Update on the context and situation of children

Political crisis & mass protests

Political instability was present throughout the year, with impeachment attempts and absence of Parliament during the first quarter of the year. The political crisis reached its peak in November, with the impeachment of President Vizcarra, resignation of President Merino and mass protests, during which police used excessive force against protesters, killing two people and injuring more than 200 others, including passers-by (UN Human Rights Office report). Peru had five reshuffling of the Cabinet of Ministers which is made up all Ministers of State. Within the span of a single week in November, Peru had three presidents. High turnover or government authorities has prevailed thought 2020, with 5 different ministerial cabinets, which represents 95 appointed ministers in 12 months. This affected political priorities and continuity of policies for children and adolescents, and effectiveness and continuity of UNICEF policy dialogue. Political confrontation, lockdown measures, overall response to COVID-19 and corruption, continued to be the focus of much of Peru’s public and political attention, in a year marked by the upcoming elections to be held in April 2021.

COVID-19 pandemic

Peru is globally one of the hardest hit countries by the COVID-19 pandemic. Peru has been at the helm of the grim statistic of country with highest per capita COVID-19 mortality rate throughout most of 2020 and is still leading the case-fatality rate (https://coronavirus.jhu.edu/data/mortality) at year end. As of 31 December, there have been 1,017,199 confirmed COVID-19 cases and 37,724 deaths. The mortality rate unmasked the profound disparities in the Peruvian society, and a healthcare system which has been close to being collapsed on several occasions. Peru had one of the longest and strictest lockdowns in the world. Borders were shut, curfews imposed, and people could leave their homes for essential goods only - but infections and deaths continued to rise. Schools never opened, and there is no date of reopening of schools. Peru imposed strict severe restrictions on mobility of children, which were not allowed to go to public spaces for several months when adults were permitted. A large-scale emergency such as COVID-19 – where the government dealt with fear among personnel around getting the virus, movement restrictions and budget cuts to divert resources to the COVID-19 response – impact the way public services were and are provided to children.

Economic downturn

Peru’s economy suffered a devastating plunge due to COVID-19. Peru is facing its worst economic crisis to date, with the projected GDP contraction for 2020 at around 12 per cent (Peru Central Bank). In 2020, a fall of about 1.5 million of employed people is expected compared to the previous year (ILO 2020 ‘Peru: impact of Covid-19 on employment and labor income’).

Venezuelan migration

Peru continues to be the second largest recipient of refugees and migrants from Venezuela (Regional Refugee and Migrant Response Plan estimates 1.05 million by December 2020). The Venezuelan migrant population has been disproportionately affected by COVID-19 – loss of employment and income - given their limited social safety net and their exclusion from Government of Peru emergency social protection measures (such as cash-transfers and food baskets).

Impact on children
Child poverty will reach 39.9% in 2020 and 32.1% in 2021, as per ‘COVID-19: Impact on poverty and inequality in children and adolescents in Peru - Estimations for 2020-2021’ (UNICEF-Peru 2020), compared to 26.9% in 2019. Despite of reflecting only the increase of monetary poverty, instead of multidimensional, as defined in the SDG Goal 1.2, these figures represent a considerable setback. Rural children in Peru’s coastal and Amazon regions will be most affected (projected increase of 16 percentage points). In urban areas, where most of Peru’s population, including the Venezuelan migrants, lives, child poverty is expected to increase by 10 to 13.3 percentage points.

The number of cases of children affected by violence receiving phone or chat-based support increased from 46,266 in 2019 to 61,152 in 2020 (#100 Hotline) while the official reports of cases of violence against children decreased significantly from 55,565 in 2019 to 30,529 in 2020 (MIMP-Aurora Programme). The reduction in reporting is likely due to response services being only partially functional. Between March and November, mobile emergency teams responded to 18,955 cases, of which 62.4 per cent involved children. Domestic violence is expected to have increased in migrant homes, in 2018, regarding to SDG 5.2, 9.5% of the Venezuelan population reported knowing cases of physical abuse suffered by their nationals (INEI-2018), but administrative but reports are scarce due to mistrust of institutions, mainly because of their lack of identification documents.

