| United Nations | DP/**FPA**/DCP/PER/7 |
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**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Peru**

Proposed UNFPA assistance:  $37 million: $9 million from regular resources and $28 million through co-financing modalities and/or other, including regular, resources

Programme period:  5 years (2006-2010)

Cycle of assistance:  Seventh

Category per decision 2005/13:  B

Proposed assistance by core programme area (in millions of $):

|  | Regular resources | Other | Total |
|---|---|---|---|
| Reproductive health | 4.0 | 14 | 18.0 |
| Gender | 1.5 | - | 1.5 |
| Population and development | 2.6 | 14 | 16.6 |
| Programme coordination and assistance | 0.9 | - | 0.9 |
| Total | 9.0 | 28 | 37.0 |

## I.    Situation analysis

1.    The national report on the Millennium Development Goals (MDGs) points out that although Peru is a lower middle-income country with a per capita gross national product of $2,140, 54 per cent of the population lives in poverty and 24 per cent lives in extreme poverty. Most of the poor live in urban shanty towns with access to social services, but they are often of low quality.

2.    Those living in extreme poverty are mainly indigenous people from rural areas, where maternal mortality is a major problem. Although the maternal mortality ratio has decreased from an estimated 265 deaths per 100,000 live births in 1996 to 185 deaths per 100,000 live births in 2,000, it is one of the highest in Latin America. The poorest seven regions are responsible for 60 per cent of maternal deaths. Birth attendance by skilled personnel is 88 per cent in urban areas but only 44 per cent in rural areas.

3.    In 2003, the estimated number of adult people (15-49 years) living with HIV was 80,000, with a prevalence rate of 0.5 per cent. The epidemic is concentrated largely among commercial sex workers and their clients. However, it is increasingly affecting women and young people: 34 per cent of adults with HIV are women, half of whom are younger than 29. High prevalence among vulnerable groups who engage in frequent risky behaviour, with limited condom use, is of great concern, especially in areas where there are few information and counselling services.

4. Despite progress in legal and policy frameworks for gender equality, their implementation is still a challenge. Gender-based violence affects women in all regions and social groups. Studies show that 48 per cent of women interviewed in Lima and 61 per cent of those interviewed in Cusco have been subject to physical violence from their partners. Rural and indigenous girls are still excluded from formal schooling or spend fewer years in the educational system. It is estimated that 13.5 per cent of rural girls aged 5 to 17 do not have access to school.

5.    There has been little change in adolescent fertility during the last decade.  About 13 per cent of female adolescents are pregnant or have been pregnant. This figure increases to 21.7 per cent in rural areas and to 36.9 per cent for adolescents with lower educational levels.  In public hospitals, 15.5 per cent of emergency obstetrical cases related to abortion involve adolescents. Between 2000 and 2004, the contraceptive prevalence rate for modern methods decreased from 50 per cent to 47 per cent, while illegal abortions rose from an estimated 350,000 to 410,000. In rural areas, the contraceptive prevalence rate for modern methods is only 33 per cent.

6.    In 2002, the Government, major political parties and civil society organizations signed the National Accord, which outlined 29 long-term objectives for governance, development and poverty reduction. The National Accord offers the United Nations and other development partners a policy environment that will guarantee continuity between the outgoing Government and the new Government, which will be elected by the end of 2005.

7.    Consistent with the objectives of  the National Accord, there is a national poverty-reduction plan and 25 new regional Governments, which will manage the poverty-reduction programmes as part of the government reform process. UNFPA will work in accordance with the United Nations Development Assistance Framework (UNDAF), strengthening the capacity of regional and local institutions to provide and manage basic social services. This includes introducing reproductive health in the basic health package as part of the government strategy to improve access to reproductive health services, especially for the poor, and by supporting the

sexual and reproductive health policy of the Ministry of Health.

## II.  Past cooperation and lessons learned

8.     UNFPA assistance to Peru began in 1972. The current country programme (2001-2005) was approved for $7 million from regular resources and $13 million from other resources. By early 2005, UNFPA had mobilized $20.45 million for the programme.

9.     During the current programme, UNFPA supported: (a) advocacy for reproductive rights; (b) national strategies to improve sexual and reproductive health; (c) national guidelines for sexual and reproductive health, family planning and counselling manuals, including those for emergency contraception; (d) contraceptive logistics; (e) community surveillance committees to ensure the quality of  reproductive health services; (f) the incorporation of sexual and repro-ductive health and rights, gender equity and the prevention of gender-based violence in the training curricula of the armed forces and the national police; (g) the preparation and distribution of information, education and communication (IEC) materials on sexual health and rights; (h) the incorporation of sexual and reproductive health and gender equity issues in national adult literacy programmes; (i) pre-census activities; and (j) the development of human resources in population and development.

