

BUILDING ON EXISTING INITIATIVES, GROWING RELATIONSHIPS, BUILDING TRUST, KNOWLEDGE INFRASTRUCTURE, AND ACTION FOR A SAFER CIUDAD JUAREZ

A SYSTEMATIZATION OF THE PROJECT TITLED "ADVANCING VIOLENCE AND
INJURY PREVENTION IN SELECTED COMMUNITIES ON
THE U.S.-MEXICO BORDER"
(THE VIP INITIATIVE)

Alto
a los
insultos





TABLE OF CONTENTS

ACKNOWLEDGMENTS	05
ABBREVIATIONS	07
KEY STAKEHOLDER'S REMARKS	08
INTRODUCTION	10
THE VIOLENCE AND INJURY PREVENTION INITIATIVE	12
	Background 13

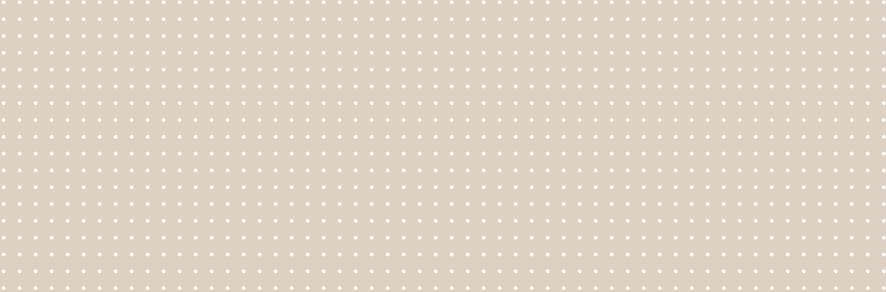


TABLE OF CONTENTS

A MULTIDISCIPLINARY INTER-SECTORIAL RESPONSE TO ESCALATING VIOLENCE IN CIUDAD JUAREZ	13	
		VIP Initiative Major Events and Advancement 14
		Cornerstone 14
		The VIP Project 15
PHASE I: DIAGNOSTIC AND PREPARATION	16	
PHASE II: TECHNICAL EXECUTION AND IMPLEMENTATION OF THE VIP MODEL	18	
		What makes the VIP Project and Initiative Different from Other Violence Prevention Intervention? 19
		Key Accomplishments 19
		The VIP Conceptual Framework 20
		Synergy amongst the Objectives 21
		Relational Synergies 23
		Where Context Meets Opportunity 23
LESSONS LEARNED AND RECOMMENDATIONS	27	

The preparation of this publication was given as part of the Violence and Injury Prevention Initiative (VIP) within Health and Human Security Framework, developed and implemented by a group of institutions, coordinated by the Pan American Health Organization/Regional Office of the World Health Organization (PAHO/WHO) U.S.-Mexico Border Office with the Centro Nacional para la Prevención de Accidentes (CO-NAPRA) of the Secretariat of Health of Mexico, the Secretariat of Health of Chihuahua, the Universidad Autónoma de Ciudad Juárez (UACJ), sections of the Municipal Government of Juárez and other entities involved in the Observatory of Security and Citizen Conviviality of the Juarez Municipality.

This publication was made possible with the support given by the U.S. Agency for International Development (USAID) Mission Mexico and PAHO as provided for in the Subsidy No. AID 523 G10 000001. The content of this document does not necessarily reflect the criteria or the policies of USAID or of PAHO.

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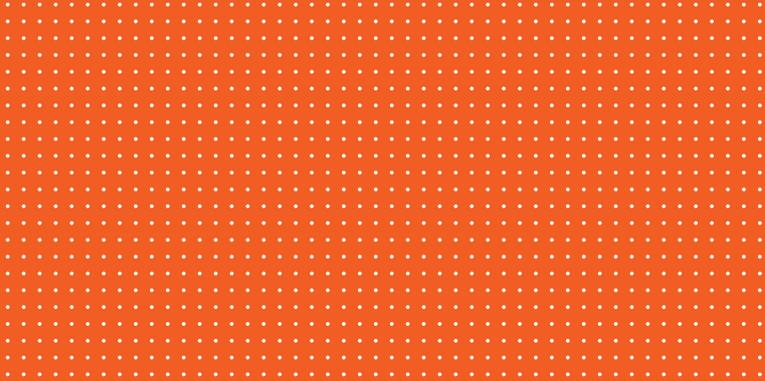
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ACKNOWLEDGMENTS



ACKNOWLEDGMENTS

The insights presented in this document were possible through the collective remarks obtained from live and transcribed interviews with key stakeholders from all three levels of government, academia, and other civil society, randomly selected, and interviews and documents provided by the Violence and Injury Prevention (VIP) Initiative staff:

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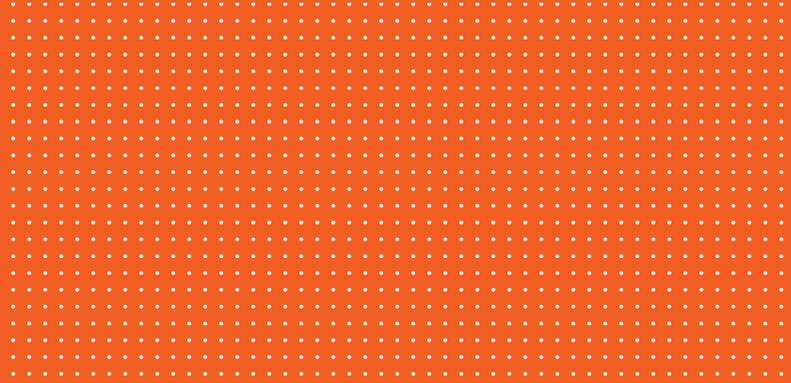
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ABBREVIATIONS

CENAPRA	National Center for Accident Prevention, Secretariat of Health of Mexico
CONAPRA	National Council for Accident Prevention, Secretariat of Health of Mexico (Formerly CE-NAPRA)
CISALVA	Institute for Research and Development on Violence Prevention, Del Valle University, Cali, Colombia
COLEF	North Border College, Mexico
CONAPRA	National Council for Accident Prevention, Secretariat of Health of Mexico
DGPM	General Direction of Municipal Police
DGSPM	General Direction of Municipal Public Security
DGTM	General Direction of Municipal Transit
DIF	Comprehensive Family Development, Chihuahua State Government
EVIPNet	Red para el Desarrollo de Políticas Públicas Informadas
GMJ	Ciudad Juarez Municipal Government
IMIP	Municipal Institute for Research and Planning, Municipal Government Juarez
IMSS	Mexican Social Security Institute
USMBO	United States-Mexico Border Office of PAHO/WHO
PAHO	Pan American Health Organization
CSO	Civil Society Organizations
PGR	Office of the Mexican Attorney General (Procuraduría General de la República)
SEMEFO	Forensic Medical Services
SSA	Secretariat of Health of Mexico
SSECH	Secretariat of Health of Chihuahua
UACJ	Autonomous University of Ciudad Juarez (Universidad Autónoma de Ciudad Juárez)
USAID	United States Agency for International Development
VIP	Violence and Injury Prevention Project/Initiative
WHO	World Health Organization

KEY STAKEHOLDER'S REMARKS



KEY STAKEHOLDER'S REMARKS

I liked it when we touched on issues of violence. We took pictures on that topic....at my school there are lots of kids who do that, and I don't like it. My favorite picture was the one of the heart made of stone. It means that we should not have a hard heart. We should be open to all kinds of feelings.-young photography workshop participant

My information chief uses the Observatory to gather information.—Televisa news reporter covering the forum on traffic and public safety

Our capacity to make decisions has improved. We used to base our work only on experience, and now we are able to base our work on data.
–M.C. Luis AlexandroPalacios, Technical Director of DGTM

This has been a significant learning experience for me. It has helped me to question myself and to reflect on ways to create sustainable structures for improved social cohesion. –M.C. Olga Rosa Ortiz, key stakeholder in the implementation of mental health initiatives

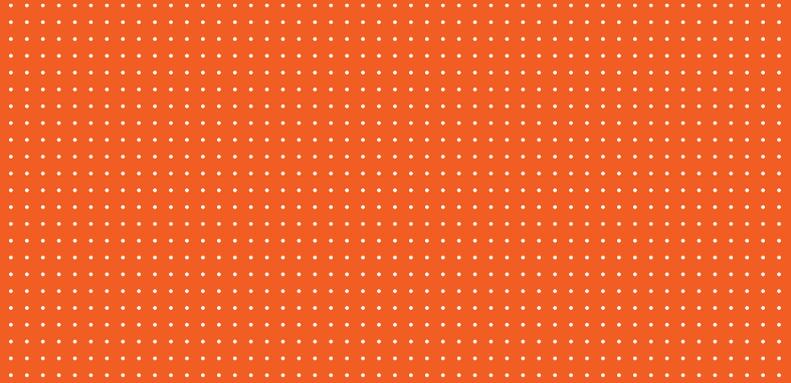
We are able to do so much more since we have been entering patient data into the computer system. Mental health practitioners used to keep paper copies. Now we can find out how many cases of a given illness are occurring and where. – Lic. Brenda Ibarra, key stakeholder in the implementation of mental health initiatives

One of the reasons we bring psychological support in Ciudad Juarez was because in 2010 there were more than 10 thousand people that had been killed, then if we multiply 4 people related to those people who were killed, then we would have a population of approximately 40 thousand people in mourning of any kind from children, youth, adults, mothers, etc.. In Ciudad Juarez, there may be around about 60 thousand people who need psychological help, then to have the Pan American Health Organization and the VIP Project is very useful for us here in the city. Ing. Maurilio Fuentes Estrada, General Director, Community Centers for the Juarez Municipality

The unique situation in Juarez the unique conditions of the bi-law relation of this border with so much interrelationship and interdependence, PAHO's ability to operate in that bi-law arena represented a unique opportunity for us in violence programs; what PAHO has brought to the technical leadership to develop strategies, relationships here in Juarez and credibility at all levels of government with Mexico and ability to engage and motivate the community, if you put those factors together then you end up with an opportunity for the U.S. government, the USAID to support PAHO in the development of the "Observatorio" to bring more technical capacity to crime and violence prevention efforts, Tom Delaney, Director USAID-Mexico.

I've been learning a lot from all these workshops that have been given by the PAHO, I feel much more secure and firm in my beliefs, my environment, my family, and my friends, I like to help people and the people who have approached me are very happy.- Ms. Rosy Robledo, Community Health Worker

INTRODUCTION





INTRODUCTION

The “Advancing Violence and Injury Prevention in Selected Communities on the U.S.-Mexico Border” in practice known as the VIP Project, builds on the implementation of a violence and injury prevention initiative designed based on the guidelines developed by the Pan American Health Organization (PAHO) and the World Health Organization (WHO). Since 1993 the PAHO Member States adopted a resolution to implement epidemiological surveillance, distributes guidelines for the surveillance of violence and injuries and for the implementation of plans of action (1). En desarrollo de las recomendaciones, en noviembre de 1994 se realizó la Conferencia Interamericana sobre Sociedad, Violencia y Salud, donde un grupo de distinguidos líderes de la Región tuvieron la oportunidad de conocer la magnitud del problema y manifestarse en favor de la prevención y reducción de la violencia (2). In 2002 WHO disseminated the world report on violence (3) and in 2004, a world report on road injuries (4).

The VIP Project is an interdisciplinary collaborative undertaking coordinated by the United States – Mexico Border Office of the Pan American Health Organization, Regional office of the World Health Organization (PAHO/WHO) in partnership with CONAPRA of the Mexico’s Ministry of Health and with the collaboration of many state and local institutions, and with partial funding from the United States Agency for International Development (USAID). The project is implemented with an inter-sectorial, multidisciplinary approach to violence and injury prevention in Ciudad Juarez.

The VIP Project was possible due to the multiple relationships and collaboration among the participating institutions. Trust and credibility among the institutions was critical, the U.S. Mexico Border Office of PAHO/WHO has been providing technical cooperation with multiple partners along the border since its creation in 1942. It is held in high esteem and has the recognition of being objective, fair and equitable, and this was important in a critical moment in Ciudad Juarez. Previous to the beginning of the development of the proposal for the violence and injury prevention initiative the U.S. Mexico Border Office (PAHO/WHO) was working with state and local health partners and the Autonomous University of Ciudad Juarez (Universidad Autónoma de Ciudad Juárez, UACJ) on strengthening this institution as a center of excellence in the prevention of chronic diseases.

