

## Country Programme Performance Summary

---

<b>A. Country Information</b>		
<b>Country name: Peru</b>		
<b>Category per decision 2013/31: Pink</b>	<b>Current programme period: 2012/2016</b>	<b>Cycle of assistance: 8</b>

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>
--

**Output 1**

***Strengthened national capacity to deliver friendly sexual and reproductive health services for adolescents according to national quality standards.***

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Number of integrated plans and projects on sexual and reproductive health, which count on budget provision and monitoring and evaluation mechanisms.</li> </ul>	1	2	3

**Key Achievements** *(input also from the last CP evaluation)*

The Country Office worked with the Ministry of Health (MoH) on the validation, approval and implementation of guidelines to evaluate health services according to national criteria and standards, prioritizing the response to the specific needs of adolescents and young people as well as high quality in service delivery. The guidelines include specific criteria and standards related to adolescents' sexual and reproductive friendly health services. According to information provided by the MoH, in December 2015 there were 1,200 sexual and reproductive friendly health services for adolescents at national level, 60% of these health services have been already evaluated and the rest were in process of evaluation. The health services that did not meet the standards have developed plans for improvement. Furthermore, public investment has increased to improve counseling on sexual and reproductive health services addressed to adolescents, through the Results-Based Maternal and Newborn Health Budget Programme.

Additionally the National Plan of Action for Children and Adolescents (PNAIA) for the period 2012-2021 which seeks to guarantee the protection, growth and development of children and adolescents aged 0-17 years of age, was elevated to the category of law by the Congress declaring it of national interest and giving preferential treatment in the allocation of public resources to ensure compliance. The approved law (DS 001-2012-MIMP raised to Law in 15<sup>th</sup> October, 2015) states that the resources allocated to the implementation of this plan should be shown in the annual budget laws at national, regional and local Government level to monitor investment in childhood and adolescence on key issues such as nutrition, access to education, teen pregnancy, violence against children and adolescents, STIs and HIV as well as participation of children and adolescents, among other basic rights listed in PNAIA to 2021.

**Output 2**

***Strengthened national capacity to ensure delivery of contraceptive supplies and evaluation of the quality of family planning services.***

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Number of reports or alerts issued by the Supply Chain Surveillance System for improved decision-making in sexual and reproductive health supply chain policies.</li> </ul>	0	0	0

**Key Achievements** (input also from the last CP evaluation)

The Country Office contributed to strengthen the capacity of the Minister of Health for expanding access to a wide range of family planning methods, including contraceptives. The range of contraceptive supplies now includes female condoms (already incorporated with UNFPA cooperation since the VII country programme), monthly injectable and subdermal implants (introduced during the VIII programme cycle). At present, these three methods are fully incorporated into the MoH family planning offer. In fact, MoH allocated funds to purchase these supplies and to train health service providers at national level in the provision of the new methods. Besides, the MoH programmed to increase public investment in 2016 to purchase the new supplies: it is estimated that this year the MoH will procure 120,000 supplies, a budget increase of up to USD 2.4 million for SRH supplies, as compared to 2015. The strategies for the introduction of these new contraceptive methods have developed on the frame of UNFPA CCP approach considering the complete logistic chain (procures, distribution, storage, provision and follows up).

At the same time, UNFPA support enabled the MoH to strengthen their management capacity for the delivery of family planning services. For example, UNFPA provided support for the design of a tool to forecast contraceptive needs at local level (pending of approval in the MoH) as well as other specific instruments to monitor the provision of the new contraceptives supplies. In Ayacucho and Ucayali Region, the Drugs and Supply System was improved in order to avoid stock out in health facilities.

Due to changes in the priorities of the MoH, it was not possible to ensure that the Supply Chain Surveillance System issuing alerts/reports aimed to improve decision-making in sexual and reproductive health supply chain policies. Nevertheless in Ucayali region progress was made to improve distribution system of supplies. In particular progress was made in improving secondary level distribution in order to reduce time as well as periods of shortages. It is expected that over the next few years these efforts are reflected in the increased prevalence of use of modern contraceptive methods.

**Output 3**

**Strengthened national capacity to monitor and evaluate the quality of integrated maternal health services, with emphasis on vulnerable populations and the adoption of an intercultural approach.**

Indicators	Baseline	Target	End-line data
• Collection tool for maternal mortality epidemiological surveillance system validated for scaling up.	0	1	1

**Key Achievements** (input also from the last CP evaluation)

The Country Office contributed to position maternal health in the public debate. Under the Maternal and Neonatal Health Working Group of the National Roundtable for Poverty Reduction (*Mesa de Concertación para la Lucha contra la Pobreza*, MCLCP), the Results-Based Maternal and Newborn Health Budget Programme was monitored through a concerted strategy with participation of government and civil society representatives. National reports, alerts and technical documents have been developed and disseminated as part of a policy dialogue action plan aimed to senior government officials to advocate for a better response and increased funding. Ayacucho and Ucayali regional governments have incorporated specific budget lines to strengthen Maternal waiting Houses as well as Youth Development Centers. In addition, UNFPA has contributed with evidence to make visible slowdowns in the decrease of maternal and neonatal mortality, and to highlight the little progress in systematic attention to indigenous women.

