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## １．M/M および合同評価レポート（英文）

Minutes of Discussions
between
Japan International Cooperation Agency
and
The Authorities Concerned of the Government of the Republic of Peru
on
The Project of Strengthening Integrated Health Care for the Population Affected by Violence and Human Rights Violation in the Republic of Peru
Final Evaluation

The Final Evaluation Team (hereinafter referred to as "the Team") organized by Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Ikuo Takizawa, Chief, Health Administration Team, Human Development Department, JICA, visited the Republic of Peru from October 9 to October 24, 2007, for the purpose of final evaluation of the Project of Strengthening Integrated Health Care for the Population Affected by Violence and Human Rights Violation in the Republic of Peru (hereinafter referred to as "the Project").

During its visit, the Team assessed the achievements of the Project since its commencement in March 2005 and up to September 2007 by reviewing documents, interviewing relevant individuals and observing project activities. The Team also exchanged views with the concerned authorities of the Republic of Peru in the Joint Coordination Committee which was held on October 19, 2007.

Through these exercises, both Japanese and Peruvian parties came to an agreement regarding the evaluation results including recommendations as described in the Final Evaluation Report attached hereto.

This document is written in both English and Spanish, each text being equally authentic. In case of any divergence of interpretation, the English text shall prevail.

Lima, Peru
October 23, 2007.

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# Joint Evaluation Report

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

## Final Evaluation


**October 23, 2007**

# Joint Evaluation Report

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# 1. Introduction

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

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

# 2. Evaluation Process

## 2.1 Methodology of Evaluation

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

The list of evaluators is as follows.

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

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

## 2.2 Criteria for Evaluation

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

| | |
|---|---|
| (1) Relevance | Relevance of the Project is reviewed by the validity of the Project Purpose |

| | |
|---|---|
| | and Overall Goal in connection with the government development policy and the needs in Peru. |
| (2) Effectiveness | Effectiveness is assessed to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and Outputs. |
| (3) Efficiency | Efficiency of the project implementation is analyzed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity. |
| (4) Impact | Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project. |
| (5) Sustainability | Sustainability of the Project is assessed in terms of political, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained after the Project is completed. |

## 3. Achievements and Implementation Process

### 3.1 Inputs

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

### 3.2 Results of Activities

Activities of the Project are summarized in Annex 8.

### 3.3 Results of Outputs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The benefit of the training has been disseminated to other health care providers (professionals

and health technicians) through replication of training. In the first year of the Project, 224 health care providers attended the replication courses, and 2,404 health care providers in the second year. Health professionals who instructed the courses recognized the improvement of participants of replication courses.

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

Community health care activities have been strengthened through the Project.

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

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

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

**3.4 Implementation Process**

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

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

The project implementation process was adequately monitored. The Project set up JCC and Technical Committee (TC) and the meetings were held periodically. Apart from JCC and TC,

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regular weekly meetings were held at UNMSM and working groups were set up in five pilot sites.

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

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

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

## 4. Evaluation by Five Criteria

### 4.1 Relevance

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

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

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

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

### 4.2 Effectiveness

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

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

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

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

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

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

**4.3 Efficiency**

Inputs are appropriately utilized and efficiency is generally high.

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

Training courses provided by the Project, those for professionals, health technicians, and

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

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

**4.4 Impact**

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

As to the health care of victims affected by violence, the system to identify, attend, and refer has been established through the Project. The training provided by the Project has produced favorable outcome so far. For example, as a result of INMP Training, Birth Waiting Homes were established and the rate of institutional delivery is reportedly increased, and the construction of shelter home for victims of violence is planned in Cusco.

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

Though it is difficult to measure health impact, some positive impacts can already be pointed out. Competency Development Center (CDC), which serves as a core of training at regional level, is in the process of establishment and/or improvement in some regions including project pilot areas. Through the Project, the importance of mental health was recognized by the local government and in Ayacucho, mental health is incorporated in regional plan of health by DIRESA. Regional plan for mental health is formulated and the local university started program for integrated care for the

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victims of violence in Junin. No negative impact has been observed so far.

**4.5 Sustainability**

Sustainability is expected if government commitment is secured.

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

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

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

## 5. Conclusions

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

is likely to be achieved. Therefore, the Project should be terminated as planned.

## 6. Recommendations

**1) Recommendations for the rest of the project period**

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

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

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

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

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

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

**2) Recommendations beyond the term of the Project**

a) For Peruvian side

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

- Continuous support for frontline health workers trained by the Project through integrated supervision mechanisms by DIRESA/DISA.
- Increase in number or improvement in geographical distribution of psychiatrists, as a medium- to

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long-term strategy to ensure access of victims of violence and other patients in need to psychiatric care. Output of specialist education needs to be increased at the same time.

- Roll-out of training programs for general practitioners to give them more confidence to dispense psychiatric drugs in order to mitigate shortage of psychiatrists as a short- to medium-term strategy to ensure access to psychiatric care.
- Further integration of care for the victims of violence with other health services could be another short- to medium-term strategy to ensure integrated care.
- Strategic advocacy to national and local political executives for sufficient and sustainable resource allocation for the activities related to integrated care for the victims of violence.

