

## **Peru**

### **Country programme document 2012-2016**

The draft country programme document for Peru (E/ICEF/2011/P/L.44) was presented to the Executive Board for discussion and comments at its 2011 second regular session (12-15 September 2011).

The document was subsequently revised, and this final version was approved at the 2012 first regular session of the Executive Board on 10 February 2012.

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*Basic data*<sup>†</sup>  
(2009 unless otherwise stated)

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Child population (millions, under 18 years)	10.6
U5MR (per 1,000 live births)	21
Underweight (% , moderate and severe)	4
(urban/rural, poorest/richest)	2/8, 9/1
Maternal mortality ratio (per 100,000 live births)	98 <sup>a</sup>
Primary school attendance (% net, male/female, 2008)	94/95 <sup>b</sup>
Survival rate to last primary grade (% , 2007)	83
Use of improved drinking water sources (% , 2008)	82
Use of improved sanitation facilities (% , 2008)	68
Adult HIV prevalence rate (%)	0.4
Child labour (% , 5-14 year-olds, 2007)	34
Birth registration (% , under 5 years, 2007)	93
GNI per capita (US\$)	4 160
One-year-olds immunized with DPT3 (%)	93
One-year-olds immunized against measles (%)	91

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<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> 190 deaths per 100,000 live births is the 2008 estimate developed by the United Nations Inter-agency Group for Child Mortality Estimation (WHO, UNICEF, UNFPA and the World Bank), adjusted for underreporting and misclassification of maternal deaths. For more information, see [www.childinfo.org/maternal\\_mortality.html/](http://www.childinfo.org/maternal_mortality.html/).

<sup>b</sup> Survey data.

## Summary of the situation of children and women

1. Peru, with a population of approximately 30 million, is 70 per cent urban, and 40 per cent of urban residents reside in Lima. This reflects high urban migration, especially of Andean and Amazonian indigenous peoples, which peaked during the internal armed conflict in the 1980s. Lingering fear, compounded by relatively low levels of investment and development in rural regions, contributes to continued rural-urban migration. The population is expected to be 74 per cent urban by 2013. Children and adolescents under 18 account for 37 per cent of the population, while children under 5 represent 12 per cent.

2. Fuelled by strong natural gas and mining exports, the economy grew by an average of 7 per cent over the last decade. Despite the global economic crisis, growth is expected to continue, though at the slightly lower rate of approximately 6 per cent annually. Per capita income is expected to reach \$6,000 by 2013.

3. The national budget grew by 77 per cent between 2006 and 2010. Although social spending increased by an annual average of over 125 per cent, it still is less than 5 per cent of the gross domestic product, well below the levels required to achieve the Millennium Development Goals with equity. As decentralization

advances, the percentage of the national budget going to local and regional governments is growing — from 36 per cent in 2007 to 43 per cent in 2009. Mechanisms for community, civil society and child/adolescent participation are limited. So far they are mainly linked to specific demands for infrastructure projects.

4. The 2010 Demographic and Health Survey found that Peru has made significant progress overall on the Millennium Development Goals. Between 2004 and 2010, the infant mortality rate declined from 21 to 17 per 1,000 live births. The under-five mortality rate fell from 34 to 23, a reduction of 31 per cent annually and far above the 7 per cent annual reduction required to meet the target for Goal 4. Between 2000 and 2010, the maternal mortality ratio declined from 190 to 93 per 100,000 live births. As a result, Peru appears likely to reach the Goal 5 target of 76 deaths per 100,000 live births by 2015.

5. Coverage of services for prevention of mother-to-child transmission of HIV (PMTCT) increased. Peru is one of five countries in the region in which more than 80 per cent of pregnant women were tested for HIV in 2009. In 2010, only 6 per cent of children born to HIV-positive mothers were infected.

6. On average, chronic malnutrition declined from 22.6 per cent in 2007 to 17.9 per cent in 2010. However, rates reach as high as 60 per cent in some rural indigenous regions.

7. Although net enrolment rates in education have increased in the last decade, they remain inadequate at the early childhood (55 per cent) and secondary (64 per cent) levels, and they are much lower in rural indigenous areas. Education quality needs improvement, as evidenced by the low rate of timely completion of primary school (66 per cent) and secondary school (39 per cent) in rural areas. Moreover, only 23 per cent of children achieve age-appropriate levels of reading comprehension, and only 13 per cent reach age-appropriate levels of proficiency in mathematics. In rural indigenous areas age-appropriate reading comprehension falls to 12 per cent and proficiency in math to 7 per cent.

