

## Format for the Country Programme Performance Summary

<b>A. Country Information</b>		
Country name: Peru		
Category per decision 2013/31: Pink	Current programme period: 2017-2021	Cycle of assistance: X

<b>B. Country Programme Outputs Achievement</b> ( <i>please complete for all your CP outputs</i> )			
<b>Output 1:</b> Strengthened policies and programmes to improve access to integrated sexual and reproductive health services, including in humanitarian settings, adopting human rights-based, gender and culturally-sensitive approaches, particularly addressed to adolescents and youth, Andean and Amazonian indigenous and Afro-descendant women			
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
Number of policy interventions, supported by UNFPA, that expand access to high quality family planning services for vulnerable populations	0	4	4
Number of sexual and reproductive health regulations and guidelines developed with UNFPA support, that incorporate human rights, gender, generations and culturally sensitive approaches	0	3	4
Number of health providers trained for the implementation of the Minimum Initial Service Package	100	200	453
<b>Key Achievements</b>			
<p>During the IX Country Programme, UNFPA achieved all output indicator targets contributing to strengthen the capacities of institutions and actors, such as the Ministry of Health (MOH), the Ombudsman's Office, regional and local governments, to improve universal access to integrated sexual and reproductive health services, including in humanitarian settings, by strengthened policies and programmes with human rights-based, gender and culturally-relevant approaches, particularly addressed to adolescents and youth, Andean and Amazonian indigenous and Afro-descendant women.</p> <p>UNFPA contributed to support <b>policy interventions aimed at expanding access to high quality family planning services for vulnerable populations</b>. This was achieved through the following main strategic interventions:</p> <ul style="list-style-type: none"> <li>• <i>Enhancing access to SRH supplies, with emphasis on modern contraceptives.</i> UNFPA supported the MOH to improve access to the mix of contraceptive methods, with emphasis on the enhancement of availability and access to the most cost-effective and age-appropriate contraceptives. Investment in family planning increased by more than 80% (in Peruvian soles) between 2012 and 2019 compared to 2007, though further increase is required to cover all women in reproductive age and not only women in union. Several capacity building interventions were designed and implemented with UNFPA technical and financial assistance. These include, among others, the strengthening of technical capacities of 34 health service providers of 15 Lima hospitals to perform no-scalpel vasectomies, which resulted in the National Maternal-Perinatal Institute carrying out more than 200 procedures between August and October 2019, and the MOH decision to expand the initiative nationwide, including the provision of vasectomy equipment. Another case is the pilot intervention to scale-up use of long-acting reversible contraceptives (LARC) on the basis of cascade training, under implementation by the health sector in 2021, with support of UNFPA CO, in coordination with LACRO.</li> <li>• <i>Delivery of culturally appropriate SRH services, including family planning.</i> Interventions related to this policy line include intercultural dialogues and the implementation of a pilot to improve recording of ethnicity variable in SRH (and maternal mortality) records. With respect to intercultural dialogues, women in rural areas of Ayacucho improved their access to culturally appropriate sexual and reproductive health services, as a result of the implementation of intercultural dialogues in health. These consist of a methodology that seeks to generate culturally-sensitive dialogues</li> </ul>			

between users and providers of SRH services in order to improve their quality. UNFPA provided technical assistance to strengthen the intercultural approach in SRH services in 3 health facilities in Quechua-speaking areas of San José de Secce, Vinchos and Vilcashuamán. Intercultural dialogues were implemented with participation of regional and local governments, health networks, health providers, community health agents, midwives and traditional medicine actors. A Regional Ordinance (legal instrument for regional governments) was issued in Ayacucho to ensure the incorporation of a culturally sensitive approach in SRH provision across the region. In the case of capacity building, a pilot was developed to improve register of the ethnicity variable, in coordination with the MOH, the national midwives' professional association and regional governments of three regions with high proportion of indigenous or afro-descendant population. It included an assessment of bottlenecks for registration of the ethnicity variable at the subnational level; the development of a training package for MOH and regional governments' officials, SRH health providers, and leaders of grass-root organizations of afro-descendants and indigenous populations; the production of a flowchart model (prototype) to organize the regular recording of ethnic self-identification in SRH services, and communication products aimed at raising awareness of supply and demand actors on this important matter.

- *SRH of adolescents.* UNFPA supported the MOH, SRH providers, regional government actors and the Ombudsman Office to enhance access of adolescents to SRH, including family planning and modern contraception. This included advocacy, policy dialogue and capacity development to strengthen the legal and policy framework of adolescents' health, with emphasis on SRH and mental health, as well as prevention of adolescent pregnancy. Training programmes on adolescents' SRH were designed and implemented with the MOH, reaching SRH workers across the country. In partnership with Plan International, UNFPA estimated the socio-economic costs of adolescent pregnancy and motherhood, aimed at promoting evidence-based policies to prevent adolescent pregnancies.
- *Continuity of provision of SRH services, with emphasis on maternal health and family planning, in the COVID-19 context.* UNFPA worked in support of the MOH since the onset of the COVID-19 health emergency to ensure the continuity in provision of essential and life-saving SRH services. In addition to support in formulation of elements of normative framework, including standards for COVID-19 vaccination of pregnant women, several communication products were developed and disseminated to inform about SRH services in different languages. 2,536,600 people were reached by 4 communication campaigns delivered through social networks and other digital platforms, as well as broadcasted in local radio stations in native Quechua, Aymara and Amazonian languages.

