR, National Seminar Report, YER-Yearly Summary Report</p> <p>Preparation in Japan</p> <p>Prepare Research Report</p> <p>Activities Related to Overall Project Outputs</p> <p>Begin field research/Institution Report (Chiyohisa 1st Joint Coordination Committee)</p> <p>Confirm medical equipment availability</p> <p>Convene Technical Committee to establish Regional Working Groups (in 5 districts)</p> <p>Conduct technical support agency (HPERT) to facilitate Project implementation</p> <p>Prepare Plan of Cooperation of Technical Committee</p> <p>Prepare Annual Work Plan of the Project</p> <p>Conduct baseline study</p> <p>Develop a mechanism for Project monitoring and supervision</p> <p>Develop a program and materials for Training Program at HPERT</p> <p>PERT Workshops: Sub-consultant activities</p> <p>Conduct training for UNCSA staff and HERSA Health Professionals at HPERT</p> <p>PERT Visits to Peru</p> <p>Convene Annual Project Meeting (AM)</p> <p>Convene National Project Seminar</p> <p>Conduct Public Relation Activities of the Project</p> <p>Convene International Health American Regional Seminar and Workshop</p> <p>Convene Project Final Report</p> <p>Establish a Human Resource Development Program for UNCSA (for Output 1)</p> <p>Develop syllabus and instruction manuals for the UNCSA Faculty of Medicine</p> <p>Conduct training of UNCSA Faculty of Medicine (for undergraduate/diploma course)</p> <p>Monitor education at the UNCSA Faculty of Medicine</p> <p>Evaluate education at the UNCSA Faculty of Medicine</p> <p>Capacity Building of Primary and Secondary Level Health Personnel on Integrated Health Care (for Output 2)</p> <p>Develop training program and course materials for health personnel</p> <p>Conduct training of health personnel in the pilot sites</p> <p>Revise the training of health personnel in the pilot sites</p> <p>Monitor and supervise the training of health personnel</p> <p>Evaluate the training of health personnel</p> <p>Convene workshops to share experience among the 5 pilot sites</p> <p>Publish newsletter of the health personnel training</p> <p>Capacity Building of Primary and Secondary Level Health Personnel on Maternal Child Health (for Output 3)</p> <p>Develop course materials for maternal child health training</p> <p>Conduct the maternal child health training</p> <p>Prepare course report on the maternal child health training</p> <p>Conduct follow-up visits of participants of the maternal child health training</p> <p>Conduct evaluation of the maternal child health training</p> <p>Prepare annual report on the maternal child health training</p> <p>Public Relation activities on the maternal child health training</p> <p>Revise program and M&E mechanism for the maternal child health training</p> <p>Promotion of Community Health Activities (for Output 4)</p> <p>Develop M&E mechanism for community health activities</p> <p>Social research research of target communities</p> <p>Develop annual plan for the participatory community health activities</p> <p>Conduct participatory community sensitization workshop</p> <p>Conduct participatory community health activities</p> <p>Monitor and interim evaluation of participatory community health activities</p> | | | | | | | | | | | | | | | | | | | | | | | | |

June 1, 2006

List of Participants

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

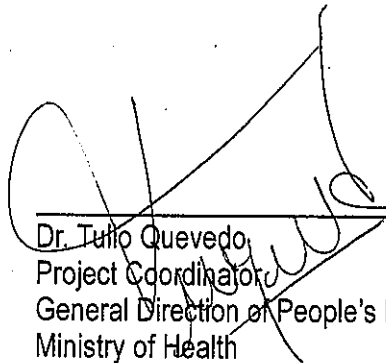
MINUTES OF MEETING
OF THE SIXTH JOINT COORDINATION COMMITTEE
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Lima, September 19th, 2006



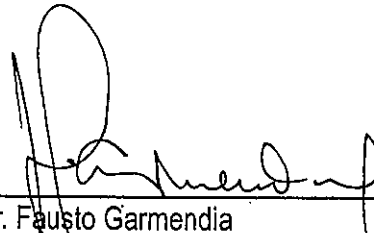
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General Direction of People's Health
Ministry of Health
Republic of Peru



for Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



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

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

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

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

1.2. Agreements of the Diploma Course Curricular Plan

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

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

2.1. List of Participants

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

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

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

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

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

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

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

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

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

3.2. Follow up visit

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

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

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

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

4.1. Annual Work Plan

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

4.2. Advance and Community Health Plan Activities

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

Huaycan (Lima Este)

Until the Project started, community intervention in the microred mainly had focused on mental health care provided by the Valdizan Hospital in the Señor de Los Milagros health center.