Additionally, the CO contributed to improve the National Epidemiological Surveillance System that monitors maternal mortality, which allowed having more accurate data for planning, implementation and monitoring of public policies and programmes aimed to prevent and reduce maternal mortality. The collection tool for maternal mortality epidemiological surveillance system has been validated for scaling up at national level. A pilot model to incorporate the intercultural approach in health services delivery has been implemented in Ayacucho and Ucayali. The main objective of this pilot initiative was to increase indigenous women's access to maternal health services through health providers' training and sensitization, community empowerment (including traditional medicine agents and local leaders), involving local facilitators to establish intercultural dialogue between health providers and indigenous people as well as establishing mixed committees (including health providers and community representatives) to monitor advancements in service delivery. In order to strengthen this intervention, guides in native languages and the toolkit "Citizens Health Services and Indigenous Cultural Relevance" were developed and disseminated.

**Output 4**

**Strengthened national capacity to provide sexual and reproductive health in humanitarian settings.**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of counterparts people identified and trained to provide Minimum Initial Service Packages and attention to gender-based violence in humanitarian situations.</li> </ul>	0 (2012)	40	109

**Key Achievements** (input also from the last CP evaluation)

Under the interagency framework (PC DIPECHO) it was possible to incorporate the Minimum Initial Service Package (MISP) to ensure uptake of pregnant women, safe deliveries care, family planning and STIs prevention services (including HIV-aids) in humanitarian response and risk management. As a result, at present the MoH has a team of facilitators and more than a hundred health providers trained to ensure operational continuity of sexual and reproductive health services in seven regions. Also, a paragraph on the operational continuity of services in emergency situations has been included in the new Technical Standard Family Planning (pending of approval in the MoH) and authorities and civil service from districts and provinces have developed capacities on the use of public budget funds to disaster prevention.

Another contribution of the country office was the introduction of tools for the prevention and care of gender-based violence in humanitarian situations and to promote gender and human rights approach in the National System for Disaster Risk Reduction (SINAGERD) Sectoral Working Groups. The country office collaborated to strengthen the capacities of the Working Party on Humanitarian Protection and sensitize SINAGERD institutions and local officials on the need for disaggregated population data to meet the needs of different population groups, particularly the most vulnerable.

The country office also supported the development of tools to improve data collection in disaster risk management. In this sense, UNFPA strengthened collaboration and coordinated work among the National Office of Statistics and Information Technology (INEI), the National Centre for Estimation, Prevention and Disaster Risk Reduction (CENEPRED) as well as the National Institute of Civil Defense (INDECI). An example of this work was the "Statistical Information System Support to prevent the effects of *El Niño* and other natural phenomena" that shows data differentiated by sex, age, and population group, with emphasis on the most vulnerable. In turn, they developed simple tools to identify and estimate the disaster risks according to infrastructure and population variables. As a result, now they count on a methodology, the Population Vulnerability Analysis (AVP), ready to be integrated into SINAGERD tools. Additionally, the CO contributed to build bridges between affected populations and government representatives to better identify their needs in humanitarian response promoting dialogues between the two sides as well as consultation meetings to jointly identify the main needs of the affected population and the solutions proposed by them.

**Output 5**

**Strengthened national capacity for promotion (advocacy) based on evidence to incorporate the needs/ human rights of adolescents and youth in laws, policies and programs.**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of participatory platforms that positioned youth priorities in public policy agenda, at national and/or subnational level.</li> </ul>	0 (2014)	2	4

**Key Achievements** (input also from the last CP evaluation)

UNFPA has contributed to make visible the needs of adolescents and youth, including their sexual and reproductive rights, in the political and public agenda, particularly at regional and local levels, through capacity building in political advocacy of: Council Regional Youth Federation of the Andes (composed of five regions: Ica, Huancavelica, Ayacucho, Apurimac and Junin), Red Interquorum, Peruvian Network of Young Leaders of African Descent - Ashanti Peru and HIV Positives Young Network (Changing Lives/ Cambiando VIHIDAS).

This is reflected in: i) the establishment of Youth Offices in the Regional Governments of Ayacucho and Huancavelica, ii) the creation of Regional Youth Councils (COREJU) in Apurimac and Huancavelica, and Provincial Youth Councils in Ayacucho and Junin, iii) the definition of the strategic areas of a public investment project that will reach out to Andean adolescents and young people, including through promoting adolescent pregnancy prevention initiatives and strengthening youth participation, iv) the creation of the Youth HIV Positive Network “Changing Lives” and the development of its Action Plan 2016-2018, including actions to strengthen their participation in political dialogue. It is also important to mention the training of 25 young African-Descent leaders (Chincha, El Carmen) as promoters of sexual and reproductive rights and political negotiators with local and regional authorities towards sexual and reproductive health. The proposal of the Training Programme for Young Leaders of African Descent in Sexual and Reproductive Rights has been adopted by the Provincial Municipality of Chincha.

