United Nations Children’s Fund
Executive Board
First regular session 2006
16-20 and 23 January 2006

Revised country programme document
Peru

Summary

The Executive Director presents the revised country programme document (CPD) for Peru for final approval by the Executive Board. At the annual session of 2005, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been revised, taking into account, as appropriate, comments made by delegations during that session, and a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2006 on a no objection basis, unless at least five members have informed the secretariat in writing, by 9 December 2005, of their wish to bring the country programme before the Board.
Basic data†
(2003 unless otherwise stated)

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<tbody>
<tr>
<td>Child population (millions, under 18 years)</td>
<td>10.7</td>
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<tr>
<td>U5MR (per 1,000 live births)</td>
<td>34</td>
</tr>
<tr>
<td>Underweight (% moderate and severe, 2000)</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births, 1994/2000)</td>
<td>190</td>
</tr>
<tr>
<td>Primary school attendance/enrolment (% net, male/female, 2000, 2001/2002)</td>
<td>93/93, 100/100</td>
</tr>
<tr>
<td>Primary schoolchildren reaching grade 5 (%; 2000/2001)</td>
<td>86</td>
</tr>
<tr>
<td>Use of improved drinking water sources (%; 2002)</td>
<td>81</td>
</tr>
<tr>
<td>Adult HIV prevalence rate (%)</td>
<td>0.3</td>
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<tr>
<td>Child work (% children 5-14 years old)</td>
<td>—</td>
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<tr>
<td>GNI per capita (US$)</td>
<td>2 150</td>
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<tr>
<td>One-year-olds immunized against DPT3 (%)</td>
<td>89</td>
</tr>
<tr>
<td>One-year-olds immunized against measles (%)</td>
<td>95</td>
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</tbody>
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† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children, adolescents and women

1. Amid deep social inequity and exclusion, Peru, a nation of approximately 29 million of inhabitants with a considerable level of inequity and social exclusion, in a post-conflict situation, is attempting to consolidate its weak democracy, both nationally and in its 26 regions. Since the year 1980 and during almost two decades, Peru went through a process of political violence that marked the end of an armed conflict that for 20 years had primarily affected rural, Quechua-speaking populations in Andean regions in extreme poverty. The government led by Alberto Fujimori fell in 2000, and a new chapter of democratic restoration of Peruvian history began, with the designation of a transitional government and then, in 2001, the election of President Alejandro Toledo (2001-2006). In 2006, a new President of the Republic, regional presidents, and members of Congress and mayors will be elected.

2. Despite the crisis in governance and institutional weakness, in recent years of democracy have shown positive results, especially for the economy. However, these advances have been insufficient to substantially reduce the economy still presents serious problems that have made it fragile, such as the vulnerability of the exporting sector and the high levels of debt. Extreme poverty and social exclusion continue to affect primarily children and women, especially those of indigenous populations.

3. Threats to the consolidation of democracy include the State’s institutional weakness and the lack of trust between State institutions and the citizenry. The social agenda and issues related to realizing the rights of children and adolescents tend to be affected by these threats and by a complex political environment that prioritizes immediate issues. The National Accord, created by the Government as a
participatory, broad and democratic consensus-building forum for the approval of State policies, is the only mechanism that has addressed the design of long-range policies and strategic objectives for children. The agreements reached through this accord will outlast the Toledo Government and are widely convergent with the Millennium Development Goals and the National Plan of Action for Children and Adolescents (NPACA) 2002-2010, which in 2005 became national law.

4. The decentralization process began with the creation of the regional governments in 2003, and the subsequent transfer of competencies and functions, including management of the economic, health, and education and social development sectors. In 2005, regional governments will receive only 15.7 per cent of the total national budget, though this amount is still higher than what was received before 2003. The deficiencies of the central state are more pronounced in the Andean and Amazonian regions that are home to populations whose mother tongue is not Spanish and that have the greatest gaps in social indicators, there are institutional deficiencies similar to those of the central state. All of this is aggravated by the recurring emergencies: earthquakes, El Niño phenomenon, intense freees in the high Andean regions, and flooding of riverbeds.

5. In 2003, the Truth and Reconciliation Commission presented its report documenting the effects of 20 years of political violence and showing that the internal armed conflict had mainly targeted the Quechua-speaking population in extreme poverty. According to this report, approximately 69,280 persons were killed, and a larger number became victims: orphans, widows, elderly parents, displaced persons. The most recent report on Peru by the Committee on the Rights of the Child (CRC/C/15/Add.120) noted with concern that the consequences of the political violence continue to affect the survival and development of children.

