

3. プロジェクト評価指標一覧

<プロジェクトサイト5地域の基礎統計>			
- 総人口 (2005)			239,707 人
- 5歳未満人口 (2005)			27,150 人
- 20歳未満人口 (2005)			96,269 人
- 生殖可能年齢女性人口 (15歳-49歳: 2005)			51,310
- 政治的暴力被害者数 (1980-2000年: ベースライン調査結果)			約 25,000 - 30,000 人
<プロジェクト目標>			
	2005年8-12月	2006年1-12月	2007年1-12月
暴力被害者の把握件数: 計	2,404	5,881	14,546
保健プロモーターによる件数	319	185	253
保健医療機関による件数	2,013	3,378	10,497
その他地域機関による件数	72	2,318	3,796
暴力被害者へのケア提供件数: 計	2,310	5,783	13,832
保健プロモーターによる件数	311	137	196
保健医療機関による件数	1,935	3,340	9,935
その他地域機関による件数	64	2,306	3,701
暴力被害者の関連機関への紹介(リファー)件数: 計	486	2,048	2,815
保健プロモーターによる件数	298	25	149
保健医療機関による件数	163	352	1,192
その他地域機関による件数	25	1,671	1,474
<成果1: サンマルコス大学カリキュラム改変>			
	2005年12月	2006年12月	2007年12月
- HPRTにより訓練を受けたUNMSM教員数 (カッコ内はMINSA職員との兼任講師を含む)	19 (23) (2006年1月・2月)	-	-
- UNMSM5学科のカリキュラムうち包括的ヘルスケアの内容を含む科目数 / 含むべき科目数	30 / 82 (37%)	37 / 82 (45%)	51 / 82 (62%)
<成果2: 現職保健医療従事者研修(ディプロマコース)>			
	2005年4月- 2006年3月	2006年4月- 2007年3月	2007年4月- 2008年3月
- 1年次にHPRTにより訓練を受けたUNMSM/保健省職員数	50 (2006年1月・2月)	-	-
- 保健医療従事者研修参加者数(累計)	実施せず	192	392
<成果3: 現職保健医療従事者研修(母子保健)>			
	2005年4月- 2006年3月	2006年4月- 2007年2月	2007年4月- 2007年12月
- 母子保健研修修了者数(累計) / 受講者数(累計)	46/46 (100%)	71/71 (100%)	146/146(100%)
- 研修習得技術の80%以上を活用している受講者割合	59%	66%	82%
- 伝達講習参加者数(累計)	224人	2,404人	4,591人
<成果4: 地域保健活動>			
	2005年4月- 2006年3月	2006年4月- 2007年2月	2007年4月- 2007年12月
- 啓発ワークショップ実施 DISA 数 / プロジェクト対象 DISA 数	5 (100%)	5 (100%)	5 (100%)
- ワークショップ参加保健プロモーター数	147	214	192
- ワークショップ/研修参加/ノンプロフェッショナル保健医療従事者数	-	97	143
- 地域保健活動実施 DISA 数	5 (100%)	5 (100%)	5 (100%)

(出典: 各 DIRESA, UNMSM, INMP の報告による。)

4. 評価グリッド

5項目その他の基準	評価期間		判断基準・方法	必要な情報・データ	情報源	データ収集方法	
	大項目	小項目					
実績の検証	投入の実績は予定通りか	当計画との比較	OP配置の実績	プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー		
		OPとスタッフの配置	資機材提供の実績	プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー		
		資機材の提供	ローカルコスト	ローカルコスト負担の実績	プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー	
		ローカルコスト	日本側	専門家投入	プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー	
			専門家派遣	資機材の供与	プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー	
			資機材の供与	カウンターパート研修	プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー	
			カウンターパート研修	ローカルコスト支援	プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー	
			ローカルコスト支援	教授・教員リスト	教授・教員リスト、プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー	
			アウトプット1: UNMSM医学部に、暴力により影響を受けた住民へ包括的ヘルスケアに関する人材養成に係る常設プログラムが確立される。	1-1 2007年4月までにUNMSMに、入権と暴力により影響を受けた住民への包括的ヘルスケアに関する訓練された大学スタッフ19人いる。 1-2 2008年3月までに、入権と暴力により影響を受けた住民への包括的ヘルスケアに関するテーマをを含むに適切であるとされた全ての科目に含まれている。 1-3 2008年3月までに、UNMSM医学部で、暴力と入権に関する包括的ヘルスケアディプロマコースが承認される。	カリキュラム・シラバス改訂報告、講義実施報告書プロジェクト報告書 学長決裁、ディプロマコース実施報告書	UNMSMの記録、プロジェクト報告書、OP、専門家 UNMSMの記録、プロジェクト報告書、OP、専門家 プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
			アウトプット2: 暴力により影響を受けた人々へ包括的ヘルスケアを提供するために、一次/二次レベルの保健医療従事者の技能が向上する。	2-1 2008年3月までに、保健医療従事者に対して、暴力と入権に関する包括的ヘルスケアの研修プログラム(プロフェッショナル向けコース)が、UNMSMの公式研修プログラムとして承認される。 2-2 暴力被害者に対する包括的ヘルスケアに関して研修を行える医療従事者が90人いる。 2-3 2007年12月までに、各バイアウトサイトにおける一次/二次レベルの保健医療従事者のうち延べ80名が、暴力と入権に関する包括的ヘルスケアの研修を受け、研修の前後で暴力や入権に関する技能の向上がみられる。 その他指標に現れない成果	学長決裁、研修プログラム 指導者養成研修修了者リスト 機関間技術委員会による評価報告書	UNMSMの記録、プロジェクト報告書、OP、専門家 プロジェクト報告書、OP、専門家 評価報告書、プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
	アウトプット3: 対象国の一次/二次保健医療スタッフ(医師、看護師、助産師)が、母子保健に関する技能を向上させる。	3-1 2008年3月までに150名が研修を修了する。 3-2 2008年3月までに、研修を受けた保健医療従事者の50%が、学んだことの80%を職場に適用する。 3-3 研修受講者が出身地で伝達講習を実施する。 その他指標に現れない成果	MINS/TEMPモニターグループ報告書 MINS/TEMPモニターグループ報告書 MINS/TEMPモニターグループ報告書	モニターグループ報告書、プロジェクト報告書、OP、専門家 モニターグループ報告書、プロジェクト報告書、OP、専門家 モニターグループ報告書、プロジェクト報告書、OP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー		

