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*For information*

## Country note**

**Peru**

*Summary*

The Executive Director presents the country note for Peru for a programme of cooperation for the period 2001 to 2005.

## The situation of children and women

1. Peru has been on the road to recovery during the 1990s, following a period of severe economic and political upheaval and violence. Globalization and economic liberalization have brought economic growth, but the per capita gross domestic product of $2,185 was negatively affected by the Asian financial crisis and the 1998 "El Niño" phenomenon. Although national averages of social and economic indicators have improved considerably, significant disparities still exist, especially in the Amazon, the Andes and poor urban areas. In these regions, for example, the national maternal mortality rate (MMR) of 265 per 100,000 live births can reach levels of 580 and more, and the infant mortality rate (IMR), which is 20 per 1,000 live births in the capital, is as high as 150 in some areas.

2. In October 1998, Peru signed a peace accord with Ecuador over the long-disputed border area, which should open opportunities for development in the Amazon areas. In November of the same year, Peru hosted the Inter-Ministerial Meeting on Children and Social Policy. Although the Government of Peru recognizes the authority of the Inter-American Court on Human Rights, it has announced that it will not abide by certain resolutions because of a 1999 court decision that a number of inmates in Peru, jailed for charges of terrorism, should be retried.

3. The government policy to reduce extreme poverty by half (to 11 per cent) by the year 2000 has led to an expansion of infrastructure for basic social services. Forty per cent of the 1997 State budget was allocated to the social

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

sectors and 19 per cent was invested in basic social services. The reduction of extreme poverty from 26.8 per cent in 1991 to 14.7 per cent in 1997 was partly due to food distribution schemes, while more sustainable interventions are now being introduced. Important health subsidy schemes have been developed for women and children. Future challenges lie in further improving the quality, including cultural adaptation, of basic health, education and justice services, to increase access for unreached groups and to expand informed demand by families.

4. In an environment of emerging democratic and centralized State institutions, organized communities and women's groups have played a key role in social development. Community members effectively co-manage Local Health Administration Committees (CLAS), which provide 16 per cent of all primary health care services in the country, and more than 1,000 child defence centres. Their role has been vital in laying the foundation for the decentralization of basic social services, which is due to begin in earnest in the year 2000. The private sector considers social responsibility important, and there is an association dedicated to its promotion.

5. Significant progress has been made in achieving the goals for the year 2000 of the World Summit for Children. The reduction of IMR is on track, polio has been eradicated, vaccination coverage is over 97 per cent, and Peru has been certified as free of iodine deficiency disorders as a public health problem. Current social policy is focused on reaching goals in maternal and perinatal mortality, nutrition of children under five years old and education. Although MMR has changed little in the past 30 years, it has become a high priority recently.

6. Low birth weight, the most powerful predictor of death at the beginning of the life cycle, stands at 15 per cent in urban areas and 25 to 35 per cent in rural areas. Forty-three per cent of infant deaths stem from infections acquired during the perinatal period. About 80 per cent of all children under two years old suffer from iron deficiency anaemia. Chronic malnutrition of children under five years old has decreased from 36 per cent in 1991 to 26 per cent in 1996. Remaining challenges are pre-school enrolment rates, access to quality education and the school failure rate (drop-out rate plus repetition rate), especially in the Amazon and Andes regions. The gross enrolment rate is over 90 per cent, but 19 per cent of children in urban areas and 38 per cent in the rural Amazon enrol late. Only 20 per cent of primary school children passed basic achievement tests given in some provinces. The rise in registered child abuse complaints shows increased awareness, as well as the need for adequate measures to combat the problem.

7. Adolescents aged 11 to 17 make up 36 per cent of the population. They lack opportunities to participate in decisions regarding access to health services, domestic violence and limited employment opportunities. In 1997, Congress passed a law stipulating that 16-year-olds could be tried by a military court and imprisoned up to 25 years for being a member of a street gang, carrying a weapon. There is now a proposal for the modification of this law. The adolescent pregnancy rate of 20 per cent of all pregnancies is rising. Almost half of new HIV infections are among adolescents, and more women than men are infected.

8. In compliance with United Nations reform guidelines, a Common Country Assessment has been prepared and the United Nations Development Assistance Framework process is under way. There are United Nations inter-agency groups with joint projects in maternal health, adolescence and basic education. The Pan American Health Organization/World Health Organization, United Nations Population Fund and UNICEF have formed an Integrated Health Coordination Committee.

## Lessons learned from past cooperation

9. The public must be able to adapt quality basic services to local circumstances to achieve social inclusion. Active participation and co-management by families and communities are vital so that those who have been excluded will be able to exercise their rights fully. Social communication is a key instrument in promoting these processes. Specific strategies, using adequate indicators of child, adolescent and women's participation, must be formulated to identify and monitor mechanisms to promote social inclusion. This requires close interaction with community leaders and organizations.

