

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR PERU

First regular session 2022

Comments by Canada	UNFPA country and regional office response to comments
<ul style="list-style-type: none"> ● Canada welcomes the choice of priorities chosen for the Peru CPD. ● The strategy of seeking to include family planning in universal health coverage is correct and timely. Support to the construction of tools such as georeferencing data and capacity building of health personnel is welcomed. ● UNFPA's proposal for strategic support to the country's responses to gender-based violence is rightly multidimensional. It targets both social norms and improvement of public sector responses, particularly regarding prevention and care for victims. 	<p>UNFPA deeply appreciates the comments made by the delegation of Canada and reiterates its commitment to accelerate progress towards the achievement of the Sustainable Development Goals and the three UNFPA transformative results by 2030.</p>
<ul style="list-style-type: none"> ● Given the unmet demand for planning methods in Peru is one of the lowest in the region, we suggest increased focus on the supply of/unmet need for modern methods. 	<p>UNFPA acknowledges and appreciates the comprehensive review and comments made by the delegation of Canada. As indicated in para. 4 of the CPD, “<i>Peru records one of the lowest modern contraceptives prevalence rates in the region (55 per cent among women in a union, lowering to 36.9 per cent among all women of reproductive age in 2020)</i>”. As mentioned in para. 3 of our CPD, this is due, amongst other factors, to “<i>the conservative attitudes and practices of public health providers (particularly towards dispensing contraceptives to adolescents), challenges in the supply chain to reach the ‘last mile’, long waiting times and poor counselling at service delivery points</i>”.</p> <p>During the proposed country programme cycle, UNFPA, in cooperation with the national authorities, will increase the focus on the supply of unmet need for family planning in the following ways:</p> <ul style="list-style-type: none"> ● provide evidence to position family planning in the universal health coverage and key policy frameworks targeting the most left behind people (adolescents and women of reproductive age in lowest income quintiles, people living in rural areas, with lower educational level, indigenous and Afro-Peruvians, people with disabilities);

	<ul style="list-style-type: none"> ● provide technical assistance to improve demand forecasting and increase budget allocations, based on evidence emerging from country investment cases; ● strengthen the implementation of legal, policies and regulatory frameworks, through policy advice and support to the Ministry of Health in order to reach the most left behind population groups, particularly adolescents and youth, who present the highest unmet needs; ● support the expansion of the use of cost-effective, long-acting reversible methods, as a key strategy for reducing maternal mortality and adolescent pregnancy and improve the provision of emergency contraceptives, as part of the existing sexual violence protocols, in response to a request from the Ministry of Health.
Comments by European Union	UNFPA country and regional office response to comments
<ul style="list-style-type: none"> ● Overall: A programme rightly oriented around lagging access and equity among marginalised or remote communities. The needs of girls and women are underserved across the country but particularly in certain areas such that, although an upper-middle income country, Peru continues to face challenges meeting unmet need. In this context, UNFPA offers expertise, knowledge and technical support rather than resources aimed at systems strengthening (a better distribution of Human Resources across the health system), demand creation (encouraging women and girls to attend health services for family planning, counselling, antenatal care and delivery) and supporting the enabling environment (for example, around increasing gender-based equity, education and nutrition for adolescent girls and SGBV services). 	<p>UNFPA appreciates comments made by the European Union. Indeed, the first country programme output explicitly addresses the strengthening of capacities of institutions and actors to enhance policy, legal and financial frameworks related to family planning and their inclusion in UHC, as well as improving equity, quality and effectiveness in service provision and addressing supply and demand bottlenecks. In addition, and acknowledging interlinkages between outputs, support to enabling the environment is also addressed by outputs 3, 4 and 5 of the proposed country programme. Finally, some minor technical discrepancies in the description of the outputs between the narrative and the RRF section were identified; to ensure consistency these have now been corrected in the RRF.</p>
<ul style="list-style-type: none"> ● Risks identified are significant (and comprehensive) but mitigation and knock-on effects from programme adjustments, prioritisation etc seem scant. UNFPA will have limited space to operate; yet, it is a critical partner in this challenging environment. A sharper sense of how it will make choices, mitigate risks and use its limited resource envelope could be very helpful 	<p>UNFPA appreciates the comment of the European Union. UNFPA develops a risk analysis and response as part of its annual planning to anticipate potential risks on an ongoing basis and be prepared in advance. This will soon be reinforced by the global roll out of the corporate Enterprise Risk Management Policy. In addition, UNFPA conducts risk analysis and scenario planning to adopt mitigation measures, particularly for projects that are highly sensitive to change in challenging environments or whose changes may have significant political and budgetary impacts. When necessary, UNFPA utilizes social and cultural values analysis to support its work. Due to the limited word count, this information could not be included in the country programme document, although it is certainly part of the UNFPA programme planning,</p>

