

ACHIEVEMENTS OF PROJECT

**“Towards an Integrated Model Approach to Intrafamily Violence:
Expansion and Consolidation of Interventions Coordinated
by the State and Civil Society”**

**Women Health and Development Program
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Women Health and Development Program Pan American Health Organization, April, 2001

I. INTRODUCTION

PAHO’s Women Health and Development Program (HDW) is coordinating the implementation of a participatory, community-based model for the prevention and care of intrafamily violence (IFV) in 70 municipalities across 10 Latin American countries.

Two sub-regional projects are being implemented, one in the seven countries of Central America (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) and another in the Andean region (Peru, Bolivia and Ecuador).

The model, financed by the Swedish and Norwegian governments in Central America, and by the government of the Netherlands in the Andean countries, involves the development of community networks for the provision of care and support to battered women and their families.

The network in each municipality plans, implements and monitors its own community based efforts. The goal is to replicate the model at the national and regional levels, involving members from local networks and national organizations in emphasizing policy change and the institutionalization of the model.

To date, Project outcomes include: training modules for health service providers, police and the judicial system; tools for situation analysis, including an instrument for identifying who women victims of violence turn to in their search for assistance; information systems; national media campaigns; advocacy materials; national norms and protocols of care; support groups for battered women and for perpetrators. In Central America the project is currently in its second phase: the expansion of the model to other regions of each country and the institutionalization of its achievements at the national level.

The inter-sectoral, community based model has the following components:

- 1) The initial detection point is the health services. Health service providers are trained in screening women during routine primary and reproductive health

care visits and to apply protocol to assure the quality of services and data collection.

- 2) A situation analysis is carried out in the community to assess the prevalence of IFV, using available data from the health and judicial systems, police, support groups and existing surveys. They also apply “The Critical Route” instrument to identify organizations and people that help women address their situation.
- 3) Community organizations and leaders are mobilized to form support and service networks, consisting of health institutions, the police, judicial systems, community leaders, non-governmental organizations, women’s organizations, schools, churches hospitals, etc. Networks’ composition varies according to the community.
- 4) Networks meet to plan, implement and monitor activities that address the needs of abused women and their families.
- 5) Replication of the community networks at the regional and national levels, including representatives of local networks, national public sectors (ministries of health, women, labor, education, welfare etc.) and the civil sector. These groups advocate for policies (training, norms, and information systems), legislation and resources that address IFV at the national, regional and local levels.

II. PROJECT OBJECTIVES

- Offer inter-sectoral responses to the problem of IFV against women at the community level in Central America and the three Andean countries.
- Consolidate the Integrated Model Approach to IFV in the health sector and in the selected communities.
- Develop and implement norms and protocols for the detection, prevention, and treatment of IFV, and the promotion non-violent relationships.
- Define policy and contents for training in comprehensive care for women defined and train human resources in the selected communities.
- Establish and strengthen groups and mechanisms to prevent and deal with IFV against women and promote healthy relationships in the selected communities.
- Convince national health sector authorities to commit technical and financial resources to assure the sustainability of integrated care of IFV.

III. PROJECT ACHIEVEMENTS IN CENTRAL AMERICA (1999/2000)

a) CONSTRUCTION OF COMMUNITY NETWORKS

- 70 multi-sectoral networks established and functioning within the communities in which the project is being implemented.

b) CREATING NATIONAL LEVEL NETWORKS

- **Guatemala:** Creation of the National Committee for the Prevention of IFV (CONAPREVI) and the Program to Prevent and Eradicate IFV (PROPEVI). Fora with representatives of 23 institutions and 300 women to replicate CONAPREVI in four Departments. Incorporation of IFV in the National Mental Health Plan. On November 25th 2000, a presidential agreement instituted a network of national resorts, presided over by the Presidential Secretary of Women, the National Fiscal Office and the President of the Legislative Body, among others.
- **Honduras:** The Government Office of Women is responsible for monitoring and implementing the Law against IFV, for educating service providers of the State and civil society; and for informing the public about the new law.
- **Nicaragua:** The Inter-programmatic Commission of the Ministry of Health assures the incorporation of a gender approach within the Ministry's policies and programs.
- **Panama:** Regional plans elaborated in several areas of health. Strengthening and consolidation of the community networks formed through 16 workshops involving 829 people. Support to the National Network to Address Violence against Women and the Family, established by 50 organizations.
- **Costa Rica:** The Ministry of Health has formed a National Commission on Gender and Health. The program on IFV was created within the Costa Rican Social Security Office. A Directing Council on IFV is functioning within the health sector.
- **El Salvador:** A National Network of Action against Gender-Based Violence integrated governmental and non-governmental resorts with support from the UN. At the national level, a network of governmental institutions, coordinated by the Salvadoran Institute for the Development of Women (ISDEMU) devotes attention to victims of IFV. At the local level, 12 inter-sectoral networks, coordinated by the Ministry of Health, are operating to address IFV.
- **Belize:** A Multi-sectoral Protocol Committee on Domestic Violence was formed.