6. The reported economic growth (an annual average of 3.4 per cent during 2000-2004) has been insufficient to reduce the poverty rate and inequities. The most recent figures indicate that 54.7 per cent of the population lives in poverty, 21.6 per cent in extreme poverty (2003), while approximately 66 per cent of all children and adolescents are poor (2001). The richest 20 per cent of the population receives 53 per cent of national income. Macro-economic variables are encouraging, but the employment index has shown no significant change in the last five years, and the unemployment and underemployment level is above 50 per cent. The manufacturing, construction and commercial sectors — typical generators of employment — contribute only 36 per cent of gross domestic product (GDP). Agriculture, the main activity in excluded areas, shrank by 3.24 per cent (2004). Like the country’s tax pressure (at 13%), social spending still remains low compared with that of the other Latin American countries (9.3 per cent of GDP in 2000), and shows little efficiency in its execution as does tax pressure (13 per cent). New sources of development financing from mining, tourism and exports are insufficient and do not redistributed adequately to reach the poorest and excluded populations.
7. The report *Hacia el cumplimiento de los Objetivos de Desarrollo del Milenio en el Perú (Towards Meeting the Millennium Development Goals in Peru)* and the *Prediction Model (2004)* indicate that, if the tendencies of the past four decades are maintained, in 2015 Peru would have the same proportion of poor as it does today. In addition, 630,000 girls would not be attending primary school at the established age; 42,000 women would die from lack of access to hospital care for childbirth; and 200,000 children would be malnourished. These tendencies could be reversed if the economic agents and civil society worked together on promoting pro-poor economic growth policies; if specific social policies were promoted to improve education, health and nutrition indicators; and if an institutional reform of the State were implemented. Achieving the first five Millennium Development Goals would imply an annual transfer of approximately 4 per cent of GDP, with an estimated economic growth of 3 per cent annually. Of this total, specific social policies would come to 0.9 per cent of annual GDP, while re-distributive policies would represent 3.1 per cent of annual GDP.

8. The maternal mortality ratio for 1996-2000 was 185 per 100,000 live births, and Andean and Amazonian rural areas report rates above 400. Although the ratio is comparatively high for Latin America, sustained interventions by UNICEF and the Ministry of Health in the last 10 years have produced significant improvements and have created supportive conditions for reducing the ratio, provided the interventions are implemented as public policy. However, implementation of such interventions poses a challenge in Amazonian indigenous areas, where only 25 per cent of mothers and their newborn babies are attended through health services during gestation and childbirth.

9. Despite advances over the last 15 years, the under-five mortality rate (U5MR) continues to be relatively high in the context of one of the highest in Latin America (34 per 1,000 live births) and there continue to be differences between the national and regional rates (for example, in Cuzco the rate is 85 per 1,000 live births, and in Loreto, 53). Although advances have been made in vaccination coverage, 45 per cent of the districts in rural areas have coverage lower than 50 per cent. What progress in U5MR has been made is explained in part by adequate vaccination coverage (90 per cent) and exclusive maternal breastfeeding for six months (67 per cent). Child survival continues to be a challenge, particularly among children in Andean areas above 3,500 metres and in Amazonian indigenous communities where state presence is tenuous or non-existent. The cold chain has deteriorated, with 83 per cent of the existing equipment needing replacement within three years, according to a recent joint study by the Ministry of Health and UNICEF.

10. Chronic malnutrition indicators in under-fives have not improved in the last 10 years. Prevalence in children under two is 32 per cent, and in under-fives, 25.4 percent, with enormous differences existing between the rural mountain areas (40 per cent) and the urban coast (11.6 per cent). The prevalence of anaemia continues to be one of the highest in Latin America, with rates of 49.6 per cent in children under
five years, and 69 per cent among those under two — figures that increase significantly in rural zones. The high levels of poverty and exclusion that still persist in these areas have impeded the improvement of children's access to comprehensive attention in nutrition, health and psychosocial stimulation. Most children live in family environments that are less than favourable for their early growth and development.

11. Education quality is poor. Peru placed last in the 2002 Programme for International Student Assessment (PISA) test, administered in 41 countries. In 2004, the national education system was declared to be in a state of emergency, and the National Accord recognized the urgent need to act. Low education quality is even more pronounced in rural Andean and Amazonian areas. The challenges are to improve quality and reverse the high rates of repetition and primary school dropout, which at the national level reach rates of 9 per cent and 3 per cent, respectively. The situation worsens in rural areas, where the first grade dropout figure is 19.6 per cent and second grade repetition is 20.4 per cent. Girls' dropout rates are particularly disturbing in rural areas.

