

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

Shigeo Murauchi

Abstract *In two decades since 1980, Peru suffered from the violent fight between the Armed Forces and the terrorist groups that caused 69,280 fatal victims and one million domestic refugees. This political violence mostly affected those populations with less social and economic resources in the mountainous areas of the Andes and the jungle. Moreover, there has been all kinds of violence such as family violence, sexual violence, and social violence too. This project has been progressing with the object of improving comprehensively the condition of people's health in pilot sites severely affected not only by political violence, but also by non-political one, under international cooperation between Peru and Japan since 2005. The principal strategies of the project are "cascade training system" and multisectoral coordination.*

Key words: violence, HPRT, cascade training, the Diploma course, multisectoral coordination

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INTRODUCTION Between the years 1980 and 2000, Peru suffered from the violent fight between the Armed Forces and the terrorist groups such as Sendero Luminoso, MRTA, causing 69,280 fatal victims and one million persons displaced from their place of origin. This political violence mostly affected those populations with less social and economic resources in the south and central mountainous regions of the Andes and the jungle, as described in the report of the Truth and Reconciliation Commission (CVR) established by the Peruvian government in 2001. Those affected by violence still have many psychiatric disturbances and psychological side effects have not received integral attention nor opportunity of health yet, since the health personnel does not carry the competence for such cases. In these areas there are all kinds of non-political violence too, such as family violence, sexual violence, social violence, even though these are not exclusive and these can be related to one from another.

This project is aimed at improving comprehensively the condition of people's health in the areas affected by violence, just under way by the San Marcos Major National University (UNMSM) and the Ministry of Health (MINSA) under the support of the Japan International Cooperation Agency (JICA) between the years 2005 and 2008, and I have engaged in it as an expert of mental health of JICA (Note 1).

Correspondence to: Shigeo Murauchi MD.
Henmi Hospital, 3-26-16, Hagiya-cho, Higashi-Murayama, Tokyo, Japan

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PROJECT SITES Though the project operation is based in Lima, in order to implement the project efficiency and effectively, project sites are selected as shown in Table 1. In the site selection process, the results of CVR study on violence victims and MINSA's support areas for violence victims are taken into consideration, as well as equity among various cultural groups (Quechua/Ashannka) and geographic conditions (mountainous rural area/suburb of Lima). The 5 Pilot sites are: DISA East Lima (Micro-network Huaycan), DISA Ayacucho (Micro-network Belen), DISA Cusco (Micro-network Techo de Obrero), DISA Junin (Micro-network San Martin de Pangoa), and DISA Huancavelica (Micro-network Ascencion). The table below indicates the number of final beneficiary, related health indicators and the number of the victims of violence, and it is provisional data according to the information collected by the Baseline survey of February 2006.

OUTPUTS OF THE PROJECT To accomplish the project purpose that people affected by violence in the 5 pilot sites come to use Integrated Health Care services, Four Project Outputs were prescribed in Project Design Matrix (PDM).

Output 1 is that a permanent program of training to provide integrated health care to the people affected by violence is developed in National Major University of San Marcos (UNMSM).

Output 2 is that capacity of health personnel to provide primary and secondary integrated health care to people affected by violence is improved.

Output 3 is that in the target districts, capacity of personnel providing primary and secondary health care to ensure mother and child health is expanded.

Output 4 is that Community health-care activities with the participation of Community-Based Organizations (CBOs) and Non-Governmental Organizations (NGOs) are promoted to benefit the people affected by violence.