Prior to 2020, secondary completion rate was 76.8% (escale.minedu.gob.pe). Due to COVID-19 almost all schools in Peru remained closed throughout the entire 2020 school year, except for approximately 1,000 schools (1.6% of all schools in October-November for 6 weeks). This means that more than 8 million students are not attending face-to-face classes. Though a massive distance learning strategy ‘I learn at home’ (Aprendo en Casa in Spanish) was swiftly put in place; a preliminary non-official estimation shows a relevant decreasing in completion rate and increasing in dropout rate (roughly two or three times greater than 2019). Venezuelan migrant and refugee children have faced increased barriers to education due to limited access to technology and internet for distance learning. UNICEF estimates that there will be a significant decrease in secondary completion rate for 2020 and a setback in SDG-indicator 4.1.

The interruption of primary health care services for children and adolescents during national lockdown lead to a significant decrease in coverage of essential interventions such as immunization, growth and development monitoring and micronutrient/iron supplementation. Services have been reactivated progressively and the Government has carried out campaigns to try and close coverage gaps – although these persist, for example: coverage rates of Penta vaccine in 2020 were 61.9% compared to 88.1% in 2019, with Rotavirus (67.1% vs. 90.3%) and Pneumococcus (66.0% vs. 80.3%) following similar trends. Indigenous communities and disperse rural areas with already sparse health services and connectivity prior to the pandemic have been particularly affected, as well as Venezuelan migrant-population.

**Major contributions and drivers of results**

**GOAL AREA 1: Every child survives and thrives**

Non-emergency primary health care services were suspended during the national lockdown due to COVID-19 and are progressively being reactivated. In this context, UNICEF contributed to guaranteeing adolescents’ access to health services and to implementing equitable and integrated Early Childhood Development (ECD) policies. UNICEF’s evidence-based advocacy and technical assistance resulted in national guidelines for the reactivation of adolescent health services, a mental health care guide, and guidelines for the temporary operation of ECD services during the pandemic: maternal and newborn health care, remote family
support, and distribution of food, hygiene and toy kits as part of the national targeted daycare and
family support programme “Cuna Más”. UNICEF’s advocacy also resulted in regulatory changes that
allow adolescents to enroll in the national health insurance scheme and access HIV services without
parental consent.

Implementation of the “Primero la Infancia” (Childhood First) policy continued on a national scale in
1,334 of 1,874 districts, with the provision of ECD programmes and services via internet and
telephone. UNICEF contributed to continuity of services by providing situation analyses, developing
innovative digital communication strategies, contributing to reducing gaps in coverage of essential
interventions (immunization, iron supplementation and identity documents) and facilitating south-
south cooperation.

UNICEF and the MoH co-developed information strategies for parents and caregivers of children
under 3, via internet and telephone, including national campaigns to disseminate the new guidelines for
maternal and newborn care and a counseling toolkit to support remote growth and development
monitoring. UNICEF and the MoH also launched Afinidata, a chatbot that provides ECD and
COVID-19 information and alerts health personnel of children identified with any risks, aiming to
reach over 11,000 families.

UNICEF-led training on adolescent development for health and education personnel was progressively
reactivated in the second semester and focused on the development of educational materials and a
peer-education strategy on adolescent sexual and reproductive health, mental health and COVID-19
prevention using ICTs. In addition, UNICEF worked on the design of a specialized training
programme for health personnel on comprehensive adolescent care and a toolkit for health promotion
in secondary schools.