UNFPA with IP Prisma designed and implemented a pilot intervention aimed at developing a model of SRH provision in the COVID-19 context. The pilot promotes work with technologically equipped Community Health Agents to identify and trace pregnant women and FP service users and deliver contraceptives, as well as provide SRH orientation by phone and SRH services using tele-health. The experience was presented to the MOH and contributed to the development of a renewed framework for work with community health agents. In addition, the app developed to trace pregnant women and FP users was absorbed by the Ministry of Health and support was provided to facilitate its adaptation to institutional technological requirements. UNFPA also mobilized funds to protect SRH providers and users of services in most vulnerable areas and population groups, with emphasis on migrants and refugees from Venezuela and their host communities: Personal Protection Equipment (PPE) was procured and delivered to protect 1,867 midwives and medical personnel and 296,500 users for a 3-month period; dignity kits were procured and distributed to health establishments to be delivered to 3,300 women and 79 SRH kits to cover 23,400 obstetric emergencies; and tents were provided to facilitate SRH services in open spaces.

Underpinning the support to policy interventions, and with a forward looking perspective towards the next country programme cycle, in 2020-2021 UNFPA developed investment cases for transformative results on maternal mortality and family planning. This is an innovative intervention for Peru's CO, which is expected to continue in the coming years and contribute to strengthen UNFPA evidence-based cooperation.

UNFPA contributed to support the **development of SRH legal and policy framework. Regulations and guidelines incorporating human rights, gender, generations and culturally sensitive approaches** were designed with UNFPA assistance. Among others, they include:

- Family Planning Health Technical Standard. MOH 2017. <http://bvs.minsa.gob.pe/local/MINSA/4191.pdf>
- Health Technical Standard for the Comprehensive Health Care of Adolescents (NTS N ° 157-MINSA / 2019 / DGIESP, approved by R.M. N ° 1001-2019 / MINSA). <http://bvs.minsa.gob.pe/local/MINSA/5017.pdf>
- Technical guide for the continuity of reproductive health services in emergency situations and / or disasters in the health sector / Ministry of Health. RM 206-2017 / MINSA. <http://bvs.minsa.gob.pe/local/MINSA/4632.pdf>

- Health Directive N ° 094-MINSA / 2020 / DGIESP, to guarantee the health of pregnant women and the continuity of care in family planning in the face of COVID-19 infection. <https://www.gob.pe/institucion/minsa/normas-legales/483433-217-2020-minsa>

All regulations and guidelines supported by UNFPA are aligned with a comprehensive support to policy interventions.

UNFPA cooperation for preparedness and response, including in humanitarian settings related to natural disasters (2017), migrant and refugee crisis (2018-present) and COVID-19 pandemic, encompassed capacity building of sectors, with particular emphasis on the health and protection sectors, to strengthen their resilience and ensure the continuity of the provision of essential and life-saving SRH and GBV protection services as well as direct service provision. In the case of capacity development, 453 actors in the health sector (including SRH service providers) and members of the national humanitarian network (including the R4V platform) were trained on the **Minimum Initial Service Package (MISP)** during the programme cycle, via various modalities. Additionally, health personnel throughout the country was able to access online friendly material on standards for the provision of SRH services and pregnancy care in a COVID-19 context.

The Country Office also supported the **strengthening of a functional logistics management information system, including “reaching the last mile”, to forecast and monitor essential medicines and supplies, including sexual and reproductive health commodities**. UNFPA provided technical assistance to the authority in charge of health commodities to update the Technical Guidelines of the health commodities system; as a result, standardized procedures and criteria were established for the operation of the supply chain at regional and local levels and the programming and estimation of health commodities, including contraceptives, and a monitoring framework was established. In addition, with UNFPA support, SRH kits were included in the Integrated Administrative Management System of the Ministry of Economy and Finance to improve management and tracing in humanitarian settings. Training on these areas was provided to approximately 300 supply managers at the national level, from 34 regional governments, 48 health networks and 8 hospitals, and 25 regional implementation plans were formulated.

**Output 2:** Increased national capacity to design and implement evidence -based laws, policies and programmes that address the sexual and reproductive health and rights of marginalized adolescents and young people, ensuring their comprehensive development.

