



**Convention on the
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION**

Third periodic reports of States parties due in 2004

PERU* **

[28 January 2004]

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** In accordance with the information transmitted to States parties concerning the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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ACRONYMS AND ABBREVIATIONS

CONADIS	National Council for the Integration of Disabled Persons
CONAM	National Environmental Council
CONFIEP	Intersectoral Confederation of Private Enterprises
CONTRADROGAS	Commission to Combat Drug Use
COOPOP	Office for Grass-roots Cooperation
DEVIDA	National Commission for Development and Life without Drugs
ENAHO	National Household Survey
ENNIV	National Survey for the Measurement of Living Standards
FONCODES	National Compensation and Development Fund
INABIF	National Family Welfare Institute
INEI	National Institute for Statistics and Information
INS	National Health Institute
MCLPC	Forums against Poverty
MEF	Ministry of the Economy and Finance
MIMDES	Ministry for Women and Social Development
MINEDU	Ministry of Education
MINJUS	Ministry of Justice
MINSA	Ministry of Health
MTPE	Ministry of Labour and Employment
NGO	Non-governmental organization
PAHO	Pan-American Health Organization
PAR	Programme of Support for the Resettlement and Development of Emergency Zones
PATPAL	<i>Parque de las Leyendas</i> Board
PNCVFS	National Programme to Combat Domestic and Sexual Violence
PROMUDEH	Ministry for the Advancement of Women and Human Development
PRONAA	National Food Aid Programme
RENIEC	National Register of Identity and Civil Status

INTRODUCTION

1. This third national report has been prepared pursuant to article 44 of the Convention on the Rights of the Child. It seeks to show the present situation and the progress made in the exercise of the rights recognized in the Convention.
2. Attention must be drawn to the inclusion in the report of the National Plan of Action for Children and Adolescents 2002-2010 (PNAI),* the start-up of which constitutes the most important challenge for the effective exercise of rights and for sustainable development in Peru.

I. SITUATION AND PROSPECTS

3. In an analysis of the application of the Convention it is first necessary to describe the political and legal situation in Peru in the 1990s. From the social point of view that decade was characterized by the corruption of the Government, the break-down of the institutions of society, and excessive authoritarianism on the part of the Executive. In legal terms there was a crisis of the rule of law, a loss of confidence in the Judiciary, and want of a culture of legality in all the sectors of society.
4. Furthermore, the violation of fundamental rights was characteristic of a situation which Peru is still trying to understand today.
5. The moral crisis must be singled out as a fundamental problem (one which inevitably undermined the country's institutions). Accordingly, if one feature characterized the 1990s it was the culture of corruption.
6. In November 2000 Dr. Valentín Paniagua assumed office as President of the Republic and took up the great challenge of reconstructing, with his transitional Government, a Peruvian State in which respect for human rights, consolidation of the institutions of society, and reorganization of the structure of power would be the principal governmental policies.
7. Later, the Government of Dr. Alejandro Toledo took over the task of rebuilding the State through the democratization of power, decentralization of State control, and unrestricted respect for human rights.
8. Against this background the Government has been carrying out national policies to solve the problems described above. Accordingly, the fight against extreme poverty is becoming a basic focus of the State's action in terms of the priority given to measures to help the poorest people and to build and develop capacities.
9. The Government has also given priority to promoting negotiation as a mechanism of dialogue. In this connection it signed the National Accord on State Policies, an unprecedented arrangement in Peru's history, under which the different social and political forces have

* [Translator's note] The distinction drawn in Peruvian law and in the Spanish original of this report between children (0-11 years) and adolescents (12-17 years) is maintained in the translation, as in this example, only in titles of bodies, legislation, etc. In routine references "children" means children within the meaning of the Convention (0-17 years).

undertaken to work for the success of the proposals contained in that document. These proposals include various measures for the benefit of children,¹ such as:

- State Policy No. 7, which provides that “... to this end the State ... (c) Shall place special emphasis on extending the legal mechanisms for combating ingrained violent practices such as domestic violence and violation of the physical and mental integrity of children, old people and women ...”;
- State Policy No. 11, which refers to the promotion of equality of opportunity without discrimination: “ ... the State ... shall develop systems for the protection of children ...”;
- State Policy No 12, which posits “Universal access to free State education of good quality and the promotion and protection of culture and sports”;
- State Policy No. 13, which provides for “Universal access to the health services and social security”;
- State Policy No. 16, which is concerned with “ ... strengthening the family, protecting and fostering the development of children and young people” and states as an important component of this policy that the State “ ... shall strengthen the lead agency of the system for the care of children ...”.