8. Significant disparities and inequities remain in social indicators by geographic area, gender, ethnicity and economic quintile. Families in the top income quintile earn 24 times more than families in the lowest quintile. Among all population groups, the indigenous Amazon population suffers the highest levels of poverty and economic and social exclusion. Among children whose first language is an Amazon language, 81 per cent live in poor households and 41 per cent live in extreme poverty. This compares to 29 per cent poor and 8 per cent extremely poor for children whose first language is Spanish. The infant mortality rate is as high as 64 per 1,000 in the Amazon, compared to 11 in Lima.

9. Increasing urban migration by poor rural indigenous people is reflected in deteriorating or stagnating social indicators in urban coastal regions, which had previously achieved the child-related targets of Goals 1, 4 and 5. While the highest under-five mortality rate is found in rural indigenous areas, in absolute numbers more children die in urban areas. Under-five mortality has been historically higher in the Amazon than in other areas of the country; however, the total population in the Amazon is relatively small, and many more children die in urban than in rural areas. On the other hand, one of every five adolescent girls has experienced pregnancy in urban areas, while the rate is as high as one in three in rural Amazon

areas. This trend is especially worrisome given that less than one third of adolescent girls say they would request the use of a condom during casual sexual relations, though 90 per cent of them are aware of HIV/AIDS and how to prevent it.

10. The plight of indigenous and excluded children and adolescents is rooted in (a) the lack of inclusive policies; (b) significant gaps between their needs and the supply of public services; (c) limited availability of relevant high-quality data and analysis for better planning and targeting; (d) limited participation by indigenous and excluded people in defining policies and strategies, and limited cultural adaptation of policies and strategies to their needs; (e) inequities in allocation of public budget and resources; and (f) the overall low priority given to children, especially of indigenous and excluded families and communities.

11. The protective environment is weak and fragmented, consisting of a compartmentalized approach to prevention and protection services. The pervasive culture of violence towards children is manifested in many indicators, including rampant and widely accepted abuse; a high incidence of child sexual abuse and exploitation; increasing incidence of child trafficking for sexual exploitation; lack of alternative measures for adolescents in conflict with the law; the high number of children and adolescents without parental care; pervasive child labour and exploitation; and the large number of children and adolescents without birth registration. Underlying causes include the fact that children and adolescents are not considered as subjects of rights, and diverse cultural pretexts are used to justify violence and abuse.

## **Key results and lessons learned from previous cooperation, 2006-2011**

### **Key results achieved**

12. Significant improvements have been noted in key childhood indicators, especially in areas where UNICEF cooperates. Between 2000 and 2010, chronic malnutrition declined in Amazonas, Cusco, Apurimac and Ayacucho by 10 per cent on average (7 per cent nationally). Neonatal mortality declined by 20 deaths per 1,000 live births in these areas and 8 deaths per 1,000 live births nationally.

13. Important achievements of the programme on policies and advocacy for child rights include (a) effective positioning of children's issues during the 2006 and 2010-2011 municipal, regional and presidential elections, with 90 per cent of candidates committing to specific targets in health, nutrition, education and protection; (b) inclusion of child-related clauses and 11 priority children's issues in each of the 2006-2010 budget laws, resulting in approval and funding of five strategic programmes, based on advocacy with the National Congress and the Ministry of Economy and Finance; and (c) design of 100 child-oriented social investment projects amounting to \$34 million in 10 regions, potentially benefiting over 5 million children and adolescents. UNICEF contributed to raising the profile of child rights through effective social mobilization and communication for development strategies, including the televised *Buena Onda* (Good Vibes) social mobilization and fund-raising campaign.

14. The UNICEF emergency response following the 2007 earthquake in Ica directly supported over 430,000 people. Temporary classrooms and school-in-a-bag

kits allowed 34,390 children to return to school. Over 21,000 received safe water and psychosocial support, and 2,000 children under 5 received nutrition support. Technical support was provided to evaluate the emergency response, and the results were used to give priority to children in national disaster risk reduction and emergency preparedness and response plans.