5項目その他の基準	評価期間		判断基準・方法	必要な情報・データ	情報源	データ収集方法
	大項目	小項目				
		アウトプット4:保健プロモーター、ノンプロフェッショナル保健医療従事者、暴力対策助連の地域組織やNGOが参加し、暴力により影響を受けた住民が受基者となる地域保健活動が推進される。	4-1 2008年9月までに、バイロットサイトにおいて、暴力対策助連の地域機関、住民組織に参加している。 4-2 2007年11月までに、1つのバイロットサイトにつき少なくとも10人のバイリンガルヘルスプロモーター（バイリンガルかどうかは地域の必要性による）を研修する。 4-3 ノンプロフェッショナル保健医療従事者に対して、暴力被害者に対する包括的ヘルスケアに関する研修が実施される。 その他指標に現れない成果	住民組織グループリスト、暴力対策協議会設立審決議、開催記録、活動計画・報告書 バイリンガル保健プロモーター研修報告書 研修計画、研修教材、研修報告書	住民組織グループに関する記録、暴力対策協議会に関する記録、プロジェクト報告書、CP、専門家 研修報告書、プロジェクト報告書、CP、専門家 研修記録、プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
実績の検証	プロジェクト目標は達成される見込みか	バイロットサイトにおける暴力被害を受けた住民が、包括的ヘルスケアを利用できるようになる。	2008年9月までに、暴力により被害を受けたと確認された人達、公的保健医療施設に相談に訪れる。 2008年9月までに、暴力により被害を受けたと確認された人達が包括的ヘルスケアを受ける。	公的保健医療施設における外来受付記録、暴力被害者台帳、ベースライン調査 各バイロットサイト内のプロジェクト参加機関のケア日報 ベースライン調査、プロジェクト報告書 プロジェクト関係機関による統計	公的保健医療施設の記録、プロジェクト報告書、CP、専門家 プロジェクト参加機関の記録、プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
実施プロセスの検証	活動の進捗状況は予定通りか	活動は予定通り行われたか 活動の進捗に影響を与えた要因は何か	暴力により影響を受けたバイロットサイトの住民の健康が包括的に改善される。	各活動の進捗状況、詳細活動の修正状況 各活動の進捗状況	プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
	モニタリングは適切に実施されているか	プロジェクトのモニタリングの仕組みは適切に行われたか 外部条件の変化に応じた対応は行われたか JICA本部・在外事務所はモニタリング機能を適切に果たしたか	暴力による影響を受けたバイロットサイトの住民の健康が包括的に改善される。 家庭内暴力報告件数が長期的に減少する。 母子保健の状況が改善される。	モニタリング方法 PDMの修正状況 外部条件の変化に応じた対応の経験 JICA本部・在外事務所との関係	プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家、在外事務所担当、本部担当	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
	専門家とカガタナーパートナーとの関係は適切か	専門家とCPのコミュニケーションは円滑に行われたか 関係機関のコミュニケーションは円滑に行われたか	専門家とCPのコミュニケーションは円滑に行われたか 関係機関のコミュニケーションは円滑に行われたか	専門家とCPのコミュニケーション方法 専門家、CP、関係各機関(野口研究所、医療施設、地域組織等)のコミュニケーション方法 問題解決プロセス	プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
	相手国実施機関のオーナーシップは高いか	CPのイニシアティブは高いか プロジェクト実施に際し適切な予算配分、人員配置を行っているか。	CPのイニシアティブは高いか プロジェクト実施に際しての相手国側の人員配置実績、予定	プロジェクトに対するCPの認識 プロジェクト実施に際しての相手国側の人員配置実績、予定	プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー

5項目その他の基準	評価期間		判断基準・方法	必要なデータ	情報源	データ収集方法
	大項目	小項目				
1. 妥当性	上位目標とプロジェクト目標はドナーと相手国の政策及びターゲットグループのニーズと整合しているか。	1.1 ベルギー国の開発計画に照らした上位目標とプロジェクト目標の妥当性	政府の開発計画との比較	ベルギー国における包括的ヘルスケア政策	ベルギー国政府の包括的ヘルスケアに関する政策文書、開発計画	文献レビュー
		1.2 ベルギー国のニーズに照らした上位目標とプロジェクト目標の妥当性	ベルギー国のニーズとの比較	ベルギー国における包括的ヘルスケアに関する文書・統計	包括的ヘルスケアに関する文書・統計、CP、専門家	文献レビュー、アンケート、インタビュー
2. 有効性	プロジェクトの実施により、期待される効果が得られているか。プロジェクトは有効であるか。	2.1 プロジェクト目標の達成度	実績の検証結果	日本の対ベルギーODA方針	外務省、JICA資料	文献レビュー
		2.2 各アウトプット・プロジェクト目標達成との関係性		プロジェクト目標に関する実績	保健施設施設の記録、プロジェクト参加機関の記録、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
3. 効率性	投入の種類、時期、コスト、効果は適切であったか。	2.3 活動・アウトプット・プロジェクト目標の関係の適切性・論理性		PDWとプロジェクト記録	プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
		2.4 外部条件の影響		PDWとプロジェクト記録	プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
4. インパクト	プロジェクトの実施効果はあるか。	3.1 日本側投入の適切性	日本側投入の規模、時期、コスト、便益の適切性	外部条件の状況、プロジェクト進捗を妨げる事例	プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
		3.2 ベルギー国側投入の適切性	ベルギー国側投入の規模、時期、コスト、便益の適切性	専門家派遣実績(派遣時期、専門分野、人数) 資機材の供与実績(供与時期、仕様、数量) カウンターパート研修実績(時期、専門性、人数) ローカルコスト支援実績 CPの配置実績(時期、専門性、人数) プロジェクト運営費負担実績 資機材の提供実績(土地、施設、資機材)	プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 プロジェクト報告書、CP、専門家 実績の記録、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー 文献レビュー、アンケート、インタビュー
5. 自立発展性	自立発展性に関する貢献要因・阻害要因は何か。	3.3 投入の活用度	人的投入(専門家、CP)の活用状況 施設、資機材の活用状況 予算の活用状況	アウトプットに関するモニタリングの実績	プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
		3.4 プロジェクト運営管理体制		アウトプットに関するモニタリングの実績	実績の記録、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
4. インパクト	プロジェクトの実施効果はあるか。	3.5 アウトプットの達成度	実績の検証結果	外部条件の影響	プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
		3.6 外部条件の影響		上位目標の指標達成の見込み	精神保健、家庭内暴力・母子保健に関する統計・記録、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
4. インパクト	予期しないインパクトが見られたか。	4.1 上位目標達成の見込み	実績の検証結果	プロジェクト目標と上位目標の関係、関係者の認識	プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
		4.2 上位目標の達成はプロジェクト目標の達成によりもたらされるか		プロジェクト目標による間接的効果	包括的ヘルスケアに関する文書・統計、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
5. 自立発展性	プロジェクトの成果はプロジェクト終了後も持続する見込みか。	4.3 予期しなかつた正のインパクト		プロジェクトによる間接的影響	包括的ヘルスケアに関する文書・統計、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
		4.4 予期しなかつた負のインパクト		外部条件のモニタリング実績	包括的ヘルスケアに関する文書・統計、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
5. 自立発展性	プロジェクトの成果はプロジェクト終了後も持続する見込みか。	4.5 外部条件の影響		包括的ヘルスケアに関する政策・開発計画	包括的ヘルスケアに関する政策・開発計画、文書、CP、専門家	文献レビュー、アンケート、インタビュー
		5.1 制度的(政策的)側面	政府の方針とプロジェクトの関連	関連機関の財政状況、今後の政府の人員配置計画及びその他の支援計画	関連機関の政策、予算に関する文書、CP、専門家	文献レビュー、アンケート、インタビュー
5. 自立発展性	自立発展性に関する貢献要因・阻害要因は何か。	5.2 財政的側面	関連機関の財政状況	技術移転と活用の状況、普及の仕組み	プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー
		5.3 技術的側面		これまでの貢献要因・阻害要因の状況	包括的ヘルスケアに関する関連機関の文書・統計・記録、プロジェクト報告書、CP、専門家	文献レビュー、アンケート、インタビュー

5. 評価調査質問票

2008/7/17

- 1 本質問票は「ペルー国人権侵害および暴力被害住民への包括的ヘルスケアプロジェクト(2005年3月－2008年3月)」終了時評価にかかるものです。
プロジェクト目標:パイロットサイトにおける暴力によって影響を受けた住民が、包括的ヘルスケアを利用できるようになる。
上位目標:暴力によって影響を受けたパイロットサイトの住民の健康が包括的に改善される。
本質問票では、特に断りのない限り、「プロジェクト」とは、「ペルー国人権侵害および暴力被害住民への包括的ヘルスケア強化プロジェクト」を指します。
- 2 本質問票は、JICAの技術協力プロジェクトに適用されるJICA評価手法に基づいて作成されています。評価にあたっては、PDM (Project Design Matrix)に基づきJICA事業評価ガイドラインに示された評価5項目(妥当性、有効性、効率性、インパクト、自立発展性)の観点から行うこととしています。
- 3 本質問票のデータ(回答)は、評価調査にあたりJICAと契約した外部コンサルタントが集計・分析し、評価調査団にてとりまとめを行います。
- 4 質問票に基づいて収集・分析されたデータは一般に公開されますが、回答者個人に関する情報は開示されません。
- 5 本質問票は本ページを含み5枚あります。
page 1: 0. 実施プロセス
page 2: 1.妥当性 2.有効性
page 3: 3.効率性
page 4: 4.インパクト、5.自立発展性
- 6 回答にあたっては以下の通りお願い致します。
 - a. page1の右上にお名前と所属先、プロジェクト専門家としての指導科目と連絡先を記入してください。回答者個人に係る情報は開示されません。誰が回答したかも明示されません。
 - b. 選択肢については、1、2、3、4のいずれか適当なものに()印をつけてください。
 - c. 理由/コメント: 回答を選択した理由を記述してください。また質問に対するコメントを記述してください。記述式の回答は日本語でもかまいません。
- 7 以上の通り、回答をご記入のうえ、お忙しいところ恐縮ですが、10月7日(日)中に、下記田中宛メールにて返送お願い致します。現地でのインタビューでは、本質問票を参照しながら行います。

