Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Peru Office: October 2016

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

I. Project Outline

Background	In Peru, during the period between 1980 and 2000, the massive destructions were caused by the conflicts between the government of Peru and terrorist groups, in particular, in the rural areas where the poor population concentrated. As a result, the victims of the violence and their families had been suffered from not only the poverty but also the Post-Traumatic Stress Disorder (PTSD). According to the Commission of Truth and Reconciliation (CVR: Comisión de Verdad y Reconciliación), which was established in 2001, the majority of the victims were women and children and their damages were extremely serious. Under such situation, the government of Peru requested the government of Japan to support implementation of a project aiming at establishment of environment for the people affected by the violence to receive better quality service and to realize physical, mental and social health.
Objectives of the Project	The project aimed at promotion of Integrated Health Care services by the people affected by violence in the pilot sites in the 9 target regions through trainer's trainings and delivering trainings for the health service providers and the health promoters on the integrated health care for the people affected by violence and mother and child care in the pilot sites, thereby improvement of the condition of the people's health in the pilot sites affected by violence. The following project objectives were set forth in the project plan. 1. Overall Goal : The condition of people's health in the pilot sites affected by violence is improved comprehensively. 2. Project Purpose : People affected by violence in the pilot sites come to receive Integrated Health Care services*. *Integrated Health Care: 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.
Activities of the project	1. Project site: Regional Health Office (DISA: Dirección de Salud) East Lima (Micro-network (MR: Micro-red) Huaycan), DISA Ayacucho (MR Belen), DISA Cusco (MR Techo Obrero), DISA Junín (MR San Martín de Pangóa), DISA Huancavelica (MR Ascención) , and DISA Loreto, DISA Cajamarca, DISA Huanuco and DISA Ancash targeted for the Output 3 (Maternal-child health) 2. Main activities: 1) Development of curriculum, syllabus and teaching materials for training program on the integrated health care to the people affected by violence for the academic courses of the National Major University of San Marcos (UNMSM) and trainer's training for the UNMSM professors and Ministry of Health (MINSA) health professionals in the USA; 2) Development of diploma course materials on the integrated health care for the health service providers, trainers' trainings for the UNMSM professors and MINSA health professionals in the USA, delivering trainings for the health service providers; 3) Development of course materials on mother and child care for the health service providers, trainer's trainings for the UNSMS professors and MINSA health professionals in the USA; 4) Conducting social resource mapping, trainings for the bilingual health promoters, NGOs and CBOs, and sensitization workshops and development of community health activities. 3. Inputs (to carry out above activities) Japanese Side 1) Dispatch of experts: 10 persons 2) Training in the third country (USA): 50 persons 3) Provision of equipment: PC, projector/screen, color printer, etc. 4) Cost for contracting with Harvard Program in Refugee Trauma (HPRT) and Cayetano University Peruvian side 1) Counterpart personnel 53 persons 2) Land and Facilities Project office (space, service charges, office materials) and training venue 3) Equipment and materials necessary for training courses

Ex-Ante Evaluation	2005	Project Period	March, 2005 – March, 2008	Project Cost	(Ex-Ante) 370 million yen (Actual) 411 million yen
Implementing Agency	Ministry of Health (MINSA: Ministerio de Salud), National Major University of San Marcos (UNMSM: Universidad Nacional Mayor de San Marcos)				
Cooperation Agency in Japan	System Science Consultants Inc.				

II. Result of the Evaluation

<Special perspectives of evaluation to be considered>

[Verification of achievement of the Project Purpose]

Although the terminal evaluation report and the project completion report did not clearly mention the achievement level of indicators for the Project Purpose, the judgement on achievement of the indicators are based on the following targets. The judgments on achievement level of the indicators were confirmed by both sides of MINSA and the JICA Peru Office at the time of ex-post evaluation.

