



**Executive Board of the  
United Nations Development  
Programme, of the United Nations  
Population Fund and of the United  
Nations Office for Project Services**

Distr.: General  
26 September 2011

Original: English

**First regular session 2012**

1 to 3 February 2012, New York

Item 7 of the provisional agenda

**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Peru**

Proposed indicative UNFPA assistance: \$14.5 million: \$9.7 million from regular resources and \$4.8 million through co-financing modalities and/or other, including regular resources

Programme period: Five years (2012-2016)

Cycle of assistance: Eighth

Category per decision 2007/42: B

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

	Regular resources	Other	Total
Reproductive health and rights	4.5	2.5	7.0
Population and development	2.8	1.5	4.3
Gender equality	1.6	0.8	2.4
Programme coordination and assistance	0.8	-	0.8
Total	9.7	4.8	14.5

## I. Situation analysis

1. A sustained period of economic growth contributed to a decline in the total poverty rate in Peru, from 48.6 per cent in 2004 to 34.8 per cent in 2009. Nevertheless, inequalities and disparities persist. Poverty is higher among residents of rural communities in the Andean highlands, Peruvians of African descent, and indigenous people, especially those living in the Amazon region. Most of these population groups face geographical, cultural and social barriers in accessing social services. The extreme poverty rate is 27.8 per cent in rural areas, and 2.8 per cent in urban areas.

2. Peru is in a moderate stage of the demographic transition. Youth account for 27.5 per cent of the population. The national population plan, 2010-2014, emphasizes the need to capitalize on the window of opportunity offered by the demographic bonus. The dependency ratio dropped from 80 per cent in 1981 to 60 per cent in 2007, and is expected to reach 50 per cent in the period 2025-2030.

3. Access to sexual and reproductive health services, especially among young people, is a concern. The contraceptive prevalence rate for modern methods is low (50.5 per cent). Although the maternal mortality ratio decreased from 185 maternal deaths per 100,000 live births in 2000 to 103 in 2009, Peru has yet to reach its goal of 65 maternal deaths per 100,000 live births by 2015.

4. Peru has made progress in reducing maternal mortality. Nevertheless, adolescent pregnancy is still a concern, because it contributes to the intergenerational transmission of poverty. The mean age of people living with AIDS who have been registered since 1983 is 31, indicating that infection probably occurred prior to the age of 25.

5. Young people are especially vulnerable. The youth unemployment rate is 9.2 percent, compared to 2.7 per cent for adults. Nearly 14

per cent of young men and approximately 27 per cent of women are neither employed nor enrolled in school. Young people are also overrepresented in the informal employment sector and often hold the lowest-paid jobs. Violence is of concern. In 2009, 41 per cent of Peruvian women reported having been victims of physical violence. Programmes that address sexual violence require the participation and involvement of men.

6. Adults older than 60 are the fastest-growing cohort of the population. The ageing of the population will have an impact on social protection and health systems, as most elderly people do not have social security. In 2007, 73.2 per cent of elderly Peruvians did not receive a pension. There is a need to collect data and build an evidence base to design public policies that address population ageing.

7. Gender parity has been reached in education, but access to decent work is still a challenge. Women earn less and are overrepresented in the informal labour market. Women also carry a disproportionate burden of housework. Ensuring equal opportunities for men and women will require the institutionalization of gender mainstreaming and a major public investment to implement it.

8. Development efforts need to take into account the vulnerability of Peru to natural disasters, including floods, tsunami and mudslides. Nearly 72 per cent of the population is vulnerable to earthquakes.

## II. Past cooperation and lessons learned

9. Past UNFPA cooperation focused on strengthening the normative role of government ministries concerned with health, gender and population issues. Achievements included the development of the: (a) national population plan, 2010-2014; (b) national strategic plan to reduce maternal mortality; (c) national plan for equal opportunities; and (d) law on equal opportunities.

10. UNFPA also contributed to the development of: (a) national and regional plans to reduce violence against women; (b) guidelines for comprehensive sex education; (c) protocols and standards to improve reproductive health-service delivery; and (d) the multisectoral national plan to prevent adolescent pregnancy, which is expected to be approved in 2011.