10.     As a result of the programme review, UNFPA learned that in order to improve effectiveness, it was necessary to associate the programme more closely with national poverty reduction strategies, decentralization processes and sector reforms.  It was also necessary to build alliances with civil society to ensure an enabling environment in which to implement the Programme of Action of the International Conference on Population and Development (ICPD) and to strengthen ICPD follow-up mechanisms such as the Tripartite Commission.

UNFPA had to become an effective policy development agent, providing timely and relevant technical support, while strengthening its administrative and financial capacity to take advantage of cost-sharing opportunities.

## III.  Proposed programme

11.     The proposed country programme reflects the UNDAF goals, outcomes and strategies, which in turn reflect the national priorities outlined in the national poverty reduction strategy and the National Accord. The programme was developed within the framework of the MDGs, the ICPD Programme of Action and the UNFPA multi-year funding framework. It will assist the decentralization process by strengthening the national capacity to articulate national, regional and local functions in reproductive health, gender, and population and development.

12.     Programme strategies will focus on: (a) evidence-based advocacy and policy dialogue to advance the ICPD agenda; (b) strengthening and coordinating partnerships among different government institutions, civil society and the international community; and (c) strengthening and using the knowledge base of the country.  The programme will have a pro-poor, gender-sensitive and rights-based approach and  will consist of three components: reproductive health; population and development; and gender.

*Reproductive health component*

13.     The expected outcomes for the reproductive health component are:  (a) the creation of a policy environment at national, regional and local levels that promotes reproductive health and rights; and (b) increased access to comprehensive, high-quality reproductive health services in the poorest regions.

14.     Output 1: Educational policies at national and regional levels incorporate sexual and reproductive health issues from a rights-based,

gender-sensitive and intercultural perspective. To achieve this output, UNFPA will support: (a) the inclusion of sexual and reproductive health in the policy planning and programme formulation processes; (b) the development of teaching tools to improve the quality of sexual and reproductive health components in formal and non-formal education; (c) evidence-based advocacy on the importance of sexuality education models that include the involvement of parents, peer education, the participation of community leaders, teacher training, web-based information and other innovative methods; and (d) increasing the knowledge base on the relation between sexual and reproductive health in education and socio-cultural elements, to improve the impact of programmes.

15. Output 2: Key stakeholders in adolescent and young people's reproductive health improve their capacity to develop and implement policies and plans to expand access of youth to high-quality sexual and reproductive health services and information. This output will be achieved by: (a) providing technical support to develop and implement laws, technical guidelines, procedures and protocols regarding adolescent and young people's sexual and reproductive health; (b) strengthening civil society advocacy efforts to improve the access of youth to high-quality sexual and reproductive health information and services; (c) supporting training activities in sexual and reproductive health for service providers, youth and decision makers; and (d) supporting studies on adolescent and young people's sexual and reproductive health issues and the implementation of youth-friendly services.

16. Output 3: Policymakers, programme managers and service providers at national and regional levels are able to implement a comprehensive sexual and reproductive health strategy that includes adolescent and young people's reproductive health. This output will be achieved by: (a) providing technical assistance to develop and implement national policies and strategies regarding sexual and reproductive health; (b)

strengthening the national and regional capacity to implement comprehensive reproductive health strategies to reduce maternal mortality and prevent sexually transmitted infections (STIs) and HIV/AIDS; (c) supporting training activities in sexual and reproductive health for service providers; (d) supporting studies on sexual and reproductive health issues; (e) strengthening civil society advocacy efforts to improve the quality of sexual and reproductive health; and (f) providing technical support to improve the contraceptive logistics system and to guarantee the supply of reproductive health commodities.

*Gender component*

17. The expected outcome of the gender component is the consolidation of national and regional institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity and equality.

18. Output 1: National legislation is aligned with international women's rights covenants to safeguard gender equality, women's autonomy and protect women from gender-based violence. This output will be achieved by: (a) creating awareness among parliamentarians through policy dialogue and IEC material; (b) strengthening the national, regional and local capacity to mainstream gender in policies, programmes and plans; (c) strengthening the national, regional and local capacity to address gender-based violence, with training and tools on how to prevent and treat cases of gender-based violence; and (d) developing the capacity to include gender-sensitive reproductive health care in conflict and post-conflict situations and natural disasters.

