

UNIVERSAL PERIODIC REVIEW – HUMAN RIGHTS COUNCIL

UNICEF INPUT – PERU

I. Advances on legislations, public policies and institutional frameworks for child rights

1. Since the 1990s Peru has made important achievements in establishing legislations, policies and plans to promote and protect child rights, as agreed in the Convention of Rights of the Child, which Peru ratified in 1990. The first Children's code was promulgated in 1992 through the Law 26102. The current Code, which was promulgated in 2000, defined the National System for Integral Attention for Children and Adolescents as an integrated mechanism to formulate, coordinate, supervise, evaluate and execute policies and programs for child rights promotion, protection and fulfillment. At the same time, the Ministry of Promotion of Women and Human Development (PROMUDEH) was created as the responsible entity of the system. PROMUDEH was subsequently substituted by the Ministry of Women and Social Development (MIMDES-MoWSD). Also, the first National Plan of Action for Children and Adolescents (NPAC) was defined for the period 1992 to 1995.

2. In 2000, the Peruvian Government made a commitment to achieve the MDGs. In 2002 it also made a commitment to build a "World Fit for Children". These commitments were translated into the NPAC 2002-2010 with 4 strategic objectives and 22 expected results. In 2005 the Law 28487 upgraded the NPAC as a law, putting a high priority and legal responsibility on the government for its implementation. A Multi-sector Commission was established in 2002 by the Supreme Decree 014-2002-MIMDES to follow-up the implementation and monitoring of the NPAC. In addition, a law (27666) adopted in 2005, forces the Prime Minister to report on the advances made on the NPAC at the plenary session of the Congress.

3. In July 2002 a National Accord was created with the participation of all political parties represented in the Congress and civil society to establish 29 state policies for long-term development. Several of them are related to children's rights, especially the 17th policy concerning protection of families and their children, which aims at promoting wellbeing, integral development and decent life for children, adolescents and young people, with a special focus on the ones living in poverty and exclusion. The 12th and 13th policies regarding education and health were also approved, in concordance with the MDGs, WFFC and NPAC. In April 2004 the forum of the National Accord approved short-term policies, including a Declaration for Children, which defined seven issues to be prioritized in the public policies: birth registration, healthy life for children under five, improvement of coverage and quality of education, preventive health care for mother and child, improvement of health and education services, coordinated actions for children between international cooperation and civil society, and increase of budget allocation for children.

4. During the past years several laws and decrees were promulgated to protect child rights. In June 2004, the Law 28251 was promulgated, reforming the Criminal Code on Exploitation of Minors, which establishes jail sentences of 4 to 6 years for users or clients of child sexual commerce, and from 6 to 12 years for the children's procurers. In 2007, the age of penal responsibility was raised from 12 to 14 with the adoption of Legislative Decree 990, which modifies the Children's Code (Law 27337). Consequently the cases of children between 14 and 18 years who are in conflict with the law have to be dealt through the juvenile justice system. On the other hand, inadequate norms which are not in line with the international standards set by the CRC still persist as, for example, the article on "pernicious gangs" which still remains valid contrary to the recommendation made by the Committee on the Rights of the Child and UNICEF.

5. In 2006, as a response to a recommendation made by the Committee of the Rights of the Child¹, a new Ombudsman's Office specialized in children's affairs (Defensoría para la Niñez y la Adolescencia) was created. In 2007 in the framework of the XII Annual Congress of the Ibero-American Ombudsman Federation, a regional meeting of Ombudsman's offices for children and adolescents was organized. As a result an Ibero-American Network of Ombudsman's offices for children was created for the Defence of Children's and Adolescents' Rights.²

II. Current socio-economic context and advances towards MDGs

1. Since President Alan Garcia's government assumed power in July 2006, Peru has continued to experience a period of economic growth. While the average GDP growth rate in the last 5 years has been 5.7%, it is expected to reach 8.2% in 2007, the highest historical rate for the country. The GDP growth was accompanied by favorable macro-economic indicators: low inflation rate around 2%, positive balance of payment of 1.0% versus GDP thanks to the positive balance of trade account with \$8,324 millions, and reduction of the public debt to 29% of GDP in 2007.³