Table 1 Target Population in each Project Site

Disa/Diresa Project Site (micro-network)	Total	East Lima Huaycan	Cusco Techo Obrero	Huancaveica Ascension	Hayacucio Belen	Junin San Martin de Pangoa
Population						
Total population	239,707	105,306 ¹	38,556 ⁴	28,867 ⁵	35,967 ^{6*}	31,011 ⁸
Children under 5 years old	27,150	8,262 ¹	4,641 ⁴	3,945 ⁵	3,917 ⁶	6,385 ⁸
Population under 20 years of age	96,269	35,303 ¹	17,352 ⁴	9,980 ⁵	16,762 ^{6*}	16,872 ⁸
Women of reproductive-age (15-49 years old)	51,310	18,865 ¹	8,875 ⁴	6,421 ⁵	9,265 ^{6*}	7,884 ⁸
Maternal and child health						
Maternal mortality rate	-	0.2 ¹	38 ⁴	905 ⁵	(3) ⁷	(5) ⁹
Infant mortality rate (number of infant rate)	-	0 ¹	23 ⁴	N/A ⁵	(3) ⁷	(1) ^{10*}
Under 5 mortality rate (number of death of children under 5 years of age)	-	0 ¹	6.6 ⁴	N/A ⁵	(0) ⁷	(4) ^{10*}
Victims of violence						
Victims of domestic violence	1,811	1,060 ²	431 ⁴	128 ⁵	60 ⁷	132 ¹¹
Victims of sexual violence	62	38 ²	4 ⁴	N/A	10 ⁷	10 ¹¹
Victims of social violence	22	0 ²	0 ⁴	N/A	0 ⁷	22 ¹¹
Victims of political violence (2005)	76	-	2 ⁴	-	52 ⁷	22 ¹¹
Victims of political violence [number of families] (1980-2000) (Baseline survey)	965	108 ³	86 ³	130 ³	641 ³	-
Victims of violence in general (1980-2000) (Baseline survey: estimation)	20,000	-	-	-	-	20,000 ³

Data is as of 2005 unless noted. ^o 2006; * 2004.

Sources:

1. Huaican Microred (2005)
2. Huaican Microred, Hospital Herminio Valdizan (2005)
3. Universidad Nacional Mayor de San Marcos (2005). Estudio de Lines de Base.
4. Direccion Estadistica e Informativa DIRESA Cusco e INEI (2005)
5. ASIS 2005 Microred Ascencion (2005)
6. Censo Local (2006)
7. Oficina de Estadistica DIRESA Ayacucho (2006) HIS
8. Estadistica e Informativa OGEI-MINSA (2005)
9. Epidemiologia DIRESA Junin (2005)
10. Estadistica Hospital San Martin de Pangoa (2004)
11. Estrategia Sanitaria de Salud Mental DIRESA Junin (2005)

TRAINING OF TRAINERS BY HPRT Harvard Program in Refugee Trauma (HPRT) was chosen as a subcontractor for the Project. The candidate selection criteria were the following: 1) Health professionals (i.e. physicians, registered nurses, nurse midwives and clinical psychologists; and not limited to faculties of universities) having knowledge on mental health (not necessary to be a specialist in mental health); 2) Intermediate English skills; 3) Strong humanitarian motivation to promote mental health care; 4) Commitment to disseminate the knowledge and skills learned in the training after returning to Peru; 5) Being in good physical health. The result of 50 participant composition by institutions was the table below (See Table 2 below).

Table 2 Participant composition by institution and occupations

Organization	Psychiatrists	Doctors	Psychologists	Nurses/Midwives	Total
UNMSM ¹	4	10	1	4	19
MINSA ² , LIMA	1	3	0	1	5
5 DISAs ³	1	6	1	1	9
Mental Health Specialized Institutes ⁴	8	0	1	4	13
IEMP ⁵	0	2	0	2	4
TOTAL	14	21	3	12	50

¹UNMSM: National Major University of San Marcos

²MINSA: Ministry of Health

³DISA: Regional Health Office

⁴Mental Health Specialized Institutes: National Specialized Institute of Mental Health "Hideyo Noguchi"; Hermilio Valdez Hospital; Larco Herrera Hospital

⁵IEMP: Maternal Perinatal National Institute.