11. UNFPA has linked its cooperation with the decentralization process, the national public investment system, the results-based budgeting modality, and municipal-level budgets. The regional government of Ucayali utilized a public investment project to expand a UNFPA-supported pilot project at the regional level. This project, entitled 'Stronger Voices', promoted the health and development of young people. In the region of Ayacucho, UNFPA supported two public investment projects on maternal and neonatal mortality reduction, with a total budget of \$2.3 million.

12. In the area of results-based budgeting, UNFPA supported the maternal and neonatal health programme, helping to increase resources from \$183,000 in 2009 to \$390,000 in 2011. It also strengthened the capacity of civil society organizations to monitor the implementation of such programmes.

13. During the last programme cycle, UNFPA played an important role in emergency preparedness and response. Drawing on lessons learned during the response to the 2007 earthquake in Ica, UNFPA continued its work with projects related to freezing temperatures in the Andean highlands and flooding in Ucayali. UNFPA also assisted with preparations for an 'El Niño' in the northern coastlands, and served as co-chair of the social protection cluster in the national humanitarian network.

14. The midterm review and end-of-programme evaluation recommended an increased focus on Amazonian and Andean populations and Peruvians of African descent to

help them overcome disparities. These evaluations pointed to the need to focus on specific territories and on the cultural dimensions of development. They also stressed the importance of strengthening the capacity of regional and local governments to deliver basic social services, using a gender perspective and a rights-based, intercultural approach. In response, UNFPA strengthened its work in the regions of Ayacucho, Lambayeque and Ucayali.

### III. Proposed programme

15. UNFPA and the Peruvian Agency for International Cooperation developed the proposed programme in consultation with government counterparts at the national and subnational levels, civil society organizations and donors. The proposed programme is aligned with the national priorities in the national population plan, 2010-2014, the national plan for international technical cooperation, the national accord, and the bicentennial plan, 'Peru towards 2021'. Guiding the programme are: (a) the United Nations Development Assistance Framework (UNDAF), 2012-2016; (b) the Programme of Action of the International Conference on Population and Development; (c) the Millennium Development Goals; and (d) the UNFPA strategic plan, 2008-2013.

16. The programme will contribute to four UNDAF priorities: (a) inclusive economic growth and decent work; (b) social protection strategies that safeguard the human rights of excluded and vulnerable populations; (c) universal access to high-quality education, water and sanitation, health, food and nutrition; and (d) sustainable development policies that foster sustainable environments, resilience to climate change and risk management.

17. Strategies will focus on capacity development through: (a) advocacy and policy dialogue; (b) strategic partnerships; and (c) the strengthening of the knowledge base. These strategies will address the relationships among

poverty-reduction efforts, human rights, gender, and intercultural approaches.

18. The proposed programme will focus on populations in vulnerable situations, including people who suffer discrimination, indigenous people, Peruvians of African descent, elderly people without social security, young people in urban slums, migrants, residents of small and isolated communities, victims of violence, displaced people, those affected by natural disasters, people living with HIV/AIDS, and sex workers. The programme will emphasize participatory interventions that support young people in their transitions to adult life, and will stress the shared responsibility of women and men for their reproductive and productive lives.

#### *Reproductive health and rights component*

19. This component will contribute to the following UNDAF outcome: the three levels of government are capable of delivering high-quality services, with an emphasis on equity, equality, intercultural perspectives and intergovernmental coordination. Three outputs contribute to this outcome.

20. Output 1: Health and social services in selected regions improve their capacity to deliver reproductive health services, including HIV/AIDS prevention and sex education, to vulnerable populations. This will be achieved by: (a) improving the capacity of service providers to adapt to changing cultural environments in order to address the needs of young people; (b) harnessing the potential of civil society organizations to participate in health-promotion efforts; and (c) ensuring that health providers can respond to the requirements of results-based management.

21. Output 2: Young people in selected regions have increased access to information, counselling and services to prevent unplanned pregnancies, sexual violence, and sexually transmitted diseases, including HIV/AIDS. This will be achieved by: (a) supporting a policy

environment that promotes the health of young people; (b) developing comprehensive approaches to programmes and projects to prevent first and second teen pregnancies; and (c) supporting consensus-building at the community level regarding issues related to the reproductive health and rights of young people.

22. Output 3: Increased availability of data and analysis for institutions working in the area of population, reproductive health and rights. This will be achieved by: (a) providing technical assistance to improve the knowledge of health planners about the linkages between demographic and epidemiological transitions; and (b) providing technical assistance that underlines the importance of population projections in designing health-insurance schemes.