Indicators	Baseline	Target	End-line data
Number of policies and programmes that address the barriers that limit adolescents and young people from exercising their sexual and reproductive rights, designed with UNFPA technical support	0	3	4
Number of advocacy initiatives within public policies and programmes implemented via participatory platforms that include sexual and reproductive rights of marginalized adolescents and youth	0	4	6

### **Key Achievements**

UNFPA achieved all output indicators contributing to strengthen national capacities to design and implement evidence - based laws, policies and programmes addressing the sexual and reproductive health and rights of marginalized adolescents and young people, ensuring their comprehensive development.

UNFPA provided support to **design and implement evidence-based policies and programmes that address the barriers that limit adolescents and young people from exercising their sexual and reproductive rights**. The following are worth highlighting:

*Sexual and Reproductive Health of adolescents:* The Technical Norm for the Comprehensive Health Care of Adolescents was formulated prioritizing SRH and mental health as entry points in adolescent health services. UNFPA also contributed to strengthen the implementation of the Family Planning Technical Norm, which favors the access of adolescents to modern contraceptive methods, by enhancing capacities of 1,200 health providers including training on update of eligible contraceptive methods for adolescents with an emphasis on the advantages of Long Acting Reversible Contraception. In relation to this area of intervention, UNFPA partnered with family planning and parenthood institute INPPARES to systematize differentiated health services for adolescents in two districts of the Lambayeque region: key processes utilized to incorporate the provision of modern contraceptive methods were identified and a roadmap for its scaling-up was developed.

*Comprehensive Sexuality Education:* During the IX programme cycle, UNFPA advocated, promoted policy dialogue and provided technical support to the Ministry of Education and the National Education Council to develop the guidelines for the implementation of in-school Comprehensive Sexuality Education (CSE) according to international standards, which were officially approved in 2021. More than 170 officials (senior management, line directors, specialists, and tutors) were sensitized and trained on issues related to CSE and gender mainstreaming. A package of technical and strategic tools was developed to strengthen implementation of CSE and gender mainstreaming. This material was adapted to the COVID-19 context to be delivered in distance education, with specific pieces being included in the official PeruEduca Portal and used by Aprendo en Casa (Distance Education Strategy), reaching more than 3 million adolescents and one million households. Particular communication products to foster permanence or reinsertion of pregnant adolescents and adolescent mothers in the educational system were produced, including 3 radio micro programs broadcasted by 50 local radio stations at national level. The communication products have reached more than 7 million people among students, teachers and families.

The *National Youth Policy to 2030* was designed by the National Secretariat for Youth with support of UNFPA and participation of all relevant stakeholders including youth leaders. The policy addresses three issues related to sexual and reproductive rights of adolescents and youth, including the prevention of adolescent pregnancies, physical and/or sexual violence affecting women between 15 and 29 years old, and the improvement of age-appropriate completion rate of secondary education.

*Elimination of child marriage:* UNFPA supported efforts led by academic institutions to modify legislation that enables child marriage above 14 years of age. A draft law was elaborated and presented by a like-minded Congress member to the relevant legislative commission. The debate of the issue was postponed. It is expected that it will be addressed in the future.

Evidence was generated to advocate for and orient policy initiatives around prioritizing the needs of adolescents and young people, with emphasis on their SRH and rights. The following studies were either developed or supported by the CO: (i) The Ombudsman Office supervision of public schools and health facilities in 10 regions selected due to their high prevalence of adolescent pregnancies, to assess the extent of implementation of CSE and SRH services for adolescents (2020.2021); (ii) In partnership with Plan International, the situation of early and forced unions and their relationship with adolescent pregnancies and GBV was assessed (2018-2019). This study is considered a ground-breaker and key agenda setter on this significant challenge; (iii) A study on the impact of the COVID-19 pandemic in the exercise of sexual and reproductive rights by indigenous and Afro-descendant adolescents and youth, whose results have made visible the specific needs and barriers faced by these most at risk of being left behind population groups (2020); (iv) the estimation of public social expenditures for adolescents and young people, which included recommendations related to the enhancement of evidence-based quality of spending (2019-2020); (v) the assessment of the situation of adolescents and youth carried out by the UN Adolescents and Youth Interagency Group co-led by UNFPA and UNICEF, whose findings were utilized to advocate at the highest political level in favor of improving public investment / spending for adolescents and young people and developing a multi-sectoral agenda to promote their rights.

Support to enhance national capacities to design and implement evidence-based laws, policies and policy instruments addressing SRH and rights of adolescents and young people were complemented by UNFPA assistance to **strengthen capacities of youth organizations and supporting advocacy initiatives implemented by participatory platforms to include their SRR within public policies and programs**. Worth noting are the following:

Capacity building of local platforms led by adolescents in Nauta-Loreto (Amazonian Region) and Quispicanchi-Cusco (Andean Region) to address child marriages and forced and early unions affecting peri-urban and rural adolescents, and advance on transformation of harmful and discriminatory gender and social norms that normalize child marriage.