Training was given in January and February 2006 for fifty Peruvians who are the leading figures in the institutions concerning with four Project Outputs. 50 participants were divided into two groups; each course with 25 participants. Lecture themes encompass the HPRT tool kit regarding care for victims of violence, and general theory including identifying victims of violence, diagnostic questionnaires, etc. and specifics on depression, PTSD, psychopharmaceutical applications, domestic violence, sexual abuse, care for victims of violence from a cultural anthropologic standpoint, etc. Lectures on general theory were principally presented by full-time HPRT group staff, while specific theme lectures were presented by faculty of the Harvard Medical School and staff from Massachusetts General Hospital (one of the hospitals affiliated with the Harvard Medical School). The lecturing is a comprehensive program. It presents an overview of mental disorders stemming from violence, while at the same time including a cultural anthropologic viewpoint. Pharmaceutical treatment involves more sophisticated psychotherapy, and thus conversely non-psychiatric professionals play a bigger role in mental health care service at the primary care level. However, the lectures do not sufficiently cover how to specify the type of mental disorder. Training in Peru needs more attention as to this point. The Peruvian participants overall expressed a great deal of satisfaction with the training course.

Opinions elicited from participants are as follows:

- It was rewarding to receive advice in the form of lectures from front-line researchers and clinicians connected with HPRT as well as other Harvard University related personnel with regard to care for victims of violence.

- As a result of the lectures, group work and coffee break get-togethers, discussion was furthered among the participants from the various related organizations with regard to future Project activities. This was meaningful in terms of heightening a sense of unity in addressing issues under the Project.

Table 3 Future expectations are directed at HPRT with regard to lectures on themes that could not be covered under this first course, as well as supervision when actually inaugurating human resources development programs within Peru.

ACHIEVEMENTS OF ACTIVITIES RELATED TO OUTPUT 1

Revision of Curricula Syllabi and Teaching Guide of the Faculty of Medicine, UNMSM

The faculty of Medicine reviewed the courses of five professional schools. As part of the curricula reform, it is to clarify which course in undergraduate and graduate schools should include the theme of violence when incorporating the topics of Human Rights and Integral Care. Compared to the progress as of March 2006, number of subjects revised to include the theme of integrated health care for the violence victims has been increased from 18 subjects to 37 subjects, which is 46% of all subjects (Medicine: 68%, Nursing: 50%, Midwifery: 50%, Nutrition: 18%, Med.Tec: 32%) which are relevant to include the theme.

Approval of the Diploma Course

The Diploma course “Integrated Health Care for the Victim of Violence” was officially approved by the President of UNMSM on February 9th, 2007. For the final approval it will be submitted to the University Council.

ACHIEVEMENT OF ACTIVITIES RELATED TO OUTPUT 2

Development of Program and Materials for Health Worker Training

The selection criteria for the Diploma Course participants was determined; 80 health professionals working in each site permanent officers preferred, those who are committed to completing the Diploma course and will continue working in the prioritized areas (project sites), those who have access to internet e-mail account. The training program of the Diploma course consists of six Modules that require 36 credits in total. The Modules are as follows. Module 1: Human quality and ethics in the health care for the people affected by violence, Module 2: Health promotion and peace culture, Module 3: Integrated health care for children and adolescents affected by violence, Module 4: Integrated health care for woman affected by violence, Module 5: Integrated health care for adults and seniors affected by violence, Module 6: Care management. Out of fifty HPRT Training participants, forty from Lima area are formed six groups according to their specialties. Each group is assigned to preparation and implementation for one module, and visits five pilot sites. The manuals of the Diploma course are self-explanatory and will be used by the participants in the on-site and non-on-site lecture.

ACHIEVEMENT OF ACTIVITIES RELATED TO OUTPUT 3

Since the maternal and child health component is incorporated in this project, the HPRT graduates in National Maternal Perinatal Institute (INMP) developed teaching material on “Care of the Victims of Violence in Maternal and Child Health” and included it in the existing INMP training supported by JICA and USAID (United States Agency for International Development). For the first