10. As already pointed out, one of the most important challenges facing Peruvian society and the entire political class today is to restore the country to full governability in order to facilitate the strengthening of democracy and the construction of a collective future of prosperity and social justice.

11. The common approach to be built by joint efforts can be described in terms of the following convergent and interdependent paths:

- (a) **First**, to ensure the effective delivery of human rights in general by establishing public policies for the comprehensive protection of children in particular. This will require the components of society and the State to harmonize their efforts in a joint approach in which respect for the equality of human beings is the basis for mutually supportive, efficient and sustainable social development;
- (b) **Second**, to secure the sustained economic growth and genuine development of the regions to facilitate a geographical redistribution of the production of goods and of access to them; this will be sought chiefly by means of decentralization of decision-

¹ The age ranges are as follows: 0-5 years (from conception to age five years, 11 months and 29 days); 6-11 years (from age six years to 11 years, 11 months and 29 days); 12-17 years (from age 12 years to 17 years, 11 months and 29 days); and 0-17 years (from birth to age 17 years, 11 months and 29 days). The State protects life from the moment of conception; chapter I, article 2.1, of the Constitution states: “Everyone has the right: (1) to life, an identity, moral, mental and physical integrity, unrestricted development and well-being. From conception a person is a subject of law with respect to all aspects of the protection provided by the law.”

making as the basis for true democracy, so that the peoples of Peru will cease to be passive actors and become protagonists of their destiny and history;²

- (c) **Third**, to make substantial changes in the structure, functions and management of the State as fundamental steps in the process of placing the State in the service of society and thus making it into a powerful tool of equity;
- (d) **Fourth**, to implement a social development policy in which the State ceases to produce programmes weighed down with a social-assistance approach and instead promotes the development of human capacities, so that the nation's social capital becomes the foundation of its authentic growth;
- (e) **Fifth**, to drive forward the historical process of the nation's acknowledgement of the facts of the violations of human rights in the 1980s and 1990s; the Truth Commission was established for this purpose;³

² The **National Forum against Poverty** has the following goals:

- To negotiate social policies for human development based on gender equity. To secure increased efficiency in the execution of the anti-poverty programmes;
- To institutionalize the people's participation in the design and adoption of decisions and the monitoring of the State's social policy;
- To ensure the transparency and integrity of the anti-poverty programmes.

And the following functions:

- To promote a national dialogue to secure the coherent harmonization of the efforts of the State, civil society and the private sector in the fight against poverty;
- To establish mechanisms for coordination among the State sectors and between them and civil society in order to secure transparency and efficiency and establish reliable and up-to-date systems of information on public social investment, within the framework of the established social objectives;
- To serve as a mechanism for coordination in order to avoid the duplication of social welfare programmes, secure the rational and timely use of committed resources, and determine geographical or thematic priorities for the allocation of resources;
- To act as a consultative body for the formulation of national, departmental and local plans relating to development and social-welfare policies and for the determination of budgetary priorities.

³ The **Truth Commission** is responsible for investigating the process, the facts and the liabilities in connection with the terrorist violence and infringements of human rights between May 1980 and November 2000, which may be attributed both to terrorist organizations and to agents of the State, and for proposing measures to consolidate peace and concord among Peruvians. It has the following objectives:

- (a) To study the political, social and cultural conditions and the behaviour which, in society and in the institutions of the State, contributed to the tragic situation of violence in Peru;
- (b) Where appropriate, to contribute to the investigation by the relevant judicial organs of the crimes and violations of human rights committed by the terrorist organizations and by some agents of the State, to endeavour to determine the whereabouts and situations of the victims, and to identify as far as possible the presumed perpetrators;
- (c) To draft proposals for compensating and restoring the self-respect of the victims and members of their families;
- (d) To recommend institutional, legal, educational and other reforms to prevent any recurrence of this phenomenon, with a view to the introduction and implementation of such reforms by means of legislative, political and administrative measures; and
- (e) To establish mechanisms for monitoring the action taken on its recommendations.