Capacity strengthening of Interquorum Youth Network (youth organization at the national level) and The National Youth Positive Network (Jóvenes Cambiando Vihdas) leading to their development of advocacy action plans to improve the government response to adolescents and young people needs', including adolescents living with HIV, with an emphasis on the fulfillment of their sexual and reproductive rights and the increase of public investment on adolescence and youth.

Under the Youth Now initiative, aimed at capacity strengthening of youth as agents of change to achieve the three transformative results, advocacy capacities on SRH and rights of 110 adolescents and young leaders of more than 30 youth organizations were enhanced during the programme cycle. The Youth Now Community of Peru is active in promoting and advocating for local, regional and national initiatives in favor of the eradication of gender based violence, the implementation of CSE, the access of adolescents to SRH services, and the participation of young people in decision-making, among other areas.

UNFPA provided **support to sectors in addition to the health sector**, via advocacy, policy dialogue, capacity development initiatives, **to develop strategies that integrate the sexual and reproductive health of adolescents and youth**, including those marginalized. With UNFPA support, the following two sectors addressed SRH of adolescents and youth in key policies, strategies, plans and/or programmes:

*Ministry of Women and Vulnerable Populations.* The National Policy on Gender Equality to 2030 that was approved in 2019 establishes the fulfillment of women's sexual and reproductive rights as a priority area, and develops strategic interventions aimed at strengthening implementation of in-school CSE and at enhancing access of adolescents to specialized SRH services. The Multisectoral National Policy on Children and Adolescents 2030 that was approved in 2021, includes strategic interventions addressing issues of SRH of adolescents including the prevention of adolescent pregnancy, access of adolescents to comprehensive healthcare including SRH, implementation of in school CSE, protection and care of girls and adolescents in cases of sexual violence and/or sexual exploitation.

*Ministry of Education.* In addition to policy and legal frameworks included in previous paragraphs related to the education sector, the National Education Project to 2036 considers the socio-emotional well-being of students as a main component of the educational path, and highlights the contribution of CSE in the learning process. UNFPA had a crucial role to ensure the gender approach on this policy document.

**Output 3:** Strengthened capacity of government institutions and civil society organizations to advance reproductive rights and address gender-based violence, ensuring a life free from violence for women and girls, at the national and subnational levels, in compliance with international commitments and standards

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
Existence of a government and civil society mechanism to follow up the adoption of international recommendations on sexual and reproductive rights, with UNFPA support	<i>No</i>	<i>Yes</i>	<i>Yes</i>
Number of policies and programmes that address sexual violence with a multisectoral approach, designed with UNFPA support	<i>0</i>	<i>3</i>	<i>7</i>

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

UNFPA contributed to strengthening capacities of government institutions and civil society organizations to advance reproductive rights and address gender-based violence, ensuring a life free from violence for women and girls, at the national and subnational levels, in compliance with international commitments and standards during the IX program cycle. Both output indicators were achieved.

The Government of Peru established a **permanent and multisectoral commission to implement and monitor the measures adopted by the Montevideo Consensus** on Population and Development in 2017. The commission is chaired by the Ministry of Women and Vulnerable Populations, with participation of all government sectors and representatives of civil society. UNFPA participates in the capacity of invitee, and has supported strengthening of monitoring and reporting national capacities related to implementation of Montevideo Consensus measures. Peru hosted the Third Regional Commission of Population and Development for Latin America and the Caribbean in 2018 and currently serves as chair for the said Regional Conference.

With UNFPA support, **policies and programmes were designed to address GBV, particularly sexual violence, with a multisectoral approach.** As the lead Agency of the UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence in Peru, UNFPA engaged in advocacy, policy dialogue, capacity building and knowledge management engagement modalities **strengthen the policy and legal frameworks to address GBV with a multisectoral approach.** Noteworthy are the Joint Action Base Protocol (1), the protocol for Women's Emergency Centers and Health Facilities (2), the protocol for articulated work between Women's Emergency Centers and Police Stations (3), the technical guidelines for the clinical management of sexual violence and the norm instructing all health facilities on the use of kits for sexual violence (4), as well as the technical guidelines for the management of mental health of GBV survivors and the handbook on GBV and persons living with disabilities. The implementation of two pilots on the **comprehensive management of GBV cases** – the functioning of a Women's Emergency Center in a health facility in the Piura regions and the Socio-emotional care center for GBV survivors in the Ayacucho region – was important to generate evidence for the design of informed policy and legal frameworks. On this same line, UNFPA produced the first report on GBV and Afro-Peruvian women, which is expected to further the LNOB approach to GBV in the next programme cycle.

Important progress was made in the **capacity strengthening of GBV response / attention service operators** to apply gender, human rights and intercultural approaches in GBV case management during emergency and development contexts. Courses of GBV case management were institutionalized as part of training in the Ministry of Women and the Ministry of Health (5). UNFPA also contributed to sensitize public officers about GBV and discrimination suffered by migrants and refugees and their need to access services.