回答は基本的に全ての質問項目についてお願い致します。ご担当範囲外の質問にあたる場合は、お手数ですがその旨ご記入お願い致します。

ご協力よろしくお願い申し上げます。

終了時評価調査団
評価分析団員
グローバルリンクマネジメント
田中恵理香

質問票(専門家向け)

プロジェクト名:ペルー国人權侵害および暴力被害民への包括的ヘルスケア強化プロジェクト

お名前:

連絡先メールアドレス:

0. 実施プロセス

大項目	小項目	1	2	3	4	理由コメント
0.1 プロジェクトの進捗	0.1.1 プロジェクト期間を通じ、予定していた活動は円滑に実施されたか。	全く違う	やや違う	ある程度	非常に	
	0.1.2 そうでない場合、その理由は何か。					
	0.1.3 問題があった場合、どのように対処したか。					
0.2 プロジェクト実施運営・モニタリング	0.2.1 プロジェクトの実施・運営体制は適切であったか。	全く違う	やや違う	ある程度	非常に	
	0.2.2 プロジェクト活動のモニタリングの仕組みは適切か。	全く違う	やや違う	ある程度	非常に	
	0.2.3 PDMの修正は適切に行われたか。	全く違う	やや違う	ある程度	非常に	
	0.2.4 PDM上の外部条件の変化に応じた対応は行われたか。	全く違う	やや違う	ある程度	非常に	
	0.2.5 JICA本部・在外事務所はモニタリング機能を適切に果たしたか。	全く違う	やや違う	ある程度	非常に	
	0.3.1. 専門家とカウンタートパート(CP)のコミュニケーションは円滑に行われたか。	全く違う	やや違う	ある程度	非常に	
0.3 ペルー側CPと専門家の関係	0.3.2. ペルー側CPとのコミュニケーションに関する課題はどうか。					
	0.3.3 CPとのコミュニケーションに問題があった場合、どのように解決を図ったか。					
	0.3.4 野口研究所、バルティザン病院、INMP、NGO等関連機関とのコミュニケーションは良好であったか。					
	0.3.5 その他専門家として活動しているCP及び関連機関との関係においてコメントがあればお書きください					
	0.4.1. ペルー側のCPのインシティアイブは高いか。	全く違う	やや違う	ある程度	非常に	
	0.4.2 組織としてMINSA、UNMSM、DISAIは高いインシティアイブを持って本プロジェクトに取り組んだか。	全く違う	やや違う	ある程度	非常に	
0.4 ペルー側のオーナーシップ	0.4.3関連機関からの本プロジェクトへの適切な支援は得られたか。	全く違う	やや違う	ある程度	非常に	
	0.4.4ペルー側のCP機関はプロジェクト実施に必要な予算を十分に配分したか。	全く違う	やや違う	ある程度	非常に	
	0.4.5 ペルー側は適切な専門性を持つCPを十分な人数でプロジェクトに配置したか。	全く違う	やや違う	ある程度	非常に	
	0.4.6 ペルー側CP及び関連組織がプロジェクトに積極的に関与する上で障害になったことがあれば、お書きください。	全く違う	やや違う	ある程度	非常に	

真向風(専門家向け)
プロジェクト名: ベルギー人権侵害および暴力被害者に対する包括的ヘルスケア強化プロジェクト

1. 妥当性

大項目	小項目	1	2	3	4	理由/コメント
1.2 ベルギーのニーズに照らした上位目標とプロジェクト目標の妥当性	1.1 上位目標はベルギーの開発計画におけるヘルスケア政策と整合性があるか。	全く違う	やや違う	ある程度	非常に	
	1.1.2 プロジェクト目標は現在においてもベルギーのヘルスケア政策と整合性があるか。	全く違う	やや違う	ある程度	非常に	
	1.2.1 上位目標はターゲットグループのニーズに合致しているか。	全く違う	やや違う	ある程度	非常に	
	1.2.2 プロジェクト目標はターゲットグループのニーズに合致しているか。	全く違う	やや違う	ある程度	非常に	
	1.3.1 上位目標は日本の対ベルギーODA政策と整合性があるか。	全く違う	やや違う	ある程度	非常に	
	1.3.2 プロジェクト目標は現在においても日本の対ベルギーODA政策と整合性があるか。	全く違う	やや違う	ある程度	非常に	

2. 有効性

大項目	小項目	1	2	3	4	理由/コメント
2.1 期待されたプロジェクト目標の達成度	2.1.1 プロジェクト目標達成の見込みはどれくらいか。	全く違う	やや違う	ある程度	非常に	
	2.1.2 プロジェクト目標達成に向けた貢献要因は何か。					
	2.1.3 プロジェクト目標達成の阻害要因は何か。					
	2.2.1 アウトプット1: UNINS(医学部)に暴力により影響を受けた住民への包括的なヘルスケアを提供するための人材養成に係る常設プログラムが確立される。	全く違う	やや違う	ある程度	非常に	
	2.2.1.1 アウトプット1)はどの程度達成されたか。					
	2.2.1.2 アウトプット1)の達成に関する課題は何か。					
	2.2.1.3 アウトプット1)の達成はプロジェクト目標の達成にどの程度貢献すると考えられるか。	全く違う	やや違う	ある程度	非常に	
	2.2.2 アウトプット2: 暴力により影響を受けた人々への包括的なヘルスケアを提供するために、一次/二次レベルの保健医療従事者の技能が向上する。	全く違う	やや違う	ある程度	非常に	
	2.2.2.1 アウトプット2)はどの程度達成されたか。					
	2.2.2.2 アウトプット2)の達成に関する課題は何か。					
	2.2.2.3 アウトプット2)の達成はプロジェクト目標の達成にどの程度貢献すると考えられるか。	全く違う	やや違う	ある程度	非常に	
	2.2.3 アウトプット3: 対象国の一次/二次保健医療スタッフ(医師、看護師、助産師)が、母子保健に関する技能を向上させる。	全く違う	やや違う	ある程度	非常に	
	2.2.3.1 アウトプット3)はどの程度達成されたか。					
2.2.3.2 アウトプット3)の達成に関する課題は何か。						
2.2.3.3 アウトプット3)の達成はプロジェクト目標の達成にどの程度貢献すると考えられるか。	全く違う	やや違う	ある程度	非常に		
2.2.4 アウトプット4: 保健プロモーター、ノンプロフェッショナル保健医療従事者、暴力対策関連の地域保健活動が推進される。	全く違う	やや違う	ある程度	非常に		
2.2.4.1 アウトプット4)はどの程度達成されたか。						
2.2.4.2 アウトプット4)の達成に関する課題は何か。						
2.2.5.3 アウトプット4)の達成はプロジェクト目標の達成にどの程度貢献すると考えられるか。	全く違う	やや違う	ある程度	非常に		
2.3.1 PDM上の活動、アウトプット、プロジェクト目標の達成はプロジェクト目標の達成にどの程度貢献しているか。	全く違う	やや違う	ある程度	非常に		
2.4.1 アウトプット及びプロジェクト目標の達成にあたり外部条件の影響はあったか。	大いにあった	やや違う	ある程度	非常に	ほとんどない	
2.4.2 あった場合はその内容につき簡単に説明してください。						