15. The programme on development of decentralized capacities for realizing child rights resulted in (a) establishment of a Secretariat for Children within the Ombudsperson's Office (as recommended by the Committee on the Rights of the Child) and creation of a regional network of ombudspersons for children and adolescents; and (b) approval of a law on residential care (based on a UNICEF evaluation with the Ombudsperson's Office), recognizing its transitory and subsidiary role and the right of children and adolescents to live in a family.

16. Based on advocacy and the evaluation and expansion of the 2000-2005 Good Start programme, the Government expanded this strategy to 14 additional regions, and a national intersectoral and inter-governmental policy was created to reduce poverty and malnutrition. Together these efforts resulted in a reduction of malnutrition rates. UNICEF also contributed to reducing anaemia prevalence from 71.9 per cent to 54.2 per cent, and to national adoption of a strategy on anaemia prevention among children under 3. The strategy, advocated by UNICEF and the World Food Programme, was based on global research on the effectiveness of multi-micronutrient supplements.

17. The country programme contributed to preventing the extinction of the Kandosi and Shapra indigenous Amazon people through vaccination of all newborns against hepatitis B between 2003 and 2008. UNICEF also successfully advocated for adoption of an intercultural bilingual education policy by 16 regional governments, and provided technical assistance for implementation. The Ombudsperson's Office has committed to monitoring the right to pertinent education for indigenous peoples.

18. At the subnational level, UNICEF contributed to mainstreaming human development and child priorities in regional and municipal development strategies. This led to greater social investment and strengthened adolescent participation in formulating local budgets.

### **Lessons learned**

19. Relevant lessons were learned through participatory mechanisms related to the situation analysis, midterm review and programme reviews. These lessons include: (a) it is important to mainstream gender and intercultural approaches in social policy, programme design and implementation in order to address the different dimensions of social and economic exclusion; (b) decentralizing budgets and functions must be accompanied by development of local capacity in planning, budgeting, management and monitoring, in order to narrow gaps between demand and supply of basic services and ensure proper budget implementation; (c) communication for development and social mobilization activities are useful for increasing the visibility of child rights issues and public demand for relevant social programmes; (d) discussing the situation of children with candidates and political parties prior to the electoral process helps to position child rights issues on the public agenda; and (e) technical staff need continuous capacity development on

social budget processes to increase the effectiveness of advocacy efforts for children.

## The country programme, 2012-2016

### Summary budget table\*

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	560	8 400	8 960
Equitable, quality basic education	210	13 000	13 210
Protection of children and adolescents	455	6 000	6 455
Policy, social investment and knowledge generation for promotion of children's rights	1 321	6 000	7 321
Cross-sectoral costs	1 204	10 000	11 204
<b>Total</b>	<b>3 750</b>	<b>43 400</b>	<b>47 150</b>

\* Figures are only indicative and do not include funds for responding to emergencies.

### Preparation process

20. The proposed country programme draws on the recommendations of the 2008 midterm review and UNICEF studies, including the “State of Children in Peru” (2008 and 2010), the “State of Indigenous Children” (2009) and the “State of Afro-descendant Children” (2011). It also draws on the results of equity and enterprise risk management assessments (2010) and the 2009 UNICEF-supported evaluation of the National Plan of Action for Children and Adolescents.

21. The comprehensive and participatory preparation of the 2012-2016 country programme was managed and led by the UNICEF National Coordinating Committee, chaired by the Peruvian International Cooperation Agency. It involved over 230 government, non-governmental, United Nations, private sector and civil society organizations, including indigenous and adolescents' organizations. Seventeen national and regional consultations were organized during 2010 to discuss the situation of children and adolescents. Scenario-based socio-economic, political and geo-political analyses were conducted with national experts and linked to the UNICEF enterprise risk management exercise, ensuring adaptation of strategies to the shifting policy environment. Six thematic consultations were organized to develop programme component results and intermediate results, based on the five medium-term strategic plan focus areas. This was followed by strategic mapping of partnerships for the expected results. The UNICEF National Coordinating Committee was convened on four occasions to validate the situation analysis and the draft country programme.

### Programme and component results and strategies

22. The 2012-2016 country programme will contribute to positioning child and adolescent rights at the centre of national and local public policies, programmes and budgets as an indispensable element for achieving and sustaining the Millennium

Development Goals with equity. The programme will include a special focus on the rights of indigenous and excluded children in the Amazon, the Andes and urban slums. It will seek to strengthen national and local capacities to effectively plan, budget, implement, monitor and evaluate social policies for children and adolescents, including in emergencies. Partnerships with civil society, the media, universities and the private sector will be strengthened, both to demand child rights and to effectively participate in social monitoring of their achievement.