**Capacities of the national human rights institution (Ombudsman Office)** to monitor and report on issues affecting sexual and reproductive rights and right to a life free of violence were strengthened with UNFPA support (7). Noteworthy are the Ombudsman's reports on the implementation of the law on prevention and elimination of violence against women (2017), report on obstetric violence (2020), report on sexual violence against girls and adolescents (2021), as well as awareness raising initiatives on disappearance of girls, adolescent girls and women (2020).

UNFPA also contributed to strengthen capacities of national institutions and actors for **GBV prevention and response in humanitarian settings** such as the COVID-19 pandemic. A guide to implement remote services to attend gender based violence cases was designed to orient service providers in the protection and justice sectors, and communication products prepared in support of the Ministry of Women on the route of available GBV services as well as an awareness to prevent GBV in the household during the COVID-19 lockdown reached more than 2 million people. In addition, direct GBV services were provided, with humanitarian response and emergency funding, to migrants and refugees from Venezuela and their host communities (2018-2020) as well as indigenous women of the Condorcanqui province in the Amazonas region (2021).

<b>Output 4:</b> Increased availability of high-quality disaggregated data and evidence on population dynamics, sexual and reproductive health and their linkages to poverty and sustainable development, that enables the mapping of social inequalities for evidence-based policy-making, including in humanitarian settings			
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
Population and housing census developed and disseminated, following international standards	<i>No</i>	<i>Yes</i>	<i>Yes</i>
Number of national government institutions using population projections for planning and monitoring public policies	<i>0</i>	<i>8</i>	<i>8</i>
Number of Sustainable Development Goal indicators under UNFPA commitment, with levels of disaggregation for mapping demographic and socioeconomic inequalities (includes SDG indicators under UNFPA custody and also indicators with UNFPA participation)	<i>0</i>	<i>10</i>	<i>9</i> <i>9</i>
<b>Key Achievements</b> <i>(input also from the last CP evaluation)</i>			
<p>UNFPA contributed to strengthen national capacities to ensure increased availability of high-quality disaggregated data and evidence on population dynamics, sexual and reproductive health and their linkages to poverty and sustainable development, that enables the mapping of social inequalities for evidence-based policy making, including in humanitarian settings.</p> <p>The <b>Population and Housing Census</b> took place in 2017, with UNFPA active participation in all relevant commissions and working groups, including the post-census evaluation. Results, population projections and by-products were timely produced and made publicly available, including: the methodological series to prepare and evaluate (post-census survey) the 2017 censuses; the final census results per department; the census results by Economically Active Population per departments; the final results of Census of Native Communities and Peasants 2017; special publications with additional analyses of census results by migratory/refugee condition, old adults living alone, adolescent motherhood, youth not working nor studying, access to health insurance, population distribution in the territory, census results by ethnic self-identification, household by age structure under eighteen years old, socio-demographic profile and access to basic services at households; and the whole series of population projections, at national and sub-national levels.</p> <p><b>National institutions used populations projections in policy planning</b>, including: the Vision 2050 produced by the National Center for Strategic Planning; the Multiannual Macroeconomic Framework of the Ministry of Economy and Finance; the National Policy for Gender Equality to 2030 of the Ministry of Women and Vulnerable Populations; the National Multisectoral Policy on Disability to 2030; the National Multisectoral Policy on Aging; the National Multisectoral Policy on Girls, Boys and Adolescents to 2030; the National Multisectoral Health Policy to 2030, under the Ministry of Health; and the National Policy on Culture under the Ministry of Culture.</p> <p>Progress and efforts were made to increase the <b>number of Sustainable Development Goal indicators for which UNFPA is custodian, that are measured with levels of disaggregation for mapping demographic and socioeconomic inequalities</b> (includes SDG indicators under UNFPA custody and also indicators with UNFPA participation). SDGs that are measured and reported with levels of disaggregation that allow mapping of demographic and socioeconomic inequalities are 9 (3.1.2, 3.3.1, 3.7.1, 3.7.2, 3.8.1, 5.3.1, 5.3.2, 16.1.3, 16.9.1). UNFPA has worked closely with MOH to update the measurement of SDG indicator 3.1.1 at the national and subnational levels and data was updated to 2016; it is important to ensure the regular update and reporting of the maternal mortality ratio. Reporting of SDG indicators 5.6.1 and 5.6.2 under UNFPA custody is still pending, though progress has been made and the necessary data to estimate the indicator is already collected by the DHS.</p>			