This was the context of inter-institutional partnerships in the initial stages of the violence and injury project. The conceptual framework of the VIP Project combines a public health approach (5), an ecological framework (6), and a human secu-

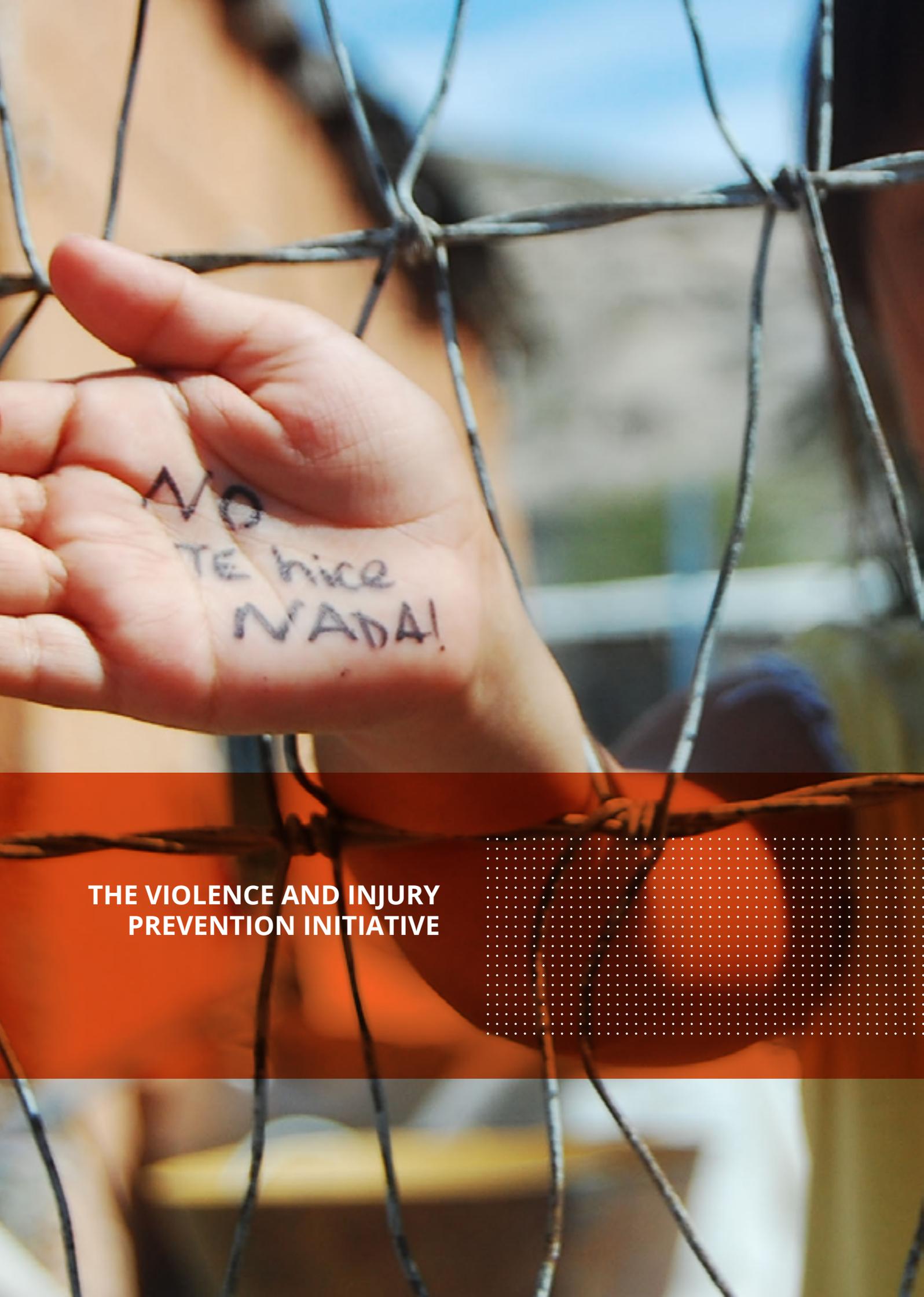
urity approach (7) and comprises two phases. The first phase was dedicated to identifying the problems and risk factors of the injuries of external causes observed in Ciudad Juarez and other cities on the U.S. Mexico Border. The second phase focused on the implementation of an observatory to strengthen institutional capacity in defining the violence problem through systematic data collection; understanding why violence occurs where it occurs and who it affects. As well strengthening institutional and community capacity to implement innovative strategies and evaluate the effectiveness of the interventions, to see what works, advocate for scaling up and widely disseminating the experiences and the findings.

This document systematizes the processes, relationships, and key factors that have contributed to the implementation and outcomes of the VIP Project in Ciudad Juarez. The systematization aims to:

- Facilitate the exchange and use of the program methodology, materials, and documents to strengthen institutional capacity in preventing violence and injuries;
- Improve the visibility of the project and its products;
- Improve or adjust ongoing similar projects or initiatives;
- facilitate transfer and translation of the model, experiences, and lessons learned to other contexts; and
- Generate material for advocacy and public policy recommendations.

The systematization begins with a description of the experience and results. It then delves into deeper insights about the factors that facilitated or inhibited project processes including program methodology, materials and documents produced; effectiveness, sustainability, relevance, and ownership of the VIP Project by the federal, state, and local agencies (government, health, academic, CSOs, among others); and relationships. The document concludes with a summary of lessons learned and recommendations.

This document systematizes the processes, relationships and key factors that have contributed to the implementation of the VIP Initiative and Project in Ciudad Juarez, including the main outcomes of the Project in order to understand the knowledge, experiences, good practices, and lessons learned. The systematization document supports the development of a new phase of the Project and its potential replication in other cities with a similar context, in coordination with the federal government and corresponding state and local health officials as well as with other government entities and international cooperation actors.

A close-up photograph of a person's hand held against a chain-link fence. The hand is positioned with the palm facing the camera, and the words "NO TE HICE NADA!" are written in black marker on the skin. The background is blurred, showing an outdoor setting with a building and a blue sky. The overall tone is somber and evocative.

NO
TE HICE
NADA!

**THE VIOLENCE AND INJURY
PREVENTION INITIATIVE**

THE VIOLENCE AND INJURY PREVENTION INITIATIVE

Background

Building on the institutional regional and global initiative and guidelines for the prevention of violence and injuries, in 2008, the Pan-American Health Organization (PAHO) /World Health Organization (WHO) United States-Mexico Border Office (USMBO), in cooperation and with the participation of the Chihuahua Ministry of Health (SSCH), the Jurisdiction Sanitaria II of the Ciudad Juarez, the IMIP, General Direction of Municipal Transit (DGTm) and the General Direction of Municipal Public Security (DGSPM) of the Ciudad Juarez Municipal Government (GMJ), the UACJ and with Secretariat of Health of Mexico (SSA) represented by the National Center for the Prevention of Accidents (CENAPRA), later Council (CONAPRA), initiated the creation of the Observatory for Citizen Safety and Conviviality in Ciudad Juarez, Chihuahua (for practical purposes known as the Observatory). This collaborative partnership and its first undertaking, the creation of the Observatory, marked the beginning of the Violence and Injury Prevention (VIP) Initiative and paved the way for the VIP Project. This ambitious undertaking was possible because of long standing relationships between the institutions in Ciudad Juarez and the State of Chihuahua with the PAHO/WHO Border Office. Throughout this systematization document the key ingredient in the successful implementation of the initiative were the strong relationships built on trust and credibility of the people and between the institutions.

The VIP Project's overall goal was to create an inter-sectorial, multidisciplinary model for violence and injury prevention in Ciudad Juarez replicable in other US-Mexico border cities. The Observatory (www.observatoriodejuarez.org) was created to enable the analysis of injuries of external causes, especially violence and road injuries and the risk factors contributing to the escalating mortality in various municipal districts, through the implementation of an online interface containing geographically referenced information and indicators. To facilitate the work of the Observatory, an executive committee and several working groups were formed to ensure that the information obtained would be channeled into public policy and institutional programming for the attention, resolution, and prevention of violence. Parallel to an initial assessment of violence and injuries in Ciudad Juarez, a conceptual framework was established combining a public health approach (5), an ecological framework (6), and a human security approach (7).

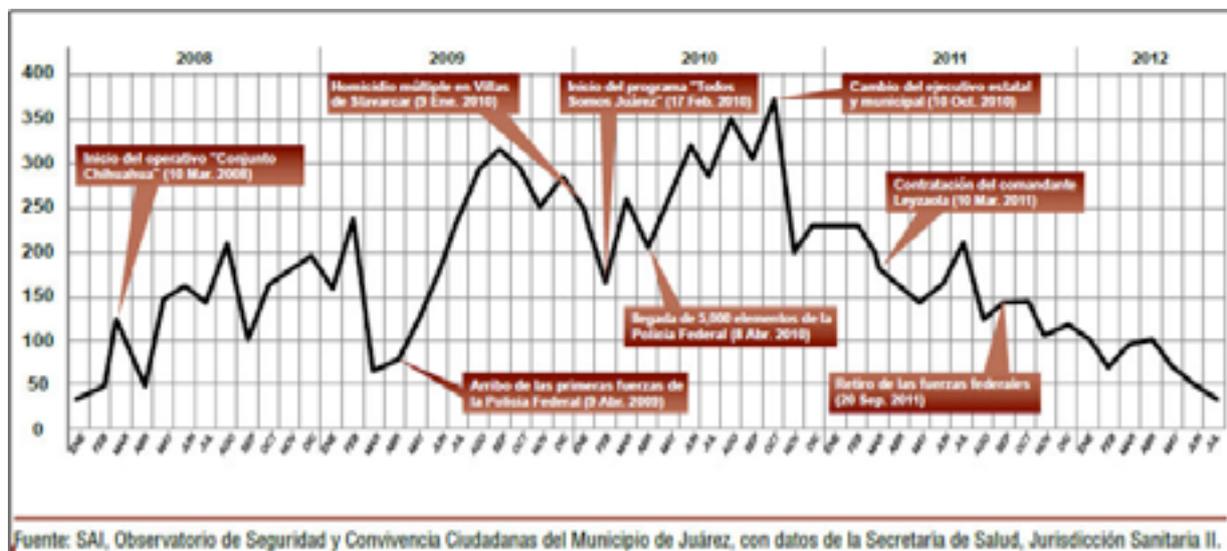
Phase I of the VIP Project (2010-2011) included an initial assessment of violence and injuries in Ciudad Juarez; the creation of a conceptual model and strategic guidelines; the establishment of Executive Committee to steer the Project, the organization, coordination, and communication structures; and the design of Phase II. Phase II (2011-2013) comprised the implementation of a number of on-the ground activities addressing violence and injury prevention guided by three primary objectives:

1. Strengthen the Observatory of Security and Citizen Conviviality of the Juarez Municipality.
2. Enhance the capacity of primary care and social service providers for the implementation of VIP interventions.
3. Help improve knowledge management and communication skills of researchers, social service providers and social communicators to prevent youth violence and injuries.

A Multidisciplinary Inter-sectorial Response to Escalating Violence in Ciudad Juarez

Ciudad Juarez is located on the Mexican border state of Chihuahua across the river from El Paso, Texas, USA. The eighth largest city in Mexico (1.3 million inhabitants in 2010), Ciudad Juarez was growing at rates of almost 5% each year. In 2005, that rate dropped to roughly 1.3% due to a lull in the maquiladora industry and to a notorious spike in the rates of violent crimes (8).

Drug and organized crime-related violence increased steadily starting in 2007 and 2008 to the extent that in 2009 Ciudad Juarez topped the list of the ten most dangerous cities in the world. Its homicide rate peaked in 2010 at 224 homicides per 100,000 inhabitants (Figure 1); the recommended limit for homicide rate as indicated by PAHO/WHO is less than five homicides per 100,000 inhabitants (9).



In 2008, the U.S. and Mexico launched the Merida Initiative, a partnership that acknowledges shared responsibilities to fight organized crime and associated violence while furthering respect for human rights and the rule of law (10). In 14 March of 2008, there was a PAHO regional meeting in Merida, Yucatan at which the Ministerial Declaration of commitment to violence and injury prevention was signed. The context of escalating violence and the bi-national responses propelled concrete actions to strengthen institutional and community capacity to understand and implement activities to improve human security and mental health, address the needs of victims of violence, and generate evidence-based information for decision-making.

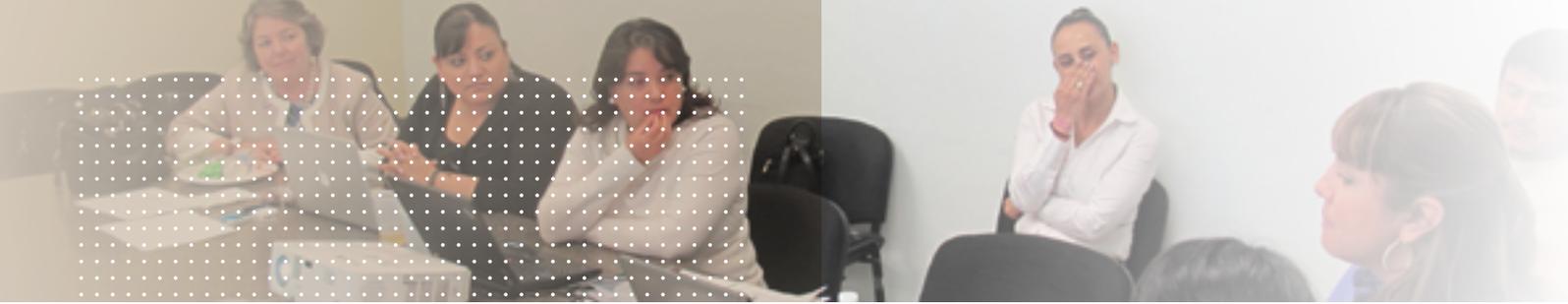
VIP Initiative Major Events and Advancement

Figure 2. Timeline of the VIP Initiative (For full list of Workshops and training activities please see Annex 1)

Cornerstone: The Observatory for Citizen Safety and Conviviality in Ciudad Juárez

A cornerstone of the VIP Initiative, and later the VIP Project, is the Observatory for Citizen Safety and Conviviality in Ciudad Juárez, Chihuahua. In November 2008, within the context of a significant increase in the number of homicides and other violent acts as well as road injuries, a community consultation meeting was held in the Ciudad Juárez Municipal Government Council room, with federal, state, and local partners (and potential partners from the public and private sectors), and invited violence and injury experts. From this consultation meeting, the major causes of violence and injury in key settings (community, home-family, schools and workplaces) was identified as were the needs and suggestions from the community. One of the conclusions was the need to create an observatory, thus the Observatory for Citizen Safety and Conviviality in Ciudad Juárez, Chihuahua, Mexico was conceptualized. The Observatory then, resulted from a collaboration agreement between the UACJ, GMJ, the Chihuahua Ministry of Health (SSCH), SSA represented by the National Center (later Council) for the Prevention of Accidents (CENAPRA-CONAPRA), and the PAHO/WHO USMBO.

Following the November community consultation meeting, in December 2008, the PAHO/WHO USMBO with the UACJ and other partners organized several workshops at the UACJ campus for stakeholders from the GMJ, transit and security authorities, IMIP, and UACJ. At these workshops the methodology for the development of observatories for violence and injury prevention was shared and the team for the Observatory in Juárez was formed and trained. In addition to advocate with local authorities for the implementation of the Observatory spearheading a violence and injury prevention initiative with a public health focus, experts were invited who met with the President of the UACJ, the Mayor of Ciudad Juárez, and leaders from the private and public sectors in Juárez to share his experiences and answer many questions regarding violence prevention. At these meetings they spoke of this challenging issue from the vantage point of their own experiences, reinforcing the credibility of PAHO/WHO and the technical resources available. Their ability to answer questions from the mayor, the university president, and other key stakeholders both in the context of groups and through one-on-one consultations was very valuable in supporting policy makers in the important decision as well as the allocation of resources.