質問票(専門家向け)
 プロジェクト名：ペルー人権被害者および暴力被害者への包括的ヘルスケア強化プロジェクト
 3. 効率性

大項目	小項目	1	2	3	4	理由/コメント	
3.1 日本側の投入は適切であったか。	---> >この枠の該当するところにチェックを入れてください。	非常に問題	やや問題あり	大体よい	非常によい		
	3.1.1 日本人専門家	a. 専門家の人数					
		b. 派遣のタイミング					
		c. 専門分野					
		a. 数量					
	3.1.2 機材供与	b. 品質					
		c. 供与のタイミング					
		d. コスト					
		a. 時期					
	3.1.3 HPRTへの再委託業務	b. 内容(教材作成、研修実施)					
a. 投入の時期							
3.1.4 ローカルコスト支援	b. 投入金額						
	a. CPの数						
3.2 ペルー側の投入は適切であったか。	3.2.1 ペルー側CPの配置	b. 配置のタイミング					
		c. CPの専門分野					
		a. 施設(執務・作業スペース)					
3.2.2 施設/機材供与	b. 機材・備品						
	a. 金額						
	b. 執行のタイミング						
3.3 投入は効果的に活用されたか。	3.3.1 投入の活用	a. 人材					
		b. 施設・設備・備品					
		c. 運営コスト					
3.3.2 合同調整委員会は適切に実施されたか。	a. 実施のタイミング						
	b. 成果						
3.4 投入はアウトプットを達成するために適切に活用されたか。	3.4.1 投入はアウトプットを達成するために適切に活用されたと考えられるか。	全く通り	やや通り	ある程度	非常に		

質問票(専門家向け)

プロジェクト名：ペルー国人權侵害および暴力被害者への包括的ヘルスケア強化プロジェクト

4. インパクト

大項目	小項目	1	2	3	4	理由/コメント
4.1 上位目標へのインパクト	4.1.1 プロジェクトによりペルー国のパイロットサイトにおける住民の健康の向上にインパクトを与え得ると考えられるか。	全く違う	やや違う	ある程度	非常に	
	4.2 正のインパクト	4.2.1 プロジェクト実施によりもたらされた予期されていた正のインパクトはあるか。ある場合は記述してください。				
4.3 負のインパクト	4.2.2 プロジェクト実施によりもたらされた予期されなかった負のインパクトはあるか。ある場合は記述してください。					
4.4 外部条件の影響	4.3.1 プロジェクト実施によりもたらされた予期されなかった負のインパクトはあるか。ある場合は記述してください。					
	4.4.1 外部条件により活動に変更が生じたか。もしあれば記述してください。					

5. 自立発展性

大項目	小項目	1	2	3	4	理由/コメント
5.1 制度的自立発展性	5.1.1 ヘルスケアに関するペルー国の政策は維持される見込みか。	全く違う	やや違う	ある程度	非常に	
	5.1.2 MINSA、UNMSMIは将来自立的に運営している見込みか。	全く違う	やや違う	ある程度	非常に	
	5.1.3 MINSA、UNMSMIは、野口研究所、バルティザン病院等関連組織と良好な協調関係を維持できる見込みか。	全く違う	やや違う	ある程度	非常に	
5.2 財政的自立発展性	5.2.1 ペルー国政府はMINSAlに今後も十分な予算を配分していく見込みか。	全く違う	やや違う	ある程度	非常に	
	5.2.2 ペルー国政府はDISA、INMP等の関連組織に今後も十分な予算・人員を配分していく見込みか。	全く違う	やや違う	ある程度	非常に	
	5.2.3 移転された技術は適切に維持され活用される見込みか。	全く違う	やや違う	ある程度	非常に	
5.3 技術的自立発展性	5.3.2 活動に必要な設備・機材、教材はペルー側だけで維持できると考えられるか。	全く違う	やや違う	ある程度	非常に	
	5.4.1 プロジェクト終了後にプロジェクトのインパクトを維持していくために貢献すると考えられる要因は何か。	全く違う	やや違う	ある程度	非常に	
5.4 自立発展性に関する要因	5.4.2 プロジェクト終了後にプロジェクトのインパクトの継続を阻害すると考えられる要因は何か。	全く違う	やや違う	ある程度	非常に	

Questionnaire Manual: (Peruvian CP)
Project Evaluation for the Project of
Strengthening Integrated Health Care for Population Affected by Violence and Human Rights
in the Republic of Peru

- 1 This is a questionnaire for project evaluation of the Project of Strengthening Integrated Health Care for Population Affected by Violence and Human Rights (March 2005 - March 2008).
Overall Goal of the Project: The condition of people's health in the pilot sites affected by the violence is improved comprehensively.
Project Purpose: People affected by the violence in the pilot sites will come to use Integrated Health Care.
In this questionnaire, the Project means the above Project of Strengthening Integrated Health Care for Population Affected by Violence and Human Rights.
- 2 The questionnaire is designed in accordance with JICA's evaluation methodology which is regularly applied to evaluate JICA's technical cooperation projects. Evaluation will be conducted based on the Project Design Matrix (PDM) and in five criteria designated in JICA's evaluation guideline. Please refer to PDM when necessary.
- 3 The data (answer) of the questionnaire will be collected and analyzed by an external consultant hired by JICA, and the results will be summarized during the evaluation.
- 4 Although the analyzed data of the questionnaires will be presented in public, the answer of each individual will be dealt as confidential.
- 5 The questionnaire consists of a total of 5 pages, including this page:
page 1: 0. Implementation Process
page 2: 1.Relevance and 2.Effectiveness.
page 3: 3.Efficiency
page 4: 4.Impact and 5.Sustainability
- 6 Please follow the directions described below upon answering questions in each page:
 - a. Please write your name, your position and period of your assignment involved in this project if possible. As it is mentioned before, the answer of each individual will be dealt as confidential.
 - b. Grade box (1, 2, 3, 4): Please answer each question by checking the relevant box with tick (✓).
 - c. Reason(s)/Comments : Please provide reason(s) behind your judgment. Also please give your comments when applicable.
- 7 Please fill out the blank spaces of the questionnaire, and return it by 11 Oct to _____ or bring it at the time of interview.

Please answer all the questions which you think are applicable to you.

Thank you very much for your time and cooperation.

Sincerely

Erika Tanaka
Consultant of Evaluation Team
Global Link Management Inc., Tokyo

EVALUATION QUESTIONNAIRE for CPs

Project Title : Project of Strengthening Integrated Health Care for Population Affected by Violence and Human Rights

Your Name:

Your Position / Speciality:

Period of your assignment :

0. Implementation Process

QUESTIONS	SUB-QUESTIONS	1	2	3	4	REASON(S)/COMMENTS
0.1 Implementation process.	0.1.1 Was the implementation of each activity conducted smoothly as planned during the Project period?	Not at all	Rarely	More or less	Very much	
	0.1.2 If it was not, what were the problems?					
	0.1.3 How did you cope with the problems?					
0.2 Monitoring of project implementation	0.2.1 Has the implementation system of the Project been appropriate?	Not at all	Rarely	More or less	Very much	
	0.2.2 Has the monitoring system been appropriate?	Not at all	Rarely	More or less	Very much	
	0.2.3 Was the PDM modified appropriately when necessary?	Not at all	Rarely	More or less	Very much	
	0.2.4 To what extent has the Project been able to cope with unplanned or unexpected important assumptions*?	Not at all	Rarely	More or less	Very much	
	0.3.1. Do you think that you have had a good communication with Japanese experts?	Not at all	Rarely	More or less	Very much	
0.3 Relationship between Peruvian CPs and Japanese Experts	0.3.2. if you have not had a good communication with Japanese experts, what are the problems?					
	0.3.3 How have you coped with these problems?					
	0.3.4 Has communication with related organizations such as Noguchi Institute, Valdizan Hospital, INIMP, NGO/CBO, etc. been appropriate?					
	0.3.5 Do you think that you have been involved with the Project with your own strong initiative?	Not at all	Rarely	More or less	Very much	
	0.4.1. Do you think that the counterparts (CPs) on the Peruvian side have taken an initiative to proceed the Project?	Not at all	Rarely	More or less	Very much	
0.4 Ownership of Peruvian side	0.4.2 Do you think that the CP organizations (MINSA, UNIMSM) have taken an initiative to proceed the Project?	Not at all	Rarely	More or less	Very much	
	0.4.3 Do you think that MINSA and related organizations have provide necessary assistance and advice to proceed the Project?	Not at all	Rarely	More or less	Very much	
	0.4.4 Do you think that CP agencies and organizations on the Peruvian side have allocated necessary budget for Project implementation?	Not at all	Rarely	More or less	Very much	
	0.4.5 Do you think that the Peruvian side has assigned counterparts appropriately in terms of number and expertise?	Not at all	Rarely	More or less	Very much	
	0.4.6 What are the problems for Peruvian CPs and related agencies to be actively involved in the Project, if any?	Not at all	Rarely	More or less	Very much	

* Important Assumptions mean conditions important for project success, but that cannot be controlled by the project. Please see the column of important Assumption in PDM.