c) PROMOTION OF POLICIES AND LEGISLATION THAT ADDRESS IFV

Regional Level (HDW Washington)

- The Model Approach to IFV as a priority public health issue was presented to the Strategic Program and Planning Subcommittee of PAHO's Executive Committee.
- Advocacy in other PAHO Divisions and Country Ministries for desaggregating data by sex and applying gender analysis that includes IFV indicators.
- Funding was obtained from the Rockefeller and Ford Foundations for mainstreaming gender equity in health sector reform (HSR).
- Six research projects on Gender Equity in Access to Health Care in HSR are being implemented with funding from PAHO.
- Guidelines for monitoring HSR processes from a gender perspective have been prepared and are in discussion.

- Participation in Inter American Coalition on the Prevention of Violence (IDB, UNESCO, OAS, CDC World Bank).
- HDW is coordinating the Symposium on Gender Violence, Health and Rights in the Americas, which will take place in Mexico in June 2001, in collaboration with UNICEF, UNIFEM, UNFPA, IDB, World Bank.
- Participation in Interagency United Nations Working Group on Mainstreaming Gender in Health in Tunisia. The paper was presented to the UN Executive Committee in 1999.
- HDW worked with Health and Women's Commissions of PARLATINO Y PARLACEN (Regional parliamentary organizations) to define political instruments of a legislative nature that could be used to confront violence and gender inequities.

Country Level

- **Guatemala:** IFV Law passed and was regulated. Advocating with Supreme Court and Presidency to legitimize CONAPREVI. Incorporation of IFV into the National Health Plan for the Prevention and Control of Violence and the Promotion of a Peaceful Coexistence; the government identified IFV prevention as a top priority and has allocated funding for 1998-2001. The MSPAS start to disaggregate data by sex. Incorporation of attention to IFV in national norms of the MSPAS healthcare system. Declaration of May as Women's Health Month, with IFV as its central theme. Advances have been made in incorporating IFV as a component in several areas of health.
- **Nicaragua:** Actions by the project and the Network of Women against Violence resulted in the passing of the Law against Abuse of Women, and in supporting to Nicaraguan Institute of Women.
- **El Salvador:** The Law against IFV was approved in 1997 and governmental resorts for attention to this problem have been created within the Fiscal Office of the Republic, the Procurement Office of the Republic, the Procurement Office for the Defense of Human Rights and the National Civil Police. ISDEMU is the governing body of national policy on women, which contemplates specific inter-sectoral policies on IFV.
- **Honduras:** Law against IFV approved (1997) and in effect (February 1998). The Government Office of Women is responsible for monitoring and implementing the Law. The "Inter-sectoral National Plan against IFV" was established with the participation of 15 communities and approved by national authorities. The Presidency of the Republic and the Office of the First Lady participated in actions against IFV, which strengthens political support and the national campaign.
- **Panama:** Law 27, which penalizes IFV was approved and is now being debated by the Legislative Assembly. Workshops were organized to inform members of the public sector and non-governmental organizations about the law. The Commission against Violence is responsible for the regulation of the law, and for training and validating materials. The National Plan of Women and Development (1994-2001) defines public policies, coordinates, executes and evaluates programs and measures that affect women. It includes the Institutional Plan for the Prevention and Care of IFV. Work continues to operationalize Law 4 for Equal Opportunities through the strengthening of a Commission of Offices of Women at the governmental level and a

high-level commission for the elaboration of the national Plan against Violence (including IFV and social violence). The Institutional Plan is a contribution to the National Plan, which is being managed at the inter-sectoral level.