During December 2008 several meetings of the key partner institutions were held, which solidified the creation of the Observatory and the formation of a steering committee composed of the UACJ, the GMJ, and the PAHO/WHO USMBO. The UACJ committed to housing the Observatory and designated a coordinator. The coordinator prepared the terms of reference, an organizational structure with two committees: a Research and Analysis Committee, and a Policy and Evaluation Committee. Each Committee invited members from all of the institutional partners and agencies in Juarez to form work groups that would identify needs, opportunities, and determine activities for implementation. The work groups in each Committee were formed and began VIP Initiative activities in January 2009. The research and analysis work groups developed methodologies for data collection and input into the electronic database as well as the processes for analysis and sharing of data. The policy and evaluation work groups reviewed the issues and recommendations concerning policies and programs for violence and injury prevention in key settings (identified during the initial consultation meeting in November 2008): home and family, schools, workplaces, and the community.

The Observatory was structured as an inter-sectorial, multidisciplinary partnership for the generation and analysis of relevant and reliable statistical and geographically referenced information about violence and injuries. Information from all partner agencies and institutions was made accessible in a timely manner through an online interface. Such information was utilized to define indicators and influence/monitor policies and interventions for improved citizen health, security, and interaction. Through visual representations of data, including maps with GIS technology of critical areas with higher incidences of violence, and collaborative interpretations the Observatory provided critical information for citizens and decision-makers to better understand the problem of violence and injuries and support efforts for improved public policy design and planning.

Towards the end of 2008, PAHO and CENAPRA met with USAID and discussed the opportunity of a grant to prevent violence in Ciudad Juarez. In the months that followed, the chief of the mission of USAID and the US Ambassador visited the Observatory in Juarez. With the support of USAID and CENAPRA a proposal from PAHO to USAID was made for a two phase project, first to analyze the situation and identify other initiatives underway in Ciudad Juarez, and prepare a proposal to develop an intervention that could later be replicated in other cities affected by similar situations of violence and insecurity. The intersectoral and multidisciplinary model was based on the evidence gathered by PAHO/WHO from many other cities and countries that were able to reduce the levels of violence, the theoretical underpinnings used were the public health approach, the ecological and human security frameworks.

Concurrent with the development of the Observatory, a series of workshops and trainings were held in 2009.

The VIP Project: a Collaboration Federal, State, Local and International Organizations

In April 2010, the PAHO/WHO USMBO signed a grant agreement with USAID to develop a model for violence and injury prevention in Ciudad Juarez, the already mentioned “Advancing Violence and Injury Prevention in Selected Communities in the United States – Mexico Border Project” (VIP Project). This project brought much needed financial resources to the VIP Initiative so that it would achieve the goal of developing an inter-sectorial multidisciplinary model with three primary objectives (See Figure 3).

Objectives

Strengthened capacity of local VIP IT infrastructure, including data collection, analysis, and use the evidence to advocate for public policies and programs, through multi-sectorial collaboration with federal, state and local stakeholders.

Strengthened capacity of primary care and social service providers, first responders and community organizations for the implementation of violence and injury prevention strategies, programs and services, through technical cooperation and training of trainers.

Support those conducting interventions on injury and violence prevention to improve their knowledge management and communication skills and capacity, such as media outreach, documentation of best practices, development of scientific research and use/access of evidence based information for decision making

GOAL

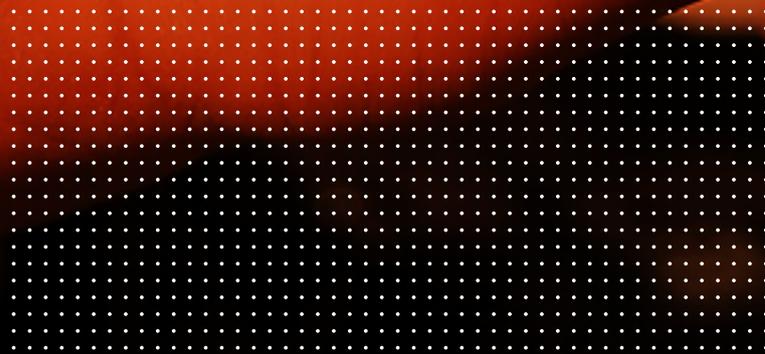
Create an inter-sector multidisciplinary model for violence and injury prevention in Ciudad Juarez replicable in other U.S Mexico border cities.

While the Observatory emerged as part of the larger VIP Initiative, prior to the launch of the VIP Project, strengthening the Observatory through the UACJ became Objective 1 of the VIP Project. By investing financial capital in the technological and knowledge infrastructure of the Observatory, the Observatory in turn would contribute to the achievement of Objectives 2 and 3 VIP Project: To enhance the capacity of primary care and social service providers for the implementation of VIP interventions, and to help improve knowledge management and communication skills of researchers, social service providers and social communicators to prevent youth violence and injuries.

The VIP Project was implemented in two phases. The first was the diagnostic phase in which feasibility; needs assessments, research, and technological infrastructure were explored and established, mainly addressing Objective 1. The second phase comprised the action or technical execution addressing Objectives 1, 2, and 3, and ultimately, the overall project goal. The summary of outcomes below depicts all of the activities accomplished since the inception of the grant-funded portion of the VIP Project in 2010.

Alto
a los
insultos

**PHASE I:
DIAGNOSTIC AND
PREPARATION**



PHASE I: Diagnostic and Preparation

1. Conceptual framework. The creation of a conceptual framework consisted of a literature review and analysis of international experiences and recommendations from the PAHO and the WHO related to violence and injury prevention (www.who.int/topics/violence/en) and from CISALVA (based in the Universidad del Valle, Cali, Colombia) on epidemiological vigilance and violence prevention (<http://grupocisalva.univalle.edu.co/>).

- The resulting theoretical orientation combines a public health approach, ecological framework, and human security with rights approach for (a) intersectoral and multidisciplinary research and (b) scientific and evidence-based policy and intervention designs (PLEASE VERIFY).
- A strategy for the design, implementation, and evaluation of public policy.
- An assessment of violence at the international, national, and local level.

Many institutions and organizations in Ciudad Juarez were involved in the analysis of the situation of violence, the needs assessment, the identification of the hundreds of Civil Society Organizations (CSOs), and their activities in Ciudad Juarez. The relationships established during the first phase were instrumental in carrying out the phase II activities.

2. Feasibility study. The feasibility study analyzed the specific conditions of violence in Ciudad Juarez. This study includes an analysis of institutional capacity of federal, state, and local government as well as non-governmental organizations working on issues of violence. It also included a detailed analysis of the federal efforts in TodosSomos Juárez, which organized a series of tables for the multiple sector organizations, such as the health table, the security table, and other involved in this initiative that began in February 2010.

- Involvement with key stakeholders and organizations.
- Analysis of institutional capacity and needs assessment.
- Initial evaluation of social and health conditions to include the identification of key themes and indicators; a description of demographic, social, economic, and sanitary conditions in the area; and identification of key actors and the most relevant/highest risk aspects of violence and injury prevention.

3. Strengthening of the Observatory for Citizen Safety and Conviviality in Ciudad Juarez. The VIP Project was built on the foundation laid down by the Observatory. The Observatory can be said to have been the low hanging fruit and thus became the cornerstone component of the VIP Project.

- Analysis and improvements to the physical and technological infrastructure provided by the UACJ: equipment and software, servers, desktop computers, data management and geographic software.
- Analysis of technological infrastructure of the DGSPM, DGTM, Comprehensive Family Development (DIF), and IMIP.
- Observatory website launch.
- Coordination of communication processes and infrastructure on the Observatory website.
- Technical data collection.
- Development of geographic information systems, which allow users to generate visual representations of demographics, violent incidents (accidents, homicides, etc.)
- Initial development of automatized indicator system (Sistema Automatizado de Indicadores or SAI) whereby the fol-

lowing entities can enter and then make sense of information: SSA, IMIP, DIF, DGTM, DGSPM, Mexican Social Security Institute (IMSS), Forensic Medical Services (SEMEFO), MP (POR DEFINIR ¿MINISTERIO PÚBLICO?), PJE (POR DEFINIR ¿POLICIA JUDICIAL DEL ESTADO?), Office of the Mexican Attorney General (PGR), Cruz Roja Mexicana.

4. Scoping analysis of primary mental health services. Two workshops (one in June 2010 and one in October 2010) coordinated by the Jurisdiction Sanitaria and the UACJ and with representatives from PAHO/WHO, SSECH, CAIHSM (NO ESTÁ DECLARADO EN LOS ACRÓNIMOS: Centro de Atención Integral Hospitalaria de Salud Mental), the Ciudad Juarez College of Psychologists (Colegio de Psicólogos de Ciudad Juarez A.C.), and other CSOs and non-governmental organizations were held, and a needs assessment for mental health and human development was produced. The CAPINTE NGO facilitated these workshops, and a mental health plan was designed with key objectives to strengthen mental health in Ciudad Juarez.

- Work groups analyzed key themes in public health and determined the top priorities: (1) victim identification, primary care and support; (2) gender equity and integrated psychotherapy and educational programming for victims and aggressors; and (3) development of an inter-institutional network of programs that promote safe, stable, and positive relationships between minors and their parents or caretakers.
- Consensus that activities carried out should be evidence-based and include a monitoring and evaluation component. Results were easy to share and models were replicable. Local capacity should be strengthened substantially and investments for sustainability should be made.

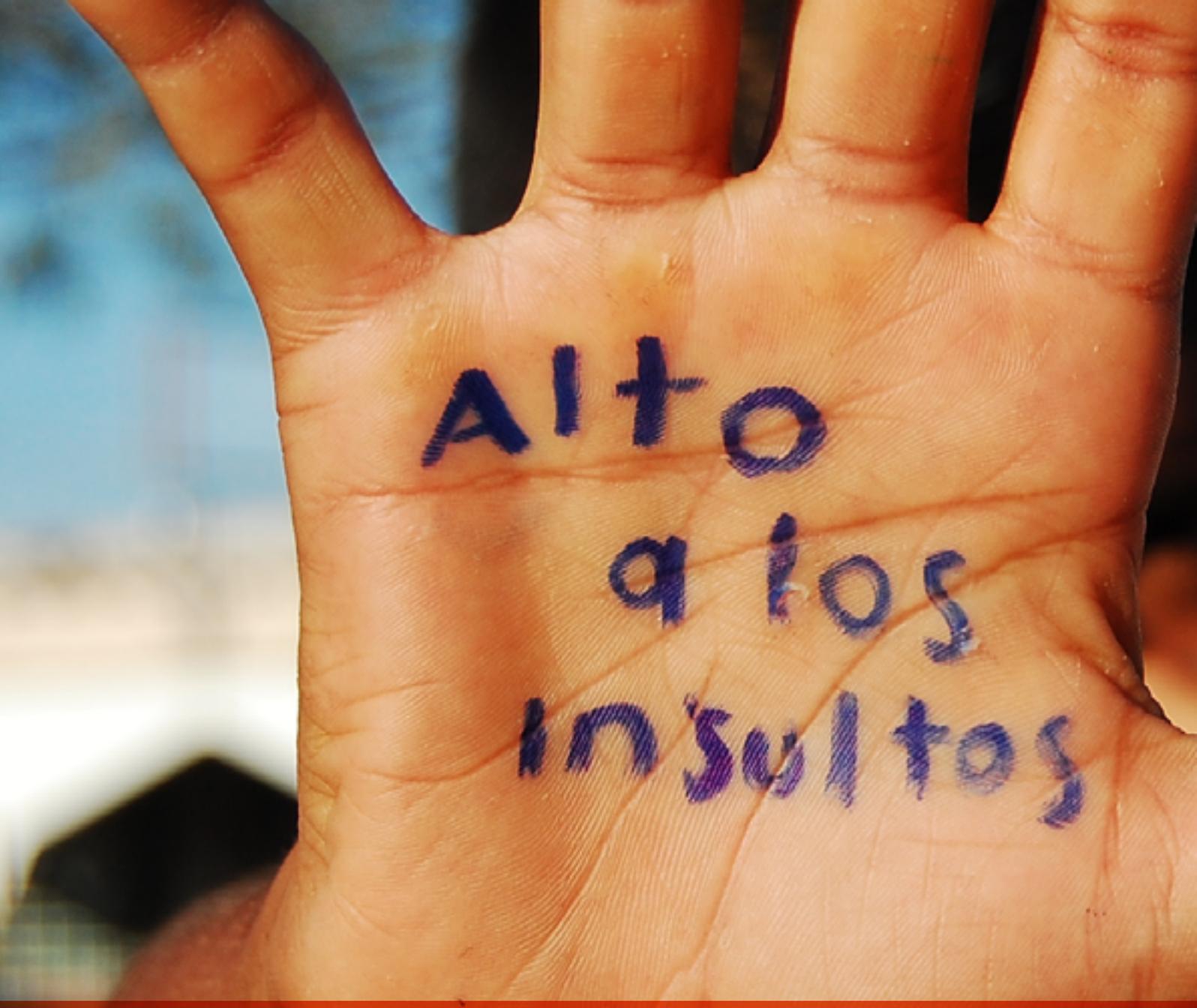
5. Certificate Course and Training of CHWs in Mental Health.

Through collaboration amongst the PAHO/WHO USMBO, the UACJ, and the Center for Development and Therapeutic Attention (CEDAT), mental health was incorporated to primary care initiatives.

- 350 community health workers (promotores comunitarios de salud) were trained to identify victims of violence and to refer them to the appropriate health services.
- To strengthen capacity of healthcare workers providing attention to victims of violence, the UACJ with support from the PAHO/WHO Border Office offered a certificate course to 40 psychologists, physicians, and nurses. This partnership yielded a training manual and a certificate with nine modules to integrate mental health into primary care efforts and to provide crisis attention for victims of violence.

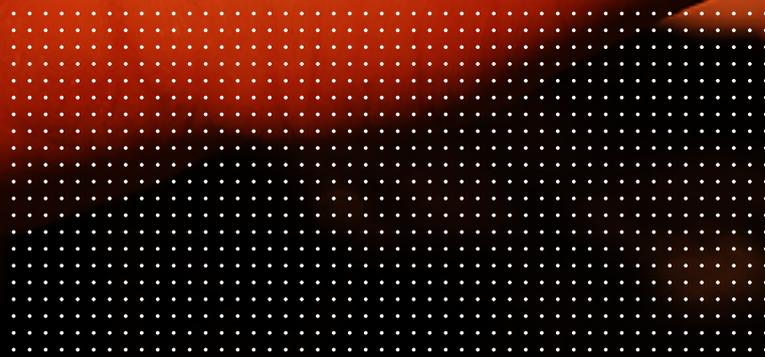
6. Strengthening road injury prevention capacity of the Municipal Transit Direction (DGTM).