#### *Population and development component*

23. This component will contribute to two UNDAF outcomes: (a) national statistics and information systems are strengthened through the incorporation of sociodemographic variables pertaining to vulnerable populations; and (b) the three levels of government, civil society, the private sector, and scientific and academic institutions will strengthen their capacity to mainstream risk management, using a gender perspective. Three outputs contribute to these outcomes.

24. Output 1: Decision makers and civil society organizations in selected regions use disaggregated data and information to implement regional population plans. This will be achieved by: (a) providing technical support to regional governments and regional statistical institutes to develop evidence-based policies; and (b) facilitating the use of data and information on health, gender, migration, indigenous populations, Peruvians of African descent, youth and older adults.

25. Output 2: Increased knowledge base on the interrelationships between the demographic

transition and social protection systems. This will be achieved by: (a) providing support to academic centres to liaise with the public sector in order to update analyses on the demographic transition and its impact on social policy; and (b) addressing the demographic bonus, intergenerational relations, ageing and caretaking arrangements.

26. Output 3: Political authorities, civil servants and community leaders in selected regions have improved capacity to implement emergency preparedness and response plans. This will be achieved by: (a) working in partnership with other organizations and contributing UNFPA expertise; (b) advocating the application of human rights, gender, and intercultural approaches; and (c) developing proposals to assist older adults, people living with HIV/AIDS, women and young people.

#### *Gender equality component*

27. This component will contribute to two UNDAF outcomes: (a) the Government and civil society increase the dissemination of information on human rights and promote and protect the human rights of vulnerable and excluded populations; and (b) the Government implements policies to increase the availability of decent work. Two outputs contribute to these outcomes.

28. Output 1: Political authorities, civil servants and civil society organizations in selected regions have improved capacity to formulate, implement and monitor public policies that ensure equal rights for men and women. This will be achieved by: (a) strengthening government and civil society mechanisms to promote gender equality at national and local levels; (b) advocating budgetary allocations to existing plans at national and local levels; and (c) strengthening the technical capacity of the Government and civil society to incorporate human rights and gender approaches into youth employment programmes.

29. Output 2: Political authorities, civil servants and civil society organizations in selected regions improve their capacity to prevent and respond to cases of gender-based violence. This will be achieved by: (a) strengthening the capacity of women's organizations to prevent and address gender-based violence; and (b) training public officials, including police and judicial system officials with social protection responsibilities at regional and provincial levels.

#### **IV. Programme management, monitoring and evaluation**

30. UNFPA, the Peruvian Agency for International Cooperation and national counterparts will monitor and evaluate programme implementation in accordance with established UNFPA guidelines and procedures, using results-based management and accountability frameworks. They will meet at least twice a year to review progress and will consult with beneficiaries and young people during that process. UNFPA and the Government will conduct all reviews within the framework of the UNDAF review process.

31. UNFPA will seek to enhance the role of Peru in South-South cooperation, by identifying centres of excellence and knowledge bases that could provide other countries in the region with valuable inputs for the development of their own population policies and programmes. It will continue to focus on selected regions, using lessons learned from past cooperation.

32. The country office in Peru consists of a representative, an assistant representative, a programme specialist, two programme analysts and a number of programme, administrative and finance support staff. The Latin America and the Caribbean regional office in Panama will provide programme and technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR PERU