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	n.a.	2016	80%	2019	Source: Administrative records.
Contraceptive prevalence rate (total)	76.2% any method; 54.3% modern methods	2016	77.4% any method; 55.0% modern method	2020	Source: DHS Estimations for women in reproductive age (15-49).
Proportion of demand for contraception satisfied (total)	94%	2016	93.9%	2020	Source: DHS. Estimated for any method.
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	60%	2016	75%	2020	Source: Administrative records.
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	92.4% of live births attended by skilled health personnel	2016	94.3% of live births attended by skilled health personnel	2020	Source: DHS
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	0	2016	4	2021	Source: secondary information researched by CO
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male) * Indicator included measures percentage of women aged 15-49 whose male partner (any partner) utilized a condom in sexual relations in the past 12 months	17.2%*	2016	19.6%*	2020	Source: DHS
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	No (4.4%)	2016/ 2015	No (0.5%)	2019/ 2018	Source: Ministry of Economy and Finance
<b><u>Summary of National Progress</u></b>					
<p>In the last decade, the unmet need for family planning among women of reproductive age (married and in union) decreased from 6.9 percent in 2010 to 6.1 percent in 2019, with a parallel decline in the total fertility rate (from 2.6 children per woman in 2011 to 1.9 in 2020) and in the specific fertility rate (from 65 to 39 births per thousand women aged 15 to 19 between 2010 and 2015). However, great disparities persist, especially based on territory and age. The unmet need for family planning is greater in the departments of the Amazon rainforest, border areas and the highlands, where it can reach</p>					

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

rates of up to 10 percent (DHS, 2021). Adolescent girls ages 15 to 19 living in union have an unmet need for contraception almost three times (17.3 percent) higher than the national average. Further advances are necessary on the improvement of the supply chain to ensure its reaching the last mile, as well as the enhancement of competencies of healthcare providers to provide quality and culturally-sensitive as well as rights, gender and life-course based SRH services at endpoints (including counseling and delivering contraceptives to adolescents).

In recent decades, Peru has experienced a sustained reduction in the maternal mortality ratio, reaching 60.7 maternal deaths per 100,000 live births in 2016 (Ministry of Health, 2019), but it still remains above the regional average. The interruption of maternal health services during the COVID-19 emergency caused a dramatic increase in maternal deaths (by 45.7 percent in 2020 compared to 2019 and 65 percent in the first half of 2021 compared to 2020), which is equivalent to a 16-year setback (Ministry of Health, 2021). The proportion of prenatal care provided by qualified health professionals increased from 94.7 to 98.1 percent between 2010 and 2020. However, territorial differences between rural and urban areas persist (13 percentage points). Delivery care by qualified health professionals is 94.6 percent. Taking into account the high rate of institutional births in Peru (between 92 and 99.7 percent), the high percentage of maternal deaths in health facilities and in the postpartum period (94.5 percent and 74.5 percent, respectively) suggests that maternal mortality from direct causes is related to deficiencies in the quality of care.

Peru records one of the lowest modern contraceptives prevalence rates in the region (55 percent among women in union, lowering to 36.9 percent among all women in reproductive age in 2020), with most users of modern contraceptives relying on short-term methods (37.7 percent), particularly injectables and condoms (UNDESA, 2020). Modern contraceptive prevalence rate decreases among women in rural highlands (48.7 percent), in the lowest income quintile (47.6 percent), and indigenous women (46.3 percent). An average 52.1 percent of pregnancies are unplanned (two-thirds among adolescents) (DHS, 2021). An estimated 36 percent of adolescent girls aged 15-19 that are in union do not use any contraceptive methods and only half of women aged 12-24 used a condom in their sexual debut (DHS, 2021). This points to the need to strengthen the implementation of comprehensive sexuality education programmes in both school and out-of-school settings.

### **UNFPA's Contributions.**

Policy dialogue and capacity building of Ministry of Health and regional governments provided by UNFPA effectively contributed enhance the legal framework to progress on family planning with a rights approach. UNFPA support contributed to the formulation of norms seeking to guarantee or expand rights, identify best practices to inform policy formulation on SRH of adolescents, according to international standards, guarantee continuity of SRH services in emergencies including the COVID-19 pandemic, provide direct SRH services in humanitarian settings, and improve inclusion of population groups most at risk of being left behind in policies and programmes.

UNFPA systematically contributed to the generation and analysis of information and evidence on emerging and critical issues (i.e. sexual violence in girls, abortion in adolescents, adolescent contraception, maternal mortality and family planning during COVID-19 emergency); and knowledge management in ecosystem of social institutions, professional organizations and civil society platforms, with which the programme has maintained strategic alliances.

(Information is based on the report of the evaluation of the Sexual and Reproductive Health programme area of the IX Country Programme, in compliance with the Costed Evaluation Plan).

### **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)	78.8% of young women aged 15-19 and 74.9% aged 20-24 have knowledge about 2 programmatic ways to prevent sexual	2016	67.5% young women aged 15-19 and 71.4% aged 20-24 have knowledge about 2 programmatic ways to prevent sexual transmission of HIV	Source : DHS. Survey does not provide measurement
--	---	------	--	---

	transmission of HIV				of rejection of major misconceptions (in aggregate manner).
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2016	Yes	2020	

**Summary of National Progress**

Adolescents and young people (10 to 29 years old) represent approximately 30 percent of Peru’s population. The country is still transiting the demographic dividend, whose window of opportunity will close in just over 20 years. In the last decade, progress has been made in the formulation of national policies and plans, and sectoral norms to attend needs of adolescents and youth, including access to sexual and reproductive health services and implementation of comprehensive sexuality education, according to international standards. There are still challenges of implementation and financing of the legal and policy framework, which aggravated in the COVID-19 pandemic, due to its negative impact on the life trajectory of millions of adolescents and young people, particularly the most vulnerable.