At the subnational level, UNICEF developed and applied a checklist for reactivation of essential health
services in 28 prioritized health establishments in Loreto, Ucayali, Huancavelica and Lima, reaching
113,370 children, adolescents and women. UNICEF contributed to the reactivation of prenatal check-
ups and growth and development monitoring sessions through training for authorities and ECD
operators and facilitation of home-visits for at risk pregnant women and children, including children
with disabilities and Venezuelan migrants. Vulnerable families also received educational material, and
hygiene and toy kits. UNICEF donated 55 oxygen concentrators to health facilities for COVID-19 care
in Amazon and Andean subnational regions and trained 123 primary health care personnel in Lima on
inclusive and gender-sensitive care with a virtual adaptation of the IASC Basic Psychosocial Skills
Course for COVID-19 Responders. With the MoH, UNICEF started piloting Peru’s first phone-based
mental health care service, aiming to reach 7,000 adolescents and their parents in Loreto, Ucayali,
Huancavelica and Lima.

GOAL AREA 2: Every child learns

In 2020, UNICEF focused on keeping children learning during the COVID-19 pandemic, with
equitable access to education. UNICEF maintained existing priorities (adolescents, rural and
indigenous children, migrants and children with disabilities) and adapted strategies to the new context.
UNICEF was a major contributor to two results: better education policies for adolescents and 723,540
students accessing MoE’s Aprendo en Casa, a national distance-learning strategy, (Male: 363,966,
Female: 359,574; primary school students 235,539; secondary school students 488,001 – equivalent to
23.6 per cent of public secondary students)

On the one hand, UNICEF advised the MoE on the draft National Policy for Adolescent Education and
Well-being, successfully advocated for a gender equality approach in national student guidance and
tutoring guidelines and assisted authorities in identifying and removing regulatory and coordination
barriers to accelerate the implementation of the Law for the retention of pregnant adolescents. All these
instruments considered the COVID-19 context, including psychosocial support and dropout prevention
With UNESCO, the World Bank and IADB, UNICEF designed the Strategic Plan for Reopening Schools for the MoE, based on international evidence and the organization’s experiences designing and testing educational regulations. UNICEF’s capacity to advocate with the MoE, recognized technical expertise, strong relationship with key educational stakeholders and evidence generation on adolescents were some of the key factors in this result. The partnership with other agencies increased the scope of influence.

On the second hand, UNICEF adapted strategies to develop new field interventions for the COVID-19 response. UNICEF i) assisted the MoE in providing online training to 10.62 per cent of Peru’s public secondary teachers (reached 10.62% of public secondary teachers in Perú (16,463 teachers) in comprehensive adolescent development through a UNICEF course developed over the last few years, ii) adapted the school-based comprehensive adolescent development model (started in 2018 with 12,500 students) with virtual-training, a project-based learning methodology and socio-emotional support content, iii) adapted the +Inclusion project, which reached 10,000 children and their families, through virtual training and delivery of digital tools and internet access to mainly teachers to support learning for students with disabilities and, iv) adapted migrant inclusion activities in schools in Northern Lima to a virtual format to improve coexistence, prevent discrimination, xenophobia, gender approach and sexual education. These adaptations helped UNICEF identify and share with the MoE ways to address key access and teaching barriers for Peru’s Aprendo en Casa (I learn at home) national distance learning strategy, rolled out during the pandemic.

In terms of new field interventions, UNICEF designed and tested an active search system for secondary school students who have dropped out or are at risk in prioritized subnational regions. With MoE, UNICEF also developed courses on inclusive education and Universal Design Learning, with the participation of 30 per cent of the Ministry’s teaching specialists.

Partnerships were key to influencing the MoE’s COVID-19 response. In addition to co-designing the School Reopening plan, UNICEF co-led with UNESCO and the MoE the Peruvian chapter of the Global Coalition for Education and led the Education Subgroup of the Refugee and Migrant Working Group, mobilizing more than 60 organizations to help improve access to education for Venezuelan children.