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

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

b) For Japanese side

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

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

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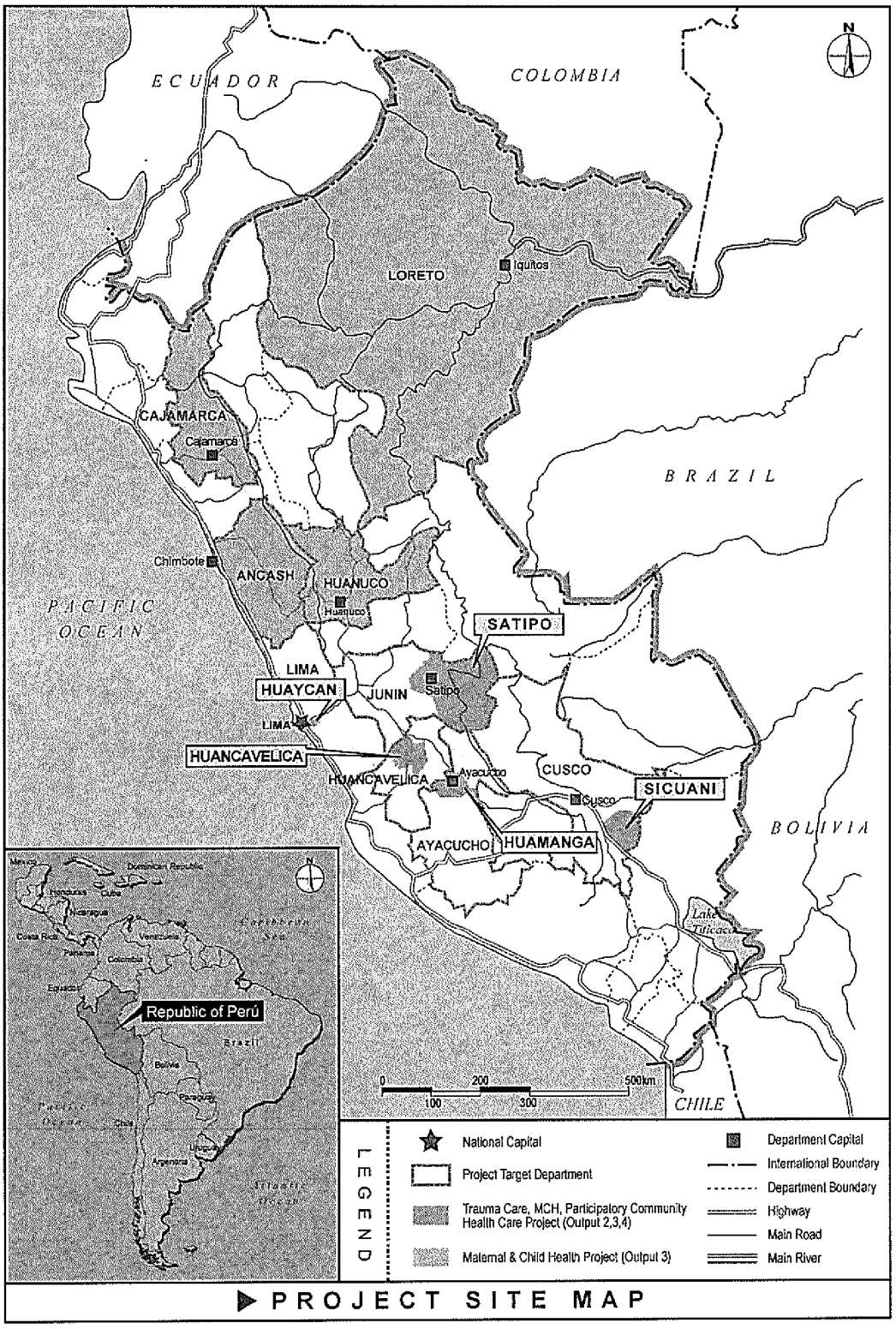
**Annex**

1. Map
2. PDM1
3. PDM3
4. List of Counterpart
5. List of Experts Dispatched
6. List of Equipment Supplied
7. Operational Expenses
8. Results of Activities
9. List of Project Products
10. List of JCC Attendants

Annex 1
Map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PACIFIC OCEAN
SATIPO
LIMA
HUAYCAN
JUNIN
Satipo
LIMA
HUANCAVELICA
HUANCAVELICA
Ayacucho
CUSCO
SICUANI
Cusco
AYACUCHO
HUAMANGA
BOLIVIA
Lake Titicaca
0 100 200 300 500km
CHILE
Republic of Perú
LEGEND
National Capital
Project Target Department
Trauma Care, MCH, Participatory Community Health Care Project (Output 2,3,4)
Maternal & Child Health Project (Output 3)
Department Capital
International Boundary
Department Boundary
Highway
Main Road
Main River
PROJECT SITE MAP

Annex 2

**Project Design Matrix (PDM)** **Version**: PDM-1

**Project name**: Project of Strengthening Integrated Health Care[1] 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 violence[2]

**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 sites[3],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 |
|---|---|---|---|
| **Super Goal**<br>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<br>・ The number of domestic violence cases in the pilot sites is decreased | | |
| **Project Objective**<br>Peoples affected by the violence in the pilot sites will come to use Integrated Health Care | ・ X% of the identified victims of the violence in the pilot sites visit the public health institution by March 2008<br>・ X% of the identified victims of the violence in the pilot sites receive integrated health care by tMarch 2008 | Outpatients' registration<br><br>Diary record of medical treatment | **From the Project Objective to the Super Goal :**<br>1. The importance of the theme of integrated health care to the people affected by the violence is maintained in the Peruvian policy<br>2. The importance of the theme of mother and child health is maintained in the Peruvian policy<br>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 |
|---|---|---|---|
| **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 USM | 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 | Syllabus revision report (syllabus; before and after the revision) | 1. The diagnostic instrument for the people affected by the violence developed in the project is used in the pilot sites |
| | 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 | Teaching staff list | 2. 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 |
| | 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 | Resolution by dean of the faculty of medicine of USM | 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 period of project execution. |
| 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/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 | Resolution by dean of the faculty of medicine of USM<br>Training Programs | 4. The importance of the theme of mother and child health is maintained in the Peruvian policy throughout the period of project execution. |
| | 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 | Evaluation report by the inter-institutional technical committee | |
| 3. In the objective districts, the capacity of the primary and secondary level health-care personnel respecting mother and child health is improved | 3-1 50% of the health personnel who received the training apply 80% of what they have learned in their workplace by March 2008 | Monitoring group report by MINSA | |
| 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 30% of CBOs and NGOs in the pilot sites are participating in several activities following a plan which they make themselves by March 2008 | CBOs' /NGOs list<br>Plan of operation | |
| | 4-2 At least 10 bilingual health volunteers are trained in each pilot site by November 2007 | Bilingual; health volunteer report | |

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

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

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

Annex 3

## Project Design Matrix (PDM)

**Version**: PDM-3 (May 4, 2007)

**Project Title:** Project of Strengthening Integrated Health Care[1] for Population Affected by Violence and Human Rights Violation in the Republic of Peru

**Project Period:** 3 years (from March 2005 to March 2008)

**Project Areas:** Project sites[2] selected from areas affected by the political violence[3]

**Implementing Agencies:** Peruvian side; Ministry of Health (MINSA), National Major University of San Marcos (UNMSM), Japanese side; Japan International Cooperation Agency (JICA)