12. Extreme poverty, insufficient schooling of parents, and two decades of political violence have deepened the culture of violence affecting children and adolescents. Child abuse (psychological, physical or sexual) takes place in the home, the school and the streets, with 41 per cent of all parents admitting to the use of physical punishment. Sexual abuse of girls has a prevalence of 19.5 per cent. Eight out of every ten cases involve an abuser from the victim’s family environment, and 6 of every 10 pregnancies among girls 11-14 years of age derive from incest or rape — facts reflecting clear gender-related violence. The magnitude of commercial sexual exploitation of children is estimated to be increasing in Lima and in cities experiencing an increase in mining and agricultural activities and high concentrations of tourism, and in contexts of geographic exclusion where impunity and the absence of the State persist. Other forms of child rights violations are the non-registration of births (around 28 per cent of births every year go unregistered); early incorporation of around 2 million children and adolescents into the labour force; economic exploitation of children in garbage dumps, mining, begging, domestic child labour and rural labour; and depriving children of their liberty (around 3,500 children under 18 experience such deprivation, 70 per cent of them forced to live in institutions, and 30 per cent jailed because of conflict with the law).

13. HIV/AIDS continues to be concentrated in the most vulnerable groups, mostly among men who have sex with men (seropositivity 11.8 per cent) and sex workers. In the general population aged 15-49, the rate of seropositivity is 0.3 per cent. In the last decade, there has been a marked increase in the number of carriers in the heterosexual population, and therefore, in the number of women and children affected by the virus. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there are 17,000 children orphaned by AIDS. Although national response to the epidemic is gradually being strengthened, stimulated by resources provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the preventive,
diagnostic and treatment actions for women, adolescents and children continue to be weak and of limited coverage. The country’s population dispersion, difficult geographic access and cultural diversity impeded the acquisition of knowledge about the disease in various areas, particularly among indigenous communities. The Thematic Group led by UNAIDS prioritized actions to increase the access of persons living with HIV/AIDS to antiretroviral treatment.

Key results and lessons learned from previous cooperation, 2001-2005

Key results

14. The evaluation of the country programme identified the most outstanding accomplishments of the Initiatives for Social Inclusion subprogramme as being (a) a reduction of the maternal mortality ratio from more than 500 to 150 per 100,000 live births in the areas where UNICEF worked; (b) a reduction in the incidence of hepatitis B among newborns in Amazonian communities; (c) an eight-percentage-point reduction in low birthweight, and a ten-point reduction of chronic malnutrition in children under two; (d) improvement in education quality indicators in schools where Spanish is not the students’ native language; and (e) the strengthening of community child and adolescence defence centres (approximately 1,500), headed mostly by women. In all cases, the initiatives generated or consolidated central-level public policies.

15. The most outstanding achievements in the Promotion and Monitoring of Rights subprogramme included (a) support to the Government to improve the legislative framework (including for promotion of prenatal and early psychosocial stimulation; protection and promotion of maternal breastfeeding; public financing of the immunization programme; promotion of education for girls in rural areas; improvements in the Code on Children and Adolescents; the amendment to the Criminal Code that specifies crimes against liberty; and abuse and sexual commercial exploitation); (b) the mobilization of the private enterprise sector as an ally for child rights promotion; (c) the qualitative improvement of child-related themes in the national and regional media; (d) the incorporation of investment in early childhood growth and development in the discourse of the highest-level state and business representatives and opinion leaders; (e) the national mobilization for child rights through sports (football); and (f) the timely, efficient and effective response to emergency situations centred on capacity-building at the central, regional and local levels.

Lessons learned

16. Many lessons have been learned, including the following: (a) The Government continues to need support to make a better analysis of the immediate and underlying causes of the violation of children’s rights; (b) to maintain current efficiency and effectiveness, the use of the human rights approach and results-based management should be continued in the 2006-2010 country programme; (c) decentralized
governmental counterparts should be supported to define specific policies for children in situations of vulnerability, especially children from excluded communities; (d) advocacy, especially with the private sector, has a strong multiplying effect on the work of UNICEF; (e) interventions in emergencies should focus on generating capacities at all levels and should be incorporated as an activity within each programmatic component, to avoid parallel structures; (f) communication and awareness-raising aimed at public opinion, the private sector, political sectors and other social actors mobilize actors’ responsibility for making child rights effective; (g) UNICEF mobilizes with greater force when it makes alliances with institutions that share a common vision, and is also more politically relevant when it acts jointly with other United Nations agencies; and (h) continuous investment in training needs to reach governmental and non-governmental agencies that work jointly in implementing the country programme.