Since this year, after the personnel of the Huaycan Hospital attended the training in the HPRT Program, the microred has presented the Community Activity Plan as part of the Strategic Plan Proposal of Fight against Violence.

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

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



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

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

Ayacucho:

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

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

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

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

Cusco:

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

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

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

Junin:

The representative of Junin, Ms. Carmen Fuente began her presentation commenting that, the different strategies of intervention carried out from the project are done extensively in Microred San Martin de Pangoa as well as other 5 microreds of the region; this has brought about positive effect of the Project to other 5 microreds. The

health establishments in these areas have received training in the themes of intrafamilial violence, violence of rights and integral attention and realized screening interviews to to people affected by the violence

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

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

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

4.3. Sensitization Workshop

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

Lima Este:

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

1st Module: "Violence: definition, origin, persecutions in the World and our country".

2nd Module: "Care of victims of the violence"

3rd Module: "The positive communication and attentive listening" (support with JICA expert team)

4th Module: "Legal aspects of violence in our country"

5th Module: "Elaboration of guidelines of care of the people affected by the violence"

Module 3 took place on August 25 and 26 of 2006 at the Huaycan Hospital. The principal theme of the workshop was "Positive communication and attentive listening", elaborated with the technical support of Mrs. Hikari Morikawa and Ms. Patricia Tello as facilitator. 31 participants attended the workshop (13 health promoters, 9 nurse technicians, 1 sociologist of NGO, 6 visitors from other Project sites, and 2 security guards of the Huaycan Hospital). After the workshop they provided comments as part of the course evaluation and some comments on how they think they can realize their work in a responsible manner as follows: "there are many lives at hand for which I must be very careful and thoughtful", "because it is my responsibility and because I want to see my community improve" and "because I apply everything I learn to help the patients".

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

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

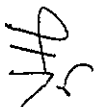
The schedule of the sensitization workshop for health technicians and health promoters in other DIRESAs are:

Cusco: September 13 and 14.

Ayacucho: 7 Workshops between the months of September 2006 through January 2007

Huancavelica: September 21,22 and 23.

Junin: schedule pending.



4.4. Monitoring

(1) Registration of Care

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

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

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

(2) System of Case Reference

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

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

5. Progress Report

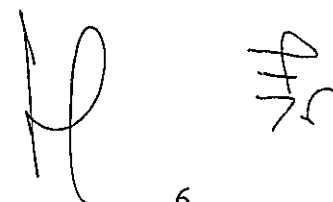
JICA expert team presented the table of contents of the Progress Report 3 to JCC. JCC member institutions will submit the results of their progress according to the indicators of the logical framework of the Project by September 14.

6. Administration of the Health Personnel

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

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

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



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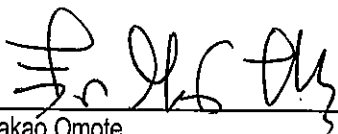
List of Participants:

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

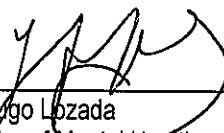
MINUTES OF MEETING
OF THE SEVENTH JOINT COORDINATION COMMITTEE
OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE AND
HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

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

Lima, December 4, 2006



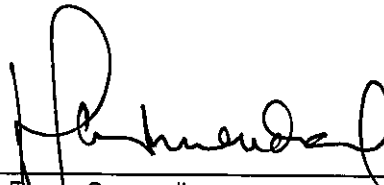
Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan



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



Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



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

1. Output 1 and 2

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

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

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

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

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

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

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

2. Output 3

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

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

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

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

3. Output 4

3.1. Ayacucho Region - Micro Red Belén

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

■ INTERVENTION PHASE:

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

■ INTERVENTION PHASE:

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

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

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

3.2. Junin Región - San Martín de Pangoa

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

3.3. Huancavelica

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

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

3.4. Micro Red Huaycan

- indicators (process, impact)

Dr. José Villarreal, who is the coordinator of mental health actions and violence in the Microred Huaycan, reported that in August, training for the Health Promoters and Health Technicians was held.