GOAL AREA 3: Every child is protected from violence and exploitation

UNICEF continued to carry out advocacy and provide technical guidance and financial resources to the government in 2020, resulting in a) the design of alternative care models, b) evidence generation on access to justice for child victims of crime and to services for child victims of gender-based violence, c) professionalization of the child protection workforce in two government counterparts and d) adoption of positive child rearing and parenting modules in two social programmes. UNICEF contributed to improving the future (2022-2025) government budget allocation for alternative care through the designing of operational models for residential and foster care. Two studies are currently underway- access to justice for child victims of crime in partnership with the National Ombudsperson’s Office and bottlenecks faced by child victims of gender-based violence in accessing services by the MIMP. On professionalization of the child protection workforce, the MIMP implemented, with UNICEF’s assistance, Peru’s first ever basic child protection course. UNICEF also successfully developed a course on protection of children on the move which is now incorporated in the National Migration Authority’s institutional learning curriculum, resulting in their provision of services to 14,295 children and their families on the move, including 1,836 now regularized their migration status.
UNICEF assisted the government in making significant progress in the violence against children agenda, especially through the adoption of violence prevention and positive child rearing practices in two social programmes: National Cuna Mas Programme – the Ministry of Development and Social Inclusion’s public early childhood development service, reaching 117,109 low-income families – and 900 public secondary schools run by the Ministry of Education (MoE).

In response to the COVID-19 pandemic, UNICEF, with OHCHR, advocated to draft an emergency decree that resulted in pardons or non-custodial measures for 51 per cent of 3,077 adolescents in juvenile detention centres (1,571). Likewise, UNICEF successfully advocated with IOM and UNHCR, for the approval of a supreme decree allowing the regularization of legal status of migrants, potentially benefiting the estimated 700,000 migrants in Peru.

To ensure continuity of care of children in institutions during pandemic, UNICEF facilitated the distribution of hygiene kits and personal protective equipment (PPE) for 3,581 children in residential care (CARs) and juvenile detention centres, as well as 2,000 PPE for their caregivers and prosecutors working for investigation of criminal cases involving child victims and witnesses. To address emotional impact on children in institutions, UNICEF set up a large-scale psychosocial support programme based on resilience building and reached 2,400 children in CARs and juvenile detention centres. UNICEF also developed 11 videos with the MoE on psychological first aid, positive discipline and violence prevention, which had 222,437 views. UNICEF distributed food baskets to the MIMP’s 148 foster families of children who had lost parental care during the pandemic. UNICEF supported the MIMP set up a brand-new public child protection helpline which responded to approximately 2,200 calls from June to November 2020.

GOAL AREA 4: Every child lives in a safe and clean environment

Peru’s weak WASH conditions have been further debilitated by COVID-19. To prevent the spread of COVID-19 among vulnerable populations, UNICEF distributed 8,488 hygiene-kits and communication messages on COVID-19 prevention that benefitted 38,559 people from indigenous communities in the Amazon River Basin. UNICEF supported the MoE’s safe school registration system by designing and validating a tool to determine WASH infrastructure conditions in schools and considerations for school reopening in the COVID-19 context.

UNICEF continued working with the Ministry of Housing, Construction and Sanitation (MVCS in Spanish) to design, implement and institutionalize a comprehensive WASH model for disperse, rural, indigenous Amazonian communities, many only accessible by river.
UNICEF also continued to work with the Ministry of the Environment, Ministry of Women and Vulnerable Populations, National Children and Adolescents’ Council, and Youth Secretariat, emphasizing adolescent participation in the National Climate Change Committee. UNICEF strengthened adolescents’ skills and competencies to take on a leading role on various climate platforms. As result of this initiative, Ministry of Environment is including permanent participation of adolescents, as a stand-alone stakeholder separated from youth at the National Climate Change Committee.

GOAL AREA 5: Every child has an equitable chance in life

UNICEF’s evidence generation, advocacy, capacity building, technical assistance, and communication and C4D strategies contributed to prioritizing children in the design of 2 national and 14 subnational policies and in the COVID-19 response. Progress in policies and finance for children was limited due to political instability, high government turnover, central planning delays, and absence of children rights focus through prioritization of the COVID-19 response.