- Indicator 1: More than 80% of identified victims of violence in the pilot sites who visited the public health institution
- Indicator 2: More than 80%of identified victims of violence in the pilot sites who received integrated health care

[Verification of achievement of the Overall Goal]

- Due to difficulty of data collection at MR level, the indicator 1 and 2 for the Overall Goal about the mental health conditions of the victims of violence in the pilot sites and the number of reported cases of domestic violence in the pilot sites was verified by data at regional level where the pilot sites are located. In addition, the following points were considered by this ex-post evaluation in order to verify achievement of the Overall Goal through contribution of the project.Indicator 1: Since the "victims of violence" are broadly covered, there is no standardized indicator to verify the mental health conditions of the victims of violence. Therefore, the indicator 1 was verified by each region according to its definition of "victims of violence" and "mental health conditions". Indicator 2: This indicator verifies a indirect expected impact of this project in longer term through contribution of the model of the integrated health care for the victims of violence to improvement of reporting the domestic violence for the public health institutions it was too early to verify decreases in the number of reported cases of domestic violence at the time of this ex-post evaluation. In addition, the project did not directly addressed reduction of domestic violence in the project activities, Hence, this ex-post evaluation assesses not only the number of reported cases of domestic violence but also the contribution of the model of the integrated health care introduced by the project to improvement of reporting the cases of domestic violence.

1 Relevance

<Consistency with Development Policy of Peruvian Government at the time of ex-ante evaluation and the project completion>

The project was consistent with the Peru's development policy prioritizing importance of actions to support for victims of violence from the mental aspect as set forth in the policy documents including "the Action Guidelines on Mental Health 2004 by MINSA and the National Sanitary Strategy for the Mental health and Culture of Peace" (2004) which were effective at the time of ex-ante and the project completion.

<Consistency with Development Needs of Peru at the time of ex-ante evaluation and the project completion>

The project met the development needs of Peru to provide the victims affected by violence with proper health care, including mental care as well as maternal and child health care.

<Consistency with Japan's ODA Policy for Peru at the time of ex-ante evaluation>

The project was consistent with the Japan's ODA policy "the Country Assistance Plan for Peru" in 2000 prioritizing the basic human needs sector and the social sector including improvement of maternal child health.

<Evaluation Results> In the light of above, the relevance of this project is high.

2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the time of project completion>

The Project Purpose was mostly achieved by the project completion. The number of victims identified in the pilot site increased from 2,404 in 2005 to 14,546 in 2007 and the number of victims attended by health care facilities in the pilot sites also increased from 1,935 to 9,935 for the same period. In addition, the number of victims having the integrated health care services grew from 2,310 to 13,832 for the same period as well. While the proportion of the victims visiting public health institutions among the ones identified did not reach 100% by the end of the project, the proportion of the total number victims having the integrated health care services among the total number of victims identified for the period from August 2005 to December 2007 was around 96%.

<Continuation Status of the Project Effects at the time of ex-post evaluation>

After the project completion, the number of victims identified in the project sites in total dramatically increased from 3,665 in 2010 to 46,087 in 2014. Also, the number of health centers providing the integrated health care for victims of violence in the pilot sites has increased from 1,305 in 2010 to 5,196 in 2014 and the number of victims attended expanded to 50,387 in 2014. The main reason for improvement of coverage by the health care facilities for the victims of violence in the pilot sites is dissemination and sensitization of the integrated health care not only for the population but also the health professionals. Also, MINSA included the mental health treatment as a part of the health integral insurance package, the Public Health Insurance for the poor people (SIS: Securo Integral de Salud). In addition, the total number of health centers providing the Maternal and Child Health (MCH) care introduced by the project in the 4 target areas of DISA Loreto, Cajamarca, Huanuco and Ancash expanded from 1,754 in 2010 to 1,928 in 2014 as well.