23. The country programme includes four components: (a) policy, social investment and knowledge generation for promotion of children's rights; (b) child survival and development; (c) equitable, quality basic education; and (d) protection of children and adolescents.

24. The programme will support (a) generation of evidence-based policies; (b) increased and more efficient and effective public sector budgets; (c) reduction of child mortality and malnutrition; (d) promotion of growth and early childhood development; (e) increased coverage, access, completion, cultural relevance and quality of education at early childhood, primary and secondary levels; (f) protection of children and adolescents and prevention of all forms of violence; and (g) mitigation of the impacts of climate change and disasters on children and adolescents.

25. Overcoming disparities will largely depend on the capacity and political will of regional governments and municipalities. The programme will therefore prioritize nine regions of the Amazon and Andes and some urban marginal areas. It will address the high and persistent inequities that primarily affect the indigenous and excluded groups in these areas. UNICEF will support strengthening of regional governments' capacity to prioritize children for rights-based planning, results-based management and effective implementation, in order to make best use of budgets.

26. Key country programme strategies include: (a) intercultural approaches; (b) gender mainstreaming and equality; (c) family and community participation and surveillance; (d) child and adolescent participation, including through sport; (e) partnerships and alliances for corporate social responsibility; (f) collaboration with centres of excellence to generate knowledge and build local capacities; (g) strengthening of national and local capacity to develop and implement appropriate policies for children; (h) documentation and dissemination of best practices through South-South cooperation and knowledge exchanges among countries in the region; (i) disaster risk reduction; and (j) capacity building for emergency preparedness and response.

#### **Relationship to national priorities and the UNDAF**

27. The country programme reflects the United Nations commitments outlined in the 2012-2016 United Nations Development Assistance Framework (UNDAF). The UNDAF in turn recognizes the transcendence of the National Accord, Plan Peru 2021, Plan for International Cooperation, National Plan for International Cooperation and National Plan of Action for Children and Adolescents 2011-2021.

#### **Relationship to international priorities**

28. The country programme incorporates the key international priorities reflected in the Millennium Development Goals, the Millennium Declaration and principles,

and observations and recommendations of United Nations treaty bodies. These include the Committee on the Rights of the Child (March 2006), the Committee on the Elimination of Discrimination against Women (February 2007), the Committee on the Elimination of Racial Discrimination (September 2009), the Rights of Indigenous Peoples (July 2007). The programme will also contribute directly to achievement of the Education Goals 2021 and the United Nations Secretary-General's Campaign to End Violence against Women. The new programme takes account of the 2006 recommendations of the Committee on the Rights of the Child (to increase budget allocations for the fulfilment of social, economic and cultural rights of all children, especially the most vulnerable; strengthen information systems that disaggregate data on the situation of the indigenous and other vulnerable groups; respect the opinions of children and their right to participate in decisions that affect them; promote and facilitate timely birth registration; ensure children's right to live in a family; implement measures to ensure that children are protected from all forms of violence; improve the quality of education; implement measures to reduce neonatal mortality and mother-to-child transmission of HIV; provide adequate support to vulnerable groups; among others); and seeks to support the full implementation of their rights.

### **Programme components**

29. The component on **policy, social investment and knowledge generation for the promotion of children's rights** includes three results. The first is strengthened public policies and budgets at national, regional and local levels within the framework of results-based management. UNICEF will partner with the Committee for Concerted Action in the Fight Against Poverty and national, international and local stakeholders to conduct timely and specific advocacy for (a) more equitable allocation of public budgets, (b) a more equitable public sector human resource policy aimed at increasing the number and quality of social sector staff located in priority and hard-to-reach regions, and (c) policies to promote accountability for results at all levels of government and across all sectors.

30. Best practices will be analysed and used to strengthen real-time budget monitoring, participation by civil society and community surveillance of policy implementation, as well as more efficient budget utilization. Technical support and capacity building will be provided to improve planning, implementation and monitoring, especially of social protection interventions. UNICEF will also work to expand the private sector's involvement in public policies for children. UNICEF will seek business support for more government social investment for children, and will leverage resources from the private sector itself. The programme will support the national decentralization process, ensuring that programme components can be replicated in other areas.