- IMESEVI (NO DEFINIDO: Iniciativa Mexicana de Seguridad Vial y Prevención de Lesiones en el Tránsito) facilitated several trainings for public safety agents on road injury prevention.
- They also provided training for local law enforcement alcohol testing operatives.
- (FALTA UN VERBO AQUÍ) Breathalyzers and other equipment to support enforcing legislation prohibiting driving under the influence of alcohol.



Alto
a los
insultos

**PHASE II:
TECHNICAL EXECUTION
AND IMPLEMENTATION OF
THE VIP MODEL**



PHASE II: TECHNICAL EXECUTION AND IMPLEMENTATION OF THE VIP MODEL

1. Strengthening of the Observatory for Citizen Safety and Conviviality. Strengthened capacity of local VIP IT infrastructure, including data collection and analysis. Use the evidence to advocate for public policies and programs through multi-sectorial collaboration with federal, state, and local stakeholders.

- Strengthening IT infrastructure through equipment and software purchase.
- Creation of synergies amongst participating organizations.
- Software and application development: SAI, SAI-II, PROTEGE, SIADIC, SHIELD
- Production of a working website with information accessible to researchers, partners, and citizens.
- Publication of four bulletins.
- Publication of three spatial diagnostics.

2. Enhancement of the capacity of primary care and social service providers for the implementation of VIP interventions. Strengthened capacity of primary care and social service providers, first responders and community organizations for the implementation of violence and injury prevention strategies, programs and services, through technical cooperation and training of trainers.

- Execution of two MhGAP (EN OTROS DOCUMENTOS SE MENCIONA COMO mhGAP) certificate programs.
- Building of scientific-technical capacity (research methods) as well as ethical and political capacity of public servants through the TEACH-VIP program.
- Translation of Violence Prevention: The Evidence, which contains the seven thematic areas utilized in training (1,000 copies printed).
- Training of 240 community promoters (project developed with CEDAT and financed by SEGOB but later integrated into VIP). VIP promoters received capacity-building and attended monthly meetings throughout 2012.
- Development of a community promoter manual.
- Training of trainers from hospitals and health practitioners from local health organizations (two of the health/mental practitioners followed up with training in Panama and Guatemala).
- Report on the state of the mental health system in Ciudad Juárez.
- Human rights and mental health workshop.

3. Improvement of knowledge management and communication skills of researchers, social service providers and social communicators to promote cultural changes to prevent youth violence and injuries. Support those conducting interventions on injury prevention to improve their knowledge management and communication skills and capacity, such as media outreach, documentation of best practices, and development of scientific research and use/access of evidence-based information for decision-making.

- Development of a two-pronged communication strategy: (1) workshops with mass media (AQUÍ FALTA TEXTO)
- Assessment of community centers for creative workshops through a survey.
- Creation and coordination of three work groups (child abuse, juvenile violence, and family or gender violence) to choose the guiding themes for the creative workshops.
- Capacity building of community center staff, community

promoters, and community members and children who participated in creative workshops.

- Facilitated 24 creative workshops that yielded a collection of 700 art pieces from 360 participants.
- Capacity building of policy development through a three day EVIPNet training, which involves systematic research, vetting, and writing.
- Creation and coordination of six work groups for policy brief development: child abuse, communication, traffic safety, gender violence, social determinants of health, and mental health. Five policy briefs are in progress.
- Organization of four public forums: Human Rights, Freedom of Speech, Ethics, and Award to the Best in Media.
- Development and implementation of Monitoring and Evaluation Plan with COLEF.
- Branding, editing, systematization, and document preparation for the replication and presentation of the Observatory model.
- Organization and facilitation of quarterly and monthly Advisory and Executive committee meetings.
- Organization of two workshops on scientific research and publication.
- Coordination of an edition of the Pan American Journal of Public Health: received a total of 44 submissions, published 12 articles and 2 editorial pieces, three of which are related to the VIP Project.
- Organization and facilitation of four road-safety forums at the UACJ.
- Under development: Policy briefs; exhibit of 150 creative pieces; outcome dissemination campaign planning; development of a website with all project content.

4. Promote gender equality and prevent violence against women and intimate.

- Workshops in Ciudad Juárez and El Paso with PAHO/WHO Violence Prevention Guide.
- Workshop to collect experiences in the prevention of violence against women in Ciudad Juárez.

What makes the VIP Project and Initiative Different from Other Violence Prevention interventions?

The context of escalating violence in Ciudad Juárez generated local, state, national, and international responses from the public, private, and voluntary sectors.

Key Accomplishments

The outcomes in Annex 2 show, at a glance, the accumulated productivity of three years of research, facilitation, coordination, communication, and growth. Amongst these outcomes, the accomplishments key stakeholders perceived as most significant are summarized in the following paragraphs:

Even with its shortcomings (stakeholders expressed contradictory viewpoints on the quality of the data and products), the Observatory is one of the best in the nation and is fully replicable. The Observatory website contains interactive maps, spatial diagnostics, and workgroup collaboration tools offers researchers, public servants, and citizens' information in a central location that would have otherwise been difficult

An important benefit to the institutions that form part of the Observatory was strengthening their software and hardware capacity, as well as training their human resources in various critical areas. Thus, the Observatory allowed partners (such as DGTM and mental health providers) to improve their data collection and indicators for improved performance. For example, DGTM was able to differentiate and categorize times when a ticket was issued to a driver for imprudent behavior versus for causing a road injury.

The SAI has changed the way mental health providers, the transit authorities (DGTM), and DIF (REVISAR) the capacity to store and access information related to public health and safety. DGTM compliance rate is notable: it rose from 30% at the beginning of SAI integration to 90% recently. A notable change for DGTM is a significant decrease of requests from the media for information that is now available online. The SAI-II can be transferred with some adjustments to other cities and projects as long as the servers and bandwidth are adequate.

The strategy for service and attention to victims through local capacity building and training of trainers has allowed citizens to analyze social issues through a public health, evidence-based lens and to develop cutting-edge, transferable skills. The capacity of community centers was also improved. TEACH-VIP, MhGap, EVIPNet, certificate programs in mental health care of victims of violence, in human security and in violence prevention, and creative workshops in over 20 community centers to offer children and youth a ludic activity that also allowed them to express and manage their anger, fear and other emotions, these are all replicable. Dissemination products are underway and have implications for the visibility of the project and its outcomes, policymaking, and continued relevance. As well as support other cities to implement similar projects.

A network of committed organizations at local, state, federal, and international levels has been established and nurtured. Despite any challenges encountered through the duration of the project, the strengthened and new relationships among a great deal of individuals and institutions alike, made effective cooperation possible and contributed to increased credibility and local cohesion.

These major accomplishments cited by key stakeholders interviewed for the systematization validate the success of the VIP Project and Initiative. But underpinning these accomplishments are three important synergies that make the VIP Project and Initiative unique and valuable. These synergies will be explored in the sections that follow.

The VIP Conceptual Framework: A Synergy of Three Evidence-Based Approaches

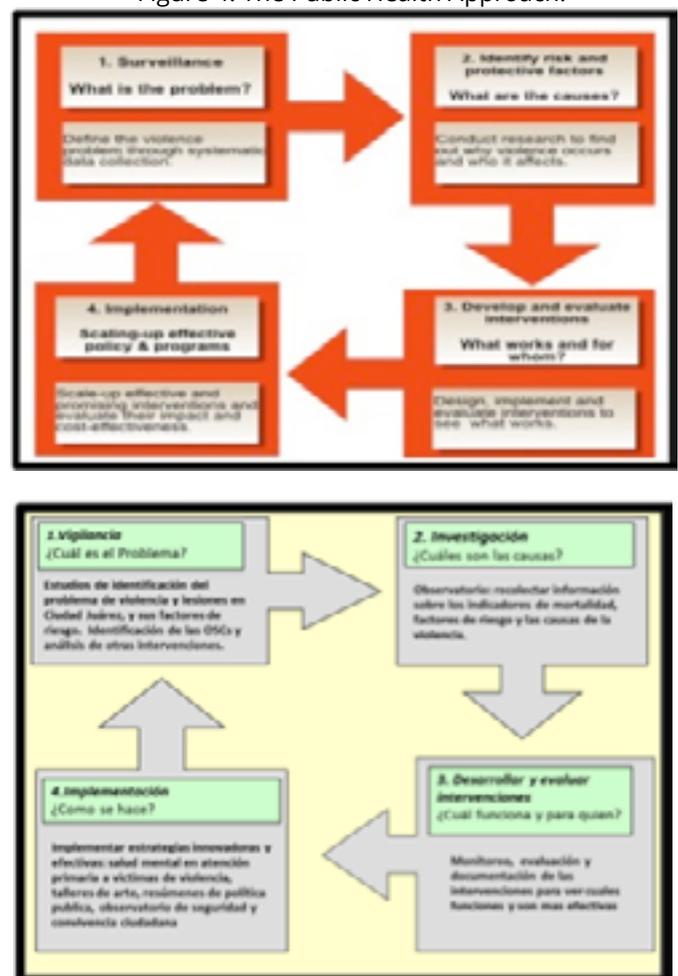
In the initial stages of the VIP Project, a conceptual framework was established. The VIP conceptual framework combines a public health approach, an ecological framework, and a human security with rights approach. PAHO as one of the anchoring organizations brought vast knowledge and experience to the project in this regard.

The first element in the VIP conceptual framework is the public health approach. PAHO/WHO implemented the first regional

epidemiological study of violence in the Americas in 1993, held the first consensus conference in 1994, and passed a resolution by the governing bodies to implement a regional plan of action for the prevention of violence. This process provided critical evidence and experience. WHO developed the Global Violence Report and guideline documents, such as Violence Prevention: the Evidence (11). Hence, and annual road safety reports and guideline documents based on the public health approach was a natural fit for this project anchored by a PAHO/WHO entity.

The public health approach is based on collective action and cooperation across sectors and disciplines, operating under the assumption that each sector and each discipline has a role to play in violence prevention. Rather than emphasizing response and reaction, i.e., the medical treatment of victims and punitive treatment of perpetrators, a public health approach focuses on strategies to prevent violence from occurring.

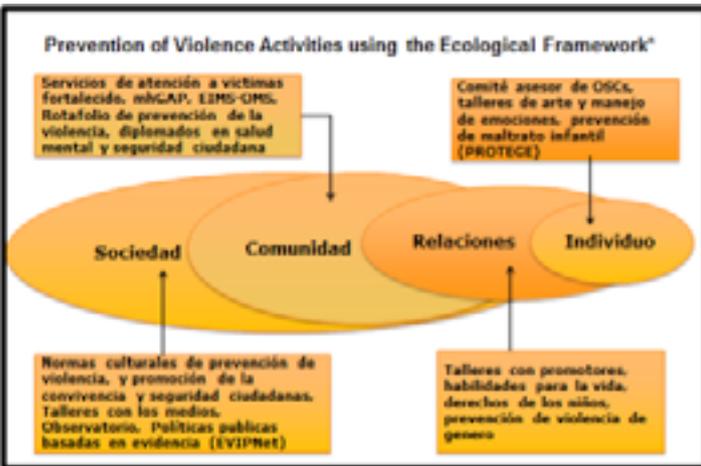
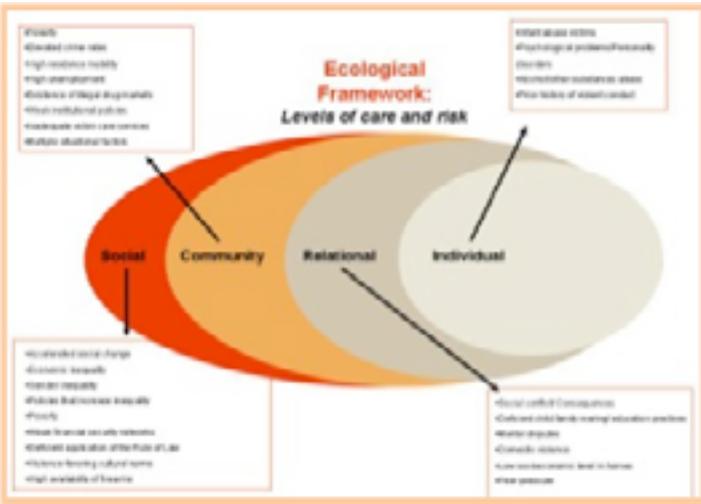
Figure 4. The Public Health Approach.



In the case of the VIP Project, during Phase I and the Observatory carried out most of the steps 1 and 2 of the public health approach (See Figure 4), collaborating partners implement step 3 through a series of on-the-ground activities, and the media and policy working groups enact step 4.

While the public health approach is useful in defining a problem, identifying risks, and developing intervention strategies, couching this approach within an ecological framework acknowledges that any of elements (problem, risks, and inter-

ventions) occur within ecology of systems (Figure 5). Hence, the ecological framework considers four levels of care and risk in the design, intervention, and evaluation of a program: the individual, relational or interpersonal, local or community, and social. The different levels of care and risk represent the Observatory's four initial work groups.



The human security with rights approach complements the public health approach as it aims both to protect basic human rights to life, physical and mental health, and development and to empower at-risk citizens through top-down and bottom-up action (Figure 6). In 2010, PAHO Member States passed the first resolution (13) on health and human security, further strengthening the commitment of the health authorities in the Region of the Americas to implement violence and injury prevention with a health and human security approach and a human rights focus. The UN (DEBE SER OPS) Assembly resolution commits all the member states to the implementation of a human security framework focused on human and community development, a major paradigm shift from the approach of national security and military/police force to reduce violence, which was used up until the end of the century. PAHO created a regional VIP network with the OAS, World Bank, IDB, PNUD and other agencies that work together to advocate for a health and human security approach to violence prevention.



The VIP Project integrated the human security approach ensuring the involvement of institutions from across sectors, health, education, the built environment, personal, community and other sectors. (AQUÍ PARECE QUE FALTÓ TEXTO) The activities were implemented in two dimensions: protection and empowerment. On the one hand strengthening institutional capacity to improve the protection provided to citizens, the care of victims of violence and the training of human resources. On the other hand strengthening community participation thru the training and support of a network of community health workers and empowering community centers to work with children and youth to deal with and prevent violence.

The VIP conceptual framework created a synergy amongst three tested and complementary approaches to address major challenges in violence and injury prevention and care in a unique and complete way. In September 2012 the partners, UACJ, SSCH and PAHO/WHO organized a Health and Human Security Summit in Ciudad Juarez to share with the local, state, national and international community the knowledge, experience and lessons learned with the implementation of the VIP Project. To provide an opportunity for public policy and public health leaders to get a closer view of the activities, a breakfast meeting with key policy makers was held that allowed for more intimate and detailed conversations. There were several sessions with presentations and discussions. There was also a visit to the Observatory for participants to get to know the methodology and the benefits of this center piece of the VIP Project and Initiative.