The need to reach vulnerable populations excluded from the government’s social protection measures, prompted UNICEF to implement its first cash-based intervention (CBI) in Peru. As a result, 400
Venezuelan migrant families with children and pregnant women in Northern Lima (1,580 people) received cash transfers and digital messages on COVID-19 and violence prevention and access to health, education, and protection services, providing an integrated support beyond the cash assistance. As of December, the CBI has transferred around US $ 422,000 to the families to meet their most pressing needs such as food, health, and rental housing.

UNICEF estimated, using microsimulations, a 13-percentage point increase in monetary child poverty (26.9% to 39.9% between 2019-2020). UNICEF positioned itself as a reliable source of child poverty information and introduced the importance of a multidimensional approach to the public debate. Moreover, the alliance with the World Bank was strengthened to disseminate research and jointly advocate for reforms in social protection with a special focus on children. The wide media coverage of child poverty allowed UNICEF to emphasize the issue in technical assistance for updating the National Development and Social Inclusion Policy’s section on children, as well as to advocate for an integrated, universal, shock-responsive, and lifecycle-based social protection system. UNICEF also provided technical support to the MIDIS to design a future multisectoral results-based budget programme for children aged 6 to 17 years.

To inform C4D strategies, UNICEF completed studies of social norms associated with violence and adolescent pregnancy and a study on knowledge, attitudes, and practices related to services for children with disabilities. UNICEF also implemented C4D strategies for comprehensive adolescent development, migrant integration (with 1,200 Peruvian and Venezuelan participants in community-based activities and a reach of 352,000 on Facebook) and COVID-19 prevention (with hygiene supplies and messages delivered to 38,599 people in 148 Amazon communities).

With the MoE and MIMP, UNICEF created the National Adolescent Participation Network (“Adolescent Voices”), in which 50 adolescent organizations, representing more than 10,000 youth, engaged in virtual dialogues and expressed their demands through a declaration presented to authorities. As a result, participation and citizenship content was included in the “Aprendo en casa” (I learn at home) national distance learning strategy.

The #ReimagineABetterPeru campaign, co-designed with a virtual advisory group of 29 adolescents from across Peru and presented with La República Group, included a series of ads, webinars and an online petition, which garnered over 9,000 signatures and fundraising leads. The campaign contributed to putting young people on the post-pandemic and pre-elections public agenda.

UNICEF continued influencing public policies at national and subnational levels to reduce social exclusion contributing towards fulfilment of Sustainable Development Goals (1 to 13 and 16-17). UNICEF contributed to the design of the United Nations Socio-Economic Response Plan to support the government’s COVID-19 response, ensuring the incorporation of goals and indicators to address the pandemic’s socioeconomic impact on children.

**Highlighted results from UNICEF Peru’s COVID-19 response:**

In Education, 674,919 rural and indigenous students received educational tablets to support home-based education. 43,951 migrant children (23,331 girls, 20,620 boys) accessed education services in Lima subnational region and delivered 10,400 kits with school supplies for migrant students and vulnerable Peruvian students in targeted schools.

In Health, 113,370 women and children accessed UNICEF-supported essential health care services. 4,278 Venezuelan migrants accessed 28 inclusive and gender-sensitive primary health services in Northern Lima. 700 families received information on health, nutrition, COVID-19, child development, and activities promoting play and care through virtual-platforms.

In WASH, 38,559 people received hygiene items and risk communication messages on COVID-19 prevention, UNICEF distributed 8,488 hygiene kits to indigenous communities, and 4,502 hygiene kits
were distributed in Tumbes, to migrants and refugees.
In Child Protection, UNICEF provided financial assistance to the National Migration Authority to regularize migration situation of children and their families. Thus, UNICEF was a major contributor to enabling 14,295 migrant children and their families to have access to legal advice.
In Social Protection, 400 Venezuelan migrant families (1,580 people), excluded from the government’s COVID-19 social protection scheme which targeted Peru nationals only, received cash based intervention for 5 months, comprised of a monthly cash transfer complemented with Education, Child Protection, Health and messaging around COVID-19 prevention interventions.
UNICEF’s messages to promote COVID-19 prevention and raise awareness and funds for children affected by the pandemic reached over 18.6 million impressions and 440,000 engagements on Facebook.