**Target Groups:** Teaching staff of the Faculty of Medicine of UNMSM, Health personnel providing health care to the people affected by the violence in MINSA's Health Facilities in the pilot sites[4], Victims and their families affected by the violence[5] in the pilot sites

**Final Beneficiaries:** Students of UNMSM, People in the pilot sites

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

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

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

[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 |
|---|---|---|---|
| 4. Community health care activities with the participation of non professional health care providers[9], health promoters, local institutions, Community-Based Organizations (CBOs) and NGOs is promoted to bring health benefits to the people affected by the violence. | 4-1 Thirty percent of violence-related local institutions, CBOs and NGOs in the pilot sites are participating in community health activities following a self-established plan by March 2008. | - CBO/NGO list [number, name, activities of organizations]<br>- Minutes of formation and minutes of meetings of coordination committee against violence<br>- Plan of operation<br>- Activity Report [activities conducted, number of victims of violence attended, number of the victims referred to other organizations] | |
| | 4-2 At least 10 (bilingual, [if necessary]) health promoters are trained in each pilot site by November 2007. | - Bilingual health volunteer training report (sensitization workshop report) [number of health promoters trained, number of the victims identified by the promoters, community health activities conducted] | |
| | 4-3 Training on integrated health care for violence victims is conducted to non professional health care providers. | - Training plan<br>- Training materials<br>- 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 : |
|---|---|---|
| **Output 0 Activities related to Overall Project Outputs**<br>0-1 Brief and discuss Inception Report (Convene 1st Joint Coordination Committee).<br>0-2 Establish Technical Committee (TC).<br>0-3 Convene Technical Committee to establish Regional Working Groups (in 5 districts).<br>0-4 Contract with technical support agency (HPRT) to facilitate Project implementation.<br>0-5 Prepare Plan of Operation of Technical Committee.<br>0-6 Prepare Annual Work Plan of the Project.<br>0-7 Conduct baseline study.<br>0-8 Develop a mechanism for Project monitoring and supervision.<br>0-9 Develop a program and materials for Training Program at HPRT.<br>0-10 Conduct Trainings for UNMSM faculties and MINSA Health Professionals at HPRT.<br>0-11 Convene Annual Project Meeting (A/M)<br>0-12 Convene National Project Seminar<br>0-13 Convene International (Latin American Regional) Seminar and Workshop<br>0-14 Conduct Public Relation Activities of the Project<br>0-15 Compile Project Final Report<br><br>**Output 1 Establish a Human Resource Development Program for UNMSM**<br>1-1 Revise curriculum and syllabus of UNMSM Faculty of Medicine.<br>1-2 Develop the curricula for Undergraduate / graduate / diploma courses.<br>1-3 Develop a course teaching manual for faculties<br>1-4 Develop course materials for students<br>1-5 Develop course respecting the human rights and integrated health care of the people affected by the violence in UNMSM<br>1-6 Conduct trainers' training respecting the human rights and integrated health care of the people affected by the | Peruvian side<br><Overseas training ><br>Post training instructors<br>Provide training facilities<br>Provide equipment<br><br>Post counterparts<br>Provide vehicles<br>Provide office work (secretary, driver, etc.)<br><br>Japanese side<br>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<br>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<br>Provide machinery and equipment (education、training equipment、vehicle, etc.)<br>Local expenses (including local assistant, local survey, study, etc.) 3 years<br>Cooperation through NGOs | 1. Autonomy of UNMSM with regards to the change of curriculum is maintained.<br>2. Changes in staff (training participants) in the pilot sites are decreased (fewer staff quit).<br>3. Training activities in the pilot sites are maintained by the Peruvian government and local governments throughout the project execution.<br><br>**Prior conditions :**<br>1.There is a steady political setting compatible with the problem scope<br>2. Community-based Organizations and NGOs are financially supported by other resources to promote community health activity.<br>3. The importance of "Integrated Health Care for the Victims of Violence and Human Rights Violation" is maintained in Peruvian policies.<br>4. The importance of "Maternal-Child Health" is maintained in Peruvian policies. |

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| violence to UNMSM professors and MINSA health professionals in the US.<br>1-7 Introduce the curriculum (class for students )<br>1-8 Introduce a Diploma Course respecting integrated health care to the people affected by violence<br>1-9 Conduct course monitoring and supervision<br>1-10 Conduct course Evaluation<br>1-11 Hold the project annual meeting.<br>1-12 Create and maintain a website.<br>1-13 Hold a national seminar to propagate the project's experience.<br>1-14 Hold an international (regional) seminar and workshop to propagate the project's experience.<br>1-15 Publication and promotion of experience.<br><br>**Output 2 Capacity Building of Primary and Secondary Level Health Personnel on Integrated Health Care**<br>2-1 Set up a technical committee (TC).<br>2-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts).<br>2-3 Conduct a baseline study on the clinical situation, health personnel capacity, mapping of the victims of violence in the pilot sites.<br>2-4 Develop the training plan for health personnel.<br>2-5 Develop the course materials.<br>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.<br>2-7 Conduct the training course to the health personnel (40 health personnel/year, 5 pilot sites).<br>2-8 Award course certification to participants who meet the established criteria.<br>2-9 Conduct course monitoring and supervision.<br>2-10 Conduct internal course evaluation periodically.<br>2-11 Hold workshops for sharing experiences among the 5 pilot sites (micro health networks).<br>2-12 Publish project newsletter.<br>2-13 Conduct mid-term internal evaluation.<br>2-14 Publication and promotion of experience. | | |

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| 2-15 Hold national seminar to propagate project experience.<br>2-16 Hold international (regional) seminar and workshop to disseminate project experience.<br>2-17 Hold project annual meeting.<br><br>**Output 3 Capacity Building of Primary and Secondary Level Health Personnel on Maternal Child Health**<br>3-1 Conduct baseline study (as a part of 0-7)<br>3-2 Develop the course plan and curricula.<br>3-3 Develop the course materials.<br>3-4 Develop and revise monitoring and supervising system<br>3-5 Conduct the training course.<br>3-6 Prepare Course Report (for each course).<br>3-7 Conduct follow-up/evaluation visits of training participants.<br>3-8 Publication and promotion of experience.<br>3-9 Prepare Annual Report.<br>3-10 Hold the project annual meeting.<br><br>**Output 4** Promotion of Community Health Activities<br>4-1 Set up a technical committee (TC).<br>4-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts).<br>4-3 Conduct social resource mapping in the 5 pilot sites (including identification of the bilingual health promoter).<br>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.<br>4-5 Develop the training to bilingual health promoters and focal points (sensitization workshop) in the pilot sites.<br>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)<br>4-7 Develop the people's participatory activities in the pilot sites.<br>4-8 Conduct monitoring respecting the community activities<br>4-9 Conduct the internal evaluation by the technical | | |