2. Tax revenue as percentage of GDP reached 16.4% which is higher than last year but still below the LAC average (17%). On the other hand, in absolute terms fiscal income has been increasing due to the sustained economic growth and favorable market prices for primary goods. This additional fiscal income could have a major impact on the implementation of the National Accord and of the NPAC. However while per-capita social expenditure has increased from \$170 in 2002 to approximately \$300 in 2006, it remains low in terms of GDP. It barely reached 9% in 2006 against regional averages of more than 15%. Spending on education and health also remains well below regional averages with 3.15% and 1.91% of GDP, respectively.⁴

3. In 2002 the Government of Peru started a process of political, fiscal and administrative decentralization as a means to reduce geographical disparities. According to the initial government plan, social sectors such as education and health were expected to complete the process by the end of 2007. While the process has been slower than initially planned, decision making authority and functional responsibilities are progressively being transferred and local budgets are progressively increasing. Between 2002 and 2006, the share of the budget managed by regional and local governments increased from 13% and 4% to 17% and 14%, respectively, and the share of the budget managed by the central government decreased from 83% to 69%.⁵

4. **Millennium Development Goals:** Although the country is on track to achieve most of the MDGs, profound inequalities and regional, socio/economic and ethnic disparities are hidden behind national indicators. As in other LAC countries, important threats persist: social exclusion, ethnic and gender disparities, violence and abuse against children and women, chronic malnutrition, HIV/AIDS, and vulnerability to emergency and natural disasters. These threats also impact on the implementation of the NAPC, as highlighted in the latest progress study which shows that of the four components of the Plan, the country is only on track to achieve the goals related to child survival.

5. **MDG 1 – Eradicate poverty and hunger:** while poverty remains high, the steady economic growth finally started showing some positive results with a modest reduction in national poverty levels from 49% in 2004 to 44.5% in 2006. However the reduction was concentrated in urban

¹ Committee on the Rights of the Child, Concluding Observations of the 41st session, CRC/C/PER/CO/3.

² Lima Declaration, Lima, November 21 –22, 2007, Meeting of the Ombudman's Offices for Children and Adolescents

³ Ministerio de Economía y Finanzas, Marco Macroeconómico Multianual 2008-2010

⁴ The figures are calculated based on the budget data extracted from SIAF (Sistema Integrado de Administración Financiera) of the Ministry of Economy and Finance as well as GDP data released by the World Bank

(<http://devdata.worldbank.org/external/CPPProfile.asp?SelectedCountry=PER&CCODE=PER&CNAME=Peru&PTYPE=CP>).

⁵ MEF, Ley de Presupuesto Público 2002, 2007

areas, with an approximately 6-percentage-point reduction, from 37.1% to 31.2% while the poverty level in rural areas remained unchanged at 69%. In some Andean regions, the poverty rate even increased, from 65.9% to 78.4% during the same period. Extreme poverty only dropped by 1 percentage point and continues to affect 16.1% of the total population. In rural areas, this figure increased from 36.8% to 37.1%.⁶ Young children are more affected by poverty than adults given that 65% of children aged 0 to 5 are living in poverty while the rate is 44.5% for the total population and 30% of children of the same age group live under extreme poverty while the rate is 16.1% for the population as a whole⁷.

6. According to the PAHO/WHO's latest measurement criteria, adopted by the Demographic and Health Survey (DHS) in 2004-2006, the chronic malnutrition rate is 29.5% nationwide and 46.3% in rural areas. This rate did not significantly decrease compared to 2000 (31% as recalculated based on the new measurement criteria.)⁸. The data before adoption of the new measurement criteria was 25.4% in 2000 and 24.1% in 2005. The introduction of the *Creceer* national strategy aimed at the reduction of chronic malnutrition by 9 percentage points by 2011 is expected to start showing positive results in coming years.

7. **MDG 2 – Achieve universal primary education:** while access to education is almost universal (97.7%), the 2.3% who are out of school still represent over 60,000 children aged 6 to 11 who are denied their right to access to school.⁹ Most of them are in the Andean and Amazonian rural areas. Amongst the children aged 6 to 11 who are enrolled, 24% are not in the grade which corresponds to their age. This rate increases to 42% for the ones who live in extreme poverty and to 44% for the ones whose mother tongue is Quechua¹⁰. Quality remains one of the most serious issues for the education in Peru: as evidenced by an evaluation run by the MoE in 2004, only 8.2% of the children of 6th grade have an acceptable level in communication skills and only 4.4% in mathematics.¹¹ As regards children aged 3 to 5, only 49% of them have access to pre-school. This rate drops to 36% in rural areas while it reaches 60 in urban areas¹². The quality of secondary education is also an issue given that only 54% of adolescents aged 17 to 19 manages to finish secondary school and this rate drops to 18 amongst adolescents in extreme poverty and to 24 amongst the ones who have Quechua as their mother tongue¹³.