31. The second programme result is expanded knowledge and evidence to support policy advocacy, thus facilitating monitoring and reporting of the situation of children and adolescents. It will also involve monitoring of implementation of international commitments and standards, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Research and evaluation will generate knowledge on indigenous and excluded groups in general, with an emphasis on tracking policy effectiveness and resource allocations in reducing inequities.



32. Alliances with knowledge centres and academic institutions will be strengthened to perform situation analyses and generate evidence and data for policy formulation, programme planning and monitoring and evaluation. Technical support will also be provided to the National Institute of Statistics and Information for systematic, disaggregated data collection, analysis and dissemination, and for guaranteeing the rights of citizens to self-identification in censuses. This, in turn, will clarify the real extent of ethnic and cultural diversity in Peru. Given the urbanization trends, it will also increase the focus on urban disparities as a basis for new lines of advocacy and communication for development strategies.

33. The third programme result is adolescent access (in priority regions) to relevant gender-sensitive information and opportunities to participate in developing policies, programmes and services relevant to their ethnic, cultural and geographical context. This will allow adolescents to recognize, prevent and manage the risks of HIV and other sexually transmitted diseases, early pregnancy, violence, abuse and exploitation. Advocacy will be conducted to expand the participatory budgets programme of the Ministry of Economy and Finance to more excluded regions, and to strengthen the regional capacity of the National Council for Children and Adolescents.

34. The **child survival and development** component includes three results. The first is a 20 per cent reduction in child mortality, with an emphasis on newborns, and access by at least 90 per cent of pregnant women in priority regions to prenatal care (including PMTCT and deliveries at institutions) and post-natal care (including antiretroviral treatment for HIV-positive mothers and newborns).

35. UNICEF will generate evidence to support advocacy for a gender policy that will emphasize adolescent sexual and reproductive health rights. Evidence will also be used to advocate for stronger policies for intercultural adaptation of maternal and child health strategies. This work will be undertaken in coordination with the World Health Organization/Pan American Health Organization, United Nations Population Fund, United Nations Entity for Gender Equality and the Empowerment of Women, and the Peruvian Ministries of Health, Education and Women and Social Development. Through communication for development and collaboration with local media, non-governmental organizations and community-based organizations, UNICEF will seek to strengthen demand for and use of culturally relevant services. Families will be helped to strengthen care practices, with encouragement for positive ethnic and cultural practices wherever possible.

36. The second result is reduced chronic malnutrition in children under 5 by 20 per cent and nutritional anaemia by 30 per cent, focusing on priority regions. This component will build on the significant progress made in reducing chronic malnutrition. It will concentrate on advocacy to strengthen the National Poverty and Chronic Malnutrition Reduction Strategy and improve intersectoral and intergovernmental coherence. UNICEF will advocate to include zinc in the multi-micronutrient supplementation policy.

37. The third result is expanded coverage of integrated, participatory early childhood development programmes to cover at least 30 per cent of children under 5 in priority areas. UNICEF will promote development of public and private partnerships and strengthening of multisectoral planning and monitoring mechanisms. The programme will also advocate for early stimulation and childhood development activities in national and regional budgets.

38. Community surveillance of early childhood growth and development will be strengthened and accompanied by culturally adapted communication for development approaches to enhance participation of communities and families. The objective will be to improve integrated approaches in caring for pregnant women, newborns and children, focusing on nutrition (including breastfeeding), health, early stimulation and hygiene.

39. The **equitable, quality basic education** component includes two results. The first is improved coverage, access, completion, quality and learning achievements. In collaboration with the Ministry of Education and the National Education Council, the programme will strengthen decentralization of education policy to reduce geographical disparities. Technical assistance will be provided to improve planning, resource allocation and management at regional and local levels, supporting culturally adapted education management. The implementation of the Education Goals 2021 will be supported, emphasizing inclusion of early childhood and secondary education within the intercultural bilingual education policy.

40. The second result is better fulfilment of children's right to quality and culturally pertinent education and empowerment of children and their families and communities to demand it. The programme will strengthen its partnership with community-based groups and will use communication for development to increase demand for and use of education, especially in rural areas. Technical assistance will be provided to increase the coverage and quality of teacher training; gender mainstreaming strategies; adolescent, family and community participation and surveillance of education; data collection, research and analysis, and evaluation systems. UNICEF will advocate with civil society partners, such as Peruvian Entrepreneurs for Education, to strengthen rights-based approaches.