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|---|---|---|
| committee (including the experience and information sharing, etc.)<br>4-10 Conduct the internal evaluation with the participation of the people in the pilot sites.<br>4-11 Disseminate project experiences (newsletter, evaluation report, etc.)<br>4-12 Hold national seminar to disseminate the project experience.<br>4-13 Hold an international (regional) seminar and workshop to disseminate the project's experience.<br>4-14 Hold the conference to organize project experiences<br>4-15 Hold the project annual meeting. | | |

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.<br>- Topics respecting the human rights and integrated health care of the people affected by the violence are included in the bachelor's program and the master's program. | - Resolution of Dean of Faculty of Medicine<br>- 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.<br>- 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]<br>- 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. | - Training team is organized for implementing the training programs at the pilot sites.<br>- ~~6~~ Modules for training program are prepared. | - List of Trainers [Name, Organization, Course in Charge, Areas in Charge]<br>- 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. | - 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.<br>- 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. | - Curricula, Syllabi, Course Materials<br>- 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. | - Two training programs mentioned above are approved by MINSA and UNMSM. | - Resolution of the Program by Director General of Human Resource Development and Director General of Health Promotion and Dean of UNMSM<br>- Training Program [Curricula, Syllabi, Course Materials and List of Trainers] |

| Project Year | Outputs | Indicators | Means of Verification |
|---|---|---|---|
| | | - 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. | - 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. | - Fifty (50) health professionals completed the MCH trainings by March 2006.<br>- 30% of the trained health personnel apply 40% of what they have learned in their workplace.<br>- Health professionals participated in MCH training conduct cascade trainings (replication trainings) in pilot sites. | - 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) | - One hundred (100) health professionals completed the MCH trainings by March 2007.<br>- 40% of the trained health personnel apply 60% of what they have learned in their workplace.<br>- Health professionals participated in MCH training conduct cascade trainings in pilot sites. | - (Same as above) |
| PY 2007 | (same as above) | - One hundred fifty (150) health professionals completed the MCH trainings by March 2008.<br>- 50% of the trained health personnel apply 80% of what they have learned in their workplace.<br>- Health professionals participated in MCH training conduct cascade trainings in pilot sites. | - (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]<br>- Plan of operation<br>- 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) | - At least 10 bilingual health promoters (Spanish and Quechua speakers) are trained in each pilot site by November 2007.<br>- 30% of CBOs and NGOs in the pilot sites are participating in several activities following a plan which they make themselves. | - 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]<br>- CBO/NGO list [number, name, activities of organizations]<br>- Plan of operation<br>- Activity Report [activities conducted, number of victims of violence attended, number of the victims referred to other organizations] |

Annex 4

List of Counterpart

| Name | Period | Organization | Title | Role in Project |
|---|---|---|---|---|
| Dr. Luis Podestá | 2005-2006 | MINSA | General Director of General Direction of Peoples Health (DGSP) | Project Director |
| Dr. José Carderón* | 2006 | MINSA | General Director of DGSP | |
| Dr. Esteban Chiotti | 2007 | MINSA | General Direcytor of DGSP | |
| Dra. Maria del Carmen Calle* | 2005-2006 | MINSA | DGSP | In charge of Project |
| Dr. Hector Shimabuku | 2005-2006 | MINSA | DGSP | |
| Dr. Ricardo Bustamante | 2005-2006 | MINSA | General Director of General Direction of Health Promotion (DGPS) | Project Coordinator |
| Dr. Tulio Quevedo* | 2005-2006 | MINSA | DGPS | |
| Dr. Hugo Lozada | 2006-2007 | MINSA | Director of Mental Health | |
| Dr. Fausto Garmendia* | 2005-2007 | UNMSM | Coordinator | |
| Dr. Rosmary Hinojosa | 2005-2006 | MINSA-INMP | General Director of INMP | Health Human Resource Development/ Hospital Management |
| Srta. Eva Miranda Ramón* | 2005-2007 | UNMSM | Specialist of Training | |
| Dr. Danilo Villavicencio Muñoz | 2005-2006 | Cusco | General Directors of Health Direction (DISA) and Regional Health Direction (DIRESA) | |
| Dr. Alberto Caro Palavisini | 2007 | Cusco | | |
| Dr. Luis Vergara Fernández | 2005-2006 | Lima Este | | |
| Dr. Mauro Reyes | 2007 | Lima Este | | |
| Dr. Luis Huamán Palomino | 2005-2006 | Junin | | |
| Dr. Daniel Zárate | 2007 | Junin | | |
| Dr. José Quispe Pérez | 2005 | Ayacucho | | |
| Dra. María Toporrealva Cabrera | 2006 | Ayacucho | | |
| Dr. Oscar Mery Gamarra Morales | 2007 | Ayacucho | | |
| Dr. Aldo César Benel Chamaya | 2005 | Huancavelica | | |
| Dr. Fidel Miranda Medina | 2006 | Huancavelica | | |
| Dra. Belinda Garcia Inga | 2007 | Huancavelica | | |
| Lic. Luz Aragones | 2007 | MINSA | Mental Health Technical Team | Mental health |
| Dr. Alberto Perales* | 2005-2007 | UNMSM | Specialist in Psychiatry | |
| Dra. Edith Chero Campos* | 2005 | Valdizán Hospital | Specialist in Psychiatry | |
| Dra. Gloria Cueva* | 2005-2007 | Valdizán Hospital | Specialist in Psychiatry | |
| Dr. Francisco Bravo* | 2005-2007 | Valdizán Hospital | Specialist in Psychiatry | |
| Dr. Luis Matos Retamozo* | 2005-2007 | Noguchi Mental Health Instituto | Specialist in Psychiatry | |
| Lic. Edgar Rivero Contreras | 2005-2006 | DISA (Lima Este) | Responsible in Mental Health | |
| Lic. Marco Vargas | 2006-2007 | DISA (Lima Este) | | |
| Dr. Bernardo Amao Palomino* | 2005-2007 | DISA (Huancavelica) | | |
| Lic. Carlos Chavez | 2005-2007 | DISA (Ayacucho) | | |
| Lic. Cleimer Bautista | 2005-2007 | DISA (Ayacucho) | | |
| Lic. Carmen Fuente* | 2005-2007 | DISA (Junin) | | |
| Lic. Yndira Lajo Chavez | 2005-2007 | DISA (Cuzco) | | |
| Lic. Maria Rojas | 2005-2007 | DISA (Cuzco) | | |
| Dr. Nelly Lam Figueroa* | 2005-2007 | INMP | Area of Training and Investigation | Community Health/Health Promotion/Mother and Child Health |
| Dr. Alfonso Medina Bocanegra* | 2005-2007 | INMP | Area of Training and Investigation | |
| Dr. Alberto Paredes | 2007 | INMP | Area of Training and Investigation | |
| Lic. Patricia Tello | 2005-2006 | MINSA | Repair Plan Coordinator | |
| Lic. Luz Aragones | 2007 | MINSA | Mental Health Technical Team | |
| Dr. Juan Carlos Yafac* | 2005-2007 | Lima Este | Project Local Coordinator | |
| Dr. José Villareal* | 2005-2007 | Lima Este | Project Local Coordinator | |
| Dr. Bernardo Amao Palomino* | 2005-2007 | Hauncavelica | Project Local Coordinator | |
| Dr. Roberth Parra | 2005-2007 | Ayacucho | Project Local Coordinator | |
| Lic. Judith Aviles | 2005-2007 | Ayacucho | Project Local Coordinator | |
| Lic. Carmen Fuente* | 2005-2007 | Junin | Project Local Coordinator | |
| Dra. Elbía Yépez* | 2005-2007 | Cusco | Project Local Coordinator | |
| Dr. Pedro Mendoza Arana* | 2005-2007 | UNMSM | General Office of Inter-institutional Cooperation and Relations | Monitoring and Evaluation |
| Dr. José Castro | 2005 | MINSA | General Office of International Cooperation (OGCI) | |
| Dr. Luis Canales | 2006-2007 | MINSA | OGCI | |
| Dra. Fatima Villavicewncio | 2007 | MINSA | OGCI | |