- **Costa Rica:** IFV is within the 14 government health priorities and the National Health Plan contemplates actions in this respect. PLANNOVI, the National Plan on IFV is being executed.

d) APPLYING THE "CRITICAL ROUTE"

The project developed a research protocol that identifies organizations and community leaders that support “the Critical Route that Women take in Dealing with Intrafamily Violence”. Results of this research have been used extensively to strengthen the construction of integral responses to violence in other sectors and in other countries where the model of care is being introduced.

Sub-Regional Level

- Comparative analysis of research results of the, “Critical Route” in the 10 countries where the project is being executed. Presentation of results during the XXI International Congress Latin American Studies Association.
- Rapid Assessment Protocol of the “Critical Route” (RAP) was developed, disseminated and implemented in 14 communities in Central America. The document is being translated into English for posting on the WHD Program’s website.

Country Level

- **Costa Rica:** Dissemination of research results of the “Critical Route” to the members of the inter-institutional networks of the communities. Application of the RAP protocol for the evaluation of the social response to IFV in four communities, with publication of the results.
- **Guatemala:** Presentation of research results of “Critical Route in St. Lucia” to 600 policy and program level representatives. Application of the RAP protocol to analyze behavior according to different ethnicity and other population characteristics in four additional communities (Quiché, Cobán, Zacapa, Ciudad Capital, zone 18).
- **Nicaragua:** The “Critical Route” has been a dynamic and cohesive element for different social actors in the work with networks, particularly in Matagalpa, Masaja, Estelí and Ciudad Sandino. In Estelí a system of reference and counter-reference has been established.
- **Panama:** “Critical Route” results presented to 170 representatives of the health sector, non-governmental organizations and other institutions. Training in research application to 60 participants from three communities. Technical assistance to four research projects on child abuse. Epidemiological situation analysis of indigenous women in four communities.
- **Belize:** An IFV diagnosis was conducted.
- **El Salvador:** Results of the “Critical Route” were published and disseminated with the participation of governmental and non-governmental resources. RAP methodology was applied in two more municipalities before the establishment of

services of care to IFV. The Ministry of Health, through the Department of Epidemiology coordinates an inter-sectoral effort for the establishment of a national system of monitoring general violence (including IFV). Screening instruments for victims of conjugal violence have been validated in three health establishments.

e) TRAINING OF HEALTH PROVIDERS AND COMMUNITY GROUPS

Sub-Regional Level

- Five training modules were developed, and are being adjusted and widely used in the Sub-region.
- Training activities in IFV including sexual abuse, masculinity and counseling, have reached more than 5,000 health sector workers and related groups and agencies in the year 2000.
- It was published the Manual for Strategic Planning for the networks against IFV in Central America.
- Support was provided to the Evangelical Alliance in their publication of a document titled “Alto al Abuso”, which has been disseminated widely in the region.

Health personnel (1999/2000)

- **Costa Rica:** 2,521 health personnel, 59 multipliers and representatives of seven community bases and NGOs were trained in IFV prevention and care. Training plan was extended to include children and the elderly. In the year 2000 through the project, 185 health workers from 3 levels of attention and 20 epidemiologists from the Ministry of Health were trained in IFV.
- **El Salvador:** 3,239 health workers from 81 establishments and 10 teams of facilitators were trained in basic aspects of IFV (1749 in the year 1999 and 1,490 in the year 2000). Two people from each of the 81 establishments were trained in crisis intervention and two others were trained in facilitation of support groups. A group of national facilitators from the health sector was formed to address the issue of masculinity and IFV.
- **Guatemala:** In conjunction with PROPEVI, 1,342 health and hospital workers and 100 facilitators were trained. From the Office of the First Lady, 20 people were trained in Gender and IFV, 125 people were trained in Gender and Counseling, 55 people were trained in sexual abuse and 30 community trainer women of the regions of Ixcán y Quiché.
- **Honduras:** The staff of 12 hospital-based Family Counseling Centers (FCC) were trained. 534 health workers and 4,970 workers from other institutions and the community were trained in IFV.
- **Nicaragua:** The staff of 14 municipalities from 9 SILAIS was trained during three national workshops. 1,282 health workers and 90 facilitators were trained.
- **Panama:** 503 health workers and 1100 facilitators from different sectors were trained in 1999. In 2000, nine national and 42 local workshops were realized, involving 1,386 workers from the health sector, other public institutions and non-governmental organizations specialized in prevention and care of violence. Support was provided for the III World Congress on Women and Technology, with 150

participants to workshops on gender and the environment and the incorporation of the gender perspective in distance learning courses on nutrition.