8. **MDG 3 – Promote gender equality and the empowerment of women:** At the national level, the gender gap in secondary education is decreasing: in 2001 the enrolment rate in secondary school for boys and girls aged 12 to 16 was 69% and 66% respectively while in 2006 it reached 74% and 73%¹⁴. On the other, violence still strongly affects girls and women: according to the DHS report, 42% of women have suffered some type of violence from their spouse or partner.¹⁵ In March 2007, the Equal Opportunities Act (Law 28983) was adopted, promoting a series of measures in favour of women participation, protection against sexual harassment and the promotion of work responsibilities in families.

9. **MDG 4 - Reduce child mortality:** According to DHS 2004-2006 infant mortality dropped significantly from 33 per 1,000 live births in 2000 to 21 per 1,000 live births in 2006. The reduction was especially significant in rural areas where it decreased from 60 per 1,000 live births in 2000 to 36 in 2006 resulting in a reduction of the gap between rural and urban areas. The

⁶ INEI, ENAHO 2004, 2006

⁷ INEI, ENAHO 2006

⁸ INEI, ENDES Continua 2004-2006

⁹ INEI, ENAHO 2006

¹⁰ INEI, ENAHO 2006

¹¹ Ministerio de Educación, Evaluación Nacional 2004-Unidad de Medición de la Calidad

¹² INEI, ENAHO 2006

¹³ INEI, ENAHO 2006

¹⁴ Ministerio de Educación, Unidad de Estadística Educativa-2006

¹⁵ INEI, ENDES Continua 2004-2006

national trend has been similar as regards under-5 child mortality: in the same time frame the rate dropped from 47 per 1,000 live births to 29 at the national level. However, the gap between the rural and urban areas persists with a rate of 21 per 1,000 in urban areas versus 50 per 1,000 in rural areas¹⁶. Anaemia among young children is widespread affecting 46.5% of children under 5 in urban areas and 53.5% in rural area¹⁷. While immunization coverage for each essential vaccination reached over 80%, both in urban and rural areas, coverage with all 4 vaccinations (BCG, DPT, polio and measles) stands at only 66%¹⁸.

10. MDG 5 - Improve maternal health: While no recent data is available on the reduction of maternal mortality, proxy indicators such as prenatal control and institutional childbirth reveal ongoing improvement. Prenatal control increased from 83.8% in 2000 to 91.5% in 2004-2006 and Institutional childbirth (in health centres) rose from 57.9% (2000) to 71.6% (2004-2006). Improvement has been more notable in rural areas where it increased from 23.8% to 44.8% whereas in urban areas it increased from 82.4% to 90.5%.¹⁹

11. MDG 6 – Combat HIV/AIDS, malaria and other illnesses: While HIV/AIDS is still mainly concentrated in regional capitals, with 71.5% of accumulated cases from 1983 to 2005, initial studies show that HIV/AIDS is progressively expanding in indigenous rural areas. The male/female infection ratio is decreasing, reaching 2.7 in 2005, due to the progressive increase of the heterosexual infection rate, and increasing the risk of vertical transmission. The prevalence of HIV among pregnant women is between 0.2% and 0.3%. The population with AIDS is quite young, with approximately half of the infected population under the age 30²⁰. While DHS reports indicate an increase of 7% in HIV/AIDS awareness amongst adolescents, 25.2% of adolescents aged 15 to 19 who already had heard about HIV/AIDS are not aware of any prevention method, and only 40.8% know that using condoms is one form of prevention. This highlights a gap between awareness and taking preventive and protective measures.