The country programme, 2006-2010*

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<thead>
<tr>
<th>Programme</th>
<th>(In thousands of United States dollars)</th>
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<tbody>
<tr>
<td></td>
<td>Regular resources</td>
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<tr>
<td>Policies and advocacy for child rights</td>
<td>1 100</td>
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<tr>
<td>Development of decentralized capacities for</td>
<td>2 400</td>
</tr>
<tr>
<td>realizing child rights</td>
<td></td>
</tr>
<tr>
<td>Cross-sectoral costs</td>
<td>1 000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4 500</strong></td>
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* Figures are only indicative, and may vary once the aggregate financial information is finalized. The estimated budget does not include funds for responding to emergency situations. Budgets for subregional programmes — PROANDES and PRO-AMAZON — are not included. They were approved separately by the Executive Board.

Preparation process

17. The country programme draws on the strengths noted and recommendations from the 2001-2005 Mid-Term Review; the Common Country Assessment, the report Towards Meeting the Millennium Development Goals for Peru (2004) and the 2006-2010 United Nations Development Assistance Framework (UNDAF). Also considered were the conclusions and recommendations from the eight national meetings of children and adolescents, organized by the National Commission on the Rights of Children and Adolescents.

18. A participatory and decentralized consultation process was planned by the national Country Programme Coordinating Committee, comprising the following Ministries: Women and Social Development, Education, Health, Economy and Finance, and the Peruvian International Cooperation Agency. Consultations engaging around 300 civil society members and religious, international community and private sector organizations began in November 2004, commencing
with a High Level Seminar to establish convergence among national and international priorities in matters relating to children and to identify the concentrations and locations in the country of interventions in favour of child rights. Regional Strategy Meetings were held in three Andean zones (Apurimac, Ayacucho, Cuzco) and one Amazonian area (Condorcanqui) to identify critical issues and priorities with local actors, and to establish possible UNICEF cooperation areas. Thematic consultations were organized around (a) access to quality education; (b) forms of violence that threaten or violate children’s rights; (c) the problems faced by nutritional programmes; (d) the national response to the HIV/AIDS epidemic, emphasizing affected children and women; and (e) violence and the rights of children and adolescents in Ayacucho. Meetings also were held with the donors (mainly Belgium, Canada, Finland, Italy, Japan, Spain, Switzerland, the United Kingdom and the United States of America), the United Nations system, including the international financial institutions (IFIs), partners in the Dialogue for Children, and businesses and economic sectors. A consensual strategy was approved at the UNDAF Joint Strategy Meeting on 24 February 2005.

Goals, key results and strategies

19. The aim of the country programme is to achieve the recognition, promotion, realization and protection of the rights of all children, adolescents and women in Peru, including in emergency situations, by a society and State that are democratic and respectful of cultural diversity and that tolerate no social exclusion, discrimination or inequities deriving from geographic, ethnic, cultural, economic, religious and political factors.

20. The interventions of UNICEF will be guided by the strong correlation between the realization of the rights of the poorest, excluded children, especially in the Andean and Amazonian areas, and a series of evolving structural factors. These factors include consolidation of democracy at the national and regional levels; decentralization; the channelling of financial resources for children’s issues; and national reconciliation. Through its subprogrammes, the country programme will (a) position the realization of child rights as an indispensable factor for consolidating democratic national institutions; (b) ensure that regional governments develop the capacity to promote child rights; (c) mobilize sources of child-oriented development financing, deriving from the Peruvian treasury, IFIs, the private sector (mainly mining, tourism and international commerce) and international cooperation; and (d) contribute to national reconciliation by focusing on interventions for children in zones affected by political violence.

21. The central strategy will support comprehensive interventions using an intercultural and rights-based approach. UNICEF will act in cases where the implementation of the rights of children and women is threatened by social exclusion, discrimination and inequity, particularly in rural Andean and Amazonian areas, and in marginalized urban areas. Cross-cutting strategies will include (a) results-based management; (b) the life cycle approach; (c) gender equity;
(d) flexibility for responding adequately to emergency situations; (e) information and social communication; (f) the strengthening of the child-protection environments and spaces, including the family, community and school; and (g) child and adolescent participation.

**Relation to national priorities and the 2006-2010 UNDAF**

22. The UNDAF recognizes the importance and transcendence of the National Accord commitments for reducing poverty and implementing child and adolescent rights. UNICEF partners, counterparts and donors agree that the strategic objectives and goals of the National Accord closely coincide with the child-related Millennium Development Goals and the 2002-2010 NPACA. In coordination with the United Nations agencies, and using joint programming where applicable, the country programme will contribute to the meeting of these objectives through areas established within the UNDAF.