Furthermore, UNFPA, with active participation and involvement of young people, provided technical assistance to the National Youth Secretariat (SENAJU), for the formulation of the National Strategic Youth Plan 2014-2021. UNFPA technical assistance allowed the recognition of the heterogeneity of adolescent and youth population and promoted the incorporation in public policies and programmes of disaggregated data highlighting inequalities amongst youth population. UNFPA also contributed to strengthen the capacities and skills of SENAJU’s technical staff in the use of socio-demographic information for the preparation of annual reports and to monitor and evaluate the National Youth Plan.

In partnership with the Regional Directorate of Education of Ayacucho, UNFPA supported the establishment of an Adolescent Leadership School (TLS) in which 35 leaders have been trained for public action and monitoring the fulfillment of their human rights. The school leaders have strengthened their leadership, advocacy and policy dialogue skills on sexual and reproductive health and rights (50 hours). This experience has been systematized and costed, so that it can be scaled up to the Ayacucho region and/or replicated in other regions of the country.

Finally, political parties that passed the second round in the elections 2016, Peruanos por el Kambio and Fuerza Popular, affirmed their commitment to the National Youth Agenda 2016 made by the Regional Youth Councils and youth organizations across the country. The National Youth Agenda provides recommendations for the design of public policies on priority issues for young men and women such as access to health and quality education, decent work, prevention of teen pregnancy and political participation.

It should also be noted that three young leading members of the Youth Councils for Adolescent Pregnancy Prevention, which were supported by UNFPA between 2009 and 2012 under the Andean Plan to Prevent Adolescent Pregnancy (PLANEA), have been elected as local authorities in the regions of Ayacucho and Ucayali and congresswomen of the Republic for the period 2017-2021.

**Output 6**

*Strategic interventions related to sexuality education, access to friendly sexual and reproductive health services for adolescents and prevention of sexual violence, as proposed in the Multisector Plan of Adolescent Pregnancy Prevention designed, implemented, monitored and/or evaluated at the national, regional and/or local level.*

Indicators	Baseline	Target	End-line data
• Number of strategic interventions prioritized in the Multisector Plan for Adolescent Pregnancy Prevention (PEA) designed, implemented and/or evaluated with UNFPA technical assistance.	0 (2014)	1	3

<ul style="list-style-type: none"> <li>• Number of criteria proposed in international standards regarding comprehensive sexuality education that are applied within the national curriculum and/or regional curriculum.</li> </ul>	0 (2014)	1	3
<p><b>Key Achievements</b> (input also from the last CP evaluation)</p> <p>With technical assistance from UNFPA CO, the new national curriculum has incorporated competencies and skills related to comprehensive sexuality education (CSE) with a human- rights based and gender approaches, as well as taking into account a life cycle approach, thus fulfilling the criteria proposed in international standards.</p> <p>Throughout the technical assistance process, the collaboration between UNFPA and the Minister of Education (MINEDU) was strengthened, as a result of engaging in fruitful and participatory dialogues with specialists from initial, primary and secondary education levels, for the formulation of the proposal to incorporate comprehensive sexuality education in the national curriculum.</p> <p>UNFPA, in partnership with UNESCO, has also contributed to carry out and publish two national public opinion surveys (general population and students) in order to understand the perceptions of the population regarding CSE and how relevant it is to achieve a successful basic education. The results of the survey have been widely disseminated in order to promote a positive view on CSE among the general population.</p> <p>Additionally, UNFPA CO, in partnership with the local NGO La Restinga and the District Municipality of Belen (Bethlehem), Iquitos city, has developed a pilot intervention to empower Amazonian young girls and adolescents between 6 and 17 years old and strengthen protective factors against early pregnancies and sexual violence on the frame of the Multisector Plan of Adolescent Pregnancy Prevention. This pilot intervention has initially reached out to 80 young girls and adolescents, 120 caregivers and 20 community leaders of Belen, one of the poorest districts in the Loreto region. The Provincial Municipality of Maynas was also involved in this initiative and it is expected that interventions can be scaled to other districts. The pilot included strengthening management competencies of authorities, government officials and operators of the Youth House of that Municipality as well as strengthening their skills to develop preventive and promotional community interventions to reduce adolescent pregnancy and gender-based violence, including sexual violence, using human-rights based, participatory and socio-cultural approaches.</p>			
<p><b>Output 7</b></p> <p><b>Existing legal barriers have being reduced to improve access of adolescents to counseling and SRH services.</b></p>			
<p><b>Indicators</b></p>	<p><b>Baseline</b></p>	<p><b>Target</b></p>	<p><b>End-line data</b></p>
<ul style="list-style-type: none"> <li>• Number of legislative initiatives that promote adolescents and youth' access to SRH counseling and services, including HIV.</li> </ul>	0 (2014)	2	4

**Key Achievements** *(input also from the last CP evaluation)*

The country office advocated for the recognition of adolescents as holders of SR rights holders, particularly in what refers to the right to information, health and privacy in the exercise of their sexuality. A landmark achievement of during the programme period was the decriminalization of consensual sex between adolescents (14 to 18 years old), through Constitutional Court Ruling issued in 2013 that decriminalized consensual sex between teenagers (14 to 18 years old). In particular, the country office: i) provided technical and financial assistance to make a reality to a youth-led citizen initiative under the leadership of youth organizations that drove the filed a demand of unconstitutionality against the norm, achieving collecting more than 10,000 signatures in favor of the demand ii) advocated at the highest level jointly with other UN agencies organizations and the Resident Coordinator Office submitting an Amicus Curie to the Court. , iii) provided evidence to the Constitutional Court judges about adolescents’ SRH situation and the impact of the legal barrier in their access to health services, to support the demand. The Ombudsman Office, in partnership with UNFPA, has also monitored as well the implementation of the Court Ruling in two Peruvian regions, generating guidelines for justice operators and health providers to accelerate the process.