- **Belize:** A national training manual was developed and disseminated. 225 health workers from three networks were trained.

Community support groups

- **Guatemala:** More than 300 members of women's organizations were trained. Self-help groups were established through the local health centers of the Departments of Escuintla and Guatemala city; five support groups with the Group of Guatemalan Women; eight fora in four departments on forming support groups with representatives of 23 institutions and 300 women, 10 facilitators from the Safe Houses were trained in forming support groups. Incorporation of norms and protocols for the detection, prevention and care of IFV in the Health System.
- **Costa Rica:** Training plan implemented in four health centers for community groups. 75 members of local prevention and care networks and ONGs were trained in IFV.
- **Honduras:** Training on IFV care provided to 35 Community Councils in 12 service areas of the Family Counseling Centers (43 communities have Community Councils). 37 new self-help groups for women suffering from IFV were formed (66 functioning) and three new masculinity groups were organized (13 functioning).
- **Panama:** Workshop for the promotion and coordination of community networks for over 135 people in five communities.
- **El Salvador:** 19 self-help groups were formed by health promoters in their respective communities. Strengthening of local inter-sectoral networks through the training of their members in strategic planning.

Other Agencies

- **Costa Rica:** 20 non-governmental organizations from the International Forum of Black Movements and 31 University educators were trained to incorporate IFV prevention into their curricula. Training provided to 35 workers from sex education and adolescent rights programs.
- **Belize:** Execution of a National Needs Assessment (1997) and design of new study plans for the primary school curricula, which include teaching about IFV (1998). In 1999, the IFV theme was incorporated into primary school curricula.
- **Nicaragua:** IFV included in the Police Academy training curriculum; a Commission on Gender was established; expert evaluation and elaboration of an 80-hour Module on Gender and Public Health for the Masters of Public Health program from CIES (Health Research Center).
- **Guatemala:** Five non-governmental organizations trained in the care of battered women.
- **El Salvador:** Members of the educational community trained in IFV and non-violent education techniques. Support to the National Civil Police and ISDEMU in the training of human resources for addressing IFV in a unified way. Training provided to organized groups like nutrition counselors, midwives, clubs of young mothers, elderly and adolescents in the promotion of non-violent relations and the detection of IFV.

- **Panama:** First group graduates on IFV. The Masters in Gender is included in the curriculum program, in coordination with the Institute of Women of the University of Panama. Through the Office of the First Lady, 100 facilitators were trained in violence prevention; six workshops were hosted for 210 members of indigenous communities; 250 workshops for the staff and students of the National Training Institute. Workshop on rights of women hosted for 75 representatives of non-governmental organizations, the Ministry of Health and other institutions. Training of over 600 students and leaders from three universities and the Rotary Club.

f) **NORMS AND PROTOCOLS FOR THE DETECTION, PREVENTION, AND CARE OF IFV**

Sub-Regional Level

- Sub-region published norms and procedures for care of IFV that were reviewed and validated during a sub-regional training workshop for project coordinators and their Ministry of Health counterparts.
- Published the Model of Integrated Care of Intrafamily Violence in Spanish in the year 2000, and the English version in early 2001.

Country Level

- **Honduras:** Norms and protocols adapted, validated, published, and applied in all 12 Family Counseling Centers.
- **Costa Rica:** Norms and protocols for care of IFV approved by health authorities and applied at the hospital level in more than 70 facilities. Development of an inter-sectoral monitoring system for violence, with an Obligatory Declaration Form.
- **El Salvador:** Norms and protocols validated and applied by 74 health centers and seven hospitals. Currently being made official at the national level.
- **Guatemala:** Institutionalization and publishing of norms in MSPAS. Possibility of implementation of protocols for the detection, prevention and care of IFV in three national hospitals and three health centers.
- **Honduras:** Norms prepared, validated and approved by the Ministry of Health, applied in 12 health areas.
- **Panama:** Norms adapted, and monitoring guide designed with the participation of 35 public sector and NGO representatives. Protocol implemented in 13 regions. Publication of the Manual of Norms and Procedures for the Integrated Care of IFV. Training of 150 Ministry of Health and Social Security workers.
- **Belize:** General norms were developed and incorporated into the National Intrafamily Violence Registration Form.
- **Nicaragua:** Document of Norms and Protocols of Care elaborated and validated in nine SILAIS, non-governmental organizations and mental health workers.