12. MDG 7: Ensure environmental sustainability: According to the National Continuous Survey (ENCO) 2006, 72% of Peruvians households have access to improved drinking water. However, this rate drops to 33% in rural area. The gap regarding access to improved sanitation facilities is even worse given that in urban areas 79% of the households have access to sanitation while in rural areas this rate drops to 9%.²¹

13. Child Protection: Although they constitute a serious problem, violence against children, sexual abuse, and mistreatment are still under-reported in national statistics. As regards birth registration, no significant improvement was made in the past years, and the rate is still 86.6% in 2006²². However the *Juntos* programme as well as the adoption of a model of indigenous registrars are expected to positively impact birth registration in coming years

14. III. Summary of UNICEF related capacity building and technical assistance

1. UNICEF CP 2006-2010 is composed of two Programmes: “Policy and Advocacy for Child Rights”, and “Development of decentralized capacities for realizing child rights”, which is divided into four components; child survival and development, improvement of quality of basic education with focus on girls, protection of child rights, and HIV/AIDS and children.

¹⁶INEI, ENDES 2000, 2004-2006. For infant mortality and under-5 mortality rate, the national average is taken from the 5 year average while the disaggregated data (urban-rural) is based on the 10 year average.

¹⁷ Ministerio de Salud, MONIN2004

¹⁸ INEI, ENDES Continua 2004-2006

¹⁹ INEI, ENDES 2000, 2004-2006

²⁰ Ministerio de Salud

²¹ INEI, ENCO 2006

²² RENIEC, Informe anual sobre avances del PNAIA 2006

2. Considering the current socio-economic context of the country, especially the ongoing decentralization process, the main objective of the component of Policy and Advocacy for Child Rights, is to contribute to translate the political commitment for children into effective social and economic policies, legislative measure and budgeting allocations by strengthening institutional capacities at the local level, stimulating investment of the additional fiscal space in children, strengthening knowledge on issues related to children and adolescents, and enabling civil surveillance to monitor accomplishment of public policies. In this context, main UNICEF actions are oriented towards increased public investment for children, capacity building of local governments for the design and implementation of programs and projects related to child rights, capacity building of the legislative body and Child Ombudsman's office to monitor policies and budgets for children, strengthened civil surveillance mechanism for realization of child rights, and development of the information system and the use of data related to children at sub-national level to facilitate formulation of a result-based budget for children.

3. UNICEF has progressively moved from assistance to specific "micro projects" to strengthening human and institutional capacities at the local level with a special focus on children and adolescents. Consequently as regards the development of decentralized capacities, UNICEF zone offices have been reinforced with specialists in local development. The strategic approach includes: 1) providing technical assistance to strengthen the institutional capacity to assume new responsibilities and manage the newly allocated resources with a result-oriented human rights based approach; 2) strengthening public services in health, education and child protection; 3) promoting adequate practices within families and communities; 4) promoting participation and social surveillance. To this end, UNICEF is entering into cooperation agreements with regional and municipal governments and is fostering the creation of associations of municipalities to generate synergies and optimize resources. An important result in this direction has been the creation of a child-friendly association of three municipal governments in Cusco region.

4. In 2007 UNICEF established operational alliances with three national programmes with a strong potential for impact on the situation of children in the most vulnerable areas: 1) the conditional cash transfer programme *Juntos* which reaches 309,000 families in extreme poverty in the most excluded provinces; 2) the national programme *Crececer*, designed to achieve the government goal to reduce chronic malnutrition; and 3) the programme *Sembrando*, led by the First Lady, which targets excluded communities in high Andean areas with an integrated approach to rural development. UNICEF mainly contributes with technical assistance in nutrition and health, training strategies and materials, social communication for behavioral change and adoption of a human rights based approach.

5. In the area of legislative review, technical and financial assistance has been provided to the Special Commission of the Congress for the revision of the Children's Code. In the area of Juvenile Justice, UNICEF made advocacy efforts to align Peruvian legislation with international standards, directly with policy makers and through its participation in the multi-sectoral working group on adolescents in conflict with the law.

6. As regards violence and sexual exploitation, UNICEF is providing technical and economic assistance to the Government, working closely with the coordinating body, the MoWSD. Main priority areas in this field are: the prevention of violence, sexual abuse and commercial sexual exploitation of children, provision of care and quality services for child victims and the penalization and sanction of aggressors. Great effort was made to place the topic of violence and sexual exploitation on the agenda of the Government and of the relevant sectors. The National Plan against Sexual Exploitation of Children and Adolescents was prepared during 2006 with the active participation of all relevant sectors. In addition, UNICEF and the MoWSD have developed a system of capacity building for key personnel of institutions working in the areas of prevention and service provision for children victims of violence and sexual exploitation.