batch (4th course) of the training, participants will be selected from professionals working in human resource development section and maternal child health section of 9 DISAs (Ayacucho, Huancavelica, Cusco, Junin, Lima Este, Ancash, Cajamarca, Iquitos, Huanuco), so that they will train primary level health workers in health post or health center (as replication trainings) after receiving trainings in INMP. For the second batch (5th course), participants will be selected from health professionals working in secondary level health institutes such as hospitals and larger health centers. They will also conduct replication trainings to colleagues and/or primary health workers in the regions. Each DISA has responsibility to develop Regional Training Center under decentralization policy, through support from external donors – e.g. United States Agency for International Development (USAID), German Agency for Technical Cooperation (GTZ), non-governmental organizations (NGOs) – including this Project. The progress of the development of the training center will be monitored and evaluated through the follow-up visit. The 6th-9th courses in 2006-2008, different from the previous ones, focused on the primary and secondary level health professionals selected from the 5 project sites (microreds: Huaycan, Tech Obrero, San Martin de Pangoa, Belen y Ascension) and from DIRESAs of Ancash, Cajamarca, Loreto and Huanuco. The participants of the 6th – 9th courses will have the task of integrating violence with the maternal perinatal care, in addition to participating as trainers in the Regional Training Center being organized by the participants of the 4th and 5th course.

ACHIEVEMENT OF ACTIVITIES RELATED TO OUTPUT 4

In May 2005, JICA expert team presented guideline of Social Resource mapping and all DISA/DIRESA developed resource map by September 2005. Social Resources refer to the multisectoral social actors that work for the prevention and care of the violence in the pilot area. The examples of the Social Resources are as follows: Health Promoters (Hospital, Health Center, Health Post, Municipality, Church, NGO), Agency of Ministry of Women (ej. Refugee House for women and children), Municipality Office, Police, Conciliation Office, Church, NGO, Educational institution (ej. School), Mass-media (ej. Local radio), Coordination Committee acting for Violence, Youth groups.

As one of the activities under Output 4 of the Project, a sensitization workshop was carried out within the Project area targeted at organizations dealing with violence including health promoters, community groups, NGO, etc.

- In Junin district, the working group organized sensitization workshops for violence-related local organizations in August 2005 and a written resolution on mental health promotion was adopted at the regional and micro-network level. The sensitization workshops for health promoters in the community were held on November 10 and 30 2005, in order to 1. Increase knowledge on mental health, 2. Define the specific role of health promoters within the community and 3. Plan activities for community mental health improvement. After the workshop, health promoters had meetings with their community members and established a plan for activities for mental health promotion.
- Until the Project started, community intervention in Huaycan mainly had focused on mental health care provided by the Valdizan Hospital in the Senor de Los Miragros health center. Since 2006, after the personnel of the Huaycan Hospital attended the training in the HPRT Program, the microred has presented the Community Activity Plan as part of the Strategic Plan Proposal of Fight against Violence. This strategic plan contains four Phases: Phase 1, to develop a sensitization plan and set up a consultation room for patient care for the victims of violence, Phase 2, to develop a program of intervention in mental health in different services and establishments of the microreds, Phase 3, intersectoral agreements with participation of community and local institutions for prevention, detection,

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management and follow up of the victims of violence, and Phase 4, to elaborate a training program of health promoters in the prevention, detection and follow up and companionship of the victims of violence.

- In Sicuani the committee of conciliation of fight against violence integrates the local institutions in microred Techo Obrero. This committee formulated a flowchart for care and reference of the victim of violence. It is to classify the victims of violence in 3 groups: 1. Child neglect, to be referred to DENUNA, 2. Child abuse and violence against woman, to be referred to the Woman Center for Emergency, health facilities, office of public prosecutor and family police and 3. Sexual abuse, to be referred to the family police. Since July 2 in Sicuani, the decentralized care of the cases of violence in the microreds of Techo Obrero and Layo has been started. On September 13 and 14 the training for health technicians and health promoters will be held with the participation of professionals who are taking part in the Diploma Course. The representatives of the Committee of fight against poverty, of the Women Center for Emergency and the Church also participated in the training. Currently, the psychologists of the Sicuani Hospital visited the communities and committee of conciliation of fight against violence will ask for another psychiatrist to be assigned in this microred.