Additionally, with the UNFPA CO technical support contribution, the Ombudsman Office has developed and disseminated relevant background documents related to the situation of adolescent’s sexual and reproductive rights to advocate for the elimination of the legal barriers that limit their access to sexual and reproductive services and means of prevention methods. These documents conclude proposing the “Pending Agenda for the Congress on Adolescents’ Sexual and Reproductive Health and Rights” and a concrete roadmap for a legal reform.

The CO also advocated for regulatory frameworks in order to expand adolescents’ access to sexual and reproductive health such as the reform of article 4 of the General Health Law (consent of parents/guardians for adolescents under 18 years old from accessing sexual and reproductive health services) and the incorporation of comprehensive sexuality education in the National Code for Children and Adolescents. As a result, it was possible that the Multisector Commission for the Prevention of Teenage Pregnancy includes on its agenda the monitoring of the legal barriers that limit access of adolescents to health services, with emphasis on Article 4 of the General Health Law. While a substantive amendment to the Health Law was not made so far, UNFPA country office contributions have proven key to move forward the legal reform process, which is expected to be materialized in the near future.

**Output 8**

**Multisector public response for the promotion and defense of sexual and reproductive health and rights and for a life free of violence has been strengthened.**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of institutional mechanisms for following up on the recommendations on human rights and sexual and reproductive rights of adolescents, young people and women.</li> </ul>	0 (2014)	2	2

**Key Achievements** (*input also from the last CP evaluation*)

The country office provided technical assistance to the Ministry of Women and Vulnerable Populations for the formulation of national and subnational plans related to gender equality and reproductive rights, such as: "National Plan for Gender Equality 2012-2017" (PLANIG) and Regional Plans related to gender-based violence and gender equality in Ucayali. In addition, UNFPA provided technical assistance to the Women Commission of the Congress to ensure that the new Law No. 30364, Law for the Prevention, Punishment and Eradication of Violence against Women and Family Members adopts multisector, human rights-based and gender approaches. This Law, approved in November 2015, incorporates UNFPA recommendations and represents an important achievement in the field of human rights of GBV victims.

In partnership with the Ministry of Women and the Ombudsman Office, UNFPA CO also spearheaded a campaign to prevent gender-based violence, while also promoting increased reporting of cases of all types of violence against women. In particular, the campaign focused on ensuring a comprehensive and multisector response for victims.

Moreover, with the purpose of promoting a multisector response to GBV, UNFPA CO provided technical assistance to the MoH for the consolidation of their five protocols related to the attention of rape victims. The final draft of the guide proposed which is pending of approval, has incorporated the technical recommendations made by UNFPA in order to guarantee a comprehensive response to the victims. UNFPA CO also provided technical assistance to the Ministry of Women and Vulnerable Populations in order to contribute to the mainstreaming of the masculinities approach in the prevention and attention model that the Ministry is applying. UNFPA has contributed to the design and validation of the model in selected Peruvian regions. Actually, the institutionalization of the strategy is pending of Ministry's approval.

**Output 9**

***Enhanced legal framework for the full exercise of sexual and reproductive rights, empowerment and the right to a life free of violence for children, adolescents, young people and women.***

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of initiatives (legislative, institutional opinions, actions of congressional oversight and/or sectoral or regional regulations) that improve the enabling conditions for the full exercise of sexual and reproductive rights of young people and women.</li> </ul>	0 (2014)	1	4

**Key Achievements** *(input also from the last CP evaluation)*

During this country programme, UNFPA CO has implemented a strategic advocacy plan which contributed to improve the exercise of sexual and reproductive rights of women and adolescents. Among the key interventions out in place are:

UNFPA CO supports the development and issuance of three reports prepared by the Ombudsman Office: “The right to health of women victims of sexual violence”. “The right to have a safe motherhood” and “Femicide in Peru: analysis of judicial records 2012-201”. All these studies are relevant for the design and implementation of national public policies in this areas.

Additionally UNFPA CO provided technical assistance to the Women Commission of the Congress, in order to promote the approval of a Law that prevents GBV and guarantee an integrated response for the attention to GBV victims. During 2015, the Congress approved the new “Law for Prevention, Attention and Eradication of Violence against Women and Members of the Family”. The new Law incorporates UNFPA’s recommendations.

In partnership with UNAIDS, UNICEF and the UN Resident Coordinator in Peru, UNFPA provided technical assistance to the Congress in order to ensure that the Code for Children and Adolescents recognize their right to access to sexual and reproductive health services without parental consent as well as their right to receive sexuality education. This Code is pending approval.