* Participants of HPRT course

List of Instructors of Faculty from San Marcos University for the Diplooma Course

| NO | NAME | AREA OF EXPERTISE |
|---|---|---|
| 1 | BARAHONA MEZA LORENZO | Associate Professor in Psychiatry |
| 2 | CALDERON MORALES WALTER | Associate Professor Public Health |
| 3 | GARMENDIA LORENA FAUSTO | Coordinator, Permanent Training Program, Main Professor of Medicine |
| 4 | MAYORGA GUIDO | Pediatrician Main Professor |
| 5 | MENDOZA ARANA PEDRO | Main Professor Public Health |
| 6 | MIANO TRELLES JORGE | Assistant Professor Public Health |
| 7 | OLIVEROS DONOHUE MIGUEL | Pediatrician Main Professor |
| 8 | PACORA PORTELLA PERCY | Associated Professor Gineco Obstetric |
| 9 | PERALES ALBERTO | Main Professor of Psychiatry |
| 10 | SAAVEDRA CASTILLO CARLOS A. | Associate Professor of Psychiatry |
| 11 | ARCAYA MONCADA MARIA JOSEFA | Nurse, Associate Professor |
| 12 | CANO BERNARDO | Assistant Professor of Psychiatry |
| 13 | FIGUEROA AMES LUZMILA | Nurse, Associate Professor |
| 14 | GUPIO MENDOZA GLORIA | Nurse, Associate Professor |
| 15 | MAMANI GABINA | Nurse, Associate Professor |
| 16 | MIRANDA RAMON EVA | Main Professor of Public Health |
| 17 | SARMIENTO HURTADO ENRIQUE | Assistant Professor Medical Technology |
| 18 | SOLIS ROJAS MIRIAM | Midwife, Associate Professor |
| 19 | YOLANDA QUISPE ALOSILLA | Midwife, Associate Professor |
| 20 | VALVERDE JOSE | Associate Professor of Psychiatry |
| 21 | LAM NELLY | Main Professor Gynecology and Obstetrics |
| 22 | DEL CARPIO LUCY | Associate Professor of Gynecology and Obstetrics |
| 23 | BRAVO FRANCISCO | |
| 24 | MORALES NELSON RAUL | Main Professor of Medicine |

Annex 5

List of Experts Dispatched

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

*Planned

Annex 6

List of Equipment Supplied

| Name | Price | Quantity | Total price | Year of Asset entry | Location | Utilization |
|---|---|---|---|---|---|---|
| Telephone-fax machine | \25.472 | 1 | \25.472 | 2005 | Project Office at MINSA | Satisfactory |
| Color printer | \101.887 | 1 | \101.887 | 2005 | Project Office at MINSA | Satisfactory |
| USB cable | \2.168 | 4 | \8.671 | 2005 | Project Office at MINSA | Satisfactory |
| Personal computer | \158.500 | 1 | 158.550 | 2005 | Project Office at MINSA | Satisfactory |
| Software | \20.092 | 1 | \20.092 | 2005 | Project Office at MINSA | Satisfactory |
| Projector/screen | \142.972 | 1 | \142.972 | 2005 | Project Office at MINSA | Satisfactory |
| Scanner | \20.837 | 1 | \20.837 | 2005 | Project Office at MINSA | Satisfactory |
| Total | | | \478.431 (=US$4,164) | | | |