As part of the activities in the community level, a Health Fair called "Encounter of Love and Peace" was held on October 7th, 2006 with the participation of the Huaycan Hospital personnel, health promoters, CENDIPP, ASPEM, Milk Organization Committee, DEMUNA from Vitarte, Red Solidaria de Enfermos con Tuberculosis, SAMU Social. This activity was held in the establishment of the Huaycan Hospital with the support of JICA..

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

3.5. Cusco Region - Micro red Techo Obrero

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

4. Comments by HPRT

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

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

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

5. Discusión Topics

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

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

6. Counterpart List

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



Current Issues presented in the Progress Report 3

(1) How do we expand capability of psychiatric primary care treatment?

Medical workers in regions who are taking the Diploma Course training have relatively little experience in providing psychiatric care. This may leave doubt if this training is truly able to equip these medical workers with sufficient clinical capability for psychiatric treatment. Psychiatric problems dominant in Peru are; Depressive Disorder and Other Affective Disorders; Anxiety Disorders such as PTSD; Schizophrenia and Other Psychotic Disorders; and Substance Abuse and Dependence. Therefore, it is important to thoroughly review Module 3 (Children/adolescent), Module 4 (Women) and Module 5 (Adults/elderly persons) whether these Modules are designed to provide participants with practical clinical capability. Likewise, it is critical for social workers, nurses and practical nurses to become more capable of doing initial screening of the patients, as they are often the first contact made by the patients in medical institutions.

(2) How can we maintain the good quality of care provided by medical professionals with no psychiatric background?

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

(3) How do we secure budget allocation for Mental Health Services?

At this point, it is hard to conclude that sufficient budget has been allocated for mental health services. Some regions have been financially supported by an EU project, however, the EU's financial assistance will be terminated by December 2006. This may result in budget shortage for the cost of mental health services.

(4) What is the "integrated health care"?

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

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

(5) How and with what do we train Medical workers with no university degree?

This year's Output 2 training is provided only to medical workers with university degree. However, there are only non medical professionals, namely those who are without a university degree, at many of the front-line medical institutions such as Puesto de Salud. These non-professionals are often the first contact made by the victims of violence, and therefore it is important that they are also educated and prepared for the care of the victims of violence.

(6) How do we determine who should take the Diploma Course and how do we make adjustments accordingly?

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

(7) Review on Project evaluation

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

(8) What do we do with personnel changes?

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



Peruvian Side Counterpart

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

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

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

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

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Participants List

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

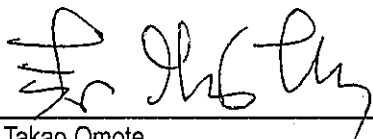




MINUTES OF MEETING
OF THE EIGHTH JOINT COORDINATION COMMITTEE
OF THE PROJECT OF INTEGRATED HEALTH CARE FOR THE POPULATION AFFECTED BY VIOLENCE
AND HUMAN RIGHTS VIOLATION IN THE REPUBLIC OF PERU

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

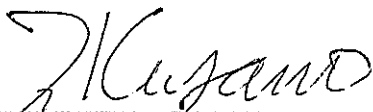
Lima, February 14, 2007



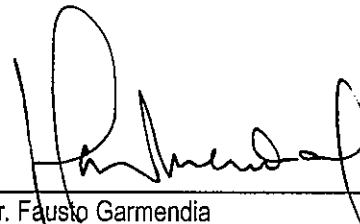
Mr. Takao Omote
Resident Representative
Japan International Cooperation Agency (JICA)
Japan



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



Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



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

1. Output 2

1.1. Development of the Diploma course:

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

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

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

1.2. Progress of authorization by the University

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

1.3. Supervision and Evaluation System of the Diploma course

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

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

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

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

[Basic Criteria]