g) CARE OF INTRAFAMILY VIOLENCE AGAINST WOMEN

Health Services

- **El Salvador:** 81 health centers provided primary-care in IFV. In 1999, 897 people were treated and in 2000 that number rose to 1554.
- **Honduras:** 21 Family Counseling Centers provided treatment and referral services to battered women. 37 self-help groups and 3 new masculinity groups (13 total) are in operation. 3,528 people were treated.
- **Nicaragua:** Approximately 1000 women detected and treated.
- **Belize:** September 1999 to December 2000, 511 people were treated, 85% of whom were women
- **Costa Rica:** In the year 2000, 850 cases of IFV were registered and treated in the health sector
- **Guatemala:** 1592 were treated in 1999-2000
- **Panama:** 1997 to September 1999, 1507 people were treated, 91% of whom were women.

Other Agencies

- **Belize:** The first police counseling rooms were established in four districts to register and provide support to persons affected by IFV. 300 training manuals on IFV were distributed.
- **Nicaragua:** Women Commissariats have entered their second phase of execution as part of the tripartite project between the National Police, the Nicaraguan Institute for Women and the Network of Women against Violence.
- **Costa Rica:** During 1999, the care hotline of INAMU, "Rompamos el Silencio" received 11,346 calls; the Women's Delegation attended to 5,188 cases; 26,437 denunciations of IFV were presented to the Judicial Power (figures published in 2000).
- **Panama:** the Nueva Vida hostel was set up for battered women and children; the Social Security Office set up a gender clinic for the care of victims and perpetrators; specialized training for health professionals and non-governmental organizations, training and strengthening of community networks.

h) INFORMATION SYSTEMS ON INTRAFAMILY VIOLENCE

Sub-Regional Level

- During two sub-regional workshops, project coordinators and their counterparts received training in information collection, variables and registration forms, and how to formulate indicators.
- Coordination of a sub-regional meeting on epidemiological surveillance of Sexual and Intrafamily Violence (September 1999).
- Memoirs of the III Central American Workshop on the Registry of Intrafamily Violence were published.
- Module on Gender, Health and Intrafamily Violence was elaborated.

Country Level

- **Belize:** Registration of IFV integrated into the Ministry of Health's new Health Information System, as a Special Module to be used in each district and at the Central Medical Statistics Office.
- **El Salvador:** Since 2000, Intrafamily and Sexual Violence information has been integrated into the National Epidemiological Report of the Ministry of Health, and their report is mandatory. At the national inter-sectoral level, advances were made in the validation by consensus of a unique instrument for the reporting of Intrafamily and Sexual Violence.
- **Guatemala:** Design and training in IFV registry, the unique inter-institutional registration system in the country involving the Department of Justice, Police and the Office of the Attorney General. 2,000 representatives from these institutions were trained and 10,000 registration forms distributed. The IFV Reduced Form of the National Statistics Institute is in its institutional validation phase. This process is also being coordinated with UNICEF.
- **Honduras:** the registration form was used in 12 Family Counseling Centers and generated national health data on IFV.
- **Nicaragua:** Account system with variables regarding the type of violence, relationship with the aggressor and type of wounds was incorporated in the National Information System (SIMINSA) of MINSa. A proposed document on Epidemiological Surveillance of IFV is in discussion.
- **Costa Rica:** A protocol on Epidemiological Surveillance of IFV is in the process of being validated. Information on detected cases is being integrated into the existing national registration system for IFV.
- **Panama:** Definition of common variables for establishing a unique registration system at the inter-sectoral level. Initiation of elaboration of the National Violence Plan. Systematization of the diagnosis of IFV for the national information system with 25 people from the Ministry of Health and Social Security; publication and dissemination of the results to 13 regions (180 registration functionaries).

i) INFORMATION AND CAMPAIGNS

Regional level (HDW Washington)

- Translation into Spanish and wide distribution of the Violence Prevention Packet published by the World Health Organization.
- Translation into Spanish and wide distribution of the following documents published by the Center for Population and Development Studies of Harvard University: "Violence against Women and Health Equity"; "Understanding Men's Health- a gender sensitive and relational approach"; "Communicable diseases, Gender and Health Equity"; "Framework to understand Gender Inequities and Health Sector Reform".
- Publication of the Spanish and English version of the research protocol, "The Critical Route that Women take in Dealing with Intrafamily Violence".
- Publication of a booklet on Intra-Family Violence and Legislation.