<Status of Achievement of the Overall Goal at the time of ex-post evaluation>

The Overall Goals have been mostly achieved at the time of ex-post evaluation. In terms of the indicator 1 of mental health conditions of the victims of violence in the target regions, according to the health professionals interviewed by the survey for this ex-post evaluation, they have been getting better due to the increase in the number of patients receiving the mental health treatment which have been improved by the health professionals trained by the project. For the indicator 2 of the number of reported cases of domestic violence in the target regions, it has not decreased rather increased during the period from 2010 to 2014. A reason of the increase in the number of domestic violence reported is that the population who used to live with fear of domestic violence now recognize their rights. Now they have better access to the health care services through nationwide dissemination and implementation of the model of the integrated health care for the victims of violence developed by the project in all 25 regions. The fact indicated that the project has contributed to improvement of identification of victims of violence as well as reporting of domestic violence cases. Therefore, MINSA does not consider the fact as negative but as positive because it implies that the population has been more sensitized about the victims of domestic violence. In terms of MCH, the project has contributed to the preparation and implementation of technical regulations[1] in order to improve the quality of the maternal child treatment by incorporating a violence screening test when a pregnant woman visits the health center. The number of delivery at public health institutions tends to increase in three regions of Loreto, Huanuco and Ancash among the 4 target regions of the project for the period from 2010 and 2014. The infant mortality rate and the under 5 mortality rate in the target regions except Cajamarca has improved for the same period due to the various health programs implemented by MINSA. According to the interviews with health professionals, health promoters and population, the maternal child health conditions in the pilot sites have improved.

<Other Positive and Negative Impacts>

There are some positive impacts of the project observed at the time of the ex-post evaluation. The model of the integrated health care services for the population affected by violence has been disseminated to all the 25 regions in Peru as mentioned above. It is applied at the national level through the Supreme Resolution No. RM 464-2011. Since the project completed in 2008 and their effectiveness of the model has been confirmed by the Government of Peru, MINSA has decided to implement it nationwide.

[1] These technical regulations are: a) RM 142-2007 Standard indicators for the quality of attention, b) RM 141-2007 Technical Guidelines for the comprehensive attention of people affected by violence based on gender

<Evaluation Results>

The project has mostly achieved the Project Purpose and the Overall Goal. Also, the model of the integrated health care services for the victims of violence has been disseminated nationwide and the identification of victims of violence as well as the access to the integrated health care services for the victims of violence has improved. Therefore, effectiveness/Impact of the project is high.

Achievement of project purpose and overall goal

<table>
<tr><th>Aim</th><th>Indicators</th><th>Results</th></tr>
<tr><td rowspan="2">(Project Purpose)
People affected by violence in the pilot sites come to use Integrated Health Care services.</td><td>Indicator 1: Identified victims of the violence in the pilot sites visit the public health institution by March 2008.</td><td>(Project Completion) Partially achieved.
<table>
<tr><th></th><th>Aug-Dec. 2005</th><th>Jan-Dec. 2006</th><th>Jan-Dec. 2007</th></tr>
<tr><td>a) Number of victims identified*</td><td>2,404</td><td>5,881</td><td>14,546</td></tr>
<tr><td>b) Number of victims attended by public health facilities**</td><td>1,935</td><td>3,340</td><td>9,935</td></tr>
<tr><td>% of victims attending the public health institutions (b/a)</td><td>80%</td><td>57%</td><td>68%</td></tr>
</table>
Note 1:*The total number of victims is identified by the health promoters, the health facilities, and community organizations, NGO, local authorities.
Note 2: ** The cumulative total number of victims provided any health care by public health facilities.