Synergy amongst the Objectives

The strategic and synergistic relationships grounded even before the development of the VIP initiative were further strengthened and continued throughout the VIP Project, and were essential to achieve the goal. Relationships in Objective 1 continued through the VIP Project and are exhibited in the execution of Objectives 2 and 3. The VIP Matrix of Transversal Relationships (Table 1) objectives exacted from the project's evaluation document shows, in summary, how interrelatedness amongst objectives was manifested in project processes. From a systematization perspective, salient in the evaluation

report are the relationships between the Observatory knowledge base (Objective 1), training and promotion activities (Objective 2), and communication programs and activities (Objective 3). The evaluation report asserts that there is in fact a clear connection and interdependence amongst the three objectives and the actions they comprise. Interdependence among project components is essential for the conception of a model—a major proposed goal of the project. It demonstrates a high level of commitment, engagement, and communication.

The synergy of VIP Objectives, hinging on the information gathered and vetted through the Observatory, is one of the keys to understanding the success of the VIP Project and Initiative. Evidence-based research is the basis for actors from a wide variety of disciplines and sectors coming together to both share and retrieve information. The fact that dozens of government organisms, private institutions, and CSOs once relying on pen and paper documentation and piecing together information from media and inconsistent sources can now provide the Observatory data from their day to day operations and in turn retrieve triangulated, computerized information is a huge leap. This major change in information management and sharing within the context of a reliable network has contributed in an important way to informing action and policy-based activities of Objectives 2 and 3.

In the VIP Initiative and Project, the Observatory becomes a hub for knowledge and governance (epidemiological diagnosis of the problem, the risk and protective factors, and root causes of violence and injuries). This becomes the basis for the development, evaluation, and dissemination of interventions framed in an ecological model and using the public health and human security approach. In turn, indicators and data from interventions are fed back into the Observatory as can be seen in Figures 7

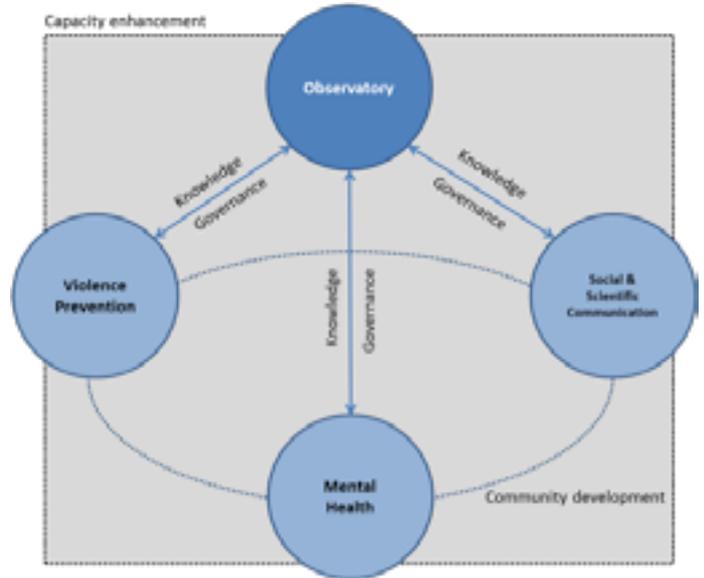


Figure 7. The Observatory as cornerstone for evidence-based action through constant feedback loops.

Skills and capacity were built with various institutions and organizations; Figure 7 shows the community development; and all the circles point to the central part the Observatory played in the achievements, at the policy, institutional and community levels. The evaluation report includes many examples of this synergy. It does not do the dual action of the observatory justice. Important relationships were critical in the creation of the Observatory Committees; the data-research and analysis marched on faster and had stronger than the Policy and Evaluation Committee because the first one had more permanent support from PAHO and UACJ, the second initially had support from PAHO and UACJ but changes in staff made it difficult for continued support from PAHO until USAID resources allowed for the incorporation of a mental health consultant and other consultants that were needed to move forward with key components such as mental health, violence prevention, public policy with EVIPNet and the creation of the VIP Executive Committee, the Policy and Evaluation Committees (EN LA VERSIÓN EN ESPAÑOL UTILICÉ LOS NOMBRES COMPLETOS MENCIONADOS EN EL INFORME Y OTROS DOCUMENTOS) and other key elements.

Triangulation goes hand in hand with accountability. Other observatories obtain their data from single sources, the Observatory for Citizen Safety and Conviviality of Ciudad Juarez has the added benefit of continuous processing of information from multiple sources so that triangulation is possible and most of the information available is timely and reliable. Likewise, information for policy briefs were consistently vetted point-by-point for accuracy and usefulness. Action-based programs were rooted in evidence-based research and data

	Objective 1	Objective 2	Objective 3
Objective 1	VIP OBSERVATORY AUTOMATIZED INFORMATION SYSTEM	2-1 Disseminate Observatory Information Strengthen capacity and resources of local actors Communication and coordination for information sharing	3-1 Disseminate Observatory Information (Diffusion) Strengthen Observatory Public Policy Committee Public safety policy brief Consulting for a manuscript Support in the documentation and publication of guides and manuals Public safety library
Objective 2	1-2 Institutional collaboration Statistical and cartographic information	PROMOTION, TRAINING, AND MENTAL HEALTH	3-2 Documentation and publication Diffusion Support for mental health policy brief Mental health and VIP library Training of health professionals and promoters
Objective 3	1-3 Publications Traffic incident policy brief Statistical and cartographic information	2-3 Linkage between mental health promotion and violence prevention Identification of researchers for the development of policy briefs Training for art instructors in violence prevention and mental health	NETWORKING, SOCIAL COMMUNICATION, AND DIFFUSION OF EVIDENCE

Source: Translated from manuscript prepared by Sergio Peña Medina of COLEF: "Evaluación del proyecto VIP: Avances de la Evaluación del VIP." March, 2013.

collection and mining became institutionalized processes. Although at times accountability seemed to get in the way of progress (for example, the negotiation of the Phase II work plan or the need for all members of a work group to vet the research, interpretation, and dissemination process for a given activity or policy brief), ultimately the need to be accountable to an inter-sectorial array of institutions fostered trust and quality control.

Relational Synergies: Dynamic Leadership and a Consistent Work Ethic at all Levels

Even though the VIP Project began in April of 2010, it is built on longstanding relationships. The project has benefitted from the collaboration of dozens of government organisms, private institutions and CSOs, including the Municipal Institute for Research and Planning (IMIP), El Colegio de la Frontera (COLEF) Ciudad Juarez campus, DGTM and General Direction of Municipal Police (DGPM), state and local health and education authorities, and other key stakeholders (See Figure 8).



Figure 8. Relational Model MTC. Needchangeshere

The inter-sectorial, interdisciplinary approach to this initiative-project was and continues to be central to its success and sustainability. In general terms, anchoring collaboration in a partnership between an academic institution, PAHO a neutral international health organization, recognized for transparency in decisions, managing resources, and local and federal government entities can enable the more efficient leveraging of resources and relationships to make programmatic activities flourish. The fact that the TEACH-VIP, MhGap, EVIPNet, WHO-EINS, integration of mental health in primary health care, and creative workshop methodologies are innovative and respond to perceived community and institutional needs, is an advantage. Similarly, the consultants hired for this project understood the work both at a macro and micro level and worked well with each other and with the partner organizations. The access to so many PAHO/WHO, government, academic and other experts and advisors was somewhat unique to this synergistic collaboration and was critical to the continued learning of the partnership, strengthening the activities and con-

tributing to the accomplishment of the objectives proposed. With these strategic activities the “syndrome of the broken window” was dissipated, and people began to feel that Juarez was important to the national and international health and well-being; and that the health and quality of life of people on the border was important to all.

In addition to the quality, expertise, and vision of collaborating partners, consultants, and advisors, the most fruitful relationships often developed from mutually beneficial partnerships, that is, partnerships where need met opportunity and a win-win was possible. This was not obvious to the research and development teams initially. Before they had a concrete product and outcomes potential partners could not “see” the benefit. Once they had a concrete product, such as the SAI, and were able to show potential partners outcomes, their “need” became more apparent and the opportunity seemed more fitting. Also when they saw that the resources were used to strengthen their institutions, with equipment, up to date software, training, certificate courses, continued support and response to their needs, this brought them together and consolidated the Observatory partnership. The discussion and decision making in the Steering Committee with the participation of all partners was also an important mechanism that created synergy and trust in each other.

Where Context Meets Opportunity

Several key stakeholders noted during interviews that in addition to hard work and dedication this project is a product of the exigency to address the scaling problems of violence and its effects in Ciudad Juarez combined with the funding opportunity available through USAID as part of Pillar IV of the Merida Initiative and with the vision and relationships of Dr. Arturo Cervantes of CENAPRA/CONAPRA and Dr. Maria Teresa Cerqueira of PAHO/WHO USMBO. There is no doubt that this combination of contextual and relational factors enabled the launch of this project and influenced its outcomes. Project partners became partners because of their awareness of the project, trust in project leaders, and joined interests. An example given in key stakeholder interviews is the inclusion of DGTM over DGPM as a major partner for data mining. Going through DGTM is a less direct way of arriving at homicide and violent crime statistics. However, DGTM had the vision to partner with the VIP Project at a crucial time, whereas DGPM showed little interest.

There is no doubt that relationships are the foundation and drive of the VIP Initiative and Project. Based on data gathered from a participatory timeline and relationship mapping activity shown in Figure 9, it indicates that many more relationships with several new organizations as well as increased activity with organizations and institutions that were already collaborators previous to the VIP Project. Always a challenge, the key ingredient were the relationships built and strengthened among the participating institutions, cementing trust and maintaining credibility was essential.

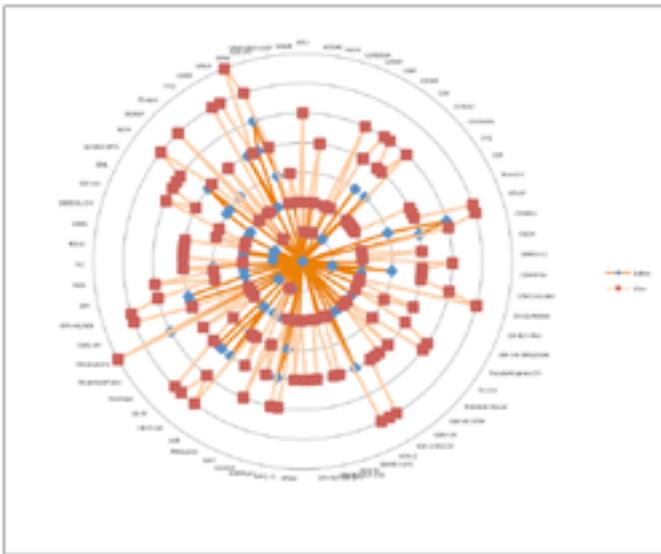


Figure 9. The importance of relationships
(See full list on Annex 3)

Relationships: the Essential Ingredient

Throughout the planning, implementation, monitoring and evaluation of the VIP Project more than 130 institutions participated (see Figures 10 and 11). The academic institutions, especially the UACJ, was the core institution of the Observatory for Citizen Security and Conviviality, this provided scientific and technical integrity and credibility to the data collection, analysis and dissemination as well as the capacity for research and training. It also ensured continuity, stability and sustainability in times of political and administrative changes. El Colegio de la Frontera Norte provided the scientific and technical competence in research, monitoring and evaluation. An essential ingredient to the success of the VIP Project, including the valuable numbers of professionals and community health workers trained, the critical care provided to victims of violence and the production of evidence for policy and decisions, as well as documentation of the tools, methods and lessons learned, this was possible because of the many partners involved from multiple public, private and social sectors and the credibility and clout of working in partnership with PAHO/WHO, an international organization of recognized competence, inclusiveness, fairness and objectivity. The VIP Project offered many win-win opportunities for all the partners, to strengthen their capacity and to improve the activities and services they were provided.

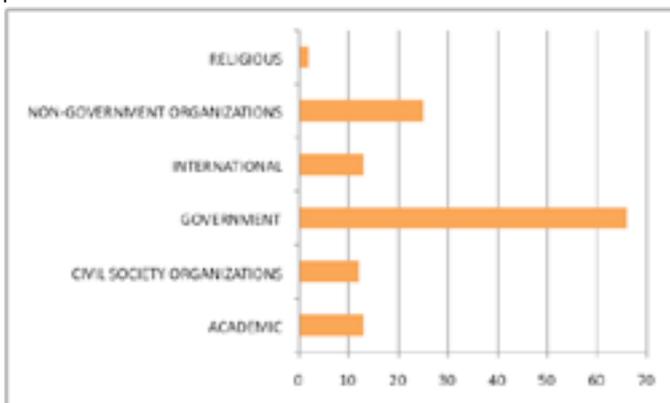


Figure 10. Institutional relationships by type of entity

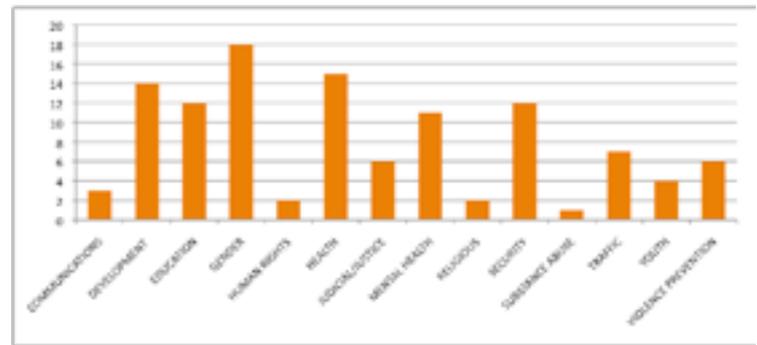


Figure 11. Institutional relationships by subject matter

It is clear from the data collected for this systematization that framing and management of challenging tensions and situations were important to the execution of VIP Project outcomes. Ongoing, major challenges cited by the group of key stakeholders during interviews are: time, human capital, and navigating interests, relationships, and changes in leadership. While the difficulty of negotiating these overarching challenges was palpable in key stakeholder interviews, so was a high level of professionalism, accountability, and consideration for the goals of the project. Overall, challenges seem to have been affronted with grace and a spirit of learning. For the challenges that cannot be anticipated, flexibility, creativity, and a consistent work ethic were crucial.