EVALUATION QUESTIONNAIRE for CPs

Project Title : Project of Strengthening Integrated Health Care for Population Affected by Violence and Human Rights

Your Name:
Your Position / Speciality:
Period of your assignment :

1. RELEVANCE

QUESTIONS	SUB-QUESTIONS				1	2	3	4	REASON(S) / Comments
1.1 Relevance of the overall goal and project purpose to the Peruvian development policy	1.1.1 Is the overall goal still in line with the Peruvian development policy in health care?	Not at all	Rarely	More or less	Very much				
	1.1.2 Is the project purpose still in line with the Peruvian development policy in health care?	Not at all	Rarely	More or less	Very much				
1.2 Relevance of the overall goal and project purpose to the target group	1.2.1 Does the overall goal match the needs of the target group?	Not at all	Rarely	More or less	Very much				
	1.2.2 Does the project purpose match the needs of the target group?	Not at all	Rarely	More or less	Very much				

2. EFFECTIVENESS

QUESTIONS	1	2	3	4	REASON(S)/ COMMENTS
2.1 Achievement of expected outcome	2.1.1 To what extent do you think that the project purpose is likely to be achieved?	Not at all	Rarely	More or less	Very much
	2.1.2. What do you think are the promoting factors to achieve the project purpose?				
	2.1.3 What do you think are the inhibiting factors to achieve the project purpose?				
2.2 Achievements and contribution of EACH OUTPUT	2.2.1 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.	Not at all	A little	More or less	Very much
	2.2.1.1 How much do you think the OUTPUT1 has been achieved?	Not at all	A little	More or less	Very much
	2.2.1.2 What are the challenges to achieve the OUTPUT 1?				
	2.2.1.3 How much do you think has OUTPUT 1 contributed to achieve the project purpose?	Not at all	Rarely	More or less	Very much
2.3 Logic of PDM	2.2.2 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.	Not at all	A little	More or less	Very much
	2.2.2.1 How much do you think the OUTPUT 2 has been achieved?	Not at all	A little	More or less	Very much
	2.2.2.2 What are the challenges to achieve the OUTPUT 2?				
	2.2.2.3 How much do you think has OUTPUT 2 contributed to achieve the project purpose?	Not at all	Rarely	More or less	Very much
2.4 Influence of important assumptions	2.2.3 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) improved.	Not at all	A little	More or less	Very much
	2.2.3.1 How much do you think the OUTPUT3 has been achieved?	Not at all	A little	More or less	Very much
	2.2.3.2 What are the challenges to achieve the OUTPUT 3?				
	2.2.3.3 How much do you think has OUTPUT 3 contributed to achieve the project purpose?	Not at all	Rarely	More or less	Very much
2.4 Influence of important assumptions	2.2.4 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.	Not at all	A little	More or less	Very much
	2.2.4.1 How much do you think the OUTPUT4 has been achieved?	Not at all	A little	More or less	Very much
	2.2.4.2 What are the challenges to achieve the OUTPUT 4?				
	2.2.4.3 How much do you think has OUTPUT 4 contributed to achieve the project purpose?	Not at all	Rarely	More or less	Very much
2.4 Influence of important assumptions	2.3.1 Do you think that activities, outputs, and project purpose described in PDM are logically and appropriately linked?	Not at all	A little	More or less	Very much
	2.4.1 Do you think that there is any influence of important assumptions in achieving project purpose and outputs?	Very much	More or less	A little	No
2.4 Influence of important assumptions	2.4.2 If yes, please describe briefly.				

EVALUATION QUESTIONNAIRE for CPs

Your Name: _____
 Project Title : Project of Strengthening Integrated Health Care for Population Affected by Violence and Your Position / Speciality: _____
 Human Rights _____
 Period of your assignment : _____

3. EFFICIENCY:

QUESTIONS	SUB-QUESTIONS	1	2	3	4	REASON(S) / COMMENTS		
3.1 Have the Japanese inputs been appropriate?	---> > These grades are applied for all questions of this sheet	Not at all	Rarely	More or less	Very much			
		a. The number of experts						
		b. Timeliness of dispatching experts						
		c. Fields of expertise						
		a. Quantity						
		b. Quality						
		c. Timeliness of provision						
		d. Cost						
		a. Timing of activities						
		b. Quality of activities (materials, training)						
		a. Timeliness						
		b. Amount of support						
		a. The number of CPs						
		b. Timeliness of assignment						
c. Professional fields of CPs								
3.2 Have the Peruvian inputs been appropriate?	---	a. Facilities (Project office, training sites, etc.)						
		b. Equipment and supplies						
		a. Amount						
		b. Timeliness of disbursement						
		a. Personnel						
		b. Facilities/equipment/supplies						
		c. Operational Costs						
		a. Timing						
		d. Effectiveness of management						
		3.4.1 Do you think that the inputs were efficient to produce Outputs?						
		3.4.1 Do you think that the inputs were efficient to produce Outputs?	Not at all	Rarely	More or less	Very much		
		3.3 Have the inputs been effectively utilized?	---					
3.4 Have the inputs been utilized efficiently to produce Outputs?	---							

EVALUATION QUESTIONNAIRE for CPs

Project Title : Project of Strengthening Integrated Health Care for Population Affected by Violence and Human Rights

Your Name:

Your Position / Speciality:

Period of your assignment :

4. IMPACT:

QUESTIONS	1	2	3	4	REASONS (S) / COMMENTS
4.1 Impact on overall goal	Not at all	Rarely	More or less	Very much	
4.1.1 Do you think that the Project is likely to have an impact on people's health?					
4.2 Positive Impact					
4.2.1 Is there any intended positive situation produced by the Project? Please describe briefly.					
4.2.2 Is there any unintended positive situation produced by the Project? Please describe briefly.					
4.3 Negative Impact					
4.3.1 Is there any unintended negative situation produced by the Project? Please describe briefly.					
4.4 Influence of external condition					
4.4.1 Is there any change of activities influenced by the important assumption (external conditions)? Please describe briefly.					

5. SUSTAINABILITY:

QUESTIONS	1	2	3	4	REASON(S) / COMMENTS
5.1 Institutional Sustainability	Not at all	Rarely	More or less	Very much	
5.1.1 Is the Peruvian government likely to continue its policy in terms of integrated health care?					
5.1.2 Are MINSA and UNIMSM likely to be able to be independently managed by itself?					
5.1.3 Are MINSA and UNIMSM likely to collaborate with related organizations such as Noguchi Institute, Valdivian Hospital, etc. ?					
5.2 Financial Sustainability	Not at all	Rarely	More or less	Very much	
5.2.1 Is the Peruvian government likely to continue allocating sufficient operational budget to MINSA?					
5.2.2 Is the Peruvian government likely to continue allocating sufficient budget to related organizations such as DISA, INMP?					
5.2.3 Is the transferred technology properly maintained and utilized?					
5.2.4 Are the facilities, equipment, and training materials well maintained by the Peruvian side?					
5.3 Technical Sustainability	Not at all	Rarely	More or less	Very much	
5.3.1 What will be the promoting factors to sustain the project impact after the termination of the Project?					
5.3.2 What will be the inhibiting factors of the project impact after the termination of the Project?					
5.4 Important factors for sustainability					
5.4.1 What will be the promoting factors to sustain the project impact after the termination of the Project?					
5.4.2 What will be the inhibiting factors of the project impact after the termination of the Project?					

6. カジエタノ大学による調査結果報告書（英文）

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

LOCAL ADVISORY

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

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

Consultants:

Dr. Humberto Castillo
Dr. Victor Cuba
Mg. Rocio Valverde

Lima, November 16, 2007

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Summary

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

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

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

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

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

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

Observation 1:

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

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

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

Activities	Professional		Technical		Promoter		All
Cases Reception	35	80%	6	40%	14	60%	55 60%
Advisory	36	80%	16	90%	24	100%	76 90%
IM Speeches	29	70%	6	40%	11	50%	46 50%
EM Speeches	28	60%	9	50%	9	40%	46 50%
Domiciliary Visits	22	50%	5	30%	19	80%	46 50%
Social Assistance	12	30%	4	20%	8	30%	24 30%
Attentions	17	40%	4	20%	6	30%	27 30%
References	31	70%	8	50%	10	40%	49 50%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Observation 2:

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

***What is your name?**

- Sonia.