<p><b>National priorities:</b> (a) inclusive economic growth and decent work; (b) social protection strategies that safeguard the human rights of excluded and vulnerable populations; (c) universal access to high-quality education, water and sanitation, health, food and nutrition; and (d) sustainable development policies that foster sustainable environments, resilience to climate change and risk management</p> <p><b>UNDAF outcomes:</b> (a) the Government implements policies to increase the availability of decent work; (b) the Government and civil society increase the dissemination of information on human rights and promote and protect the human rights of vulnerable and excluded populations; (c) national statistics and information systems are strengthened through the incorporation of sociodemographic variables pertaining to populations in vulnerable situations, and through gender and ethnic perspectives; (d) the three levels of government are capable of delivering high-quality services, with an emphasis on equity, equality, intercultural perspectives and intergovernmental coordination; and (e) the three levels of government, civil society, the private sector, and scientific and academic institutions strengthen their capacity to mainstream risk management</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> National and subnational levels of government are able to deliver high-quality reproductive health services, with an emphasis on equity, equality, intercultural perspectives and intergovernmental coordination</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of reproductive health service providers with knowledge, attitudes and practices conducive to applying equity, equality and intercultural approaches</li> </ul> <p>Baseline: unmeasured; Target: to be determined</p>	<p><u>Output 1:</u> Health and social services in selected regions improve their capacity to deliver reproductive health services, including HIV/AIDS prevention and sex education, to vulnerable populations</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of regional public investment projects related to reproductive health services</li> </ul> <p>Baseline: 3; Target: 12</p> <p><u>Output 2:</u> Young people in selected regions have increased access to information, counselling and services to prevent unplanned pregnancies, sexual violence, and sexually transmitted diseases, including HIV/AIDS</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of integral reproductive health programmes for youth in selected regions</li> </ul> <p>Baseline: 0; Target: 12</p> <p><u>Output 3:</u> Increased availability of data and analysis for institutions working in the area of population, reproductive health and rights</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>The inclusion of sociodemographic, epidemiological, sociocultural, ethnic, racial and economic cost variables in public health planning centres</li> </ul> <p>Baseline: to be determined; Target: to be determined</p>	<p>Ministry of Health; National Health Institute; National Institute for Statistics; regional and provincial governments</p> <p>Non-governmental organizations (NGOs); youth organizations; universities</p>	<p>\$7 million (\$4.5 million from regular resources and \$2.5 million from others resources)</p>

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	<p><u>Outcome:</u> National and subnational governments have improved capacity to develop and implement population policies</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of regions that have formulated and implemented regional population plans Baseline: 1; Target: 12</li> <li>• National population plan for the period 2015-2020 is formulated and being implemented Baseline: does not exist; Target: to be determined</li> </ul>	<p><u>Output 1:</u> Decision makers and civil society organizations in selected regions use disaggregated data and information for the implementation of regional population plans</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Level of satisfaction of users with national databases. Baseline: unmeasured; Target: more than 65% of users are satisfied</li> </ul> <p><u>Output 2:</u> Increased knowledge base on the interrelationships between the demographic transition and social protection systems</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Number of studies. Baseline: 7; Target: 20</li> </ul> <p><u>Output 3:</u> Political authorities, civil servants and community leaders of selected regions have improved their capacity to implement emergency preparedness and response plans</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Implementation of emergency preparedness and response plans Baseline: to be determined; Target: to be determined</li> </ul>	<p>Ministry of Women and Social Development; National Institute for Civil Defense; National Institute for Statistics; regional and provincial governments</p> <p>NGOs; universities</p>	<p>\$4.3 million (\$2.8 million from regular resources and \$1.5 million from other resources)</p>
Gender equality	<p><u>Outcome:</u> The Government and civil society increase the dissemination of information on human rights and promote and protect the human rights of vulnerable and excluded populations</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Degree of implementation of regional equal-opportunity plans Baseline: to be determined; Target: more than 50% of targets reached</li> <li>• Amount of budgetary allocations for national and regional programmes to prevent and address violence against women Baseline: to be determined; Target: to be determined</li> </ul>	<p><u>Output 1:</u> Political authorities, civil servants and civil society organizations in selected regions have improved their capacity to formulate, implement and monitor public policies that ensure equal rights for men and women</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of regional initiatives that systematically monitor and evaluate equal rights policies. Baseline: 4; Target: 12</li> <li>• Number of youth employment programmes focusing on young women in vulnerable situations Baseline: 1; Target: 12</li> </ul> <p><u>Output 2:</u> Political authorities, civil servants and civil society organizations in selected regions have improved their capacity to prevent and respond to cases of gender-based violence</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Number of public investment projects that seek to reduce gender-based violence in selected regions Baseline: to be determined; Target: to be determined</li> </ul>	<p>Congress; Ministry of Labour; Ministry of Women and Social Development; Ombudsperson's Office; regional and provincial governments</p> <p>NGOs; universities</p>	<p>\$2.4 million (\$1.6 million from regular resources and \$0.8 million from other resources)</p> <p>_____</p> <p>Total for programme coordination and assistance: \$0.8 million from regular resources</p>