UN Collaboration and Other Partnerships
UNICEF successfully lead the UNDAF Results Group 2 (Health, Education and Social protection) and fully participated in other three outcomes groups UNICEF participates in the Refugee and Migrant Working Group leading the Child Protection subgroup and in the National Humanitarian Network leading Education, Protection and WASH working-groups, and participating in Health and Nutrition and Food Security working-groups.

UNICEF actively participated in 32 UNCTs. Specific collaboration with UN Agencies and funds was reached in health response to COVID (with PAHO), socioeconomic impact of COVID and social protection (with ILO, UNDP and WFP) right to education (UNESCO, WB and IDB) VZA migrant response (with OIM and UNCHR), and juvenile justice (with OHCHR), with the following results:

a. **Joint efforts for evidence generation to inform public policy.** UNICEF participated in two UN inter-agency studies on the impact of COVID-19 on the general population and the migrant and refugee population. UNICEF also ensured the incorporation of goals and indicators to address the pandemic’s socioeconomic impact on children in the United Nations Socio-Economic Response Plan to support the government’s COVID-19 response,

b. **Inter-agency advocacy and technical assistance for the safe re-opening of schools in 2021.**

UNICEF, UNESCO, the World Bank, and IADB engaged with Ministry of Education to formulate a strategic plan to reopen schools, which informed government decision making.

Joint public advocacy efforts mobilized diplomatic community, work unions and other key actors. UNICEF and UNESCO also promoted with Ministry of Education the **Launch of the Peruvian Chapter of the Global Coalition on Education,** to channel support and leverage funds to implement MoE’s COVID-19 response strategy.

a. **Joint advocacy to protect adolescents in conflict with the law during COVID-19.** UNICEF and UNHCR successfully advocated for the Ministry of Justice, the Judiciary, and the General Attorney’s Office to approve and implement an Emergency Decree to protect adolescents in juvenile detention centers from COVID-19. This resulted in a 51% reduction in the juvenile prison population and prevented further spreading of COVID-19 in the centres.

b. **Joint advocacy with IOM and UNHCR on migration,** resulted on the approval of a supreme decree allowing the regularization of legal status of migrants, potentially benefitting 700,000 migrants.

c. **Partnerships with media to amplify reach under lockdown** UNICEF leveraged partnerships with media and the Peruvian Press Council – and, for the first time, paid TV and radio advertising to reach a captive audience confined to their homes through campaigns that promoted COVID-19 prevention and raised awareness and funds for children affected by the pandemic. The campaigns had an unprecedented digital reach of 135 million, 15.5 million tv, radio, digital and print ads and 1,871 media mentions.

d. **Partnership with private sector** brought 1 million USD locally raised to respond to COVID-19 and strengthened UNICEF strategy on Business-for-Results (on COVID-19 prevention, gender, ECD and Child protection).

e. UNICEF lead the formulation of multiyear resilience program focused in migrants-children inclusion to education (Education cannot wait). This initiative includes UNESCO, Ret, World Vision, Save the Children and Plan International, the program will start in 2021.
Lessons Learned and Innovations

Lessons Learned

UNICEF took the opportunity of the crisis triggered by COVID-19 to raise advocacy topics and achieve results on long-term challenges affecting children.

a. **A relevant lesson learned is the importance of combining key technical, political capacities and interagency communication for advocacy to achieve long term impact results.** The approval of a ministerial decree allowing Venezuelan migrants in irregular situation to have their status regularized, the decree to protect adolescents in conflict with the law during COVID-19 (resulting in a 51% reduction in the juvenile prison population) or the formulation of the strategic plan to reopen schools, which will guide government decision making are remarkable examples of interagency efforts co-led by UNICEF.