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

Annex 7

Operational Expenses

Japanese side

Japanese yen

| Item | 1st Year (Mar.2005- Mar. 2006) | 2nd year (Apr. 2006 - Mar. 2007) | 3rd year-planned (Apr. 2007 - Mar. 2008) | Total for three years (Planned) |
|---|---|---|---|---|
| Project Staff | 4.199.009 | 3.269.367 | 3.712.830 | 11.181.206 |
| Equipment maintenance | | | 179.670 | 179.670 |
| Consumables | 242.554 | 376.362 | 425.513 | 1.044.429 |
| Transportation | 23.332.533 | 16.626.425 | 24.146.593 | 64.105.551 |
| Communication | 37.162 | 97.462 | 35.930 | 170.554 |
| Material production | 482.351 | 456.018 | 1.789.560 | 2.727.929 |
| Rent | 976.780 | 393.006 | 1.236.129 | 2.605.915 |
| Facility maintenance | 54.430 | 83.523 | 0 | 137.953 |
| Local Training | 366.259 | 1.121.515 | 338.250 | 1.826.024 |
| Contract with HPRT | 47.038.000 | 24.000.000 | 24.000.000 | 95.038.000 |
| Contract with Cayetano University | | | 3.600.000 | |
| Total | 76.729.078 | 46.423.678 | 59.464.475 | 182,617,231 (=US$1,589,358) |

1US$=¥114.9 (Oct. 1, 2007)

Peruvian side

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

Annex 8

Results of Activities

| | |
|---|---|
| 0-1 Brief and discuss Inception Report (Convene 1st Joint Coordination Committee). | The draft of the Inception Report was discussed and approved at the first JCC held in April 2005. |
| 0-2 Establish Technical Committee (TC). | TC was organized and its role, functions, and members were decided. TC was held ten times by August 2007. |
| 0-3 Convene Technical Committee to establish Regional Working Groups (in 5 districts). | Under the supervision of TC, Regional Working Groups were established with initiative of DIRESA/DISA in objective sites. Working groups are expected to coordinate Activities in Output 4 with participation of local people. |
| 0-4 Contract with technical support agency (HPRT) to facilitate Project implementation. | To facilitate activities of the Project, contract for technical assistance with HRPT was concluded in September 2005. The contract was renewed in the second and third years of the Project. |
| 0-5 Prepare Plan of Operation of Technical Committee. | The operation plan of TC is incorporated in the Annual Plan of Operation and it is discussed at TC and approved at JCC every year. |
| 0-6 Prepare Annual Work Plan of the Project. | Annual Work Plan of the Project is formulated and agreed among related organizations every year. |
| 0-7 Conduct baseline study. | In the first year of the Project, baseline study was conducted. The results of the baseline study were explained at the third JCC in August 2005 and the Report was compiled in September 2005. |
| 0-8 Develop a mechanism for Project monitoring and supervision. | Project implementation system proposed in the Inception Report was approved at the first JCC held in April 2005. The revision of PDM was proposed by Japanese experts in January 2006 and revised PDM2 was agreed among those involved in February 2006. PDM was revised again in May 2007 (PDM3). |
| 0-9 Develop a program and materials for Training Program at HPRT. | Based on the first year's contract with HPRT, materials for Training Program at HPRT were prepared. As a part of it, tool kits for training program for health providers were developed and the use of the tool kits was explained at the training. |
| 0-10 Conduct Trainings for UNMSM faculties and MINSA Health Professionals at HPRT. | Two training courses were conducted in January and in February 2006 for 25 participants respectively. |
| 0-11 Convene Annual Project Meeting (A/M) | JCC at the end of each Project year is considered Annual Project Meeting. |
| 0-12 Convene National Project Seminar | The first National Project Seminar was held from 5 to 6 December 2006. A total of 91 from UNMSM, MINSA, INMP, Valdizan Hospital, and Noguchi Institute participated in the Seminar as well as representatives in five regions and other donor organizations. |
| 0-13 Convene International (Latin American Regional) Seminar and Workshop | International Seminar and Workshop is planned to be held in the third year of the Project to share outputs and lessons among health providers and personnel working against violence in Peru and other Latin American countries. The implementation plan of the Seminar and Workshop has been formulated. |
| 0-14 Conduct Public Relation Activities of the Project | Articles presenting the Project appeared in community papers and newspapers five times. There were two interviews from radio station. One presentation was made at academic society conference and one thesis was presented in medical journal. |
| 0-15 Compile Project Final Report | To be implemented. |
| 1-1 Revise curriculum and syllabus of UNMSM Faculty of Medicine. | The curriculum and syllabus of five schools in the Faculty of Medicine at UNMSM were reviewed. It was revealed that the 81 subjects out of 174 needed revision and revision was made. |
| 1-2 Develop the curricula for Undergraduate / graduate / diploma courses. | The plan to revise curriculum was formulated and the curriculum and syllabus were revised based on the plan. Tools to be used in the curriculum revision workshop and methodology and program |

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| | of workshops were developed. |
| 1-3 Develop a course teaching manual for faculties | Teaching manual for faculties was developed based on the revised curriculum and syllabus. |
| 1-4 Develop course materials for students | Course materials for students were developed based on the revised curriculum and syllabus. |
| 1-5 Develop course respecting the human rights and integrated health care of the people affected by the violence in UNMSM | Curriculum revision was completed for 81 subjects out of 174 in five departments in the Faculty of Medicine to have integrated health care included. The curriculum revision of remaining subjects will be further made. |
| 1-6 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. | Two training courses were conducted in January and in February 2006 for 25 participants respectively. The first course was held mainly for medical doctors and the second course for other health providers. |
| 1-7 Introduce the curriculum (class for students ) | Classes have already been provided for students based on the revised curriculum. |
| 1-8 Introduce a Diploma Course respecting integrated health care to the people affected by violence | Two Diploma Courses were conducted in 2006 and 2007 in five objective sites and 200 participated in each Course. |
| 1-9 Conduct course monitoring and supervision | During the Course, the quality of the Course was monitored based on the indicators defined by PDM and evaluation of students by teachers and evaluation of teachers by students. After the Course, it is planned that participants bring cases of actual patients and teachers give advice as follow-up. |
| 1-10 Conduct course Evaluation | The quality of the Course was monitored based on the indicators defined by PDM and evaluation of students by teachers and evaluation of teachers by students. |
| 1-11 Hold the project annual meeting. | JCC is held at the end of each Project year as annual meeting. |
| 1-12 Create and maintain a website. | Web sites about the Project have been established and maintained in the homepage of UNMSM and MINSA. |
| 1-13 Hold a national seminar to propagate the project's experience. | The first National Project Seminar was held. The second National Project Seminar is planned to be held as International Seminar and Workshop. |
| 1-14 Hold an international (regional) seminar and workshop to propagate the project's experience. | International Seminar and Workshop is planned to be held in the third year of the Project to share outputs and lessons among health providers and personnel working against violence in Peru and other Latin American countries. The implementation plan of the Seminar and Workshop has been formulated. |
| 1-15 Publication and promotion of experience. | Newsletters on Diploma Course were issued to publicise Diploma Course. |
| 2-1 Set up a technical committee (TC). | TC was organized and its role, functions and members were decided. |
| 2-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts). | Under the supervision of TC, Regional Working Groups were established with initiative of DIRESA/DISA in objective sites. |
| 2-3 Conduct a baseline study on the clinical situation, health personnel capacity, mapping of the victims of violence in the pilot sites. | Baseline survey was conducted. |
| 2-4 Develop the training plan for health personnel. | The Curriculum of Diploma Course "Integrated Health Care for the Victim of Violence" was presented at the fifth TC held in May 2006. The contents of Diploma course of each year and participants for the Course were decided at TC. |
| 2-5 Develop the course materials. | Development of materials for 6 modules was completed at the seventh JCC held in December 2006. After the completion of the Course in the second year, revision was made for the Diploma |