UNFPA CO gave high level technical assistance to the MoH in order to promote the approval of the Protocol for the Attention of Therapeutic Abortion. The National Technical Guide for performing Therapeutic abortions was approved in 2015.

<b>Output 10</b>			
<i>User-friendly statistical systems and consultation mechanisms for a quality 2017 Census established.</i>			
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>Number of thematic databases and consultation systems made available by entities of the National Statistical System developed for monitoring social inequalities and/or demographic development.</li> </ul>	<i>0 (2014)</i>	<i>1</i>	<i>5</i>
<p><b>Key Achievements</b> <i>(input also from the last CP evaluation)</i></p> <p>The CO supported the development of capacities in the State for the generation, development and exploitation of national statistics, both at the National Statistical Office (INEI), central and sub-national governments and for civil society organizations, as well. This support strengthened INEI's leading role in the National Statistical System (SEN). Among the achievements, development plans and instruments, such as the "Strategic Plan for Statistical Development (PENDES) 2013-2017" stands out; while the "Code of Good Statistical Practice " and the development of technical standards for the production of gender statistics, age and disability have highlighted situations. In addition, the CO supported INEI in to massively disseminate Census 2007 results (including population projections, dissemination of results and investigations), the adequacy of priority administrative records and personnel training.</p> <p>The CO also promoted the increased availability of public statistics. As a result, INEI provided public access to available databases of major surveys for direct download by users, whereas in the past access was subject to formal request. Moreover, UNFPA also facilitates access to statistics through its corporate website. In the "Peru in figures" section statistics, one can find information related to SRH, gender, women's health, maternal mortality, adolescent, youth and vulnerable populations. UNFPA website is a source of consultation between public officials that highlighted their renovation and the user-friendly presentation of information, by being periodically updated, once new statistical products are released.</p> <p>UNFPA CO has continued giving priority to the support to the 2017 Census support, including updating cartography, with international technical assistance using South-South Cooperation. The new population and housing census has been declared of national interest, so it is being supported by current and new national authorities during government transition after general elections.</p>			
<b>Output 11</b>			
<i>Strengthened national statistical capacity to analyze and use disaggregated data on (a) adolescents and young people; (b) GBV; and c) population dynamics and sexual and reproductive health and rights.</i>			
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>Number of officials from government institutions that have been trained in the use and analysis of data related to adolescents, youth and GBV.</li> </ul>	<i>0 (2014)</i>	<i>30</i>	<i>30</i>

**Key Achievements** (input also from the last CP evaluation)

As a result of UNFPA technical assistance to the Peruvian government, the following plans were formulated: "National Population Plan 2010-2014" (PNP), "National Plan for Older Persons 2013-2017" and the "National Plan for Gender Equality 2012-2017" , all of them managed by the Vice Ministry of Vulnerable Populations (MIMP). These plans benefited from a regional research on the demographic bonus (2012): "*The regional demographic bonus in Peru*" that generated timely information for decision making, being the first piece of work to document the impacts of unbundled population change for each department. All these policy instruments are based on information whose generation, dissemination and use have been systematically supported by UNFPA CO.

A high political value achievement by the current government was to have declared the 2017 Census of national interest and national priority. The CO has contributed with technical assistance to the National Statistics Office (INEI) as well as promoting a policy dialogue process along with INEI officials to advocate with senior government officials for the regular conduction of the Population and Housing Census facing the new government.

Another direct result of UNFPA advocacy was the creation of an Inter-Agency Technical Committee on of Ethnicity-based Statistics with INEI for the development of a methodology to identify indigenous and Afro-Peruvian population, and build a system of ethnic statistics. This will overcome the traditional shortcomings of censuses and surveys regarding the identification of these population groups.

Gender statistics has also been prompted by our work, first by supporting the Time Use Survey, in year 2010, but afterwards it was the base to issue the Law 29700, whose regulation promotes updating the estimates of Satellite Account. Accordingly, INEI has estimated that the contribution of unpaid domestic work is about 21% of GNP (about 14% women and 7% men).

The CO led the process of preparation of Peru towards the I Regional Conference on Population and Development in Latin America and the Caribbean (Montevideo, 2013) and the II Regional Conference held in Mexico (2015), promoting the inclusion of representatives of civil society and youth in the national delegation. As a result of these actions, the "Committee for Monitoring the Implementation of the Montevideo Consensus" was formed, bringing together representatives of national ministries, the MCLCP and the Office of Monitoring of Sexual and Reproductive Rights, convened by the Vice Ministry of Vulnerable Populations (MIMP).

Another contribution was the assistance to the Peruvian State in the preparation of the response to the World Survey on the implementation of the ICPD Programme of Action and its follow up beyond 2014. Thus, the country office promoted the participation and commitment of multiple national actors in advancing the ICPD agenda, in the context of the Post 2015 Agenda.