- Design of Web page on Gender Violence that contains information and instruments developed by the project for universal use.
- Listserv (GENSALUD) disseminates information on IFV, gender and health, publications, research findings, conferences and web sites to over 350 people.
- Regular mailings of relevant PAHO and other SIMUS (HDW Documentation Center) materials to the sub-regional and country project coordinators.

Sub-Regional Level

- Database of 2,588 documents that deal with IFV in Central America, classified according to country and theme.
- Publications: Norms and Protocols; Model Under Construction; Intervention in Crisis, Rapid Assessment Protocol for the Critical Route; Comparative Study of IFV Legislation in Central America and Sexual Abuse of Adolescent Women.
- Co-production of the Guide-Agenda Central American Women 2001, with all institutions that work for women in Central America.
- Document on “Promotion of Pacific Coexistence Styles at Local Level: Work Proposal to address IFV

Country Level

- **Costa Rica:** In 1999, 3,000 training modules and 10,000 pamphlets on IFV Prevention were developed and distributed. In 2000, 12,000 posters were produced and distributed with information on IFV care activities of local networks; 700 service directories and IFV care programs; norms of care for IFV; Governing Role of the Ministry of Health in IFV; 500 RAP for IFV distributed in four communities; and CCSS materials.
- **Belize:** National awareness of IFV created through observance of Zero Tolerance Day. 300 manuals on IFV and 200 Directory of IFV Services were disseminated.
- **Guatemala:** Proposal for SIAS and MSPAS for care of IFV from a gender perspective in San Cristobál Totonicapán; screening and early detection of IFV in the Department of Cobán, Alta Verapáz. Distribution in Guatemala City of 5,000 booklet guides for addressing IFV; 5,000 “Cycle of Violence” pamphlets to members of women’s groups; 10,000 copies of the journal “Life without Violence is our Right”; 3,000 flyers of “Control of Power in IFV”; distribution of materials and audiovisuals on IFV to farmers’ organizations. Information campaign coordinated with UN Interagency group in six Departments.
- **El Salvador:** Social mobilizations such as marches, cinema fora, scholarly competitions etc. on special dates like the Day of No Violence against Women, International Women’s Day and International Day of the Child. Reproduction and distribution of educational material (pamphlets, posters, manuals, radio spots).
- **Honduras:** Campaign established by 15 communities and approved by national authorities during the “National Day of Consultation to Confront IFV”; 5,000 self help guides distributed to survivors of IFV; 15 flipcharts for sensitizing communities; 1,000 information pamphlets about FCC services; 25 Norms and Protocols documents printed and distributed.
- **Nicaragua:** Actions of the project have supported national campaigns promoted by the Network of Women against Violence.

- **Panama:** Interagency national campaign against violence and sexual abuse against women and girls, using radio spots, videos and interviews. Addressing IFV during World Health Day with 75 participants. Distribution of 5,000 pamphlets on the effects of IFV in schools, churches and communities; 1,500 treatment protocols distributed to 13 regions. National forum on healthful coexistence with 200 participants. Publication of 1,000 copies of the “Critical Route”, 1,000 on Gender, Curriculum and Health Sciences, 200 pamphlets on the evaluation of the Post-Beijing Women’s Forum, 5,500 posters for the prevention of violence in engagements and in general.

j) INCORPORATING IFV IN HEALTH SECTOR REFORM

Regional Level (HDW Washington)

- Coordination of an Expert Meeting on Gender and Health sector reform in Washington, DC, to identify Gender and Health monitoring indicators and strategies for incorporating gender in health sector reform.
- Inclusion of gender indicators in the monitoring instrument for health sector reform developed by PAHO’s Division of Health Services.
- Development of indicators (conceptual and analytical instruments) on gender and health sector reform.

Sub-Regional Level

- Coordination of a planning meeting for incorporating the project in Health Sector Reform processes of the countries and following up activities with PAHO’s Division of Health Services (El Salvador 1998).
- Elaboration of a document on “Intra-Family Violence, a Public Health Problem. Health Sector Reform Processes in Central America”
- Participation in a seminar on “Challenge and Design of the Implementation of Equity-Oriented Policies in the New Millennium”.