Specific Challenges Encountered during the Project

1. Partnership contingencies

- Lack of response from DGPM so that homicide rates would be measured through information obtained less directly from DGTM, death certificates, and media reports.
- Indecisive leadership with regard to reorganization of budgets for Phase II, work plan for Phase II, and Todos Somos Juárez (We Are All Juárez) partnership.

2. Logistical contingencies

- Out of the 24 creative workshops 17 required some form of improvisation. 500 different supplies had to be entered into the PAHO database before they could be ordered because they did not exist in the system; a space to store supplies as they arrived had not been contemplated, so the Communication Consultant stored them at her home in Juárez; recruiting art workshops instructors proved challenging and required creativity and tapping into social media networks; sometimes community promoters did not meet their commitment or the community centers were closed, so some sessions had to be moved or re-scheduled; when participant numbers were lower than expected, recruitment efforts took place.
- Despite having administrative support for the grant, the grant budget became 40% of the PAHO/WHO USMBO administrative load, which represents a substantial work load increase for administrative staff. In addition, the PAHO/WHO USMBO had to support the project in 2011 during the transition from Phase I to Phase II. These unexpected circumstances required a shift in thinking for the head of the administration team.
- EVIPNet workgroups faced attendance and coordination challenges. The gender work group did not pan out. For

- the remaining five groups coordinating participant schedules was a major challenge. Since every point in the policy briefs must undergo systematic revision and vetting, the availability of experts is crucial, and even when coordination was possible last-minute cancellations were prevalent.
- Unexpected support for providers, community promoters as they came to terms with their own vulnerabilities as citizens living in the same context as the target populations.

3. Public policy bottlenecks

- The Public Policy committee within the Observatory did not gain the necessary momentum from the beginning; it was difficult to leverage collaboration for public policy evaluations when enough information had not been generated.
- The Knowledge Management and Communications advisor role is split in two very demanding directions: research and collation of materials for policy brief work group review and dissemination and media strategies.

4. Lack of credibility and social cohesion made recruitment and involvement especially difficult.

Relational milestones

In addition to the foundational relationship work and the new connections, key stakeholders reported a series of relational milestones that show important and sometimes surprising changes:

- The project used the human security principles and approach, socio-ecological model and public health approach. This approach was different from traditional more force more guns on the street. Examples of empowerment of the community, includes training community health workers (promotores comunitarios de salud) and providing support by UACJ, the workshops with kids that helped them deal with complex issues and emotions, the strengthening of the institutional capacities to serve their communities better, the encouragement for institutions to work together and coordinate actions, such as the joint auditing between transit and SEDESOL to improve road infrastructure. And the strengthening of mental health in primary health care to provide much needed services to victims of violence.
- Despite challenges, committed collaboration among diverse institutions is not frequently seen. The longevity of this collaboration and successful outcomes and processes is noteworthy. Credibility, trust, accountability, transparency, grounded interest in the health and welfare of the people, and the strengthening of institutional and community capacity were key ingredients provided by PAHO in the partnership.
- Creation of a network of community centers. Communication amongst centers permits support and directing people to different locations. (foto del cartel grandote que menciona Arturo donde puedes ver cuantos niños hospitales, etc.) SE SUGIERE PONER LA FOTO O BORRAR
- Inter-sectorial and inter-institutional collaborations are yielding stronger and surprising results. The academy is branching out—doing away with the traditional intramu-

ral paradigm and moving into community development and action. Action-oriented organizations are grounding their work on evidence-based research.

Some of the unique and necessary elements of this project are the characteristics of partner organizations and people:

- The UACJ hosted the Observatory, developed applications and software, maintained the servers, managed and processes data, translated data into usable information and made it accessible online.
- PAHO/WHO USMBO catalyzed action and provided coordination and support as well as technical and professional know-how, coordinating the visit of external advisors and experts. Maintaining relationships at all levels was a major responsibility of the PAHO staff.
- Both the UACJ and PAHO/WHO are perceived as neutral institutions for the most part. This is a huge advantage in terms of credibility.
- The work done through the Observatory with collaboration between the IMIP and CONAPRA enabled the reinforcement of state and municipal government relations and researchers developed skills and capacities that they might not have developed on their own.
- The collaboration with the Jurisdicción Sanitaria II en Juarez y la Secretaría de Salud de Chihuahua was critical and very effective in the integration of mental health in primary health care (a commitment of PAHO and the Member States, this helps the Federal level achieve its commitments with PAHO/WHO) and this collaboration with the health sector also strengthened the referral system, as close to 500 community health workers (promotore scomunitarios de salud) were trained to identify persons with symptoms of emotional distress as victims of violence, the promotores comunitarios de salud refer the persons to appropriate services and provide a in the community.

Overall Effectiveness and Sustainability of the VIP Project

The VIP Project proposed two major goals: violence and injury prevention and the creation of an inter-sectorial, multidisciplinary model. The project has successfully strengthened the Observatory and research infrastructure, built capacity of local organizations, community health workers and health providers, and held forums and produced publications and products for the dissemination of important information. As noted in the project evaluation conducted by COLEF, in general terms we can conclude that the VIP Project has achieved its general objective; however, the VIP Project has not established a name or brand directly recognizable by the community at large (p. 58), and it is difficult to ascertain if successful outcomes are attributable directly to a model per se or to individual activities and programs. This said, the VIP Project and Initiative comprise a conceptual framework and a series of strategies to approach violence and injury prevention in a way that is different from the traditional police/military approach and that has been implemented with pretty good success. The VIP Project and Initiative have garnered a first round of critical lessons for replication and scale. And while any other city wishing to replicate the VIP model will have to adapt it to its particular context, the accomplishments, lessons learned, and road traveled are assets.

There is evidence that due to VIP Project the activities implemented using the health and human security model show a paradigm shift from the traditional public security model based on more police or military. In the context of Ciudad Juarez a significant number of military and police forces were present; the VIP Project took a public health-human security approach. This approach is different from that of other organizations and government entities in that mental health and ludic workshops with children and youth were implemented to support them in dealing with difficult situation.

Current project processes that are working should be sustainable as long as ownership and commitment transcends the project cycle (14). Processes that are institutionalized are the most likely to be sustained, i.e., the Observatory, SAI data mining. Capacity and efficiency built should have staying power if local institutions have ownership and if partner institutions continue to be available for support; the level of ownership is not clear at this time. Sustainability for processes that are pending, i.e., policy briefs, publications, is most difficult to predict, particularly given that products are under development, yet visibility will be crucial both for sustainability in Ciudad Juarez and for the transfer and translation of the project to other contexts.

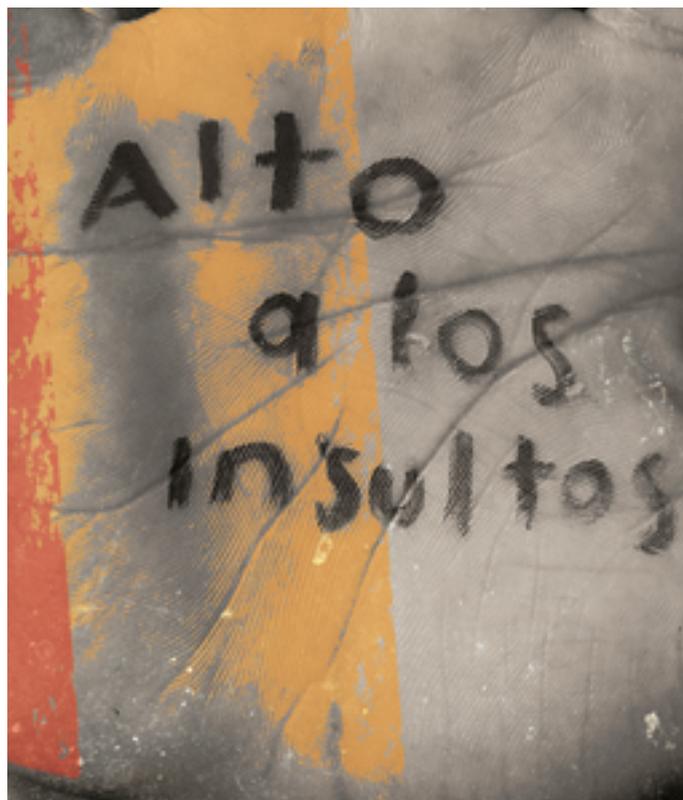
In September 2012, we organized a summit on health and human security in Ciudad Juarez and involved many stakeholders, the institutional partners hosted the event in commemoration of the 70th anniversary of the PAHO/WHO Border Office, the oldest and only second to the Washington DC office; Stakeholders from all border states and cities were invited and participated. A special breakfast session with key stakeholders from Monterrey, Reynosa and Tijuana was held with the partners in Juarez to share the experience and invite them to see the Observatory and to learn of the many activities that were implemented to strengthen mental health and community development, key aspects in the combined health and human security approach. This was followed up with meetings and presentations in Reynosa and Tijuana, Monterrey requested more information, and the stakeholders in each city are coming to learn more about the Observatory, its structured committees, its technology, its partnership and the critical softwares developed for the agencies.

It is important to mention that a majority of key stakeholders interviewed did not cite a concrete plan for sustainability. Impressions about and suggestions for sustainability from key stakeholders are as follows:

- Nurture institutionalized processes. The Observatory and its processes are pretty well institutionalized at the UACJ. However, their sustainability will depend on continued commitment and availability (time, human capital, physical space, resources, and maintenance of technological infrastructure—estimated at US\$30,000/year) of the institutions.
- Form an executive committee and continue to build trust and nurture relationships.
- Ensure institutions see a social, political, or institutional benefit.
- Identify key relationships for continued work, presentation of public policy, and look towards citizen-leaders as there are groups that have been working to improve the

safety and quality of life of the city since prior to the escalation of violence.

- Maintain ties with PAHO or another international organization. This connection is important as both a source of technical support and as a neutral entity that can help to continue to build credibility and trust for citizen engagement.
- Ensure continued visibility and follow through. At this point, since dissemination activities are underway, it is difficult to assess how well the project has achieved visibility; the only gauge for visibility is public participation in activities, forums, and use of products such as the Observatory website.
- There were over 40 workshops and training events, training over 1,700 professionals and community health workers in various subjects related to violence and injury prevention and mental health and emotions management (see Annex 1 for a full list).
- Active follow-through and a re-articulation of commitments upon project closure are critical.





LESSONS LEARNED AND RECOMMENDATIONS

LESSONS LEARNED AND RECOMMENDATIONS

The following list of lessons learned by key stakeholders of the VIP Project primarily based on responses to the question: **what would you do differently?**

1. Establish better communication channels amongst institutions from the beginning.
2. When troubleshooting a problem ask whether communication is working effectively.
3. Place greater emphasis on timely visibility and branding.
4. Be prepared for contingencies and changing political arrangements.
5. Have a stronger vision for documenting project evidence and systematize a process from the beginning.
6. Preventing violence directly is an ambitious goal. Redirect the focus of the goal to capacity-building for violence and injury prevention and amelioration.
7. Organize a workshop for all existing observatories so that lessons learned can be shared.
8. Utilize EVIPNet workshops as springboards for research and writing workshops to encourage publication productivity amongst researchers.
9. Conduct children's workshops in the summer when they are not in school for more efficient logistical coordination.
10. Consider the time investment required for relationship-building and maintenance, particularly when relationships are new or require regular meetings with the same stakeholders such as for the EVIPNet and creative workshops.
11. Consider both what the project did and what it failed to do. For example, some key stakeholders believe that the Project might have taken better advantage of the presence of major federal or state efforts like Todos Somos Juárez.
12. The PAHO/WHO's position as a neutral organization could have been better leveraged during the 2011 lull between phases.
13. Develop a more detailed plan for data mining for mental health practitioners using the technological infrastructure provided through the VIP project. This will allow for a better system of detection, strategy, and information use.

The core elements of the project are worth considering in consort and with lessons learned for transfer and translation to other contexts:

1. Inter-sectorial and multidisciplinary relationship framework anchored by a government entity, a neutral international organization, and an academic institution.
2. Recommendations: Consider lessons learned about communication and leadership and ensure dialogue between top-down and bottom-up approaches. It is clear that political arrangements can affect partnerships and program "buy-in." Work to maintain as fluid communication as possible during political transitions.
3. The Observatory and its research, publication, and public policy infrastructure.
4. Recommendations: The primary forms of dissemination are the Observatory website with all of its publications, public forums, and a media campaign and project website

under development. Follow-through in these areas will be crucial for the continued credibility.

5. Successful capacity-building and training programs, certificates, and workshops (MhGap, TEACH-VIP).
6. Recommendations: Consider lessons learned in relationship-building and contingencies and changing political environments. When hierarchies are involved, ownership at both the leadership and operational levels is crucial. Co-ownership can be gained through mutually beneficial relationships and shared interest and investment in outcomes. The community center network and mental health provider network that have grown out of this project are significant accomplishments and their continued collaboration and support should be sustained through commitments from partners.
7. Creative and EVIPNet processes and workshops.
8. Recommendations: Consider lessons learned in dissemination of key products and policy development. The project evaluation document recommends strengthening the technical and financial support and infrastructure of the mental health network created through the VIP project to form an interest group capable of following through with public policy and being self-sustaining.

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ANNEX 3

List of VIP Initiative Stakeholders and Relationships Before and After the Initiative by Type/Subject

Suggested points criteria for the before and after relationship: 0 no activities with that institution before the VIP Initiative; 5, a single activity; 10, 2-5 activities; 15, 6-10 activities; 20, activities periodic, planned; 25, activities planned for over two years; 30, memorandum of understanding, agreements, continuous collaboration; 35, candidates collaborating center.