(Ex-post Evaluation) Continued
[No. of victims of violence attended]
<table>
<tr><th></th><th>2010</th><th>2014</th></tr>
<tr><td>East Lima</td><td>1,841</td><td>7,594</td></tr>
<tr><td>DISA Ayacucho</td><td>691</td><td>4,591</td></tr>
<tr><td>DISA Cusco</td><td>4,077</td><td>20,567</td></tr>
<tr><td>DISA Junín</td><td>948</td><td>13,292</td></tr>
<tr><td>DISA Huancavelica</td><td>2,666</td><td>4,343</td></tr>
</table></td></tr>
<tr><td>Indicator 2: Identified victims of the violence in the pilot sites receive integrated health care by March 2008.</td><td>(Project Completion) Achieved.
<table>
<tr><th></th><th>Aug-Dec. 2005</th><th>Jan-Dec. 2006</th><th>Jan-Dec. 2007</th></tr>
<tr><td>a) Number of victims identified*</td><td>2,404</td><td>5,881</td><td>14,546</td></tr>
<tr><td>b) Number of victims having the integrated health care services**</td><td>2,310</td><td>5,783</td><td>13,832</td></tr>
<tr><td>% of victims having the integrated health care services(b/a)</td><td>96%</td><td>98%</td><td>89%</td></tr>
</table>
Note 1:*The total number of victims identified by the health promoters, the health care facilities, and community organizations, NGO, local authorities.
Note 2: The total number of victims attended by the health promoters, the health facilities and community organizations, NGO, local authorities.
(Ex-post Evaluation) Continued
[Number of health centers providing the integrated health care for victims of violence]
<table>
<tr><th></th><th>2010</th><th>2014</th></tr>
<tr><td>MR Huaycan</td><td>643</td><td>1,848</td></tr>
<tr><td>MR Belen</td><td>24</td><td>184</td></tr>
<tr><td>MR Techo Obrero</td><td>584</td><td>1,596</td></tr>
<tr><td>MR San Martín de Pangóa</td><td>13</td><td>994</td></tr>
<tr><td>MR Ascención</td><td>41</td><td>574</td></tr>
</table></td></tr>
<tr><td>(Overall goal)
The condition of people's health in the pilot sites affected by violence is improved comprehensively.</td><td>Indicator 1: The mental health condition of people affected by violence in the pilot sites is improved.</td><td>(Ex-post Evaluation) Achieved.
[Mental health condition of victims of violence in the pilot sites]
<table>
<tr><th>Region</th><th>Definition of Mental health conditions of victims of violence</th><th>Status of mental health conditions</th><th>Methodology to check the mental health conditions</th></tr>
<tr><td>East Lima</td><td>The victims are productive and feel better about their health condition</td><td>Good</td><td>Interviews to 10 patients</td></tr>
<tr><td>Ayacucho</td><td>The victims enjoy doing things and attend social meetings and parties</td><td>Good</td><td>Regional hospital database</td></tr>
<tr><td>Cusco</td><td>The victims have no fear,</td><td>Good</td><td>Through the</td></tr>
</table></td></tr>
</table>

	they protect their children, take care of their physical appearance, participate in community actions		implementation of productive projects[2]
Junin	The victims attend social meetings and participate in community actions. Some victims became as Community leaders	Good	Through the implementation of productive projects
Huancavelica	The victims are organized, share responsibilities in their communities and attend social meetings	Good	Working with the community, visiting patients, multi sector alliances

Indicator 2: The number of reported cases of domestic violence in the pilot sites is decreased in the long run.

(Ex-post Evaluation) Partially achieved.

- The number of reported cases of domestic violence in the pilot sites increased from 2010 to 2014 but the numbers of cases reported fluctuated year by year during the period from 2010 to 2014.
- The fact of the increases in the number of reported cases of domestic violence in 2014 indicates that dissemination of the model of the integrated health care for the victims of violence has contributed to sensitization of the population about domestic violence as well as improvement of reporting the cases of domestic violence..

[Number of domestic violence reported]

	2010	2011	2012	2013	2014
East Lima	1,841	2,041	4,065	1,542	.7,594
DISA Ayacucho	691	1,175	4,707	677	4,591
DISA Cusco	4,077	2,877	5,889	4,949	20,567
DISA Junín	948	2,166	3,257	2,006	13,292
DISA Huancavelica	2,666	1,971	3,181	820	4,343

Indicator 3: Maternal Child Health (MCH) Condition is improved.