C. National Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list.	At emergency: 2.1% At delivery room: 1.1% At obstetric emergency: 1.8%	2009	At emergency: 11.3% At delivery room: 5.4% At obstetric emergency: 10.4%	2012	Information on available medicines is provided for emergency, delivery room and obstetric emergency
Contraceptive prevalence rate (total)	85,5 %	2012	82,5 %	2015	
Proportion of demand for contraception satisfied (total)	92,8%	2011	92,2%	2015	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	<i>Not available</i>				
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	85,0%	2011	92,9%	2015	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	2	2011	2	2016	
Percentage of women aged 15-49 <sup>2</sup> who reported use of a condom during their last intercourse (female/male)	14,9%	2011	17,0%	2015	
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent <sup>3</sup>	No	2012	Yes	2015	

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

<sup>2</sup> Women who had more than one sexual partner in the past 12 months

<sup>3</sup> Public investments in modern contraceptives, per year in USD (2012-2016)

**Summary of National Progress**

During last decade, Peruvian Government implemented reforms in different areas. Health sector reform, especially the Comprehensive Health Insurance (SIS), expanded coverage and access to health services, including reproductive health services. As a result, skilled birth attendance in rural areas since 2000 has tripled, contributing to improving maternal and neonatal health, as reflected in maternal mortality ratio, declining from 140 to 68 deaths per 100,000 live births in the period 2000-2015.

Despite progress, challenges persist in coverage, access and quality of health services, which reflect deep-rooted inequalities. Access to reproductive health services for adolescents and youth, low-income indigenous and afro-descendants women, particularly in the highlands and Amazonian rainforest, is hampered by territorial, legal, ethnic, and cultural barriers.

The use of modern contraceptive methods is among the lowest in Latin America, stagnant at 50 per cent since year 2000, due, amongst others, to a weakened family planning programme and limited training of providers on counselling and contraceptive delivery during more than a decade. However, in 2016, the Ministry of Health increased the volume of acquisition of contraceptive supplies in order to address this gap. This year, the MoH expected to purchase 120,000 contraceptive supplies, an increase by 2.4 million in the budget for sub dermal implant.

**UNFPA's Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

Peru Country Programme 2012-2016 led to significant progress in maternal health and family planning, thus contributing to strengthen the health system.

As for evidence-based advocacy and policy dialogue, a main contribution of the country office was to position maternal health in the public debate maintaining government attention on the issue and achieving an increase in public investment to respond to the persistent gaps.

The CO collaborated in the development of national standards and plans, especially the "Multisector Plan for Adolescent Pregnancy Prevention". CO contributed to strengthen and improve maternal health epidemiological surveillance system, which allowed having more accurate data for planning, implementation and monitoring of public policies.

Another substantive achievement was the development of pilot models of health services based on an intercultural approach to expand indigenous women's access to maternal health care and increase health service coverage for this population.

Moreover, UNFPA played a key role in the expansion of the offer of family planning methods, including contraceptives, thus contributing to increase women's access to a wider range of modern contraceptive methods.

Finally UNFPA CO played a key role in capacity building of grassroots organizations for increased social oversight of public policies as well as monitoring of the quality of health services.

**Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)[1]	66.6%	2011	67.5	2015	
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services.	No	2011	No	2016	

### **Summary of National Progress**

Peru in recent years faced a challenging economic context, after a decade of annual growth of 6%. In this period of sustained growth, the country has seen improvements in national development indicators, however inequalities related to gender, ethnic, cultural and generational issues persist, particularly affecting adolescents and young people.

Although the "National Population Plan 2010-2014" points out the need for appropriate economic and social policies on youth, sexual and reproductive health, employment and investment in adolescents and youth in order to take advantage of the demographic dividend, there is a need for further development of state capacities in this area.

The incidence of teenage pregnancy remains a challenge for the fulfillment of the needs of the adolescent population especially in the Amazon region, among the poorest and native populations. A major breakthrough has been the Multisector Plan for the Prevention of Adolescent Pregnancy 2012-2021, despite the progress in public investment to address the issue are still limited. Significant legal barriers such as the prohibition of the distribution of contraceptives to minors, without parental consent in public health facilities persist. A breakthrough was the decriminalization of consensual sex relations between adolescents aged 14 to 18 years, occurred in 2013.

The implementation of the National Strategy for Development and Social Inclusion "Include for Growth", in particular Axis 3 (which benefits the population of 6 to 17 years), has exposed development gaps and mainstreamed a life cycle approach in social programmes, emphasizing the need to address adolescent pregnancy and sexual violence through a multisector response. Meanwhile, education reforms have opened opportunities for strengthening the inclusion of Comprehensive Sexuality Education (CSE) in the curriculum, however its implementation lags behind.

While there have been significant efforts in responding to the violence affecting adolescents and youth, particularly in the regulatory field, the persistence of various types of violence, including femicide, pose pressing challenges for the Peruvian State.

In regards to the protection of the rights of adolescents and youth, there are advancements in the formulation of laws and regulations, but their sustainability, especially in the area of sexual and reproductive rights, requires strengthened advocacy efforts. Finally, political and social participation of youth organizations and networks in promoting and demanding their rights also comes forward even when facing challenges of access to decision-making positions, leadership development, legitimacy and representativeness. Progress was noted in the strengthening of institutional mechanisms for youth participation, particularly at sub-national and local levels. However, further progress is required in this area in the context of the decentralization process of the State, which emphasizes the role of subnational governments in policy making and implementation as well as the importance of strengthening existing policy dialogue platforms, including youth participation amongst other key population groups.