19. Output 2: Regional and local authorities are capable of implementing laws and policies that protect women's rights among the most disenfranchised sector of the population, emphasizing protection against gender-based violence. This output will be achieved by: (a) promoting and developing national, regional and

local mechanisms to promote women's participation, particularly in decision-making processes; (b) enabling the women's movement to advocate in favour of women's participation in social and political decision-making; (c) strenghthening the national, regional and local capacity to implement policies, services and mechanisms to promote women's rights in poor communities; and (d) ensuring that regional policymakers and decision makers are knowledgeable about gender-sensitive methods to prevent girls from dropping out of school.

*Population and development component*

20. The expected outcomes of this component are: (a) population and development linkages are explicit in national, regional and local policies, plans and programmes, especially those that aim to reduce poverty; and (b) sociodemographic information is available and used to strengthen the decentralization process and the formulation of regional and local development polices and programmes.

21. Output 1: Availability of human resources capable of building scenarios of future needs for social services on the basis of the linkages between population, development, gender and poverty. This output will be achieved by: (a) supporting specialized forums, seminars and congresses in national centres of excellence; (b) developing technical capacity in national institutions (including ministries, universities, foundations and institutes) in Lima and in the regions to conduct research and analyses and participate in policy dialogue; (c) increasing the number and quality of professionals able to undertake high-level research, participate in policy dialogue, and provide technical assistance and training; and (d) establishing specialized human resource networks.

22. Output 2: Improved availability of reliable population and socio-economic data at national, regional and local levels, disaggregated by sex and age. This output will be achieved by supporting the National Institute of Statistics and Information and

other government agencies in: (a) developing mechanisms to incorporate local perspectives in data collection initiatives; (b) developing dissemination mechanisms able to reach local levels; (c) providing training in modern methods of data collection and analysis; and (d) implementing geographical information systems at regional and local levels.

23. Output 3: Improved use of reliable population data, disaggregated by sex and age, at national and regional levels. This output will be achieved by supporting: (a) national, regional and local governments and civil society in formulating policies, plans and programmes based on reliable information; (b) developing and disseminating local models that use sociodemographic information in order to carry out evidence-based advocacy and policymaking; (c) developing and disseminating local models that use sociodemographic information to strengthen transparency, accountability and social surveillance of regional and local development plans; and (d) the use of the census data for planning purposes.

## IV. Programme management, monitoring and evaluation

24. The country programme will use a results based-management methodology and will monitor performance on the basis of the UNDAF monitoring and evaluation plan. The Government and UNFPA will jointly establish, with the Peruvian International Cooperation Agency, a programme management committee that will oversee programme activities and provide strategic guidance. UNFPA staff and national counterparts will make supervisory visits to project sites at least twice a year. The Government and UNFPA will conduct annual country programme reviews. UNFPA will participate actively in the UNDAF midterm review.

25. The programme will be executed and implemented using the national execution modality. The country office will seek to

strengthen further collaboration with non-governmental and grassroots organizations, making use of their comparative advantage in programme execution. The UNPFA Country Technical Services Team in Mexico City, Mexico, and national consultants will provide technical assistance.

26.    The UNFPA country office consists of a representative, an assistant representative, a national programme officer and administrative personnel, as per the approved country office typology. To strengthen the implementation of the programme, funds will be earmarked for five national project personnel, one information technology manager and five support staff. Resource mobilization efforts are already under way. UNFPA will continue such efforts with interested donors, the public and private organizations.

# RESULTS AND RESOURCES FRAMEWORK FOR PERU

**National priority:** support and promote the development of human capacities, with an emphasis on poor and excluded populations