41. The **protection of children and adolescents** component seeks to achieve two main results. The first is a stronger child protection system, particularly the mechanisms for detecting, caring for and rehabilitating child and adolescent victims of violence. The programme will provide technical support to national and local authorities in collaboration with the Ministry of Women and Social Development. The objective will be to strengthen policy and response capacity of public services for child victims and establish an integrated, comprehensive protection system that emphasizes gender equality and respect for ethnic and cultural diversity.

42. UNICEF will advocate to enhance the outreach capacity of the National Birth Registration Authority, to help it use good practices to reach children in remote Amazon areas. Technical assistance will be provided to improve data collection and analysis to strengthen child protection monitoring systems. The country programme will support implementation of alternatives measures to deprivation of liberty to protect adolescent rights in the juvenile justice sector. Special efforts will be made to promote de-institutionalization of children without parental care.

43. The second programme result is that families, communities and protection and justice institutions adopt attitudes and rearing and caring practices that prevent violence and promote the best interests of children and adolescents. UNICEF will collaborate with the media and the Office of the Ombudsperson, among others, to raise broad awareness about the levels of violence against children. UNICEF will also contribute to generating knowledge about the underlying causes of violence. Advocacy and technical assistance at regional and municipal levels will focus on developing incentive programmes to encourage communities and community-based

organizations to model practices for improving intrafamily relations and reducing violence in the home, school and community.

44. UNICEF will also advocate for mandatory training in basic child rights and protection for public service officers working directly with children, with intermediate and advanced training as requirements for promotion. Technical assistance will be provided to design norms and standards to prevent violence, especially against girls, in various public services. The objective will be to strengthen the capacity of national and subnational authorities to integrate positive cultural knowledge and practices.

45. The programme aims to strengthen the work of the Ombudsperson's national and regional offices. Another target is expanding coordination with other allies and national networks to promote community surveillance of child protection. The programme will collaborate with the International Organization for Migration and civil society groups to eradicate sexual exploitation of children and reduce child labour.

#### **Cross-sectoral costs**

46. Cross-sectoral support will contribute to the effective and efficient management and coordination of the country programme. It will ensure integrated management of the programme components and technical and administrative support to zone offices and technical teams. This component will also provide technical support for gender mainstreaming, communication for development, risk management, disaster risk reduction and emergency preparedness and response.

#### **Major partnerships**

47. Under the leadership of the UNICEF National Coordination Committee, UNICEF will work within the framework of the UNDAF and with other United Nations agencies. The programme's main counterparts are the central government ministries and agencies and regional and municipal governments. This collaboration will be undertaken both individually and through the National Association of Regional Governments and the Network of Urban and Rural Municipalities of Peru.

48. The programme will expand collaboration with the Committee for Concerted Action in the Fight against Poverty; Ministry of Economy and Finance; National Council of Girls, Boys and Adolescents; National Institute of Statistics and Information; Office of the Ombudsperson; and selected universities. The network of strategic allies will be strengthened, including groups in civil society, the private sector, national and international non-governmental organizations, and community and faith-based organizations.

49. Technical exchange will be strengthened with international financial institutions, including the World Bank, to finance scaling-up of successful activities. The private sector will be increasingly engaged for policy advocacy partnerships and fund-raising. UNICEF will aim to maintain successful working relations with the main donors to Peru. UNICEF will collaborate with and complement the efforts of the Association of Regional Governments, Committee for Concerted Action in the Fight Against Poverty, Ministry of Economy and Finance, and the National Congress.

### **Monitoring, evaluation and programme management**

50. The Integrated Monitoring and Evaluation Plan will be prepared jointly with the country programme action plan and linked with the UNDAF monitoring and evaluation system. Special attention will be paid to evaluating regional and local achievements. The monitoring plan 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.

51. UNICEF will support implementation of the UNDAF midterm review in 2014, along with counterparts, taking into account observations and recommendations made to Peru by the Committee on the Rights of the Child. Monitoring and evaluation activities will continue to include annual plans, field visits, progress reports and annual reviews.

52. The UNICEF National Coordinating Committee is responsible for consultations on, approvals for, and monitoring of the country programme. It meets at least twice a year and is comprised of high-level representatives from each of the ministries and local governments with which UNICEF works directly.

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