The specific fertility rate of adolescents aged 15-19 years has declined progressively (from 65 in 2014-2015 to 39 in 2020), with significant differences between rural and urban settings, ethnicity and income / education level. There is an increasing trend among adolescents to postpone sexual debut. The rate of adolescent pregnancies exhibits a substantial reduction from 12.6% in 2018 to 8.3% in 2020, though it is high in cases of lower income levels (24.3%), rural (12.4%) and Amazonian areas (14.3%). In 2020, an estimated 25.9% of women aged 20-24 were in union before reaching 20 (46% in the Amazonian region of Loreto) and 6.7% of adolescent girls aged 15-19 were in union before turning 15. Early unions are often linked to adolescent pregnancies; 86% of adolescent girls who were in union at age 10-15 had their first child before reaching 18 years old. An estimated 36% of adolescent girls aged 15-19 that are in union do not use any contraceptive methods and only half of women aged 12-24 used a condom in their sexual debut. This points to the need to strengthen the implementation of comprehensive sexuality education programmes in both school and out-of-school settings.

**UNFPA’s Contributions**

In the last five years, UNFPA has contributed to position the needs of adolescents and young people in the public agenda, including forced and early unions and child marriages, as well as progress on enhancement of legal framework of adolescents’ sexual and reproductive rights; strengthen national capacities to provide SRH services to adolescents as part of the comprehensive health package and implement comprehensive sexuality education, according to international standards. It has also contributed to strengthen the leadership and advocacy capacities of adolescent and youth organizations in favor of their sexual and reproductive rights, including the design and implementation of action plans aimed at improving sexual and reproductive health and rights policies and programs in partnership with civil society organizations and other UN organizations.

**Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Does the country have gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2016	No	2021	Peru has a national policy on gender equality launched in 2019, which
--	----	------	----	------	---

					does not have a budget allocation. There are no gender equality national action plans - issues related to gender equality are addressed in silos, as well as budget allocations.
Proportion of taken actions by the country on all of the Universal Periodic Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	0%	2016	30%	2021	There is no national monitoring system of UPR recommendations. UPR recommendations were issued in 2015 and 2017. Measurement made by CO in coordination with OHCHR focal point.
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances *Indicator used is index of social tolerance to violence against women. Indicator values are not comparable due to changes in methodology.	54.8%	2015	58.9%	2020	Source: National Survey on Social Relations

**Summary of National Progress**

The Peruvian government has adopted important measures towards gender equality and the fight against gender-based violence, such as the National Policy on Gender Equality (NPGE), the National Human Rights Plan (NHRP), the declaration of national interest and priority to fight violence against women, the National Plan against Gender-Based Violence 2016-2021; the Results-Based Budget Programme to Reduce Violence against Women (RBPVW); the classification of femicide as a separate crime; protocols to address GBV from a multisectoral approach (Joint Action Protocols, protocols for Women's Emergency Centres (CEM) and Health Facilities); awareness-raising campaigns; inclusion of migrant women as a vulnerable group, regardless of their migratory status, the inclusion of parity and alternation progressively, the introduction of a gender perspective in regular basic education, the delivery of oral emergency contraception (OEC) free of charge, the ratification of Convention No. 189 on domestic workers, and the National Development Plan for the Afro-Peruvian Population (PLANDEPA) have been adopted. More recently, the Guidelines for the Prevention of GBV have also been approved. During the COVID-19 pandemic, the Government made available various forms of care for GBV survivors (remote online counseling and mobile teams, online court hearings) and improved information to report cases. Also, Legislative Decree No. 1468 was adopted for the prevention and protection of persons with disabilities, creating the Virtual Care Platform for interpretation with officials and the National Digital Platform for the Registry of Persons with Disabilities, to provide information to municipalities so that they can provide social assistance.

Despite the enabling legal and policy framework, gender-based violence is high. In the last 12 months, 9.2% of women in union have suffered physical violence and 2.5 percent sexual violence by an intimate partner. Significant disparities in gender-based violence rates exist by income level (higher in the two lowest quintiles), ethnicity (higher among indigenous), sexual orientation and gender identity, disability and migration status. An estimated 63% of LGTBQ+ population have been victims of discrimination and/or violence during their lives, and 11% are survivors of sexual violence. There is limited data availability and high underreporting (70%); notwithstanding, administrative records point to increased gender-based violence complaints and care during the COVID-19 emergency, particularly among girls under 12 years old, which more than doubled the number of complaints by adult women in 2020. According to the Ministry of Health, deliveries of girls below ten years old increased from 9% to 24% in 2020. Similarly, femicides almost doubled, from 84 in 2015 to 149 in 2019. Weaknesses persist in ensuring a multisectoral coordinated response, linked to the lack of a unified data system and gaps in the provision of essential services for gender-based violence prevention and care, particularly in sexual violence. Discriminatory gender and socio-cultural norms limit bodily autonomy and fuel gender-based violence and other harmful practices, particularly early marriages or unions.