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| | Course for the third year. |
| 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. | Two training courses were conducted in January and in February 2006 for 25 participants respectively. |
| 2-7 Conduct the training course to the health personnel (40 health personnel/year, 5 pilot sites). | In the second and third year, two Diploma Courses were held for 40 health providers (general doctors, obstetricians, nurses, midwives, psychologists, social workers, laboratory technicians, dentists) for each of them from five regions. |
| 2-8 Award course certification to participants who meet the established criteria. | For the Course held in the second year, grading is under way and certification is being prepared. |
| 2-9 Conduct course monitoring and supervision. | In February 2007, follow-up survey was conducted on participation status of HPRT participants in Diploma Course and in Project activities in each region. In the third year, case studies will be conducted on care provided by training participants. |
| 2-10 Conduct internal course evaluation periodically. | Monitoring was conducted for Diploma Course based on the indicators defined by PDM and evaluation of students by teachers and evaluation of teachers by students. The results are being processed in September 2007. |
| 2-11 Hold workshops for sharing experiences among the 5 pilot sites (micro health networks). | Five-Region Meeting was held at the time of JCC to share experiences of each region. |
| 2-12 Publish project newsletter. | Newsletters are issued on the Project activities. |
| 2-13 Conduct mid-term internal evaluation. | Mid-term evaluation was conducted in the first National Project Seminar. |
| 2-14 Publication and promotion of experience. | Promotion of Project activities is implemented through newsletters and web pages. Project activities were presented in community papers, newspapers, and radio broadcast. |
| 2-15 Hold national seminar to propagate project experience. | The first National Project Seminar was held from 5 to 6 December 2006. |
| 2-16 Hold international (regional) seminar and workshop to disseminate project experience. | International Seminar and Workshop is planned to be held in the third year of the Project to share outputs and lessons among health providers and personnel working against violence in Peru and other Latin American countries. |
| 2-17 Hold project annual meeting. | JCC at the end of each Project year is considered Annual Project Meeting. |
| 3-1 Conduct baseline study (as a part of 0-7) | Information on health care providers of mother and child health is included in the baseline survey. |
| 3-2 Develop the course plan and curricula. | TC discussed the training contents of mother and child care, detail of participants, follow-up visit of INMP training and regional training center. The results were decided at JCC. |
| 3-3 Develop the course materials. | In the first year, training was conducted for human resources to conduct mother and child care course in each region and curriculum of identification and care of violence victims was developed. In the second year, after HPRT training, care model for women affected by violence was developed. In the third year, materials already developed were used. |
| 3-4 Develop and revise monitoring and supervising system | At JCC, follow-up visit of INMP training was decided and indicators specified in PDM were collected based on training and follow-up. |
| 3-4 Conduct the training course. | Two courses (fourth and fifth) were held in the first year, two courses (sixth and seventh) in second year, and another two courses (eighth and ninth) were held in the third year. A total of 121 health providers participated in six courses. In the first year, leaders of Competency Development Center were trained and in |

| | |
|---|---|
| | the second year health care providers on primary and secondary level in Project sites were trained.<br>(The first to third courses were held as a part of JICA's Training Program before the commencement of this Project.) |
| 3-6 Prepare Course Report (for each course). | Records of participants and training contents were compiled for each training course. |
| 3-7 Conduct follow-up/evaluation visits of training participants. | Follow-up activities were conducted and evaluation was made from September to October 2005 and from February to March 2006 in the first year, from September to October 2006 and from February to March 2007 in the second year. Follow-up activities are going to be held from October to December 2007 in the third year. The third-year follow-up will be conducted for all the participants from forth to ninth courses. |
| 3-8 Publication and promotion of experience. | Reports are compiled for each training course and distributed to related organizations together with Progress Report. |
| 3-9 Prepare Annual Report. | Annual Report, comprised of training reports and follow-up reports, was attached in Progress Report. |
| 3-10 Hold the project annual meeting. | JCC was held at the end of each Project year. |
| 4-1 Set up a technical committee (TC). | TC was organized and its role, functions, and members were decided. |
| 4-2 Convene Technical Committee to establish Regional Working Groups (in 5 districts). | Under the supervision of TC, Regional Working Groups were established with initiative of DIRESA/DISA in objective sites. |
| 4-3 Conduct social resource mapping in the 5 pilot sites (including identification of the bilingual health promoter). | In May 2005, JICA experts formulated a development plan of social resource mapping and each working group completed the development of social resource mapping in September 2005. By the social resource mapping, organizations and human resource involved in prevention and care of violence are identified. By distributing maps and lists, it is expected to strengthen reference and coordination in community health care activities for violence victims. Maps and the list of related organizations and health promoters are included in this Activity. |
| 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. | Two training courses were conducted in January and in February 2006 for 25 participants respectively. |
| 4-5 Develop the training to bilingual health promoters and focal points (sensitization workshop) in the pilot sites. | In the first year, two-day workshop (three days for Junin) was held in August and November in five pilot sites for health care providers, health promoters, and community organization involved in violence. 147 promoters and 40 CBOs and NGOs participated in workshops in total for five sites. In the pilot sites, activity plan was formulated with participation of local people. In the second year, sensitization workshops were held in five sites with contents adequate for each region. 214 promoters, 97 health technicians, health providers of university graduates, CBOs and NGOs participated. |
| 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. | In the first year, community health activities such as Health Fair were implemented in each region. The focus was placed on promotion of understanding for basic mental health and collaboration among organizations related to violence. Committee for Consultation against Violence was established and strengthened in each region.<br>In the second year, a variety of activities were implemented in each region. |