### **UNFPA's Contributions**

The country office advocated for the recognition of adolescents as rights holders, especially in what refers to the right to information, health and privacy in the exercise of their sexuality. A landmark achievement of the period was the Constitutional Court ruling that decriminalized consensual sex between teenagers (14 to 18 years) in 2013.

The country office also struggled for regulatory changes to expand the exercise of adolescents SRR, such as the reform of article 4 of the General Health Law and the incorporation of sexuality education and sexual and reproductive health in the National Code of Children and Adolescents.

CO contribute as well to position the youth agenda in public policies and to install intersectoral platforms for dialogue, advocacy and policy monitoring in regions and to promote the adoption of national plans targeting the youth sector, as the "National Strategic Plan for Youth (2014-2021) and the "National Plan of Action for Children and Adolescents" (2012-2021), which have strategic relevance in Peru. At regional level CO provided technical support to create institutional Units of Youth in three departments, which progressively will allow the allocation of specific budget for adolescents and youth.

The country office also promoted the Comprehensive Sexuality Education (CSE) and supported its introduction in the educational reform. With technical assistance from UNFPA, the new national curriculum has incorporated competencies and skills related to the CSE based on human rights and gender approach, meeting the criteria proposed in international standards. In Ucayali, advocacy was made for the introduction of the intercultural approach in the CSE.

The country program prioritized capacity development in adolescents and young people for influencing public policies, by supporting youth networks and platforms in order to enable their participation in public policy making on issues related to their human rights, particularly sexual and reproductive rights, encouraging the consolidation of youth organizations at local and national levels.

Finally, the CO contributed to the introduction of innovative approaches and methodologies to promote the use of mass media by youth leaders. In Ayacucho and Ucayali, "edutainment" initiatives were carried out to promote cultural changes and influence the authorities, through radio dramas that are responsive to the cultural context.

<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>				
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	<i>Yes</i>	<i>2011</i>	<i>Yes</i>	<i>2016</i>
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	<i>Not available</i>			
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	<i>5,9%</i>	<i>2011</i>	<i>4,1</i>	<i>2015</i>

**Summary of National Progress**

Peru has an extensive regulatory framework for the promotion and protection of the human rights of women, including the National Plan for Gender Equality 2012 – 2017 and the New Law on Violence against Women and the Family, amongst others. However, public policies and programmes still face important implementation challenges, as evident from the country’s indicators on the situation of women, particularly those related to reproductive health and rights and gender –based violence.

Gender-based violence is a serious social problem. Peru ranks second in femicide among Latin American countries. According to the Demographic and Health Survey, approximately 70 per cent of women in reproductive age suffered intimate partner violence at least once during their lifetime. Despite significant efforts to address this problem, development of a multi-sector response, better performance standards and adequate budget remain major challenges.

Peru CO will continue to work to strengthen the capacity of government institutions and civil society organizations to advance reproductive rights and address gender-based violence, by engaging them in monitoring and advocating for national implementation of international recommendations on human rights, focused on sexual and reproductive rights, and the right to a life free from violence for women and girls. It will also support the design and implementation of a coordinated multi-sector response to gender-based violence at national and subnational levels as well as promote the engagement of men and boys on gender equality.

**UNFPA’s Contributions**

The CO provided permanent technical assistance to the Ombudsman Office in order to contribute to the generation and dissemination of evidence about the progress related to the exercise of women’s human rights. The reports prepared by the Ombudsman Office, in partnership with UNFPA, about the health right of victims of violence and the right to have a safe motherhood are relevant for the design and implementation of comprehensive national public policies in these areas. The reports published by Ombudsman Office are: “The right to health of women victims of sexual violence”, “The right to have a safe motherhood” and Femicide in Peru: analysis of judicial records 2012-2015”. All these studies are relevant for the design and implementation of national public policies related to Sexual and Reproductive Rights.

Moreover, UNFPA country office co-leads the elaboration of the UNCT report to the CEDAW Committee. In this regard, it has to be noted that the final report of the Committee includes almost all the concerns and recommendations formulated in the UNCT Report about sexual and reproductive rights and violence against women. Currently, UNFPA is leading the elaboration of a new UNCT report for a special request of information by the Committee. The report will be presented in July 2016. In the same line of work, the CO was actively involved in the preparation process of the last Universal Periodical Report and currently - as the leader of the human rights and gender interagency group- is going to be strongly involved in the next UPR.

During this Country Programme, the CO issued technical opinions related to the decriminalization of abortion in cases of rape and on the adolescents’ right to access to SRH services and sent these opinions to the Congress to promote the alignment of national public policies to the international human rights standards. Also, the CO has participated in the Gender Bureau of the International Cooperation and collaborated with the preparation of national reports, including the report of Beijing + 20, and the development of campaigns against GBV.

Finally, the country office promoted the development of citizens' capacity to address GBV in Ucayali and Ayacucho. In partnership with the Ministry of Women, the CO trained civil society leaders on the process to file complaints and multisector and comprehensive response to GBV.