**UNFPA's Contributions**

UNFPA contributed to enhance the legal framework for the prevention and care of gender-based violence through advocacy, policy dialogue and capacity development engagement modalities, as well as to strengthen national capacities and competencies of health, protection and justice services providers to address GBV according to international standards, and generate evidence to inform design of policies and programmes to address GBV. Moreover, it contributed to strengthen capacities of the national human rights institution (the Ombudsman Office) to monitor and report on compliance with international commitments and recommendations of treaty organs related to the right to a life free of violence. UNFPA also provided support to government institutions to develop communication and awareness raising campaigns to sensitize stakeholders and the population in general on GBV prevention in emergency and development context.

**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)?	Yes	2007	Yes	2017	Census results and projections were released as planned. Posterior events including the COVID-19 pandemic and migration/refugees from Venezuela
--	-----	------	-----	------	---

					require the implementation of an intercensal count, as included in the proposed CP 2022-2026.
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)?	Yes	Yearly	Yes	Yearly	The DHS is updated on an annual basis.
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	1	2016	4	2021	Value of target indicator is referred to assessments on strategic interventions around SRH and adolescent and youth carried out by the Ombudsman's Office with UNFPA support.
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0%	2016	100%	2021	A new national development plan was approved in 2020 (Vision 2050) which addresses population dynamics and takes into account trends and projections in setting development targets.

**Summary of National Progress**

The regular generation of the main population based surveys has not been affected by the pandemic, although there is still a gap between availability and use. However, some surveys such as the National Survey on Social Relations, have been postponed due to budgetary restrictions. Quality and opportunity of administrative records on sexual and reproductive health have improved. Capacities of the national statistics system to disaggregate information by key stratifiers, such as ethnicity, have partially improved. There is a need to further advance on disaggregation by ethnicity, disability and migratory status variables in population based surveys and administrative records.

**UNFPA's Contributions**

UNFPA contributed to design, implement and disseminate results of the 2017 National Census, population projections and its by-products in coordination with ECLAC. It also contributed to foster use of population projections and population dynamics in policy design. In addition, UNFPA assisted on training of civil society organizations, including indigenous and Afro-descendant organizations, and knowledge-based organizations on the use of census and population-based surveys information as well as on managing data consultation platforms, particularly REDATAM.

In the case of maternal mortality estimates by department (2002-2016), UNFPA proposed the methodological approach (capture-recapture), to use nationally generated information (maternal mortality records from epidemiological surveillance and death certificates), in order to monitor changing profiles. Since the onset of the COVID-19 pandemic, UNFPA provided continuous analysis to monitor impacts on preventable maternal mortality, that has been utilized in partnership with the Ministry of Health to project trends up to the year 2030.

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b> <b>Choose only those relevant to your CP</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
Increased availability and use of integrated sexual and reproductive health services	\$ 1.2	\$ 1.5	\$ 1.3	\$ 1.5	\$ 2.5	\$ 3.0
Youth policies and programmes, and increased availability of comprehensive sexuality education	\$ 0.8	\$ 0.9	\$ 0.7	\$ 0.2	\$ 1.5	\$ 1.1
Advanced gender equality, women's and girls' empowerment, and reproductive rights	\$ 0.7	\$ 1.0	\$ 0.6	\$ 1.8	\$ 1.3	\$ 2.8
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	\$ 0.8	\$ 1.1	\$ 5.0	\$ 0.4	\$ 5.8	\$ 1.5
Programme coordination and assistance	\$ 0.3	\$ 0.6	\$ 0	\$ 0	\$ 0.3	\$ 0.6
<b>Total</b>	<b>\$ 3.8</b>	<b>\$ 5.1</b>	<b>\$ 7.6</b>	<b>\$ 3.9</b>	<b>\$ 11.4</b>	<b>\$ 9.0</b>

\*Main differences of expenditures with respect to planned resources are the following:

Increase in aggregate expenditures of regular resources with respect to planned amounts is explained by a non-anticipated increase in the yearly ceiling of regular resources to around \$ 1 million since 2018, as well as additional \$ 0.5 million for COVID-19 response in 2020.

Decrease of aggregate expenditure of other resources with respect to what was planned: the CO resource mobilization plans included a co-financing agreement with the National Statistics Office related to the 2017 national census and bilateral funds for interventions in the youth and adolescence programme area, none of these were attained. On the other hand, other resources for the programme areas of SRH and gender were higher than planned due to mobilization of humanitarian funds.