- (f) **Sixth**, to consolidate the National System for the Comprehensive Care of Children and Adolescents through the National Plan of Action for Children and Adolescents 2000-2010 (PNAI) and the strengthening of the Ministry for Women and Social Development (MIMDES) as the System's lead agency;
- (g) **Seventh**, to build an ethical society founded on the quest for the good, in which solidarity is the natural kind of relationship between Peruvians, with a view to the gradual creation of a culture of mutual respect.

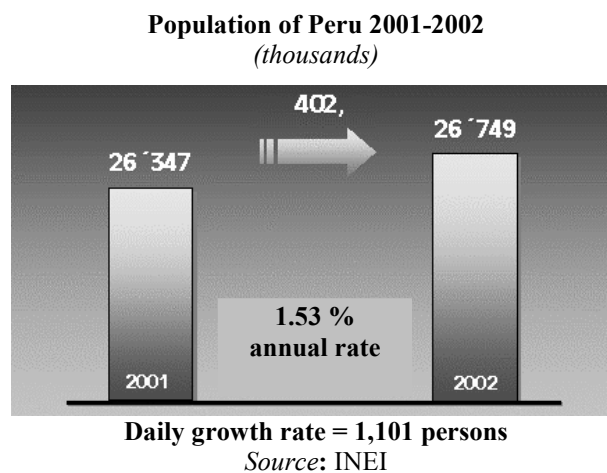
12. It would be idle to think of building authentic democracy and social justice and a State devoted to the service of the people unless they are to be founded on the values of justice, the common good and solidarity.

A. Socio-demographic indicators and living standards

13. In general terms, recent years have seen advances in the most important social indicators, but they have been insufficient and fragmented and below the Latin American averages.

14. Peru's estimated population⁴ for the current year is 26,749,00, with an annual growth rate of 1.5 per cent. Of this total, 72 per cent live in urban areas and 28 per cent in rural areas, defined as settlements having fewer than 100 dwellings grouped together. Fifty-one per cent of the population lives at the coast, 35 per cent in the mountains, and 14 per cent in the forest.

15. Of Peru's total population, 54.8 per cent (14,609,000 inhabitants)⁵ live in poverty and 24.4 per cent (6,513,000) in extreme poverty.



⁴ Population estimates and projections 1950-2050. National Institute for Statistics and Information (INEI).

⁵ Technical Report No. 002, April 2002: "Main findings of the National Household Survey of Living Conditions and Poverty (ENAHO), Fourth Quarter 2001". INEI.

Poverty rates, 2001⁶
(percentages)

<i>Areas</i>	<i>Total poverty</i>	<i>Extreme poverty</i>
National areas	54.8	24.4
<i>Áreas</i>		
Urban	42.0	9.9
Rural	78.4	51.3
Natural regions		
Coast	39.3	5.8
Mountains	72.0	45.6
Forest	68.7	39.7
Domains		
Urban coast	44.6	7.6
Rural coast	62.7	19.7
Urban mountains	51.6	18.3
Rural mountains	83.4	60.8
Urban forest	62.4	34.9
Rural forest	74.0	43.7
Metropolitan Lima	31.9	2.3

16. In 2001 total poverty was up by 1.4 per cent over 2000 and by 7.1 per cent over 1997. Similarly, extreme poverty in 2001 was 4.5 per cent higher than 2000 and 1.3 per cent higher than in 1997.⁷

17. The difference between the current estimate of the poverty rate of 54.8 per cent and the 48.4 per cent published for 2000 (6.4 points) is due to the combined effect of methodological improvements (5 points) and the increase in the rate itself (1.4 points). The growth of extreme poverty between 2000 and 2001 from 15 to 24.4 per cent (9.4 points) is due to methodological improvements (4.9 points) and the increase in the rate itself (4.5 points).⁸