**Relation to international priorities**

23. The report *Towards Meeting the Millennium Development Goals in Peru (2004)* analyses the relation between national priorities and the Millennium Development Goals and estimates the possibilities of achieving these targets by 2015. UNICEF will contribute to the effort, using the strategies and subprogrammes defined in this document, all of which are based on the situation analysis, prior consultations and the priorities in the 2006-2009 medium-term strategic plan (MTSP) of UNICEF.

24. The country programme has been designed to contribute to reaching the Millennium Development Goals and to supporting the Government in addressing the final observations of the Committee on the Rights of the Child, formulated on 18 October 1993 (CRC/C/15/Add.8) and 22 February 2000 (CRC/C/15/Add.120). Many of these observations cover political violence, inequity and the social exclusion of children — which in turn are essential elements of the objectives and results sought. UNICEF will be alert to the observations to be made by the Committee in January 2006, after it has considered the most recent report from Peru. In partnership with United Nations agencies and civil society, UNICEF will also monitor the response to observations of the Committee on the Elimination of Discrimination against Women.

**Programme components**

25. The programme will catalyse the translation of priorities into rights effectiveness, based on a democracy whose benefits reach all children and adolescents. This will be accomplished through two subprogrammes: **Policies and advocacy for child rights** and **Development of decentralized capacities for realizing child rights**.

**Policies and advocacy for child rights**

26. This subprogramme will centre around the generation of policies and advocacy for mobilizing resources for children through predominantly national action. Although its results will benefit the
children from 26 regions, special efforts will be made in the regions selected for the implementation of the second subprogramme.

27. Implementation will take place under the leadership of the Maximum Authority on Children and Adolescents, jointly with the central, regional and local level Governments, the institutions that comprise the National Accord and the Dialogue for Children, Congress, the Judiciary, and the International and Regional Financial Institutions as strategic partners for promoting the rights of children. It will be implemented through the mobilization and social surveillance component, described below, including monitoring and evaluation activities.

28. **Mobilization for child rights and social surveillance of public policies.** National and regional public institutions need greater capacity to initiate and follow up on effective public policies prioritizing children. UNICEF will be a catalyst for placing children at the centre of public policies by (a) creating mechanisms for monitoring and evaluating state initiatives and policies on children; (b) leading initiatives to sensitize and train key decision- and public-policy makers to incorporate a vision of child rights; and (c) promoting highly visible initiatives for timely, reliable and independent social surveillance of improvements or slippages in the social indicators related to child rights, as established in the National Accord, the NPACA and the Millennium Development Goals. UNICEF will promote the improvement of transparency in government social spending for children and ensure the mobilization and channelling of financial resources for child development through innovative and pertinent social communication strategies. Contributions will be made towards the mobilization of development resources for children, particularly regarding the areas covered in the MTSP. A central role in this subprogramme will be played by partners, including the private sector, acting as an influential mobilizer of resources through its commitment to corporate social responsibility initiatives having a child rights approach.

**Development of decentralized capacities for realizing child rights**

29. Following the life cycle, this subprogramme will contribute to the development of specific interventions oriented towards the strengthening of decentralized capacities. It will be focused on several Andean and Amazonian regions where inequity and social exclusion are especially accentuated, and where the child rights situation is particularly vulnerable (Amazonas, Apurímac, Ayacucho, Cuzco, Huancavelica, Loreto, Puno). It will be sustained and strengthened by the first subprogramme, with lessons learned and concrete results providing UNICEF with greater authority for its advocacy and resource mobilization.

30. This subprogramme will strengthen the capacity of selected regional governments to respond to the critical issues affecting children in their regions. Each subprogramme component will be implemented under their leadership and involve the participation of national and local authorities, community and religious organizations,
and civil society. The components will seek to generate sustained and effective regional public policies, develop social communication strategies and respond to emergency situations.