(Ex-post Evaluation) Achieved.

[Indicators of MCH]

	Number of delivery at public health institution		Infant Mortality Rate (per 1000 live birth)		Under 5 Mortality rate (per 1000 live birth)	
	2010	2014	2010	2014	2010	2014
DISA Loreto	72.949	73,927	43	30	61	40
DISA Cajamarca	73,004	89,399	24	24	29	29
DISA Huanuco	66,611	59,694	23	17	34	21
DISA Ancash	62,188	65,006	19	15	24	18

Source：Terminal Evaluation Report, Data provided by MINSA

3 Efficiency

Although the project period was as planned (ratio against the plan: 100%), the project cost exceeded the plan (ratio against the plan: 111%). Therefore, efficiency of the project is fair.

4 Sustainability

<Policy Aspects>

MINSA issued in 2006 the "National Plan of Mental Health" mentioning: a) Identified problems, b) Objectives and c) Strategies. Mental health care has been still considered as an important issue as the Government of Peru has endorsed various regulations and strategies to increase the attention to the victims of violence since the project completion. The Annual Operative Plan of Mental Health Office of the Government of Peru has incorporated psychosocial accompaniment to the victims of violence and their follow-ups and monitoring in the integral plans of reparation in prioritized regions. Also, MINSA issued resolutions in 2008 and 2009 to put a priority on the attention to the victims of violence. Furthermore, the nationwide dissemination of the model of the integrated health care services for the population affected by violence to all the 25 regions has been endorsed at the national level through the Supreme Resolution No. RM 464-2011

<Institutional Aspects>

[The integrated health care system for victims of violence]

As mentioned above, the model of the integrated health care service including MCH for the victims of violence has been extended and implemented nationwide and the vulnerable population who live in poverty, including victims of violence, have been covered by the health integral insurance (SIS) provided by MINSA. In addition, the Ministry of Economy and Finance (MEF) has established a goal to provide reparation to the victims of terrorism and human rights in the prioritized regions, including the population covered by SIS. At the local level, the health centers and the local communities have been working closely in activities such as training programs and workshops related

[2] "Productive project" is a project aiming at giving victims an opportunity to improve their skills for earning a sustainable income.

to the victims of violence and MCH through the participation of the health promoters. Since the Office of Mental Health of MINSA started to strengthen capacities of health professionals to detect more cases of mental health disorder at national level. To respond to the demand, the number of psychologist of DIRESA/DISA in the 5 target areas has increased from 166 in 2012 to 423 in 2015. Also, the number of psychiatrists increased from 4 to 59 but 47 out of them are in East Lima. The number of health staff engaged in the integrated health care services for victims of violence in the 5 target areas dramatically increased to 7,794 in total for the same period while the number of health promoters engaged in the integrated health services for victims of violence has decreased in the 5 target areas All health promoters work as volunteers and they receive neither salary nor benefits in return. In this regard, when the extractive industries have flourished in different regions in Peru, especially mining industry at highlands, most of the mining companies have offered jobs and provided of materials for the population nearby the project area. As a result, it is said that most of the population, including the health promoters, were accustomed to receive additional incomes or other benefits just for living around the area and some of the health promoters have not been willing to work voluntarily without payment and have been willing to devote their time to generating incomes. Despite the increase in the number of health professionals engaged in the health services for the victims of violence in the target regions, according to the interviews with the health professionals, many of them comsidered that still it was not sufficient to cover the demand of the victims of violence, in particular for psychiatrists and psychologists. The referral system has been sustained in the target areas. Various institutions, such as other ministries of Education, Woman and Justice, schools and NGOs, collaborate to detect cases of victims of violence at multi-sectoral level and refer those cases to psychiatrists and psychologists in order to improve identification of the people affected by violence.