	<p>implementation and monitoring system. In implementing the CPD, UNFPA will approach and engage potential donors by providing evidence on emerging and future trends on social investment opportunities in the COVID-19 context, in line with national priorities. UNFPA will also emphasize innovation, information and communication strategies, partner diversification, documenting and evaluating experiences, identifying lessons learned and sharing good practices as part of resource mobilization towards fostering programmatic sustainability and scalability. In addition, strategic communications - in coordination with the development of strategic partnerships - will support UNFPA's positioning as a leading agency on sexual and reproductive health and rights and underscore its role on sociodemographic data.</p>
<ul style="list-style-type: none"> Partnerships are mentioned but who are the partners of choice? How will UNFPA work through partnerships to leverage change in this context? 	<p>UNFPA acknowledges receipt, with thanks, of the comments of the European Union. UNFPA will work with a diversity of stakeholders, including the Government, the private sector, foundations, parliamentarians, civil society, community organizations, academic and scientific institutions, individuals and other partners. For instance, UNFPA intends to strengthen alliances and the development of actions as part of a comprehensive plan with civil society organizations, including feminist groups -i.e. NGOs Flora Tristan, Manuela Ramos, Promsex, represented in a local coordinating mechanism – called “Mesa de Vigilancia por los derechos sexuales y reproductivos” – in order to support the Ministry of Education in the implementation of comprehensive sexuality education programmes aiming at the prevention of teen pregnancy, child marriage and early unions, as well as sexual violence. Specific strategies will be pursued for different categories of partners, with the objective of accelerating progress towards the intended results. As per UNFPA policy, the competitive selection process of implementing partners will be conducted after the approval of the country programme document.</p>
<p>Comments by Spain</p>	<p>UNFPA country and regional office response to comments</p>
<ul style="list-style-type: none"> EVALUATION OF THE PROCESS AND PARTICIPATION OF AECID PERU. Peru's OTC has participated in two consultation workshops convened by UNPFA during 2021 where the document proposals have been presented and opinions and contributions have been collected from the stakeholders convened during the workshop and in the following weeks via email. In both workshops the methodology was appropriate, which made it easier for us to participate and offer some contributions. One of them was a greater visibility of the LGTBI population in the actions that could involve 	<p>UNFPA acknowledges and thanks the delegation of Spain for their positive comments and their active participation at the consultation workshops. UNFPA looks forward to strengthening local cooperation with the Spanish Agency for International Development Cooperation (AECID) in Peru.</p>