10. These lessons can be illustrated by some examples of the development of social policies in Peru. “Day Care Centres, Wawa Wasi”, a community-based child growth and development programme for children under three years old, was established in the early 1990s. It currently reaches 150,000 children and will be expanded throughout the country this year with the support of public funding and an Inter-American Development Bank (IDB) loan totalling $150 million. Shared administration of pharmacies (PACFARM) was established in 1994, inspired by the Bamako Initiative. It is based on a community-managed revolving fund and is being progressively adapted to local requirements. There is now a PACFARM in each of the

5,500 health centres in the country. CLAS community co-managed health centres were established in 1995 and the participation in management of funds and services has improved quality, efficiency and transparency, empowering the community, increasing social responsibility and self-care, and legitimizing and facilitating the work of health promoters. In the area of maternal and child health care schemes, cultural adaptation and subsidies, despite a 60 per cent increase in the number of health services since 1990 and a fourfold increase of obstetric personnel, the number of institutional deliveries has increased by only 4 per cent. In order to overcome cultural and economic barriers, and with the help of traditional birth attendants, health centres in the Andes have been restructured. (They now respect women's resistance to disrobing, permit traditional positions during labour and return the placenta to the family.) This has resulted in a doubling of attended deliveries over a 12-month period. The Maternal and Child Health Care Subsidy Programme, financed with public resources and an IDB/World Bank loan of $300 million, covers health costs from pregnancy until the child is three years old. Universal and Timely School Enrolment (UMO), a community-based programme aimed at including all children in school at the proper age, contributed to enrolling 70,000 children in primary school in 1997 and 1998 and is now being promoted jointly by four ministries.

11. Strategic partnerships must be strengthened to broaden impact and ensure social accountability and sustainability. The mandate and credibility of UNICEF have permitted it to enhance social mobilization and bring together a broad range of actors, including large enterprises and their federations, to develop a common vision of human development based on children's rights and social inclusion.

## Proposed country programme strategy

12. The country programme strategy has been developed within the framework of government social policy priorities (especially the National Strategy against Extreme Poverty and the National Plan of Action for Children) and of the UNICEF Global Agenda and Leadership Initiative for Children. The programme responds to a request to provide assistance in reaching extremely poor and excluded children, a major challenge in such a centralized and diverse country. The country programme will identify mechanisms and cooperate in the development of policies in pilot areas. The general objective is to contribute to the development of equitable and inclusive public policies to promote and sustain the rights of children, adolescents and women, with full respect for diversity. Two programmes have been developed to implement this strategy: promotion and monitoring of rights, and initiatives for social inclusion.

13. *Promotion and monitoring of rights* operates at the national level and aims to strengthen access to information, knowledge, commitment and participation of families, children, communities, institutions, opinion leaders, the private sector and government authorities, in order to establish inclusive public policies, while promoting the experience gained in the country programme's second area of focus, initiatives for social inclusion. The programme comprises three national projects: promotion of rights; social communication; and information and social monitoring.

14. The specific objectives are to: (a) develop a system of guarantees for the protection and monitoring of the rights of children, adolescents and women, with emphasis on access to services for the reporting of violations, conflict resolution and institutional protection; (b) strengthen knowledge, attitudes and practices in safe motherhood, early childhood care for survival, growth and development, basic education and protection of rights; (c) create awareness and promote behavioural change through the development of communication strategies to complement local initiatives, in such areas as educational inclusion and cultural adaptation of services, and — at the national, institutional, community and family levels — on such issues as domestic violence, sexual abuse and child labour; and (d) place social exclusion on the agenda by developing an information system to support decision-making processes.

15. Strategic implementation requires enhanced partnerships with national and local leaders, organized community and women's groups, universities, the private sector, churches, the media and government authorities to strengthen decision-making in social and economic policy. By the end of the five-year period, a system of guarantees will be designed, fostering an understanding of exclusion and its implications and creating broad commitment to guaranteeing rights, without exception. It is anticipated that most children will be aware of their rights, and 30 per cent will actively participate in activities promoting these rights.

16. The *initiatives for social inclusion* will promote the development of strategic interventions, with an emphasis on: equitable access to relevant health care; early childhood care for survival, growth and development; exercising the

rights of citizenship; and adolescent participation. This programme will develop inclusive mechanisms and initiatives in a participatory way in selected departments of the Andes, the Amazon and poor urban areas (regions with most severe incidence of exclusion, each very different from the other), where the population is mainly indigenous. The programme has five projects which follow the child's life cycle: safe motherhood; early childhood care for survival, growth and development; basic education; adolescent participation; and protection of children's and adolescent rights.

17. Specific programme objectives in the target areas are to: (a) reduce MMR to 150 per 100,000 live births; (b) ensure that at least 30 per cent of children under three years old have access to integral care; (c) improve basic learning conditions in 100 per cent of multi-grade primary schools; (d) increase by at least 20 per cent learning achievements in standard literacy tests for 10-year-olds; (e) increase by 30 per cent the number of adolescents involved in organized social activities; (f) increase by 30 per cent the number of children and adolescents with access to quality services for prevention and resolution of conflicts and for assistance when rights are violated; and (g) mitigate the impact of emergencies in the context of structural vulnerability brought about by poverty. These objectives will specify the outcomes for children in these areas over the five-year period.

18. Strategic implementation requires: developing national and local capacities to adapt legislation to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; eliminating cultural and other barriers to access to services and facilitating the decentralization process; and promoting advocacy and social mobilization to empower local governments, service providers, communities, women, children and adolescents.

19. Communication will facilitate social mobilization by addressing the relevant issues and audiences. Communication assistance will be provided at all levels to effect social mobilization and ensure that services adequately respond to people's needs and demands. Families, communities, service deliverers and social networks will be empowered by strengthening the participation and organization of children, adolescents and women.

20. Programme management will require adjustments in office structure. Inter-agency coordination will be reinforced to enhance complementarity in interventions and consolidate the Leadership Initiative for Children.

# Estimated programme budget

## Estimated programme cooperation, 2001-2005[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Promotion and monitoring of rights | 980 | 8 400 | 9 380 |
| Initiatives for social inclusion | 1 968 | 16 600 | 18 568 |
| Cross-sectoral costs | 1 470 | - | 1 470 |
| **Total** | **4 418** | **25 000** | **29 418** |

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.