- Those health professional who are actually working in the project sites (microredes)
- Preferably personnel on permanent contract (Not on short-term contract)



- Those who are engaging in the first and second level of care on day-to-day basis
- Willing to commit to the care for the people affected by the violence
- Have access to internet
- Guarantee not to participate in other training courses simultaneously

[Complementary Criteria]

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

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

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

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

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

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

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

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

1.5. Training for the non professional health providers

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



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

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

After the discussion, JCC agreed upon the following:

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

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

2. Output 3

2.1. Progress of the Follow-up Visit

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

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

Regarding the Plan for the 3rd year, Dra Lam presented a work plan, which includes:

- planning, coordination and preparation of training materials (April)
- execution of the 8th and 9th courses in May and August respectively
- evaluation, preparation and presentation of the course reports (June and September)
- follow-up visit (October, November and December)
- evaluation of the follow-up visit, and preparation of the final report (January and February)

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

3. Output 4

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

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

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

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

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

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

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

4. Monitoring, Evaluation and Supervision of the Project

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

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

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

Basic Tasks for each working group are:

National working group:

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



UNMSM will handle that of Output 1 and of the Diploma course teachers as Output 2. MINSA/INMP will be in charge of Output 3 and MINSA and DISA/DIRESAs for Output 4.

- To conduct the integrated evaluation in the project sites with the support of an external organization in Peru, which will assist both the Technical Committee, and the regions headed by DIRESA/DISA

Local working group:

- To conduct the integrated evaluation in the regions and in the project sites.

The JCC confirmed the eligibility of an external organization. :

- It is in Peru.
- have experience in Project evaluation
- have experience in violence and mental health

Dr. Garmendia proposed that the Project make an agreement with each region to confirm their support to the evaluation. However, MINSA emphasized that there is a record of discussion of the Project signed by MINSA, UNMSM and JICA. On January 18th, MINSA sent the Directors of 5 DIRESAs the Record of the Discussion of the Project to remind them about the Project and to confirm their participation in the Project.

To reinforce its validity, MINSA will again send official letters to the DIRESAs informing about the Plan for the 3rd Year of the Project, attaching this Minutes of Meeting, and will ask DIRESA for the follow-ups according to the agreements sated in this Minutes of Meeting. In addition,

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

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

The main activities for the 3rd year are :

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

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



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

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

JUSTIFICACION :

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

EQUIPO TECNICO

Equipo técnico conformado por

- responsables del Proyecto en 5 regiones o microredes

APOYO TECNICO

- docentes invitados de universidades locales

RESPONSABILIDADES DE EQUIPO TECNICO

- Elaboración de Plan
- Elaboración de manual
- Ejecución de capacitación en 5 microredes pilotos
- Monitoreo de actividades
- Evaluación de resultado de capacitación
- Entrega de resultados

CRONOGRAMA

| Año 2007, Mes | Mayo | Junio | Julio | Ago | Sep | Oct | Nov | Dec |
|---|------|-------|-------|-----|-----|-----|-----|-----|
| Elaboración de Plan | ■ | | | | | | | |
| Elaboración de manual | ■ | ■ | | | | | | |
| Ejecución de capacitación en 5 microredes pilotos | | | ■ | ■ | ■ | | | |
| Monitoreo de actividades | | | ■ | ■ | ■ | ■ | | |
| Evaluación de resultado de capacitación | | | | | | | ■ | |
| Entrega de resultados | | | | | | | ■ | |

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

Lima, 7 de febrero de 2007



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

Activities of Health Promoter

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

Activities of Health care provider

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

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

| Monitoring and evaluation indicators | Huaycan | Cusco | Hvca | Ayacucho | Junin | Total |
|--|---------|-------|------|----------|-------|-------|
| Number of victims of violence identified | 0 | 2,179 | 1 | 0 | 138 | 2,318 |
| Number of victims of violence being cared for | 0 | 2,179 | 1 | 0 | 126 | 2,306 |
| Number of victims of violence referred to other institutions | 0 | 1,555 | 0 | 0 | 116 | 1,671 |

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



List of Participants

Wednesday, February 7, 2007 (Day 1)

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

Wednesday, February 14, 2007

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