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| 4-8 Conduct monitoring respecting the community activities | Monitoring of community health activities was incorporated in Plan of Operation and monitoring of workshops was conducted in each region. Health promoters and community organizations who participated in sensitization workshops implement activities for identification, counseling, and reference of violence victims and data were reported to the Project. |
| 4-9 Conduct the internal evaluation by the technical committee (including the experience and information sharing, etc.) | Activities and experiences were shared at Five Region Conference held prior to JCC. |
| 4-10 Conduct the internal evaluation with the participation of the people in the pilot sites. | Annual plan is formulated based on evaluation with the participation of community people and violence victims and this is incorporated in the Annual Plan of the following year. |
| 4-11 Disseminate project experiences (newsletter, evaluation report, etc.) | Project activities were presented and shared at Five Region Conferences. |
| 4-12 Hold national seminar to disseminate the project experience. | The first National Project Seminar was held from 5 to 6 December 2006. |
| 4-13 Hold an international (regional) seminar and workshop to disseminate the project's experience. | International Seminar and Workshop are planned to be held in the third year of the Project to share outputs and lessons among health providers and personnel working against violence in Peru and other Latin American countries. |
| 4-14 Hold the conference to organize project experiences | Five Region Conferences, National Project Seminar, and International Seminar and Workshop were/will be held. |
| 4-15 Hold the project annual meeting. | JCC was held at the end of each Project year. |

Annex 9

List of Project Products

Materials developed by the Project

| Name of materials | Author | Date |
|---|---|---|
| Social Resource Mapping | Working Groups in five Regions | Sept. 2005 |
| Materials for INMP Training "Protection and Development of the Woman, Child, and Adolescent" | INMP | May 2005 - Aug. 2007 |
| Curriculum, Syllabus, and Teaching materials for education of Faculty of Medicine, UNMSM | National Major University of San Marcos | To be finalized |
| Modules for Diploma Course "Integrated Care for Victims of Violence" (Modoles I - III) | National Major University of San Marcos | May, 2006 |
| Modules for Diploma Course "Integrated Care for Victims of Violence" (Modules IV - VI) | National Major University of San Marcos | Nov. 2006 |
| Train the Trainer Curriculum and Study Material | HPRT | 2006 |
| Screening Instrument of Victim of Violence | HPRT | 2006 |
| Tool Kit for Primary Care Provider | HPRT | 2006 |
| Teaching Plan and Training Manual for Non-Professional Health Workers ("Guide for integrated health care to the victims of violence for health technicians") | National Major University of San Marcos, INMP | Jul. 2007 |

Presentation

| Presenter | Title | Name of conference |
|---|---|---|
| Morikawa and Tobe | "Long-term Mental Health and Psychological Care for the Victims of Violence" | The 8th Asia Pacific Conference on Disaster |

Thesis

| Author | Title | Name of magazine |
|---|---|---|
| Dr. Fausto Garmendia, UNMSM | "Propedéutica y Patología de la Violencia" | "DIAGNOSTICO"Oct.-Dec. (Vol. 45 (4)), 2006 |

Annex 10

List of JCC Attendants

| Nº | Name | Title | Institution |
|---|---|---|---|
| 1 | LOZADA, Hugo | Director Salud Mental | MINSA |
| 2 | KUSANO,Tateo | Líder del proyect | SSC |
| 3 | TOBE ,Makoto | Consultor | SSC |
| 4 | TELLO, Patricia | Consultor | SSC |
| 5 | MURAUCHI, Shigeo | Consultor | SSC |
| 6 | TAKIZAWA, Ikuo | Líder de Misón | JICA |
| 7 | HANADA, Kyo | Miembrode Misión | JICA |
| 8 | TANAKA, Erika | Miembro de Misión | JICA |
| 9 | OMOTE, Takao | Representante Residente | JICA |
| 10 | CAMPOS, Yolanda | Gerente de Proyectos | JICA |
| 11 | NAKAMURA, Fumi | Representante Residente Asistente | JICA |
| 12 | HIGASHIONNA, Hiromi | Traductora | JICA |
| 13 | ASENJO, Patricia | Evaluadora - OCI | MINSA |
| 14 | ARAGONES,Luz | Equipo Técnico | MINSA |
| 15 | MOLLICA, Richard | Consultor | HPRT |
| 16 | LAVELLE, James | Consultor | HPRT |
| 17 | AVILES, Judith | Coordinadora- Ayacucho | MINSA |
| 18 | YEPEZ, Elbia | Coordinadora- Cusco | MINSA |
| 19 | FUENTE,Carmen | Coordinadora- Junín | MINSA |
| 20 | MORIKAWA, Hikari | Consultor | SSC |
| 21 | MENDOZA,. Pedro | Profesor | UNMSM |
| 22 | LAM, Nelly | Ex Directora OEAIDE | INMP |
| 23 | MEDINA, Alfonso | Representante | INMP |
| 24 | BRAVO, Francisco | Director de Docencia | INMP |
| 25 | DEL CARPIO, Lucy | Coordinadora | MINSA |
| 26 | TELLO, Patricia | Consultora | SSC |
| 27 | GARMENDIA, Fausto | Coordinador | UNMSM |
| 28 | CABRA, Miriam | Enfermera | Noguchi Institute |
| 29 | YAFAC, Juan C | Médico | Hosp. Huaycan |
| 30 | CARDENAS, Ulalia | Equipo Técnico | MINSA- ESNSSR |
| 31 | LYONS, Mary | Logística | SSC |
| 32 | MATOS, Luis | Coordinador Equipo Itinerante | Noguchi Institute |
| 33 | MENDOZA, Pedro | Jefe Cooperación | UNMSM |
| 34 | CUEVA, Gloria | Jefa Docencia | Valdizán Hospital |
| 35 | PAREJA, Victoria | Consultora | HPRT |

SSC: System Science Consultants Inc.