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

30 years old.

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

- No.

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

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

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

-Yes.

***Whom did you tell about?**

-Mrs. Marielena.

***What is she?**

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

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

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

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

-They only say that.

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

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

***What else?**

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

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

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

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

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

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

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

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

***And now?**

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

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

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

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

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

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

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

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

-It is doing right.

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

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

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

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

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

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

- No, I have not heard about it.

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

- That is good.

Interview 2: Junin User

Nora, 36 years old, whose daughter was taken care in the San Martin the Pangoa Hospital

You told me your case a little, tell me it again, please.

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

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

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

How did you acquaint about that psychologist for nothing?

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

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

And you, yourself, came to look for help?

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

And how were you attended?

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

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

- - Nothing.

How did you come here?

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

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

He gave me guidance, doctor.

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

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

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

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

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

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

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

Have you received attention too?

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

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

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

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

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

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

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

Yes, the psychologist has already explained it to me.

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

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

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

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

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

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

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

How is the association called?

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

How many people take part in this association?

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

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

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

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

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

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

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

-Yes.

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

Interview 3: User of the Service of Huancavelica

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

In what place or health establishment are you being attended?

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

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

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

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

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

What difficulties do you find in this health service?

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

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

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

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

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

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

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

How was the interview with the doctor?

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

What do you think about the attention of a psychologist?

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

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

Did he give you a diagnosis?

Yes, depression.

About your treatment?

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

So you feel that it has been a good attention.

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

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

Regular.

What could be better?

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

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

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

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

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

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

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

Your project is very good.....

Thank you very much.

Many thanks to you.

Interview 4: Huaycan user

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

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

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

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

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

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

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

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

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

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

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

And that was what they explain to you.

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

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

psychologist, that is something good, is it necessary or not?

Yes, I believe it is good. In this way, it helps you already, the miss is like a friend , she gives you advices already for how you are, if you have any trauma, problem with your couple or familiar, she helps you.

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

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

And what services have you gone through?

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

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

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

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

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

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

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

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

quickly in less time?

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

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

Yes, I am going to come back.

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

No.

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

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

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

Thanks to you.

Interview 5: Ayacucho user

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

For what problem were you attended in the hospital?

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

How did they attend you?

Stomach wash in emergency.

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

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

How are you now?

I am better.

Would you like you would have success with the attempt?

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

Would you do it again?

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

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

suicide.

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

When you attempt it, have you drunk?

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

And your girlfriend, how is she with you?

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

You, after that, are you still taking pills?

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

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

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

In that époque, did you already think about suicide?

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

Why didn't you go on coming?

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

With the attention you received, are you satisfied?

Yes.

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

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

Do you believe the attention has changed?

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

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

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

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

No.

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

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

And when did he start to get medical treatment?

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

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

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

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

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

7. 運営指導調査報告書（2007年11から12月）

ペルー国人権侵害および暴力被害住民への包括的ヘルスケア強化プロジェクト 運営指導調査報告書

1. 調査の背景

1980年から2000年までの間、ペルーにおいては多数が政治的暴力による影響を受けた。被害住民の多くは山岳貧困地域に集中しており、社会から隔絶されて暮らしている。JICAはペルー政府からの要請を受け、同国保健省および国立サンマルコス大学との協力の下、システム科学コンサルタンツ社を実施機関として、それら暴力被害者に包括的な心と体のケアを提供する仕組みを構築することを目的として、表題のプロジェクトを2005年3月から2008年3月の間実施している。

プロジェクトは、国立サンマルコス大学並びに国立母子病院における人材育成活動、および5つのパイロット地区（アヤクチョ、クスコ、東部リマ、フニン、ワンカベリカ各1箇所の小診療区）における地域保健活動において所期の成果を上げている。

2. 調査の目的

プロジェクトの中間時点に当たり、これまでの進捗状況を確認すると共に問題点を整理し、今後のプロジェクト運営管理について日本側及びペルー側双方への提言を取りまとめる。

3. 調査団の構成

氏名		所属	従事期間
瀧澤 郁雄	団長	JICA	11月26日～12月7日

4. 調査期間

2006年11月26日～2006年12月7日

5. 調査結果

(1) プロジェクトの進捗状況および成果

- 中央政府レベルでの協力機関への訪問調査、リマ市ワイカン地区及びアヤクチョ市での現地調査、合同調整委員会及びプロジェクト全国大会への出席を通じて、プロジェクトの進捗状況について、以下のとおり確認した。
 - 保健省内の実施体制について：大統領選後、保健省内の人事異動により、省内におけるカウンターパートが不在／不明の時期がしばらく続いていたが、調査団滞在中にリストが提出され、新たに着任した医務局長及び母子保健課長についてはカウンターパートとしての位置づけが公式に確認された。ただし、母子保健課長と共に重要な位置づけとなる精神保健課長については空席となっており、大臣補佐官が兼務している状況である。
 - 暴力被害者ケアに対する政策的コミットメントについて：保健省は、暴力被害者ケアを主とする精神保健分野を優先政策の一つとして位置づけており、優先対象5地区における精神保健関連専門職の人員配置についても、少しずつではあるが改善がなされている。例えば、今回訪問したアヤクチョ県においては、この1年間に、県病院に精神科医が、ベレン保健所には臨床心理士が新たに配属されており、それぞれの施設における暴力被害者の精神保健ケアに関して中核的な役割を担っている。

- PDM 成果 1について：サンマルコス大学における 5 学部（医療、看護、助産、栄養、医療技術）学部生向けカリキュラムへの暴力被害者ケアの導入については、学部による差が大きいものの、着実に進展している。大学院レベルにおいても、暴力被害者ケアに関する課程を全専門課程の共通科目として導入するなど、非常に先駆的な取り組みがなされている。また、サンマルコス大学は、全国医学部総会等の場や、学術論文の刊行を通じた広報活動も積極的に展開している。なお、これら活動の進展については、プロジェクトのカウンターパートであり、前医学部長の、ガルメンディア氏のリーダーシップによるところが大きいと思われた。
- PDM 成果 2について：重点対象 5 地区における病院や保健所職員等の医療専門職を対象とするディプロマコースについては、全 6 モジュール(36 単位)中、モジュール 4 まで実施されている。ほとんどの参加者にとって暴力被害者ケアの専門課程に参加することは初めての機会であり、面会した参加者からの評価も極めて高い。今回訪問したアヤクチョ県では、病院やヘルスセンターを訪れる患者に対するスクリーニングやカウンセリング等において、研修で得た知識が活用されており、研修成果が現場で現れている様子が確認された。大学のディプロマが得られるということが、参加者のモチベーションを高めていること、また教授陣による訪問指導と自習とを組み合わせた遠隔教育方式を採用していることが日常業務を有する現場の専門職の参加を可能としていること等、技術協力プロジェクトにおける研修実施方法として、他の案件でも参考になるものと考えられた。ただし、訪問指導を行う教授陣にとっては負担が大きいこと、ディプロマを付与するために大学卒業生以上に参加者を限定せざるを得ないことから、より現場に近いところ（ヘルスポスト等）で働く準看護師・看護助手等の「非専門職」が対象に含まれないことについては、検討課題である。
- PDM 成果 3について：重点対象 5 地区を含む 9 県の医療専門職を対象に、母子病院（INMP）において実施している母子（特に妊産婦及び新生児）保健研修については、第 7 回目実施中である。HPRT での研修に参加したカウンターパートにより、暴力被害者ケアがカリキュラムに反映されており、母子保健研修の一環として暴力被害者の診断及び被害者に対するケアが学べる構成となっている。今回訪問したアヤクチョ県では、本研修参加者によって県の研修センターが設立され、同センターが実施する県内の保健医療従事者を対象とした母子保健関連研修カリキュラムにも暴力被害者ケアが含まれており、研修の波及効果が確認された。
- PDM 成果 4について：重点対象 5 地区における地域社会レベルの活動については、HPRT 研修参加者、ディプロマコース参加者、母子保健研修参加者等を中心に、地域の状況に合わせて工夫した様々な活動が展開されている。今回訪問したワイカン地区では、地域で活動する様々な団体（NGO 等）と連携し、水平的リファールを通じて暴力被害者に対する総合的なケア及びサポートを提供する試みがなされている。またアヤクチョ県においては、コミュニティにおけるキャンペーンに加え、地域の大学の協力を得、ラジオを通じて暴力に関連した啓蒙活動が展開されている。