<p>them, so that it would not be masked under the generic clause of excluded and vulnerable population groups. This recommendation seems to have been accepted. We value positively the process of participative elaboration of the programme.</p>	
<ul style="list-style-type: none"> ● COMMENTS TO THE CPPS DOCUMENT: on page 11 and 12 in the first indicator of the first product when it refers to the absence of a National Gender Equality Action Plan, we must consider that there is such a plan or homologous instrument. In March 2020 Peru approved the ‘Multisectoral Strategic Plan for Gender Equality’ - PEMIG, to articulate and operationalize the National Gender Policy. It sets out priority objectives, guidelines and services, to incorporate them into the strategic and operational planning of the different sectors at the service level and to be able to follow up on them. 	<p>UNFPA acknowledges receipt and appreciates the comments from Spain. It might be important to clarify the extent of the reference contained in pages 11 and 12. UNFPA is aware that the country approved a Multisectoral Strategic Action Plan for Gender Equality in March 2020. The Plan includes reference to prioritized services and their yearly targets, including sexual and reproductive health services and reproductive rights; however, it does not have an earmarked budget line for its implementation. The first indicator of the first product in the CPPS refers to the absence of an earmarked budget.</p>
<ul style="list-style-type: none"> ● COMMENTS TO THE CPPS DOCUMENT, on page 12 in the second indicator of the first output when referring to the absence of a Human Rights Recommendations Follow-up System, it should be recognized that there is a Policy Follow-up, Monitoring and Evaluation System, plans and programs of Human Rights as a tool for interoperability of information management in charge of the General Directorate of Human Rights of the Ministry of Justice and Human Rights and in August 2020 the "Intersectoral Protocol for the Participation of the Peruvian State before the Systems of International Protection of Human Rights" was approved with the creation of focal points in the state entities. Although the system is not the Inter-American SIMORE or the Colombian SISREDH, it must be recognized that there is a recent system and instruments to carry out follow-up and articulation. 	<p>UNFPA welcomes the comments from the delegation of Spain. UNFPA considers that the baseline and target values of the indicator are appropriate. UNFPA acknowledges the approval of the "Intersectoral Protocol for the Participation of the Peruvian State before the Systems of International Protection of Human Rights" approved in 2020, which provides for the utilization of a follow-up, monitoring and evaluation system of Human Rights policies, plans and programmes whose design has been supported by Spain. UNFPA will approach the Ministry of Justice and Human Rights as well as the Spanish Agency for International Development Cooperation in Peru to join efforts as part of the country programme implementation.</p>
<ul style="list-style-type: none"> ● COMMENT TO THE CPPS covering the evaluation of achievements from 2017 to 2020, there is no mention of the Spanish contribution that was made through the Program on Essential Services for Women and Girls subjected to Violence from 2016 to December 2019 that had concrete expression in Peru through various actions valued at 650,000 euros in total allocated to Peru. 	<p>UNFPA takes note of and appreciates the comments made by the delegation of Spain. UNFPA recognizes and deeply values the contribution of the Spanish Agency for International Development Cooperation in Peru to improve the Programme on Essential Services for Women and Girls subjected to Violence. UNFPA is committed to contribute with stakeholders in Peru to addressing gender-based violence challenges in Peru. To this end, UNFPA will approach the Spanish Agency for International Development Cooperation in Peru and the Ministry of Women and Vulnerable Population to join efforts.</p>

<ul style="list-style-type: none"> ● RECOMMENDATION FOR INCLUSION IN THE DOCUMENT The government approved in July 2021 the National Strategy for the Prevention of Gender Violence against Women, being the main instrument framed in the National Equality Policy to promote prevention as one of the main elements of violence. It should be included in the document in the part that identifies the policy instruments. 	<p>UNFPA appreciates and takes note of the comment from the Spain delegation. It is important to note that in para. 6, UNFPA acknowledges the existence of an enabling legal and policy framework related to gender-based violence in Peru. However, due to limited word count, it is difficult to list all policies, plans and programmes within the document. In addition, UNFPA’s engagement with specific policy instruments will be spelled out in other documents that are integral part of the country programme implementation, like work plans and project documents.</p>
<ul style="list-style-type: none"> ● RECOMMENDATION FOR INCLUSION IN THE DOCUMENT Include in the section of the diagnosis related to the situation of gender violence, the high number of missing women victims of gender violence. This phenomenon was not visible in society and public institutions, but with the pandemic the problem has emerged with force, showing very high figures. The Ombudsman's Office itself has denounced on several occasions this situation of disappearances of girls, adolescents and adult women (16 on average per day), and has recommended that the disappearance of women by private individuals be included as a form of violence in Law No. 30364 on gender violence. It may be worthwhile to include it in the section on gender violence. 	<p>UNFPA appreciates and agrees with the comment made by the delegation of Spain. UNFPA is committed to making this issue visible and providing technical assistance to national authorities to address this in the implementation of the Country Programme. Indeed, the numbers of missing girls, adolescents and women are alarming; as per records of the Ministry of Women, between January and September 2021, there were 4,463 missing girls and adolescents (2,898) and women (1,565).</p>
<ul style="list-style-type: none"> ● COMMENTARY TO ALL DOCUMENTS. In all documents, the feminist movement in the country is not accurately represented, even though it is a key actor. We understand that, although it is not mentioned, they are included in the non-governmental organizations, but it is not the same thing and they require at least a specific mention in those areas in which we would work with this actor, if it is planned to work with them. It would be advisable to make it visible as a political actor, because although other categories of non-governmental organizations and grassroots organizations such as community, church, rural, human rights or indigenous organizations are mentioned, the document does not mention this category of organization, which has been one of the actors that has contributed the most to the issue and is key to the progress of the proposed agenda, particularly on the following issues: sexual and reproductive rights, including abortion, the fight against gender violence and 	<p>UNFPA takes note, with thanks of this comment. UNFPA certainly recognizes the leadership of feminist groups in driving issues related to gender equality and women’s empowerment. As rightly assumed by Spain’s comment, feminist groups are indeed included under the more general heading of “non-governmental and community organizations”, though, where suitable, specifications were added. A more detailed listing of partnerships will be included in the annual workplans, where UNFPA will specifically highlight partnerships with grassroots feminist organizations in recognition of the longstanding partnership with these groups in support of the promotion of gender equality and women’s empowerment in Peru.</p>