31. **Child survival and development.** Given that little progress has been made in child survival and development, and disparities remain marked, UNICEF will increase its support to the Government’s efforts to improve progress against the indicators and to consolidate interventions in nutrition, health, hygiene and psychosocial stimulation that are based on providing support to families and communities. This will be accomplished through current policies and programmes in the selected regions. To contribute to the reduction of mother and child mortality, UNICEF, in coordination with the World Health Organization (WHO)/the Pan American Health Organization (PAHO) and the United Nations Population Fund (UNFPA), will intensify interventions in the Andes and Amazon regions, strengthening health services while promoting their greater use through providing education for women and families and using an intercultural approach to mother-child services. UNICEF will also lead the institutionalization of strategies and methodologies of the State and civil society that focus policies and resources on excluded populations. The organization will promote the development of public and private partnerships to prioritize early growth and development and to mobilize political will and resources allowing children to exercise their right to a good start in life. In immunization, with WHO/PAHO, UNICEF will contribute to achieving high coverage in excluded Andean and Amazonian communities, with interventions adapted to the context (one example is the campaign against hepatitis B being implemented to prevent the extinction of the Candoshi and Shapra indigenous communities by the disease). Efforts will also be made to strengthen the cold chain to ensure vaccine conservation and quality. Lastly, UNICEF will contribute to controlling malaria in the Amazon.

32. **Improvement of basic education quality, prioritizing girls.** There is general recognition of a crisis in Peruvian education, and members of the National Accord agree on the urgent need to take measures that effectively guarantee access to a quality education for all children and adolescents. Together with other partners, UNICEF will focus its efforts on promoting (a) access to a quality pre-school education; (b) improved quality teaching, by preparing teachers for the local realities they face; (c) increased social spending in education as a percentage of per capita GDP; and (d) access, non-discrimination and completion of basic education, emphasizing basic knowledge and life skills. Informed by successful experiences, UNICEF will support government efforts to improve education in rural Amazonian and Andean areas, mainly in single-teacher and multi-grade schools, applying as strategies the inclusion of girls, bilingual intercultural education, and the involvement of families and communities in school surveillance. Efforts will also be made to strengthen the network of partners and counterparts raising awareness among the public and education policymakers about the urgent need to improve education quality through the implementation of policies and concrete measures. Together with its counterparts, UNICEF will contribute to developing
regional education plans that link with regional development plans and the regional NPACA. Additionally, UNICEF will seek opportunities to work with business sectors to promote corporate social responsibility.

33. **Protection of child rights.** Violence against children is silent and widespread, highly significant, and the existing response to this violation of children’s rights is insufficient. UNICEF will publicize this phenomenon, helping to disseminate knowledge about its underlying causes, using advocacy and social mobilization adapted to the circumstances of each region. Particular attention will be given to sectoral policies for health, education, gender, social development and justice so that the issue can be prioritized on the public agenda. UNICEF will catalyse the work and the coordination with strategic allies and national networks to promote social surveillance. The organization will also support the strengthening of the State and inter-sectoral response capacity and contribute to improving the functioning of public services for child victims of various forms of violence. Efforts will be made to support an effective system of protection of child rights based on gender equity. UNICEF will also support efforts to (a) improve the understanding of child-rearing patterns in Andean, Amazonian and marginalized urban communities, and (b) to promote the generation of local and regional policies aimed at improving intra-family relations and reducing violence in the home, school and community. Regarding adolescents in conflict with the law, the country programme will support the Government in implementing measures to protect the rights of adolescents by establishing community service as an alternative to their incarceration. With the International Labour Organization (ILO) and civil society, UNICEF will contribute to the eradication of commercial sexual exploitation of children and to the reduction of child labour. Efforts will also be made to promote the protection of child rights and adolescent participation in zones affected by political violence as a way of contributing to a culture of peace.

34. **HIV/AIDS and children.** Actions for the prevention, diagnosis, treatment of cases, and for the protection of women, newborns, children and adolescents, are weak and of low coverage. UNICEF, as part of the United Nations Thematic Group on HIV/AIDS, will contribute to the national response, helping to strengthen actions in priority urban, rural and indigenous areas. Specifically, through a comprehensive and cross-sectoral approach, the organization will help to strengthen and promote universal access to HIV counselling and testing services for adolescents and pregnant women, and their partners. The organization will also contribute to improving access to programmes for the prevention of vertical, mother-to-child transmission of HIV and to integral care programmes for children and women diagnosed with HIV/AIDS. For adolescents, UNICEF will help to promote their access to information, life skills, counselling and HIV testing as a child right and a preventive strategy. Efforts will be made to help to prevent discrimination against children and adolescents living with HIV/AIDS, especially in schools and communities. Also promoted will be the development of policies, legislation and a system of protection, care and support for children living with or orphaned by
HIV/AIDS, or living with families affected by the disease, with attention given to improving children’s access to basic social services.

**Cross-sectoral costs**

35. These will include costs related to technical assistance in support of the subprogrammes and components, and a portion of operating costs related to programme implementation, monitoring and evaluation. Regular resources will be used for financing technical assistance and operating costs. A portion of operating and technical costs will be financed with other resources.