(2) 懸案事項等

- 調査の結果明らかとなった主な懸案事項は、以下の 3 点。
 - 保健省の調整能力の低下。本件プロジェクトの実施体制に関して最大の懸案事項は、保健省の調整能力の低下である。上述したとおり、調査団の滞在中に、新たなリストが保健省より提示され、書面上はカウンターパートが明らかとなったものの、当面の調整能力の低下は避けられないものと考えられる。行政機構の地方分権化の進展により、暴力被害者ケアに関する保健省と地方自治体との権限・機能分担が今後どう変化するかも不透明な要素である。調査団滞在中に開催された、対象地域の代表やリマの協力機関を集めた地域間会議や、合同調整委員会、全国大会の運営においても、保健省の当事者意識の低さが見て取れた。保健省に

よる本件に対する主体的関与を改めて促すため、これまでも新任保健大臣との協議を持つなど JICA 事務所による取り組みがなされているが、引き続き事務所からの支援を依頼した。

- 他団体による活動との協力関係及び役割分担。本プロジェクトの重点対象地域においては、暴力被害者ケアを目的とする活動が、様々な機関により実施されている。例えば EU 支援による AMARES プロジェクトは、アヤクチョ県を含む地域を対象に支援を行っており、カナダの大学の技術支援によりペルーの大学にディプロマコースを開設して現場の医療従事者の能力向上を目指すなど、本件プロジェクトと極めて類似した協力を行っている（ただし、同プロジェクトは地域社会開発的な視点を重視しているため、本件プロジェクトによる能力向上事業との重複・競合は無い）。ワイカン地区においては、様々な国や団体の資金援助を得た NGO の活動が増えている。現場では、これら支援団体のネットワーク化が進められているが、プロジェクト終了後の展開も見据え、JICA としてもこれら活動・団体との協力関係の構築及び役割分担について検討する必要があると思われる。来年度契約交渉の際に、受注社と対応方法を協議したい。
- 暴力被害者ケアにおける医療モデルと非医療モデルのバランス。本プロジェクトにおいては、初年度における HPRT での研修がその他の活動のベースとなっており、暴力被害者ケアに関して、精神科診療を中心とする「医療モデル」が強調されている。しかしながら、上述したように、保健省によって精神保健専門職の現場への配属は増加してはいるものの、いまだ十分とは言いがたく、資源制約が大きい中で医療モデルを推進することには限界がある。また、暴力被害者の全てが精神科診療を必要とするわけでもない。重点対象 5 地区における様々な活動が活発化する中で、被害者を地域社会の中で支えあうような「非医療モデル」の役割についても、積極的に検討する必要があると考えられる。上述した、末端の「非専門職」の能力向上のあり方と併せ、来年度契約交渉の際に、受注社と対応方法を協議したい。

(3) その他

- 本件については、案件形成の経緯もあり、再委託機関である HPRT に比して、日本側の存在感が相対的に小さい。また、日本国内での本件に関する広報活動も、これまで積極的には行ってこなかった。しかしながら、特に重点対象 5 地域では着実な成果を挙げており、世界的に見ても先駆的な人材育成活動がなされていることから、来年度の契約についてはペルー側カウンターパートを国別研修として招聘し、国内向けのワークショップ等を開催することも検討したい。
- 本件終了後の扱いについては、2008 年度向け要望調査に反映させる必要がある。この点については、本件の今後の進捗状況も鑑みつつ、事務所と適宜情報交換を続けることとした。

以上

8. 運営指導調査報告書（2008年2月）

ペルー国人権侵害および暴力被害住民への包括的ヘルスケア強化プロジェクト 運営指導調査報告書

1. 調査の背景

1980年から2000年までの間、ペルーにおいては多数が政治的暴力による影響を受けた。被害住民の多くは山岳貧困地域に集中しており、社会から隔絶されて暮らしている。JICA はペルー政府からの要請を受け、同国保健省および国立サンマルコス大学との協力の下、システム科学コンサルタンツ社を実施機関として、それら暴力被害者に包括的な心と体のケアを提供する仕組みを構築することを目的として、表題のプロジェクトを2005年3月から2008年3月の間実施している。

プロジェクトは、国立サンマルコス大学並びに国立母子病院における人材育成活動、および5つのパイロット地区（アヤクチョ、クスコ、東部リマ、フニン、ワンカベリカ各1箇所の小診療区）における地域保健活動において所期の成果を上げている。また、2008年2月には、協力成果の内外への発信と経験共有・協力の促進を目的として、中南米域内各国代表を招聘した国際ワークショップを開催した。なお、ペルー政府からは本件プロジェクト成果の国内での普及拡大を主目的とする「暴力被害住民への包括的ヘルスケア強化プロジェクト」の要請が提出されており、日本政府から2008年度案件として採択通報がなされた。

2. 調査の目的

本調査は、2008年2月4～5日に開催された国際ワークショップへの参画を通じて、現行プロジェクト成果にかかる追加的評価を行うと共に、2008年度案件として採択通報がなされた新規案件の内容について、先方関係機関（保健省およびサンマルコス大学）と意見交換・調整を行うことを目的として実施した。

3. 調査団の構成

氏名		所属	従事期間
瀧澤 郁雄	団長	JICA	2月3日～10日

4. 調査期間

2008年2月3日～10日

5. 調査結果

(1) 国際ワークショップについて

国際ワークショップは、14カ国25名の海外からの参加者と、ペルー国内各地方から48名の参加者（および中央政府関係者、サンマルコス大学からの参加者）を得て開催された。冒頭の開会式にはペルー国保健大臣、サンマルコス大学学長（JICAからは谷口ペルー事務所長）の参加を得、よく整理された発表と活発な討議を通じて、プロジェクトによる協力成果を内外にアピールする上では効果が大きかったものと思われる。また、最終日に作成された会議の総括文書をはじめ、会議で使用した発表資料やプロジェクトで作成した教材類は全てCDにまとめられ、参加者に配布されるなど、運営上の配慮もよくなされていた。

ただし、昨年10月に実施した終了時評価の提言に基づき、地方分権化を背景として地方政府の主体的関与を促すとの狙いから、5つのパイロット地区を管轄する各地方（Region）政府に対しても案内が出されていたものの、実際に参加がなかったことは残念であった。本プロジェクトの活動内容に関して想定される地方自治体の役割とその重要性については、ペルー側関係者（保健省、サンマルコス大学）においても見解が異なり、一様でない（地方によって異なる）というのが実態のようである。分権化の流れの中で、将来的な予想も含めて自治体の役割をどう位置づけるかについては、今後あらゆるJICA事業にも影響を

与える要素であると考えられるため、ペルー事務所には引き続き関連情報の収集・分析を依頼したい。

(2) 新規要請案件について

新規要請案件「暴力被害住民への包括的ヘルスケア強化プロジェクト」については、2008 年度案件として日本政府より採択通報がなされており、来年度早期の立ち上げが求められている。

先方要請内容については、実施中のプロジェクトによる協力成果を踏まえ、より広い地域への裨益を狙ったものであり、基本的な方向性としては妥当である。しかしながら、プロジェクトの実施体制(大学の関与)や具体的な裨益対象(対象州、診療区、小診療区等)について、予算規模も想定しながら確認・調整することが必要であった。

今回の調査においては、保健省精神保健局の担当者(Ms. Luz G. Aragonés Alosilla, Psychologist, Directorate of Mental Health)およびサンマルコス大学の担当者(Prof. Fausto Garmendia Lorena, Coordinator, Permanent Program of Training for Integrated Care of the Victims of Violence, Faculty of Medicine, National Major University of San Marcos)と非公式な協議を行った。