**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	<i>Yes</i>	<i>2011</i>	<i>Yes</i>	<i>2016</i>	
--	------------	-------------	------------	-------------	--

Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	<i>Yes</i>	<i>2011</i>	<i>Yes</i>	<i>2016</i>	
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	<i>No</i>	<i>2011</i>	<i>Yes</i>	<i>2016</i>	
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	<i>N.A.</i>		<i>N.A.</i>		

### **Summary of National Progress**

Peru has an advanced National Statistical System with updated surveys and periodic censuses, but its use for policymaking is limited, particularly at sub-national levels. Despite continued mainstreaming of gender and intercultural approaches in statistical management, there is a need to enhance administrative records, such as vital and health records. The 2017 national census will be crucial for monitoring development indicators, including the Sustainable Development Goals, and to map development gaps.

### **UNFPA's Contributions**

UNFPA has contributed to strengthen the link between data generation and public policy making, through various documents such as:

#### ***In Reproductive Health:***

**Maternal Mortality in Peru 2002-2011**: this study analyzes the two most important sources of information for maternal death records in the country, i.e. vital registration and the National Epidemiological Surveillance System, to show the magnitude of maternal mortality trends both at the national and departmental levels. Underreporting is a persistent phenomenon which is highlighted in the document, which helps to show the gaps that need to be addressed in this area.

#### ***Adolescent Reproductive Health:***

**"Motherhood in Adolescence 2012"**: this study presents the results of vital statistics of births reported to the Ministry of Health, information on the mother, childbirth and live births.

**"Adolescents and their reproductive behavior 2013"**: this study, based on ENDES 2013 and previous DHS, presents the main characteristics and trends of adolescent fertility, providing important evidence for public policies and interventions for pregnant adolescent girls.

**"Socio demographic profile of adolescent motherhood and pregnancy in Peru"**: this publication presents a comprehensive sub-national analysis of adolescent pregnancy and motherhood, based on all DHS conducted in Peru in the last thirty years (1986-2014). In this study a new analysis based on new research questions was completed, as a means to identify other patterns and trends, in order to provide new foundations for advocacy and policy dialogues fostering investments in adolescents by the part of national and sub-national authorities.

#### ***In Youth and Population Dynamics:***

The publication on Regional Demographic Dividend in Peru considers the advantages of population change to effectively take advantage of investing in the working-age populations, especially adolescents and youth. An advantage of this information is that analyze subnational data, recognizing that national averages provide little information in a heterogeneous country as Peru.

The National Report on Youths in Peru 2015 clearly describes and highlights the situation of adolescents and youth in Peru, to support advocacy and law changes in the electoral context. The National Youth Secretariat (SENAJU) was interested in highlighting the great heterogeneity and inequalities by sex, social strata, territories and cultures. By so doing, it is expected to provide a solid basis for adolescents and young, when demanding their candidates' commitments to overcome the situation, while providing the basis of accountability once they are elected.

#### ***For Gender Equality and Development, including Reproductive Health:***

**"Gender Gaps 2015"**: this document presents the progress towards gender equality, by showing inequalities in different areas of life, such as education, health, employment, income, identity, political participation, and violence,

***National Demographic and Family Health Survey***: This is an annual survey which gathers information on women in reproductive regarding their sexual and reproductive health (family planning, sexually transmitted infections), their offspring, gender violence, etc. This is one of the most important statistical researches continuously run by the National Institute of Statistics. It is the official source for accountability and planning at the national and subnational government.

Thanks to its recognized expertise, UNFPA country office has been invited to cooperate and provide assistance in analyzing consistency of information and interpretation of the results of national statistical studies, both from household surveys and administrative sources.

Thus, for example, within the framework of the strategic actions for humanitarian response, CO provided technical assistance to the bodies that make up the National System of Risk Management to strengthen the production of user-friendly information, as a means to highlight the different needs of the most vulnerable population groups.



<b>D. Country Programme Resources (in USD millions)</b>						
<b>SP Outcome</b>  <b>Choose only those relevant to your CP</b>	<b>Regular Resource</b>		<b>Others</b>		<b>Total</b>	
	<b>(Planned* and Final Expenditure)</b>		<b>(Planned** and Final Expenditure)</b>		<b>(Planned and Final Expenditure)</b>	
Increased availability and use of integrated sexual and reproductive health services	2.4	2.4	0.5	0.5	2.9	2.9
Youth policies and programmes, and increased availability of comprehensive sexuality education	1.6	1.5	0.0	0.0	1.6	1.5
Advanced gender equality, women's and girls' empowerment, and reproductive rights	1.6	1.5	0.5	0.4	2.1	1.9
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	1.4	1.3	-	-	1.4	1.3
Programme coordination and assistance	0.6	0.6	-	-	0.6	0.6
<b>Total</b>	<b>7.6</b>	<b>7.2</b>	<b>1.1</b>	<b>0.8</b>	<b>8.7</b>	<b>8.1</b>

\* Please note that regular resources originally planned for the programme period on the basis of the Resource Distribution System were subsequently reduced.

\*\* Please note that amounts mobilized were less than expected.