comprehensive sexual education, among others.	
Comments by United States of America	UNFPA country and regional office response to comments
<p><i>Regarding Programme Priorities and Partnerships</i></p> <ul style="list-style-type: none"> ● We support UNFPA’s focus on gender-based violence (GBV) and harmful practices. 	<p>UNFPA expresses its appreciation for the comments of the United States reiterates its commitment to continue its efforts to accelerate the elimination of gender-based violence, as a cornerstone for the achievement of the Sustainable Development Goals and the three UNFPA transformative results by 2030.</p>
<p><i>Regarding Programme Rationale</i></p> <ul style="list-style-type: none"> ● Given the link between poor quality of care and maternal mortality in Item 6, we recommend UNFPA provide more strategic focus to facility-level capacity strengthening and expanding access to comprehensive emergency obstetric and newborn care. 	<p>UNFPA appreciates and takes note of the comment of the delegation of the United States. Indeed, as indicated in para. 6 of the CPD, poor quality of care is a major factor hindering an acceleration in the reduction of preventable maternal deaths in Peru. As reference in para. 6 “<i>By 2015, less than 14 percent of health facilities had an acceptable capacity to provide obstetric care, with only four departments providing the highest level of comprehensive obstetric care (National Survey of Health Institutions, 2016)</i>”.</p> <p>In order to address this major challenge, UNFPA will put in place a series of interrelated strategic interventions, including:</p> <ul style="list-style-type: none"> ● strengthen the capacities of health facilities to ensure the delivery of medical functions related to EmONCs, through capacity development and technical assistance in areas such as: availability of supplies, management of obstetric complications, monitoring quality of care, referral and counter-referral systems; ● reach out to national authorities to promote the adoption of interventions that have proven to be cost-effective in reducing maternal and neonatal mortality and disability, based on the latest available evidence and on country investment cases. These interventions include the implementation of life-saving basic and comprehensive emergency obstetric and neonatal care (EmONC); ● promote the formulation of a national plan for the reduction of maternal mortality and the updating of the current classification of EmONC services, with a focus on strengthening capacities for EmONC at health facilities in selected territories; ● provide technical assistance to enhance the capacities of the national statistics system to produce georeferenced data on maternal and neonatal mortality and health services in selected territories (particularly taking into account the impact of COVID-19), so as to highlight the linkages between poor EmONCs outcomes and maternal deaths; and

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| | <ul style="list-style-type: none">● reach out to international financial institutions (IFIs) to advocate for funding of an external assessment of the quality and capacity of local health facilities to provide maternal and neonatal health services against established standards at the national level, as part of the technical assistance component of loans already approved for the health sector. |
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