b. UNICEF jointly successfully advocated with UNESCO, WB and IDB to ensure education continuity and prompt reopening of schools. **UNICEF built on its previous technical work to inform the Ministry of Education’s I learn at home and “Education does not stop”, strategies, oriented to facilitate general on line learning and to prevent school dropout in the last year of secondary school respectively.**

c. **UNICEF successfully advocated for a reduction in the number of adolescents in juvenile detention centres and to promote the implementation of alternative socio-educational measures, which is one of the country programme’s goals.** This emergency-based advocacy served as an entry point for strengthening UNICEF’s long-term partnership with the Ministry of Justice which will pave the way for effective implementation of a new Juvenile Justice Law and the approval of the National Policy for Juvenile Justice.

d. **UNICEF advocated with Peru government to address child poverty as a priority and to advance into multidimensional poverty measurement**, which is a key CPD result to be achieved. UNICEF produced microsimulation to estimate the increase in child poverty. The study was widely disseminated (30 media mentions, 15.7 million in-reach and 60,000 interactions on social media), and was a key opportunity to position child poverty as a multidimensional phenomenon in the agenda, and reinforced the need for a child-sensitive, universal, and life-cycle based social protection system, which will be one of the components with the upcoming CPD.

e. **Given the severe health and socio-economic impact of the pandemic in Peru, UNICEF addressed socio-emotional wellbeing and mental health issues of public officials, service providers, and parents in all its strategies and interventions.** Mental health as a topic has come to stay to be further addressed in the upcoming CPD with focus on mental health challenges affecting health personnel, support service to address mental health needs of adolescents and its links with violence.

Innovations

Covid-19 presented challenges for UNICEF to develop an emergency response plan, re-prioritize programming and adapt operations to an unprecedented scenario. A key innovation was the rapid conversion from physical in-person and community-based activities to virtual platforms, which will be consider in the future CPD, as an option to reach further audiences and gain efficiency:

a. **Evidence generation.** UNICEF conducted five high quality studies using social media, online...
self-administrated questionnaires, and telephone surveys, applying UNICEF’s guidance for ethical research and personal data protection. In December, a formative-evaluation of the current CPD started, and its findings and recommendations will be used to inform the new CPD/2022-2026.

b. **Capacity building.** More than 30,400 civil servants at the national and sub-national level received virtual training on diverse topics (adolescent development, strategic planning, ECD, gender mainstreaming in public policies, digital skills for school staff, stress management and resilience building resilience) increasing scale at lower costs. In addition, almost 500 journalists received training on rights-based reporting.

c. **New forms of service delivery** to reach people confined at home, including, with the MIMP, the 1810 child protection hotline and, with the MoH, the Afinidata ECD chatbot pilot and Peru’s first telephone-based mental health care for adolescents, both initiatives to be continued beyond pandemic.

d. **Adolescent participation and empowerment.** With the MoE and MIMP, UNICEF contributed to activating virtual coordination mechanisms with adolescent organizations. As a result, the National Adolescent Participation Network was created, representing more than 10,000 adolescents, who expressed their demands through a declaration presented to authorities.

e. **Communication and advocacy.** UNICEF rapidly adapted communication, advocacy and mobilization efforts to digital environment in the lockdown and social distancing context, working with partners to reach children and their families and raising adolescents’ voices through digital platforms. Key activities included: production of digital guides and webinars led by UNICEF programme specialists with practical advice for families and caregivers; partnerships with media to broadcast multiplatform live events to help expand organization’s reach and position UNICEF as one of the top reliable sources of public health information; strengthening the use of social listening for permanent monitoring, and for the in-depth analysis of campaigns, to be expanded in 2021 to better target immunization campaigns; online massive events to position adolescents rights at the center of the public agenda, including public presentation of research pieces and promotion of an online petition led by adolescents; multimedia materials for indigenous people and people with disabilities.

As massive face-to-face events in Peru continue to be restricted by social distancing, these activities serve as experience for communication and advocacy planning during 2021.

f. **Fund Raising channels and initiatives.** Digital channel launched this year reached more than 10 million people, and 100,000 leads, generating important synergies with other teams. 3 DRTV initiatives, also new for Peru CO, reached half of the country population. surpassing expected results, fund raising growth reached 4,3 million USD, 55% increase from 2019.