**Major partners**

36. The main actor will be the central Government. UNICEF will also coordinate with Congress and the Judiciary. At the decentralized level, implementation will be accomplished by regional governments and local authorities. UNICEF will maintain the Dialogue for Children — a network of allies for children, including civil society, the private sector, national and international non-governmental organizations and the State. Inter-agency cooperation will be accomplished through the UNDAF, in association with the United Nations Development Programme, WHO/PAHO, UNFPA, UNAIDS, ILO, the United Nations Educational, Scientific and Cultural Organization, the World Food Programme and others. Technical exchange with IFIs will be maintained for the financing of scaling-up. The private sector will continue to be a strategic ally for promoting child rights. The country programme will aim to maintain successful working relations with the country’s main donor countries, particularly members of the European Union, the European Commission, Canada, Japan, Switzerland and the United States of America.

**Monitoring, evaluation and programme management**

37. The Integrated Monitoring and Evaluation Plan (IMEP) will be prepared jointly with the Country Programme Action Plan, and will be closely tied in with the UNDAF monitoring and evaluation system. Special attention will be paid to evaluating regional and local-level achievements. The IMEP will include research, studies, evaluations and basic indicators. DevInfo will play a fundamental role, having been adopted in 2005 as the system for monitoring the Millennium Development Goals and UNDAF progress indicators, under the United Nations country team leadership. UNICEF will support the implementation of the UNDAF mid-term review, carrying out the review in 2008 together with counterparts. This review will take into account the observations made to Peru by the Committee on the Rights of the Child. Specific monitoring and evaluation activities will continue to include the preparation of annual plans, field visits, progress reports and annual reviews.

38. The Country Programme National Coordination Committee, responsible for consultations on, approvals for and the monitoring of the country programme, will meet at least four times a year. The Committee comprises high-level representatives from each of the Ministries that are UNICEF counterparts.
### Summary Results Matrix: UNICEF-Perú Country Programme of Co-operation 2006-2010

<table>
<thead>
<tr>
<th>UNICEF MTSP Focus Area</th>
<th>Key results expected in this Focus Area</th>
<th>Key Progress Indicators</th>
<th>Means of Verification</th>
<th>Major Partners, Partnership Frameworks and Co-operation Programmes</th>
<th>The expected key results in this Focus Area will contribute to</th>
</tr>
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<tbody>
<tr>
<td><strong>Child survival and development</strong></td>
<td>• Support the Government efforts in the selected geographical regions to guarantee that all children under 3 years of age have access to quality early child development programmes and family support services, including in Emergency situations.</td>
<td>• Low birth weight&lt;br&gt;• Birth weight average&lt;br&gt;• Chronic malnutrition&lt;br&gt;• Acute malnutrition</td>
<td>• Health records&lt;br&gt;• Health records&lt;br&gt;• Health records&lt;br&gt;• Demographic and Health Survey (ENDES)</td>
<td>MoH, Regional Directorates of Health, MoE, WHO/PAHO, WFP, WB, IDB, UNFPA, NGOs, CBOs, networks, specialized forums (for all key results)</td>
<td><strong>UNDAF expected outcome:</strong>&lt;br&gt;• 1.1 Strengthening and widening of access to basic social services, with emphasis on the excluded populations.&lt;br&gt;• 1.2 Strengthening and widening of knowledge, consciousness and mechanisms for the protection of human basic rights. <strong>WFFC goal:</strong>&lt;br&gt;• Promote Healthy Lives. <strong>MDGs:</strong>&lt;br&gt;• Reduce child mortality.&lt;br&gt;• Improve maternal health.&lt;br&gt;• Eradicate extreme poverty and hunger.</td>
</tr>
<tr>
<td>Improvement of basic education quality, prioritizing girls</td>
<td>• Support the Government efforts in the selected geographical regions to guarantee that all children have access to pre-school education.</td>
<td>• Children enrolled in any form of pre-school education.</td>
<td>• National Household Survey (ENAHO) Education System Reports</td>
<td>MoE, DINEBI (IBE National Directorate of IBE at the MoE), Regional Governments, Regional Directorates of Education, UNESCO, IDB, local educative management units (UGEL), national and local NGOs working in IBE, civil society.</td>
<td>UNDAF expected outcome: • 1.1 Strengthening and widening of access to basic social services, with emphasis on the excluded populations. • 1.2 Strengthening and widening of knowledge, consciousness and mechanisms for the protection of human basic rights. • 3.1 Strengthening of the technical capacities for programming, management, monitoring and evaluation and good governance of the State entities at national, regional and local levels.</td>
</tr>
</tbody>
</table>
### HIV/AIDS and children

- Support the Government efforts to guarantee that all pregnant women and nursing mothers in the selected geographical areas have access to prevention of mother-to-child transmission services, care and treatment, including in Emergency situations.
- Support the Government efforts to guarantee that all children tested HIV positive in the selected geographical areas, have access to care and treatment of good quality, including in Emergency situations.