No.	Institution	Acronym	Type ^a	Subject ^b	Before	After
1	Asociación de Periodistas de Ciudad Juárez	APCJ	1	1	10	25
2	Asociación de Protección y Defensa del Menor	APAMAC	3	5	0	5
3	Asociación para el Desarrollo Integral de Personas Violadas	ADIVAC	3	5	0	10
4	Casa Amiga Esther Chávez Cano, A.C.	Casa Amiga	5	4	10	20
5	Casa YMCA para Menores Migrantes	YMCA	5	5	0	10
6	Centro Cáritas de Formación para la Atención de las Farmacodependencias y Situaciones Críticas Asociadas, A.C.	Cáritas	5	11	0	5
7	Centro Caritativo para Atención de Enfermos de SIDA, A.C.	CCAESIDA	5	6	0	5
8	Centro de Actualización del Magisterio de Ciudad Juárez	CAM-CJ	3	3	0	5
9	Centro de Asesoría y Promoción Juvenil, A.C.	CASAPJ	5	13	0	10
10	Centro de Atención Integral Hospitalaria de Salud Mental	CAISHM	3	8	10	25
11	Centro de Atención y Asesoría para la Familia, A.C.	CAAF	5	8	0	10
12	Centro de Crecimiento Humano y Educación para la Paz, Salud y Bienestar Comunitario	CHEPAZ	5	8	0	20
13	Centro de Desarrollo y Atención Terapéutica, A.C.	CEDAT	5	8	0	25
14	Centro de Integración Juvenil, A.C.	CIJ	5	13	15	25
15	Centro de Justicia para las Mujeres	CJM	3	4	0	20
16	Centro de Prevención y Atención para Mujeres en Situación de Violencia	MUSIVI	3	4	5	20
17	Centro de Readaptación Social, Estatal No. 3	CERESO	3	7	15	25
18	Centro de Rehabilitación Integral para Mujeres "Ave Fénix"	Ave Fénix	3	4	0	10
19	Centro de Rehabilitación y Asistencia para Enfermos Mentales	CREAMAC	3	8	0	10
20	Centro Estatal de Prevención Social de la Violencia y Delincuencia con Participación Ciudadana, Chihuahua	CEPSVDPC-CHI	3	7	0	10
21	Centro Familiar para la Integración y Crecimiento, A.C.	CFIC	5	8	0	10

No.	Institution	Acronym	Typea	Subjectb	Before	After
22	Centro Familiar Proyecto de Vida, A.C.	CFPV	6	9	0	10
23	Ciudadanos Comprometidos con la Paz, A.C.	CCP	2	5	0	10
24	Colectivo Fronterizo Batallones Femeninos	CFBF	2	4	0	20
25	Colectivo Nuraámi	Nuraámi	2	5	0	20
26	Colectivo Taller Ocho	TallerOcho	2	5	0	20
27	El Colegio de la Frontera Norte	COLEF	1	3	15	30
28	Comisión de Cooperación Ecológica Fronteriza	COCEF	4	2	25	30
29	Comisión de Salud Frontera México-Estados Unidos	CSFMEU	4	6	20	25
30	Comisión Estatal de Derechos Humanos, Reynosa	CEDH	3	5	0	10
31	Comisión Nacional de Derechos Humanos	CNDH	3	5	0	10
32	Comisión Nacional para Prevenir y Erradicar la Violencia Contra las Mujeres	CONAVIM	3	4	0	20
33	Consejo Estatal para la Prevención y Atención de la Violencia Familiar en Ciudad Juárez	CEPAVI-CJ	3	14	0	10
34	Consejo Municipal de las Mujer, Municipio de Juárez	CMM-JZ	3	4	10	25
35	Consejo Nacional para la Prevención de Accidentes	CONAPRA	3	12	0	20
36	Consulado General de México en El Paso, Texas	MEXConsulado	3	5	15	20
37	Consulate General of the United States, Ciudad Juárez, Mexico	USAConsulate	3	5	5	20
38	Desarrollo Integral de la Familia de Ciudad Juárez	DIF-CJ	3	5	10	25
39	Desarrollo Integral de la Familia de Ciudad Juárez, Programa de Atención a Menores Migrantes	DIF-CJ-PAMM	3	5	10	30
40	Desarrollo Integral de la Familia de Reynosa	DIF-REY	3	5	0	10
41	Desarrollo Integral de la Familia de Reynosa, Protección a la Familia y Asuntos Jurídicos	DIF-REY-PFAJ	3	5	0	10
42	Desarrollo Integral de la Familia del Estado de Chihuahua	DIF-CHI	3	5	10	20
43	Desarrollo Integral de la Familia del Estado de Chihuahua, Sub-Procuraduría Auxiliar de Asistencia Jurídica y Social del Distrito Judicial Bravos	DIF-CHI-SPAAJS-DJB	3	7	0	15
44	Desarrollo Integral de la Familia del Estado de Tamaulipas	DIF-TAM	3	5	0	10

No.	Institution	Acronym	Type ^a	Subject ^b	Before	After
45	Fiscalía Especializada en Atención a Mujeres Víctimas del Delito por Razones de Género del Estado de Chihuahua	FiscaliaMujeres-CHI	3	4	0	20
46	Fiscalía Especializada en Atención a Víctimas y Ofendidos del Delito del Estado de Chihuahua	FiscaliaVíctimas-CHI	3	7	10	25
47	Fiscalía General del Estado de Chihuahua	FG-CHI	3	7	0	25
48	Formación y Desarrollo Familiar, A.C.	FDF	5	3	0	15
49	Freedom House	Freedom House	4	1	0	10
50	Fundación Comunitaria de la Frontera Norte, A.C.	FCFN	5	2	10	20
51	Gobierno Municipal de Victoria, Dirección de Tránsito Municipal	GM-VIC-DTM	3	12	0	10
52	Gobierno del Estado de Baja California	GOB-BC	3	10	10	20
53	Gobierno del Estado de Chihuahua	GOB-CHI	3	10	10	20
54	Gobierno Municipal de Juárez, Dirección General de Seguridad Pública	GM-JZ-DGSPM	3	12	0	20
55	Gobierno Municipal de Juárez, Dirección General de Centros Comunitarios y Forestación	GM-JZ-DGCCF	3	2	10	30
56	Gobierno Municipal de Juárez, Dirección General de Tránsito Municipal	GM-JZ-DGTM	3	12	10	30
57	Gobierno Municipal de Juárez, D.R. Municipio de Juárez	GOB-JZ	3	10	20	30
58	Gobierno Municipal de Monterrey	GOB-MTY	3	10	0	10
59	Gobierno Municipal de Reynosa, Dirección de Protección Civil del Municipio de Reynosa	GM-REY-DPC	3	10	0	10
60	Gobierno Municipal de Reynosa, Ayuntamiento de Reynosa	GM-REY	3	10	10	20
61	Gobierno Municipal de Tijuana, XX Ayuntamiento de Tijuana	GOB-TJ	3	10	10	20
62	Gobierno Municipal de Victoria	GM-VIC	3	10	0	10
63	Gobierno Municipal de Reynosa, Secretaría de Seguridad Pública Municipal, Dirección de Inspección y Supervisión Interna	GM-REY-SSP-DISI	3	10	0	10
64	Gobierno Municipal de Reynosa, Secretaría de Seguridad Pública Municipal, Dirección de Enlace Social	GM-REY-SSP-DES	3	2	0	20
65	Gobierno Municipal de Reynosa, Secretaría de Seguridad Pública Municipal, Dirección de Tránsito y Vialidad	GM-REY-SSP-DTV	3	12	0	20

No.	Institution	Acronym	Typea	Subjectb	Before	After
66	Grupo CAPINTE Ciudad Juárez	CAPINTE	5	3	0	20
67	Hogar Psiquiátrico San Juan de Dios, A.C.	HPSJD	5	8	0	10
68	Hospital Ángeles de Ciudad Juárez	HA-CJ	5	8	10	20
69	Hospital Psiquiátrico Civil Libertad, Ciudad Juárez	HPCL-CJ	5	8	0	10
70	Inclusión y Equidad	IE	2	5	15	25
71	Instituto Chihuahuense de la Mujer	ICHIMujer	3	4	20	25
72	Instituto Chihuahuense de la Salud	ICHISAL	3	4	0	10
73	Instituto de Investigación y Desarrollo en Prevención de la Violencia y Promoción de la Convivencia Social	CISALVA	1	14	0	20
74	Instituto de Servicios y Seguridad Social de los Trabajadores del Estado	ISSSTE	3	6	5	15
75	Instituto Municipal de Investigación y Planeación del Municipio de Juárez	IMIP	3	2	10	25
76	Instituto Municipal de la Mujer de Reynosa	IMM-REY	3	4	0	5
77	Instituto Nacional de las Mujeres	INMujeres	3	4	10	20
78	International Youth Fundation	IYF	4	13	0	15
79	Jaguares Jóvenes de Bien, A.C.	JJdB	2	13	0	15
80	Jurisdicción II de Servicios de Salud de Ciudad Juárez	JSII-CJ	3	6	20	30
81	Jurisdicción II de Servicios de Salud de Ciudad Juárez, Programa de Adicciones	JSII-CJ-AD	3	6	10	25
82	Jurisdicción II de Servicios de Salud de Ciudad Juárez, Programa de Salud Mental	JSII-CJ-SA	3	6	20	30
83	Jurisdicción II de Servicios de Salud de Tijuana	JSII-TJ	3	6	20	30
84	Kolectiva Fronteriza Ciudad Juárez	KFCJ	2	4	0	20
85	Las Hormigas, Comunidad en Desarrollo, A.C.	Hormigas	2	2	0	15
86	Mano Amiga	ManoAmiga	2	4	5	10
87	Mujeres de Pacto, Ciudad Juárez	MujeresdePacto	2	4	10	20
88	Mujeres por México en Chihuahua, A.C.	MM-CHI	5	4	0	10
89	Observatorio de Seguridad y Convivencia Ciudadanas del Municipio de Juárez	Observatorio	1	12	25	35
90	Organización de las Naciones Unidas, Seguridad Humana	ONU-SH	4	10	0	10
91	Organización Mundial de la Salud, Área de Prevención de Violencia y Lesiones	OMS-VIP	4	14	10	20

No.	Institution	Acronym	Type ^a	Subject ^b	Before	After
92	Organización Panamericana de la Salud, Área de Gestión del Conocimiento y Comunicaciones	OPS-HQ/KMC	4	1	20	30
93	Organización Panamericana de la Salud, Área de Salud Ambiental y Desarrollo Sustentable	OPS-HQ/SDE	4	2	20	30
94	Organización Panamericana de la Salud, Oficina Central	OPS-HQ	4	6	10	25
95	Organización Popular Independiente	OPI	4	5	0	15
96	Procuraduría General de la República, Centro de Atención a Víctimas del Delito	PGR	3	7	10	25
97	Program for Appropriate Technology in Health, Nicaragua	PATH	4	6	0	15
98	Programa Compañeros, A.C.	Compañeros	5	6	15	20
99	Programa Línea en Crisis	PLC	5	14	0	10
100	Red Mesa de Mujeres de Juárez	RMM-CJ	2	4	5	20
101	Red por los Derechos de la Infancia en Ciudad Juárez	RDI-CJ	2	5	0	20
102	Reynosa Asociación de Maquiladoras y Manufactureras, A.C.	RAMMAC	5	2	10	20
103	Salud y Bienestar Comunitario, A.C.	SABIC	5	5	10	20
104	Secretaría de Desarrollo Social de Ciudad Victoria, Tamaulipas	SEDESOL-CV	3	2	0	10
105	Secretaría de Desarrollo Social del Estado de Chihuahua	SEDESOL-CHI	3	2	5	15
106	Secretaría de Desarrollo Social del Estado de Reynosa	SEDESOL-REY	3	2	0	10
107	Secretaría de Educación Pública del Estado de Chihuahua	SEP-CHI	3	3	5	15
108	Secretaría de Fomento Social de la Zona Norte	SFSZN	3	2	10	25
109	Secretaría de Salud del Estado de Nuevo León	SSNL	3	6	10	20
110	Secretaría de Salud de del Estado de Tamaulipas	SSTAM	3	6	10	25
111	Secretaría de Salud de México, Subsecretaría de Prevención y Promoción de la Salud	SS-MEX-SPPS	3	6	15	25
112	Secretaría de Salud del Estado de Baja California	SSBJ	3	6	15	25
113	Secretaría de Salud del Estado de Chihuahua	SSCH	3	6	20	30
114	Secretaría de Salud del Estado de Sonora, Servicio Estatal de Salud Mental	SSON-SESAM	3	8	0	20
115	Secretaría Ejecutiva del Sistema Estatal de Seguridad Pública del Estado de Chihuahua	SESNSP	3	10	0	10
116	Sin Violencia, A.C.	SVAC	5	14	15	30

No.	Institution	Acronym	Type ^a	Subject ^b	Before	After
117	TErapet Ciudad Juárez, A.C.	TErapet	5	14	0	5
118	Tenda Di Cristo No. XXVI de Ciudad Juárez	TDC	6	9	10	20
119	Tetra Tech International Development	TTID	4	2	0	10
120	Trans-Border Institute, University of San Diego	TBI-UCSD	1	12	0	10
121	United States Agency for International Development, México	USAID	4	2	0	30
122	Universidad Autónoma de Baja California	UABC	1	3	20	30
123	Universidad Autónoma de Chihuahua	UACH	1	3	10	20
124	Universidad Autónoma de Ciudad Juárez	UACJ	1	3	20	35
125	Universidad Autónoma de Nuevo León	UANL	1	3	25	30
126	Universidad Autónoma de Tamaulipas, Universidad Académica Multidisciplinaria	UAT	1	3	15	20
127	Universidad Oberta de Catalunya, Programa de Seguridad	UOC-PS	1	10	0	10
128	Universidad Pedagógica Nacional	UPN	1	3	0	10
129	University of New Mexico, Robert Wood Johnson Foundation Center for Health Policy	UNM-RWJF-CHP	1	3	10	15
130	Vida y Familia, A.C.	VIFAC	5	4	0	10
131	Visión en Acción Misión Rescate, A.C.	VAMR	5	8	0	10

a Type of organization: 1, academic; 2, civil society organization; 3, government; 4, international; 5, non-government organization; 6, religious.

b Subject of organization: 1, communications; 2, development; 3, education; 4, gender; 5, human rights; 6, health; 7, judicial/justice; 8, mental health; 9, religious; 10, security; 11, substance abuse; 12, traffic; 13, youth; 14, violence prevention.