[MCH service]

MINSA included intercultural attention in provision of MCH services through the issue of a technical norm (RM No.278-2008-MINSA) in which the health professionals were trained to keep a good relationship with communities and provide technical advice on contraceptive methods. Furthermore, visiting pregnant women in their district to advice on matters of health and hygiene during pregnancy began in 2008. However, it is observed in the interview that many of the health professionals are considering that the number of health professionals is still insufficient. Although DIRESA/DISA have initiated hiring process for health professionals but not all available positions are covered due to the geographical distance and low salary paid by MINSA.

[Human resource development]

Regarding the permanent training program run by UNMSM, which was developed by the project, the number of UNMSM faculties who teach in those courses has increased from 19 in 2008 to 27 in 2014. On the other hand, the diploma course and the permanent training program had to be suspended recently by UNMSM due to the low number of participants in the last years. While, there are number of cases where the health technicians are needed to temporarily replace mental health professionals because of the limited number of health professionals in the most regions, the qualification to be admitted into the Diploma course is too high for the health technicians who have needs for the diploma in mental healthcare. Although UNMSM has not implemented any diploma course since 2011 or permanent training program since 2014, UNMSM has been sharing knowledge of integral attention to victims of violence and child health in workshops and congress at various universities and hospitals. UNMSM has also supported 10 universities to incorporate the curriculum on integral health care for victims of violence.

<Technical Aspects>

Regarding the ability and knowledge of health professionals at health centers and hospitals, despite their frequent rotation, they constantly receive training for capacity building in psychological attention to victims of domestic violence, alcoholics, and drug addicts, and maternal child health care. In fact, many health professionals and patients have asserted in their interviews that they are satisfied with the ability and knowledge as well as technical level of those professionals in detecting cases and providing medical attention. Health promoters have also obtained adequate skills and abilities to communicate with their community and health center, as well. The training system developed by the project has been sustained and utilized in the target areas. Also the materials and forms designated in the project have been still in use. UNMSM has assessed their abilities of those professionals through evaluations. Every year, UNMSM carry out workshops, conferences and courses, for the integrated health services of victims of violence. Through these training, the faculties sustained their knowledge and skills. In addition, the health professionals have disseminated their skills and knowledge not only to health promoters but also to other health professionals. In the 11 regions prioritized[3], the training is carried out weekly or monthly. According to MINSA, in regard to increase of the number of identified victims of violence as well as the number of victims treated by health centers, the community plays a part of the important role in the improvement of health condition of the population. Since the health promoters accomplish an important role of “bridge” between the community and the health centers, MINSA has been training them on different issues (i.e first aid, health promotion) through workshops. The health promoters can be the first one to identify patients in the community and take them to the health center. As they are able to be close and supportive to the community, people in the community trust them for their ability to listen their advices.

<Financial Aspects>

The budget for mental health issues has been increased by MINSA after the project completion. However, according to the interviews with the health professionals, most of them considered that the budget is still not sufficient, even though Peruvian political initiative has given priority to integrated health care for victims of violence. Financial sources have been well managed to this date; however, future prospects are not very clear. MINSA has been ensuring the minimum budget to promote the integrated health care services for victims of violence. For example, the budget of 1,380,800 soles was secured for integral plan of reparations every year until 2014. In 2015, it was decreased to 1,010,330 soles. Instead, MINSA created budget of 7,264,683 soles for integral health insurance and increased the budget for attention to the addicted from 2,765,189 soles to 3,028,807 soles in 2014 to meet more needs of population. In some regions, the budget for medical attention to victims of violence was more than doubled in 2014, such as Cusco and Huancavelica. However, apart from Lima Region, the budget is barely allocated in the other regions in 2014 because their governments no longer place their priority on medical attention to victims of violence. To address the issue, MINSA recouped the budget of 150,000 soles in Ayacucho, for example. Besides, the budget of trainings is still low, the regional governments allocate on average about 0.2% of their resources. These leave some uncertainty in the future prospects. UNMSM has confirmed that the necessary budget to sustain the Diploma course and the permanent training program was ensured. The financial source is the tuition fees paid by the participants of the Diploma and permanent training program.