Country Level

- **Costa Rica:** Commission on Gender and Reform to follow the incorporation of gender in health policies. A document titled “Analysis of national Health Policy from a Gender Perspective” included a section on IFV, which also appeared in the proposed National Health Plan.
- **Nicaragua:** Workshop on Gender and Reform for members of the Inter-Programmatic Commission of Gender of the Ministry of Health.
- **Panama:** Surveillance system for health sector reform in Panama City includes IFV. Incorporation of gender and IFV in strategic health policies. Elaboration of a National Report on IFV, which acts as a reference for the development of national and intra-agency programs. Incorporation of gender and IFV in sectoral declarations from the offices of Women, Youth and Childhood and the final declaration of the Iberoamerican Presidents.
- **El Salvador:** Incorporation of IFV in the National Norms of Care for Adolescents and for Reproductive Health strengthening community and multi-sectoral

participation. Incorporation of IFV into the model of primary healthcare (basic packet).

- **Guatemala:** Development and discussion of proposals to incorporate gender and ethnic equity, and the role of midwives and traditional healers in health sector reform.

k) MEN AND INTRAFAMILY VIOLENCE

Regional Level (HDW Washington)

- The regional program is implementing a four-year project involving men in reproductive health programs in Central America.
- Article on men and reproductive health published in PAHO's Public Health Journal.

Sub-Regional Level

- Central American Forum for project coordinators, health sector counterparts, and representatives of men's groups for the understanding of violent behavior of perpetrators and for collaborating with men's groups.

Country Level

- **Belize:** Development of a guide for involving men. Masculinity workshops were conducted for non-governmental organizations, the Judicial Department and the Belize Defense Force (77 people total).
- **Honduras:** Developed guide and established partnership with "Men without Masks" to provide training. 30 men were trained in masculinity and IFV in coordination with the National Program of Family Counseling Centers. These men have trained 10 groups, for a total of 300 men (psychologists, social workers, health volunteers, physicians and professors of social sciences) all over the country. Two workshops with 25 participants from the Ministry of Family, courts and hospitals.
- **Nicaragua:** 15 physicians were trained in five SILAIS in masculinity and IFV. Formation of a support group of men against violence. A National Workshop for Men against IFV was developed with men from different sectors - policy, health, education, non-governmental organizations - which resulted in a proposal for addressing IFV from a masculine perspective. Study on gender identity, masculinity and violence was conducted in the municipality of Masaya.
- **Guatemala:** Developed a gender-training manual for men, and trained community and professional level men.
- **El Salvador:** Training of a group of trainers at the national level and a group of leaders in two communities. Training provided for members of the Network of Action against Gender-Based Violence, with the aim of organizing a network of men against violence against women.
- **Panama:** Exchange program for three functionaries to learn the work experiences on masculinity in Nicaragua. First meeting on masculinity at the national level with the participation of 60 men. Meetings on masculinity at the regional health level for non-governmental organizations like CAM and CEASPA.

1) TECHNICAL EXCHANGE AND PROJECT REPLICATION

- Application of project Model by Inter American Development Bank in six countries in Latin America.
- Incorporation of the Model and its strategies into the IFV Prevention project of the Andean Sub-region (Ecuador, Bolivia, and Peru).
- The El Salvador project coordinator provided technical support to the Inter American Development Bank (IDB) Project on IFV Prevention during its Regional Meeting in the Dominican Republic.
- The Women Health and Development Program provided technical support to the IDB's Intrafamily Violence Prevention Information Management consultants on setting up and linking Web sites.
- HDW is working with the Commission of Health and of the PARLATINO and PARLACEN (Regional Parliamentary Organizations) to define political instruments of legislative nature to confront violence and gender inequities. HDW was responsible for the topic of IFV Prevention in the Inter-Parliamentarian Conference on Health, held in La Havana, Cuba, in May 1999.
- Three Technical Cooperation projects between Countries (TCC) on IFV were approved and implemented between Nicaragua and Bolivia, Costa Rica and Canada, and El Salvador and Peru.
- Specialized technical exchange on incest, with two Panamanian consultants in Nicaragua and El Salvador, and a Salvadoran consultant in Panama, which facilitated the elaboration of the strategic planning and strengthening of community networks.
- Exchange of three consultants (MINSA, CONADEC, Juan Díaz) to learn the registration system, surveillance and the model of IFV care in Colombia.

18 April, 2001