ANNEX 1

List of Workshops and Training Activities

Program Name	Start Date	End Date	Total Male Participants	Total Female Participants	Total Participants	Location	Training Location	Training Type
La Salud Mental en la Prevención de Violencia y Lesiones	6/8/2010	6/18/2010	15	54	69	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Security Awareness for Everyone (SAFE) Training	8/19/2010	8/22/2010	2	0	2	Forth Bliss, El Paso, Tx.	U.S.A.	Technical Program-Workshop
Security Awareness for Everyone (SAFE) Training	9/23/2010	9/26/2010	1	5	6	Forth Bliss, El Paso, Tx.	U.S.A.	Technical Program-Workshop
Certificados de Defunción y Muerte Fetal	10/4/2010	10/8/2010	38	12	50	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Formación de Formadores en Habilidades para la Vida	10/18/2010	10/20/2010	8	15	23	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Security Awareness for Everyone (SAFE) Training	11/18/2010	12/12/2010	4	0	4	Forth Bliss, El Paso, Tx.	U.S.A.	Technical Program-Workshop
Security Awareness for Everyone (SAFE) Training	11/18/2010	11/21/2010	1	0	1	Forth Bliss, El Paso, Tx.	U.S.A.	Technical Program-Workshop
Taller de Integración del Plan Rector del Subgrupo de Salud Mental	3/7/2011	3/9/2011	11	6	17	Ruidoso, NM	U.S.A.	Technical Program-Workshop
Capacitación a Promotores Comunitarios	12/12/2011	12/16/2011	13	3	16	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Salud Mental en america latina y el caribe: la atencion primaria un eje estrategico	11/22/2011	11/22/2011	17	15	32	Ciudad Juárez, Chih.	México	Technical Program - Conference
Taller de Salud Mental a Promotores comunitarios	1/10/2012	1/20/2012	8	10	18	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Speaker Forum. Prevención de jóvenes, prevención en colonias de hoy y como medir la cohesión social?	2/19/2012	2/17/2012	73	164	237	Ciudad Juárez, Chih.	México	Technical Program - Conference
Taller Abordaje y prevención de violencia y lesiones a través de políticas públicas informadas. (EVIPNet)	3/12/2012	3/15/2012	11	21	32	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación a Promotores Comunitarios en prevención de violencia y lesiones	3/5/2012	3/23/2012	6	33	39	Ciudad Juárez, Chih.	México	Technical Program-Workshop

Program Name	Start Date	End Date	Total Male Participants	Total Female Participants	Total Participants	Location	Training Location	Training Type
Taller Avanzado de geografía, cartografía en criminología y criminalística ambiental soportado en sistemas de informaciongeografica.	3/26/2012	3/30/2012	7	9	16	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Curso basico de codificacion de informacion medica, morbilidad y mortalidad (CIE10) y procedimientos en medicina (CIE-9MC)	3/26/2012	3/30/2012	6	19	25	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Reunion de seguimiento taller de generacion de evidencias y lecciones aprendidas en prevencion de violencia de genero.	4/20/2012	4/20/2012	1	9	10	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación mhGAP	4/17/2012	4/19/2012	8	21	29	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación para Abuso Sexual Infantil	4/23/2012	4/27/2012	7	25	32	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Conferencia-Taller International Editorial	4/30/2012	5/6/2012	25	32	57	Ciudad Juárez, Chih.	México	Technical Program - Conference
Lanzamiento talleres dia mundial libertad de prensa	5/2/2012	5/4/2012	21	14	35			Technical Program - Conference
Taller Resolución No Violenta de Conflictos	5/7/2012	5/12/2012	80	28	108	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Conferencia: Periodismo, Violencia y Derechos Humanos	6/11/2012	6/11/2012	6	8	14	Ciudad Juárez, Chih.	México	Technical Program - Conference
Taller "Definición de Criterios para Referencia y Contra Referencia en Salud Mental"	5/22/2012	5/22/2012	13	15	28	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación Medidas de Prevención del Delito y Autocuidado en la Comunidad	6/1/2012	6/2/2012	5	30	35	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación Trauma y Estrés Posttraumático Complejo en la niñez y adolescencia	6/4/2012	6/8/2012	3	19	22	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Taller en Salud Mental	7/6/2012	7/7/2012	6	15	21	Ciudad Juárez, Chih.	México	Technical Program-Workshop

Program Name	Start Date	End Date	Total Male Participants	Total Female Participants	Total Participants	Location	Training Location	Training Type
Construyendo una Estrategia de Comunicación Multi-Institucional para la Prevención de la Violencia y Lesiones	8/13/2012	8/13/2012	6	13	19	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Taller Binacional de Capacitación en Prevención de Violencia Doméstica y Acoso Escolar	8/17/2012	8/17/2012	7	30	37	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación a Talleristas de Arte en Prevención de Violencia y Lesiones	8/29/2012	8/29/2012	17	8	25	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Talleres de Arte para la Campaña de Comunicación de Prevención de Violencia y Lesiones	9/18/2012	11/5/2012	221	134	355	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación TEACH -VIP	9/24/2012	9/28/2012	11	17	28	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Seminario Internacional: 20 Años de Experiencia de Investigación en Salud Mental en Nicaragua: Énfasis en Conducta Suicida	10/8/2012	10/12/2012	11	24	35	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Intervención mhGAP	10/25/2012	12/7/2012	17	54	71	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Construyendo una Estrategia de Comunicación Multi-Institucional para la Prevención de la Violencia y Lesiones	8/13/2012	8/13/2012	6	13	19	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Taller Binacional de Capacitación en Prevención de Violencia Doméstica y Acoso Escolar	8/17/2012	8/17/2012	7	30	37	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación a Talleristas de Arte en Prevención de Violencia y Lesiones	8/29/2012	8/29/2012	17	8	25	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Talleres de Arte para la Campaña de Comunicación de Prevención de Violencia y Lesiones	9/18/2012	11/5/2012	221	134	355	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación TEACH -VIP	9/24/2012	9/28/2012	11	17	28	Ciudad Juárez, Chih.	México	Technical Program-Workshop

Program Name	Start Date	End Date	Total Male Participants	Total Female Participants	Total Participants	Location	Training Location	Training Type
Seminario Internacional: 20 Años de Experiencia de Investigación en Salud Mental en Nicaragua: Énfasis en Conducta Suicida	10/8/2012	10/12/2012	11	24	35	Ciudad Juárez, Chih	México	Technical Program-Workshop
Intervención mhGAP	10/25/2012	12/7/2012	17	54	71	Ciudad Juárez, Chih	México	Technical Program-Workshop
Construyendo una Estrategia de Comunicación Multi-Institucional para la Prevención de la Violencia y Lesiones	8/13/2012	8/13/2012	6	13	19	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Taller Binacional de Capacitación en Prevención de Violencia Doméstica y Acoso Escolar	8/17/2012	8/17/2012	7	30	37	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación a Talleristas de Arte en Prevención de Violencia y Lesiones	8/29/2012	8/29/2012	17	8	25	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Talleres de Arte para la Campaña de Comunicación de Prevención de Violencia y Lesiones	9/18/2012	11/5/2012	221	134	355	Ciudad Juárez, Chih.	México	Technical Program-Workshop
Capacitación TEACH -VIP	9/24/2012	9/28/2012	11	17	28	Ciudad Juárez, Chih	México	Technical Program-Workshop
Seminario Internacional: 20 Años de Experiencia de Investigación en Salud Mental en Nicaragua: Énfasis en Conducta Suicida	10/8/2012	10/12/2012	11	24	35	Ciudad Juárez, Chih	México	Technical Program-Workshop
Intervención mhGAP	10/25/2012	12/7/2012	17	54	71	Ciudad Juárez, Chih	México	Technical Program-Workshop
Capacitación en Derechos Humanos	10/19/2012	10/20/2012	6	13	19	Ciudad Juárez, Chih	México	Technical Program-Workshop
Capacitación Trauma y Estrés Posttraumático Complejo en la niñez y adolescencia	11/13/2012	11/15/2012	3	4	7	Tijuana, BC.	México	Technical Program-Workshop
Capacitación TEACH -VIP	11/6/2012	11/8/2012	21	13	34	Reynosa, Tamps.	México	Technical Program-Workshop
Taller Habilidades para la Vida	11/15/2012	11/17/2012	0	18	18	Ciudad Juárez, Chih	México	Technical Program-Workshop

Program Name	Start Date	End Date	Total Male Participants	Total Female Participants	Total Participants	Location	Training Location	Training Type
Taller Avanzado de geografía, cartografía en criminología y criminalística ambiental soportado en sistemas de información geográfica.	12/3/2012	12/7/2012	8	7	15	Ciudad Juárez, Chih	México	Technical Program-Workshop
Taller Abordaje y Prevención de Violencia y Lesiones a través de Políticas Públicas Informadas. (EVIPNet)	12/4/2012	12/5/2012	12	3	15	Ciudad Juárez, Chih	México	Technical Program-Workshop
Taller de Salud Mental y Derechos Humanos	2/12/2013	2/13/2013	11	8	19	Ciudad Juárez, Chih	México	Technical Program-Workshop
Capacitación en búsquedas avanzadas para resúmenes de políticas del VIP	2/18/2013	2/22/2013	0	1	1	Ciudad Juárez, Chih	México	Technical Program-Workshop
Reunión de Seguimiento del Taller de Derechos Humanos	3/20/2013	3/20/2013	6	3	9	Ciudad Juárez, Chih	México	Technical Program-Workshop
Entrenamiento de la guía de intervención mhGAP, Depresión y OTR	4/23/2013	4/24/2013	8	30	38	Nogales, Son.	México	Technical Program-Workshop
			761	962	1723			

ANNEX 2

List of all publications and products of the VIP Initiative

GENERAL OBJECTIVE: Create an inter-sector, multidisciplinary model for violence and injury prevention in Ciudad Juárez replicable in other Mexico border cities.		
	Publication Title	Format Print or Electronic
1	Promotion of Violence and Injury Prevention in selected communities in Northern Mexico and Border Cities in the USA. (VIP Project) Executive Report - Phase 1 (English)	E
2	Promotion of Violence and Injury Prevention in selected communities in Northern Mexico and Border Cities in the USA (VIP Project). Executive Report -Phase 1 (Spanish)	E
3	Promotion of Violence and Injury Prevention in selected communities in Northern Mexico and Border Cities in the USA. (VIP Project) Executive Report -Phase 2 (English)	E
4	Promotion of Violence and Injury Prevention in selected communities in Northern Mexico and Border Cities in the USA. (VIP Project) Executive Report -Phase 2 (Spanish)	E
5	Monitoring Report (COLEF) (English)	E
6	Reporte de Monitoreo (COLEF) (Spanish)	E
7	Evaluation Report (COLEF) (English)	E
8	Reporte de Evaluación (COLEF) (Spanish)	E
9	Systematization Report (English)	E
10	Reporte de Sistematización (Spanish)	E
OBJETIVE 1: Strengthened capacity of local VIP IT infrastructure, including data collection, analysis, and use the evidence to advocate for public policies and programs, through multi-sectorial collaboration with federal, state and local stakeholders.		
11	Manual de Operaciones: Procedimientos, Políticas y Recursos	E
12	Evaluación del Programa de Alcoholimetría en Ciudad Juárez	E
13	Boletín del Observatorio Final Preliminar	I
14	Diagnóstico espacial de incidentes viales en Ciudad Juárez, Chihuahua Vol. 1	I
15	Diagnóstico espacial de incidencia delictiva en Ciudad Juárez, Chihuahua Vol. 2	I
16	Diagnóstico espacial de muertes violentas y/o accidentales en Ciudad Juárez, Chihuahua Vol. 3	I
17	Diagnóstico espacial de incidencia delictiva y muertes por causa externa en Ciudad Juárez, Chihuahua 2005-2010 vol. 4	I
18	PROTEGE Programa Telinformático de Gestión de Expedientes Electrónicos. Manual del Usuario	E
19	SHIELD Sistema Homologado de Información para Estadística y Logísticas Diversas. Manual del Usuario Ver. 1.1.	E
20	SAI-II Sistema Automatizado de Indicadores Fase II Manual del Usuario Ver. 1.0	E
21	SIADICC Sistema Integral para el Análisis de Información sobre Adicciones	E
OBJETIVE 2: Strengthened capacity of primary care and social service providers, first responders and community organizations for the implementation of violence and injury prevention strategies, programs and services, through technical cooperation and training of trainers		
22	Rotafolio Prevención en Violencia	I
23	Prevención de la Violencia y las lesiones. ¿Qué hacer? Guía del Facilitador/a	E
24	Prevención de Violencia Basada en Género en Ciudad Juárez, Mexico: Resultados y Lecciones Aprendidas (English/Spanish)	I
25	Salud Mental Guía del Promotor Comunitario	I
26	Salud Mental Manual del Facilitador	E
27	IESM-OMS Informe Sobre Sistema de Salud Mental en Ciudad Juárez Chihuahua, México	E

OBJETIVE 3: Support those conducting interventions on injury and violence prevention to improve their knowledge management and communication skills and capacity, such as media outreach, documentation of best practices, development of scientific research and use/access of evidence based information for decision making.

	Publication Title	Format Print or Electronic
28	La violencia en los medios: Una observación de los medios de comunicación en Ciudad Juárez y una exploración de la percepción de los medios de comunicación por los residentes.- Spanish	E
29	La violencia en los medios: Una observación de los medios de comunicación en Ciudad Juárez y una exploración de la percepción de los medios de comunicación por los residentes.- English	E
30	Foto-Diario. Arte Para la Prevención de Violencia y Lesiones y el Manejo de Emociones	I
31	Manual de Talleres de Arte para la Prevención de Violencia y Lesiones y el Manejo de Emociones	E
32	Poster Acoso Escolar (3 por tema)	I
33	Poster Violencia Familiar (3 por tema)	I
34	Poster Juvenil (3 por tema)	I
35	PSA TV/RADIO Acoso Escolar (3 por tema)	E
36	PSA TV/RADIO Violencia Familiar (3 por tema)	E
37	PSA TV/RADIO Juvenil (3 por tema)	E
38	Prevención de Violencia: la evidencia	I
39	Opciones De Política Enfocadas al Conductor Para Prevenir Muertes y Lesiones Causadas por Incidentes de Tránsito	E
40	Opciones de Política para Mejorar el Acceso a los Servicios de Salud Mental a través del Fortalecimiento de la Atención Secundaria	E
41	Opciones de Política para Promover la Inclusión de los Jóvenes en Situación de Vulnerabilidad a la Vida Productiva de Ciudad Juárez	E
42	Opciones de Política para Desarrollar Habilidades para la Vida en Niños y Jóvenes a fin de Prevenir la Violencia	E
43	Opciones De Política Pública Para Prevenir El Acoso Escolar	E
44	Pan American Journal of Public Health- Special Issue on Human Security and Health	I