<table>
<thead>
<tr>
<th>Centres Reports</th>
<th>UNDAF expected outcome:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMTCT counselling coverage.</td>
<td>• 1.1 Strengthening and widening of access to basic social services, with emphasis on the excluded populations.</td>
</tr>
<tr>
<td>PMTCT testing coverage.</td>
<td>• 1.2 Strengthening and widening of knowledge, consciousness and mechanisms for the protection of human basic rights.</td>
</tr>
<tr>
<td>Proportion of children HIV positive that access to antiretroviral treatment.</td>
<td></td>
</tr>
<tr>
<td>Health Records</td>
<td>WFFC goal:</td>
</tr>
<tr>
<td>MoH, UNAIDS, WHO/PAHO, UNFPA, NGOs, People Living with HIV/AIDS organization, CONAMUSA/Global Fund, civil society.</td>
<td>• Combat HIV/AIDS.</td>
</tr>
</tbody>
</table>

### Mobilisation for child rights and social surveillance of public policies

- Support the national and regional governments to mobilise efforts and resources in favour of children.
- Per capita budget allocation for social expenditure, by administrative level.
- Number of investment projects registered by SNIP in favour of children, by administrative level.
- Number of sub national governments which incorporate issues related to children and MDGs into their development agendas.

<table>
<thead>
<tr>
<th>Database of SIAF, Ministry of Economy and Finance, laws and regulation of regional governments.</th>
<th>UNDAF expected outcome:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Child Action plans</td>
<td>• 1.2 Strengthening and widening of knowledge, consciousness and mechanisms for the protection of human basic rights.</td>
</tr>
<tr>
<td>Congress, Ministry of Economy and Finance, selected Regional Governments, Regional Directorates of Health and Education Bureau of Statistics (INEI), UNDP, WHO/PAHO, UNFPA, ILO, IDB, WB, USAID, civil society, media professionals and groups.</td>
<td>• 3.1 Strengthening of the technical capacities for programming, management, monitoring and evaluation and good governance of the State entities at national, regional and local levels.</td>
</tr>
<tr>
<td></td>
<td>• 3.2 Strengthening of mechanisms for participation and dialogue between entities from the State and non-State level.</td>
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<td></td>
<td>• 3.3 Strengthening the availability and utilisation of disaggregated statistical data, on regular basis and with good quality in the process of design, implementation and evaluation of policies.</td>
</tr>
</tbody>
</table>

WFFC goals:
- Protect against Abuse, Exploitation and Violence.
- Combat HIV/AIDS.
- Promote Healthy Lives.
- Provide Quality Education.

MDGs:
- Eradicate extreme poverty and hunger.
GLOSSARY

DPT3  Diphtheria, Pertussis (whooping cough) and Tetanus vaccine
ENDES  Demographic and Health Survey
MoH  Ministry of Health
MoE  Ministry of Education
WHO/PAHO  World Health Organization/Pan American Health Organization
WFP  World Food Programme
UNFPA  United Nations Population Fund
WB  World Bank
NGOs  Non-Governmental Organizations
CBOs  Community-Based Organizations
UNDAF  United Nations Development Assistance Framework
WFFC  World Fit for Children
MDGs  Millennium Development Goals
IBE  Intercultural Bilingual Education
ENAHO  National Household Survey
DINEBI  IBE National Directorate
UNESCO  United Nations Educational, Scientific and Cultural Organization
IDB  International Development Bank
UGEL  Local Management Unit of MoE
CRC  Convention on the Rights of the Child
CDC  Child Defence Centre
RENIIEC  Peruvian National Registry of Identification and Civil Status
MoWSD  Ministry of Woman and Social Development
ILO  International Labour Organization
MINCETUR  Ministry of Foreign Trade and Tourism
PMTCT  Preventing Mother-to-Child Transmission
HIV  Human Immunodeficiency Virus
UNAIDS  Joint United Nations Programme on HIV/AIDS
CONAMUSA  National Multisectoral Coordinator on Health
INEI  Bureau of Statistics
USAID  United States Agency for International Development