<Evaluation Results>

[3] Ayacucho, Cusco, Junin, Huancavelica, Puno, Pasco, Apurimac, Huanuco, Ucayali, San Martin and Ica

In the light above, there has some problems observed in the institutional and financial aspects of sustainability. Therefore, sustainability of the project is fair.

5 Summary of the Evaluation

The Project Purpose and the Overall Goal have been mostly achieved through improvement of identification and treatment of victims of violence in the target areas and improvement of their mental conditions. Furthermore, the model of the integrated health care services introduced by the project has been disseminated nationwide. As for sustainability, the number of health professionals and the budget for delivering the integrated health care services have not been sufficient yet in order to cover the demand of the population affected by the violence despite of the government efforts to enhance the system. As for efficiency, the project cost exceeded the plan.

In the light of above, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

[For Ministry of Health]

- Consider additional human resource development and/or budget allocation as necessary in order to assign professionals in accordance with the demand. Since every Region has its own budget plan, they are considered as decentralized autonomous organizations. In this regard, Regional Governments request their budget every year to the Ministry of Economy and Finance (MEF) in which the health sector is included. However, most of the Regions prioritize physical diseases rather than mental diseases. .Moreover, health professionals related to mental health treatment such as psychiatrists and psychologist are not sufficiently requested in terms of the number recommended by MINSA. Thus, MINSA is recommended to improve the supervision to Regional Governments as well as to develop a financial incentive scheme to the Regional Governments that encourage them to achieve mental health treatment, for instance, to increase the budget for mental health service.
- Continue the capacity building system for the health professionals and health promoters in order to maintain their skill and apply the latest knowledge and technology. MINSA has to prepare and disseminate technical handbook more frequently. The dissemination of materials implies the implementation of a training system for key professionals in a national training program. These professionals should share their knowledge with their colleagues in their health centers with the supervision of MINSA. MINSA can effectively utilize some tools such as videoconference and web camera to monitor the progress of the training.

[For UNMSM]

UNMSM is recommended to reconsider relaxing their requirement for admissions into the Diploma course or to prepare other modality, such as on-line graduate program, to deliver the Diploma course to regions away from Lima since UNMSM found few demand of the Diploma course in Lima. Since there are needs for the Diploma course in other regions, in particular for the health technicians, UNMSM needs to be flexible to redesign and deliver the Diploma course in mental health care introduced by the project for the necessary health staffs working in the public health care centers in order to disseminate the necessary skills and knowledge in the mental health care services furthermore.

Lessons learned for JICA

- It is unavoidable that some of the human resources, who were trained by JICA's project, change their occupations. Therefore, it is essential to develop a system that can disseminate their knowledge to other professionals, in order to assure the impact of the project to be continued. At the planning stage, system ensuring dissemination of their knowledge by the trained professionals to other health professionals should be considered as one of alternative project component to ensure sustainability. Also, development of training system using videoconference or uploading the training program on the web can be effective tools to support learning process and to provide durable solutions for promotion of knowledge sharing among the health professionals in addition to development of training materials, technical manuals and guidelines..
- In order to identify people affected by violence and improve their health status, the active participation of national and local institutions (Ministry of Education, Ministry of Justice, National Police, Schools and Municipalities) is important. Through the involvement of local institutions, a greater dissemination of health care services and health promotion can be increased. One of the key factors for the successful dissemination of the model introduced by the project was the total support of the Peruvian Governments (Central and Regional Governments) and the priority that this project had for the authorities. At the planning stage, it is critical to assess priority and importance of models to be introduced by the project in policies and strategies at national level. In addition, at the implementation stage, it is important to make key stakeholders, including local governments, be involved in project and incorporate the models in their operations. .

Interviews with victims (Ayacucho)


Records of victims (East Lima)