Table 3 Number of victims of violence identified, being cared or as introduced to other agencies by Health Promoters, Health Care Facilities or other Organizations concerned with violence within the Project Side (January – December 2006)

Activities of Health Promoter	Haycan	Cusco	Hvca	Ayacucho	Junin	Total
Number of victims of violence identified	10	15	12	19	46	102
Number of victims of violence being attended	10	15	0	0	72	116
Number of victims of violence referred to other institutions	10	15	0	0	118	143

Activities of Health care Provider	Haycan	Cusco	Hvca	Ayacucho	Junin	Total
Number of victims of violence identified	1,630	1,257	97	71	39	3,094
Number of victims of violence being cared for	1,630	1,257	97	71	30	3,085
R456		1,257	97	71	20	1,445
T7411	0	15	72	13	237	337
T7412	66	6	9	2	69	152
T742	26	15	1	27	2	71
T743	28		0	18	169	215
Z654	974	35	4	0	89	1,102
Other types of violence	0	273	202	0	652	1,127
Number of victims of violence referred to other institutions	335	352	0	0	0	687

Activity of Community –based Organizations, NGO, violence related local institutions/ authorities (excluding health care providers)	Haycan	Cusco	Hvca	Ayacucho	Junin	Total
Number of victims of violence identified	0	2,179	1	0	138	2,318
Number of victims of violence being cared for	0	2,179	1	0	126	2,306
Number of victims of violence referred to other institutions	0	1,555	0	0	116	1,671

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

Note: Among these indicators, data of activities of health care facilities were reported using the data of Health Information System (HIS) of Ministry of Health (MINSa). However, the definition of MINSa was not clear enough, some region (Cusco) expanded definition of violence, so that their reporting number were higher than others. The 8th JCC decided to clarify and unify the definition of them.

COMMENTS Violence is a major obstacle to health and development, and the global campaign for violence prevention was launched following the release of the World report on violence and health, in October, 2002. This project was launched in this global context, on the base of the report of the Truth and Reconciliation Commission that the Peruvian government established in 2001. Five pilot sites which had been severely affected by political violence between years 1980 and 2000 were selected. In many pilot sites, the major current affairs of violence is not political violence but domestic violence, and the current major psychiatric problems is not PTSD, but depression or anxiety disorders, because of time from the era of Political violence. In Peru more than 90 % of psychiatrists are working in Lima, and there were very few specialists of mental health in these pilot sites. Consequently, “cascade training system” was adopted to improve the capacity of health personnel, not only specialists of health but also non-professional health workers such as auxiliary nurse, nursing technicians, and health promoters, for integrated health care to people affected by violence in the sites. The capacitation by HPRT was not just focusing on this project, but the systematic lectures, long experience and passion for refugee trauma impressed deeply the Peruvian participants, the leading figures in this project, strengthened a sense of unity among them. Participation of many specialists, other than those in mental health, helped them understanding mental health, and contributed to multisectoral coordination for this project. To develop this project, current issues are as follows: Reinforcement of the system of clinical supervision and support for the trainees of the Diploma course, Budgeted for violence prevention and mental health allocation of human resources, Improvement of capacity of non-professional health workers, etc. This project will be expected to contribute to Decentralization of medical services of mental health in Peru too.

CULTURAL CONSIDERATIONS This project is just a multicultural one: Urban specialists versus Rural generalists, Specialists of mental health versus Specialists of other field, Professionals who speak Spanish versus Promoters who speak Quechua, Peruvians (MINSA, Participants of HPRT capacitation) versus Americans (HPRT) versus Japanese (JICA) at Project operations. There were not a little suspicion, incomprehension, and conflict, while this project is a challenge against a global issue of Violence and Stigma for mental disorders. Multicultural and Multisectoral coordination has begun unflinching steps in Project sites and impressed us deeply.

NOTES

1. Documentation of the project is available at:
 - a. Ministry of Health, San Marcos Major National University, Republic of Peru.
 - b. Japan International Cooperation Agency (JICA), System Science Consultants Inc. (SSC): Interim Report (March 2005 – December 2006), Progress Report 4 (January 2007 – February 2007), Progress Report 5 (March 2005 – September 2007) and of “The Project of Strengthening Integrated Health Care for the Population Affected by Violence and Human Rights Violation in the Republic of Peru”.