**UNDAF outcome: s**trengthened and expanded access to basic social services, with an emphasis on poor and excluded populations

| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
|---|---|---|---|---|
| Reproductive health | **Outcome:** The creation of a policy environment at national, regional and local levels that promotes reproductive health and rights<br>**Outcome indicators:**<br>• Reproductive health and gender incorporated into poverty reduction strategies and sector reforms<br>• National or subnational policies in place to increase the access of youth to high-quality reproductive health information and services<br>• Proportion of health budget allocated to contraceptives<br>**Outcome:** Increased access to comprehensive, high-quality reproductive health services in the poorest regions<br>**Outcome indicators:**<br>• Contraceptive prevalence rate<br>• Proportion of births attended by skilled health personnel<br>• Condom use at last high-risk sex | **Output 1:** Educational policies at national and regional levels incorporate sexual and reproductive health issues from a rights-based, gender-sensitive and intercultural perspective<br>**Output indicators:**<br>• Educational programmes include sexuality, reproductive health and gender<br>**Output 2:** Key stakeholders in adolescent and young people's reproductive health improve their capacity to develop and implement policies and plans to expand access of youth to high-quality sexual and reproductive health services and information<br>**Output indicator:**<br>• Number of policies to improve the access of young people to high-quality sexual and reproductive health and information and services approved in accordance with the ICPD Programme of Action<br>**Output 3:** Policymakers, programme managers and service providers at national and regional levels are able to implement a comprehensive sexual and reproductive health strategy that includes adolescent and young people's reproductive health<br>**Output indicator:**<br>• Number of service delivery points in selected areas that offer integrated reproductive health services | Ministry of Education, international cooperation organizations, Congress, regional and local governments<br><br><br>Ministry of Health, regional and local governments, World Bank, Inter-American Development Bank, United States Agency for International Development, European Union, universities, institutes, professional schools, United Nations agencies | Regular resources: $4 million<br><br>Other resources: $14 million |

**UNDAF Outcomes:** Strengthened and expanded knowledge awareness and protection mechanisms for the exercise of individual basic human rights

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| Gender | **Outcome:** The consolidation of national and regional institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity and equality<br>**Outcome indicators:**<br>• National and subnational mechanisms in place to monitor and reduce gender-based violence<br>• Discriminatory provisions against women and girls removed from national and subnational legislation<br>• Civil society partnerships actively promoting gender equality, women's and girls' empowerment and reproductive rights | **Output 1:** National legislation is aligned with international women's rights covenants to safeguard gender equality, women's autonomy and protect women from gender -based violence<br>**Output indicator:**<br>• Number of discriminatory provisions against women and girls removed from current legislation<br>**Output 2:** Regional and local authorities are capable of implementing laws and policies that protect women's rights among the most disenfranchised sector of the population, emphasizing protection against gender-based violence<br>**Output indicators:**<br>• Number of national and provincial mechanisms that monitor gender-based violence<br>• Number of women participating in decision-making processes at national and regional levels | Office of the Ombudsman, civil society, Congress, the judiciary, Ministry of Justice, Ministry of Women and Social Development | Regular resources: $1.5 million |

| National priority: support the strengthening of government and civil society capacities to consolidate democratic governance | | | | |
|---|---|---|---|---|
| UNDAF outcome: strengthened programming, management, monitoring, evaluation and accounting technical capacities of national, regional and local public organizations | | | | |
| UNDAF outcome: expanded availability and regular use of quality disaggregated statistical information, during policy design, implementation and evaluation processes | | | | |
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
| Population and development | Outcome: Population and development linkages are explicit in national, regional and local policies, plans and programmes, especially those that aim to reduce poverty<br><br>Outcome indicator:<br>• Number of national and regional policies, plans and strategies that take into account the ICPD approach as a basis for policymaking<br><br>Outcome: Sociodemographic information is available and used to strengthen the decentralization process and the formulation of regional and local development polices and programmes<br><br>Outcome indicators:<br>• Sex- and age-disaggregated data from national and subnational databases are used to monitor national development plans | Output 1: Availability of human resources capable of building scenarios of future needs for social services on the basis of the linkages between population, development, gender and poverty<br><br>Output indicator:<br><br>• Number of research studies on the linkages between population, development, gender and poverty<br><br>Output 2: Improved availability of reliable population and socio-economic data at national, regional and local levels, disaggregated by sex and age<br><br>Output indicators:<br>• Number of institutions with reliable methods for data collection, analysis of linkages between population, gender, development and poverty, and for information dissemination<br>• Number of regional and local experiences on the use of information as the basis for advocacy and policy making<br>• Number of regular and updated sources of socio-demographic data<br><br>Output 3: Improved use of reliable population data, disaggregated by sex and age, at national and regional levels<br><br>Output indicators:<br>• Number of institutions promoting transparency and accountability by disseminating updated and reliable information | National Decentralization Council,<br>regional governments, local governments and civil society | Regular resources: $2.6 million<br>Other resources: $14 million<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>Programme coordination and assistance: $0.9 million from regular resources |

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