先方から提出された要請を元に、当方から活動規模、関係各機関の役割分担をより明確化したプロジェクトデザイン案(別添)を提示し、意見交換を行った。結果、ペルー国政府の「真相究明和解委員会(CVR)」によって最も暴力被害が激しかったとされる 10 州(11 地域)および地震被害の大きかった Ica 州を対象とし、暴力被害者および災害被害者に対して包括的な心と体のケア提供していくための仕組みづくりにおいて、各地域で中核となる人材の育成を主たる目的とすることで基本合意(添付資料参照)を得た。

具体的には、現行プロジェクトの対象外の 8 地域に対しては、サンマルコス大学におけるディプロマコースを活用して各地域 6 名(計 48 名)の中核人材を育成し、現行プロジェクトの対象 4 州(東部リマを除く)に対しては、サンマルコス大学ディプロマコース卒業生を講師として州に存在する各診療区 3 名(全 20 診療区、計 60 名)の人材育成を行うと共に、それぞれの州保健局による巡回指導や異なる地域間の経験共有の制度化を支援する内容とした。プロジェクト期間は 3 年間で想定。

JICA からの投入は必要最低限の専門家派遣(2 分野、9.67 人月)を通じたカリキュラム改定、研修企画・運営にかかる技術協力と、研修実施に必要な経費の部分的な支援を想定(終了時評価を含めた概算総コスト 82.8 百万円)。前者 8 地域における診療区以下の人材育成および予防啓発・診療活動、後者 4 州における小診療区以下の人材育成および予防啓発・診療活動については、プロジェクト初年次においてペルー側の予算措置を促し(ペルーにおける政府の予算策定作業は例年 5 月ごろ開始)、2 年次以降に先方予算にて展開することを想定。また、サンマルコス大学には、ディプロマコースにかかる登録料の免除を期待(この点、サンマルコス大学の Dr. Emilio Blanco Blasco 医学部長に対しては、当方の意向を説明済み)。

今後の現地での手続きとして、保健省には以下 3 点を依頼し、3 月末までに完了するとの了解を得た。これらについては、引き続きペルー事務所のフォローをお願いしたい。1) サンマルコス大学および JICA を交えた公式協議の開催を通じた、プロジェクトにおけるそれぞれの関与と役割分担についての合意形成。サンマルコス大学によるディプロマコース登録料免除を含む。2) 対象とする 12 州の地域保健局の意向および将来的な研修経費の負担を含めたコミットメントの確認。3) 対象とする 12 州において、プロジェクトへの積極的な参加の意向およびカリキュラム改定等へのコミットメントを有する地方大学の確認。

上述の公式協議等を通じて、ペルー側の関係者における基本合意がなされた後、協力にかかる合意文書の締結が必要となる。プロジェクトのデザイン等を巡って大きな意見の相違等が生じなければ、この点については事務所による対応をお願いしたい。本部側では、並行して実施計画の作成、法人契約を想定した調達手続き等を進め、来年度早期の開始を目指して準備を進めたい。

以上

Project of Expanding Integrated Health Care for Population Affected by Violence in the Republic of PERU (subject to budget availability)

1 . C/P: MINSAs, UNMSM

2 . OVERALL GOAL:

Utilization of integrated health care by the victims of violence and disaster is increased in 12 highly affected regions (11 CVR regions and Ica).

3 . PROJECT PURPOSE

Human resource base is developed for the promotion of integrated health care to the victims of violence and disaster in 12 highly affected regions.

4 . OUTPUTS

- (1) Regional resource teams, which are primarily composed of well-trained health professionals from DIRESAs and local universities, for the promotion of integrated health care for the victims of violence and disaster are organized in 8 regions (7 CVR regions not covered in current project and Ica).
- (2) Models of local expansion of integrated health care for the victims of violence are established in 4 regions (4 CVR regions covered in current project).
- (3) Mechanisms for supportive supervision on integrated health care for the victims of violence and information sharing among 12 regions are established.

5 . ACTIVITIES

- 1-1 Revise UNMSM Diploma Program on Integrated Health Care for the Victims of Violence to include TOT (training of trainers) component
 - Responsible institution: UNMSM
 - The purpose is to capacitate diploma program graduates as regional resource team members who can function as local trainers.
 - It may be better to include a chapter on care of the victims of disaster for participants from Ica.
- 1-2 Conduct UNMSM Diploma Program for 48 (6 each from 8 regions) regional resource team members (PI: UNMSM)
 - Responsible institution: UNMSM
 - The purpose is to create groups of well-trained health professionals who can function as local trainers in each region.
 - Training will be conducted in Lima, in order to involve Lima-based institutions such as UNMSM, MINSAs, INMP and specialized hospitals, as sources of instructors and places for practical training. It is expected that participants can establish personal relationships with specialists in Lima.
 - Trainees are expected to attend 3-4 days of face-to-face training in Lima for 6 times (1 time each for 6 modules).
 - Trainees should be composed of 3 from DIRESAs (mental health officer, MCH officer and training officer), 2 from local universities (mental health specialist, MCH specialist), and 1 from pilot Micro-RED selected by the region.
 - 4 regions (24 trainees) are covered in the first year and another 4 regions in the

second year.

2-1. Conduct TOT for 24 regional resource team members from 4 regions

- Responsible institution: UNMSM
- The purpose is to capacitate UNMSM Diploma holders in 4 regions as regional resource team members. Regional resource team members are expected to train local health professionals using UNMSM Diploma course materials, but with more concise format.
- The training is conducted in Lima for a few days focusing on teaching skills, methodologies and how to use course materials effectively.
- Six each from 4 regions should be selected from UNMSM Diploma holders.

2-2. Facilitate regional training programming by DIRESAs in 4 regions

- Responsible institution: MINSA, DIRESAs
- The purpose is to institutionalize local training in each region to ensure sustainability. DIRESAs in 4 regions are expected to allocate budget for training of health professionals at Micro-RED level and for non-professional training.

2-3. Conduct training for 60 members of RED in 4 regions

- Responsible institution: MINSA, DIRESAs
- The purpose is to facilitate local training in 4 regions.
- Regional resource teams in 4 regions are expected to train RED members (3 each from 20 REDs)
- Trained RED members are expected to train health professionals of Micro-REDs and non-professionals, on their own

2-4. Institutionalize supportive supervision by DIRESA to REDs in 4 regions

- Responsible institution: MINSA, DIRESAs
- The purpose is to formalize frequency, check items, reporting and feedback format of supportive supervision by DIRESAs to REDs.

2-5. Conduct demonstration events (e.g., media campaign, etc.) in 4 pilot Micro-REDs

- Responsible institution: MINSA, DIRESAs
- The purpose is to maximize demonstration effect of current pilot Micro-REDs
- 4 Micro-REDs covered in current project

3-1. Conduct periodical national workshops

- Responsible institution: MINSA

3-2. Document experiences and lessons learned from 4 regions

- Responsible institution: MINSA and UNMSM

6 . Issues

- a) Participating local universities in 8 regions need to be identified by MINSA.
- b) Only universities with clear willingness and commitment to include care for victims of violence in their curriculum and with clear intension to support frontline health workers should be included in the Project. Selection of universities has to be clarified by MINSA.
- c) Cost sharing from Peruvian side is necessary.
- Registration fee (waiver) of UNMSM Diploma Program, which needs to be clarified with UNMSM
 - Local transportation cost for training participants (by MINSA or DIRESAs)
 - Transportation cost to and from regional capital for UNMSM Diploma Program participants in 8 regions
 - Transportation cost to and from regional capital for TOT training participants in 4 regions
 - Transportation cost to and from regional capital for local training participants from REDs in 4 regions
 - Training expenses (transportation and allowance, training venue, training materials) for training of Micro-RED health professionals and non-professionals (by MINSA or DIRESAs of 4 regions)
 - Training expenses (transportation and allowance, training venue, training materials) for training of RED and Micro-RED health professionals and non-professionals (by MINSA or DIRESAs of 8 regions)
- d) Only DIRESAs with clear willingness and commitment to fund regional expansion training and other related activities should be included in the Project. Selection of universities has to be clarified by MINSA.
- e) Official agreement is necessary between MINSA, UNMSM and JICA regarding responsibility and contributions of each institution for the Project.

END