18. The following information is available on employment in Peru:

⁶ *Idem.*

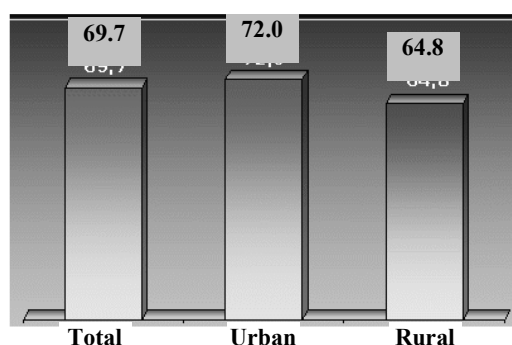
⁷ *Idem.*

⁸ *Idem.*

Peru: Employed population aged six years and older, by age group (thousands)⁹

<i>Sex and age</i>	<i>Total EAP</i>	<i>EAP</i>	
		<i>Employed</i>	<i>Unemployed</i>
Male	7 273	6 913	360
6-14 years	675	670	5
15-64 years	6 183	5 842	341
65 and older	414	400	14
Women	5 532	5 261	271
6-14 years	545	543	2
15-64 years	4 764	4 498	266
65 and older	224	221	3
Total	12 806	12 174	631

Life expectancy at birth: urban and rural, 2002



Source: INEI. Population Estimates and Projections 1950-2050.

19. The problems of health, education and protection affecting large numbers of children are related to their “risk conditions”, which are defined as circumstances affecting the population’s well-being over which individuals have little direct control. The following are the primary risk conditions among Peru’s child population: economic poverty, lack of regular paid work for families, and the socio-economic deterioration of living conditions. There are other factors of vulnerability and exclusion affecting broad social sectors related to age and sex and geography and ethnic group which exacerbate the risk conditions.

20. It has been established that 72 per cent of households obtain their water supply from the public network. Only 46 per cent of rural households enjoy this service. In contrast, 88 per cent of urban households (almost double the number) obtain their water from the public network.¹⁰

⁹ Living Standards Survey 2000. INEI.

¹⁰ Demographic and Family Health Survey 2000. INEI and others. Lima, May 2001.

21. In urban areas 76 per cent of households have access to a public sewage-disposal service. In rural areas 52 per cent of households have no service of this kind. In the department of Huancavelica 71 per cent of the population has no sewage disposal service.¹¹

22. Life expectancy at birth was 69.7 years between 1995 and 2002; it is expected to increase to 74.8 years for the five-year period 2020-2025. However, the figure is lower in many departments: in Huancavelica, for example, it is 56.8 years and in Cusco 60.2. In other departments the figure is higher than the national average. In Lima, for example, it is 76.8 years, in Tacna 72.8, and in Arequipa 71.9.¹²

23. Rural areas have 23,000 primary schools: 68 per cent of them have no piped water, 95 per cent no sewage-disposal service, and 90 per cent no electricity supply; only three per cent have a library, and fewer than one per cent a laboratory. In rural areas 90 per cent of primary teaching is conducted in single-teacher schools (one teacher for several different grades) or in schools with multi-grade classes (several grades in a single classroom).

24. The migration from the interior of the country to the coast and from the countryside to the towns over the last 60 years has caused serious distortions in the land, population and economic balance; this in turn has given rise to other problems: as population leaves a department it causes the departmental GDP to fall, generating more poverty which in turn drives out more population and thus causes constant disruption of this balance. "This vicious circle is worse than it appears, for 80 per cent of the migrants are aged under 34; this means that the migration is chiefly of young members of the EAP and women of childbearing age. Departments losing population, such as Ancash, Ayacucho and Huancavelica, have been experiencing negative GDP growth rates for some three decades."¹³

25. One of the most significant indicators of centralization is the increasing share of the department of Lima in the generation of national GDP (currently about 50 per cent), while the contribution of the other departments, with some exceptions, is tending to decline. This is because the process of migration has always been accompanied by a decrease in the production of goods in most of the country's departments, with a consequent upward trend in poverty in rural areas.

B. Sustained economic growth and regional development¹⁴

26. Despite the enormous volume of national and international resources allocated to poverty alleviation, one in two Peruvians remains poor today. The Ministry for Women and Social Development (MIMDES) was created recently in order to tackle this situation; it is to operate on the basis of a number of fundamental guiding principles.

27. These principles include: support for the efforts of families to build up their capacities and take advantage of opportunities for advancement; recognition of Peru's peoples and culture as an enormous reserve of social capital and the main engines of the country's history; and the bid for good governance and decentralization, which will require delivery on the social commitments contained in the National Accord.

¹¹ *Idem.*

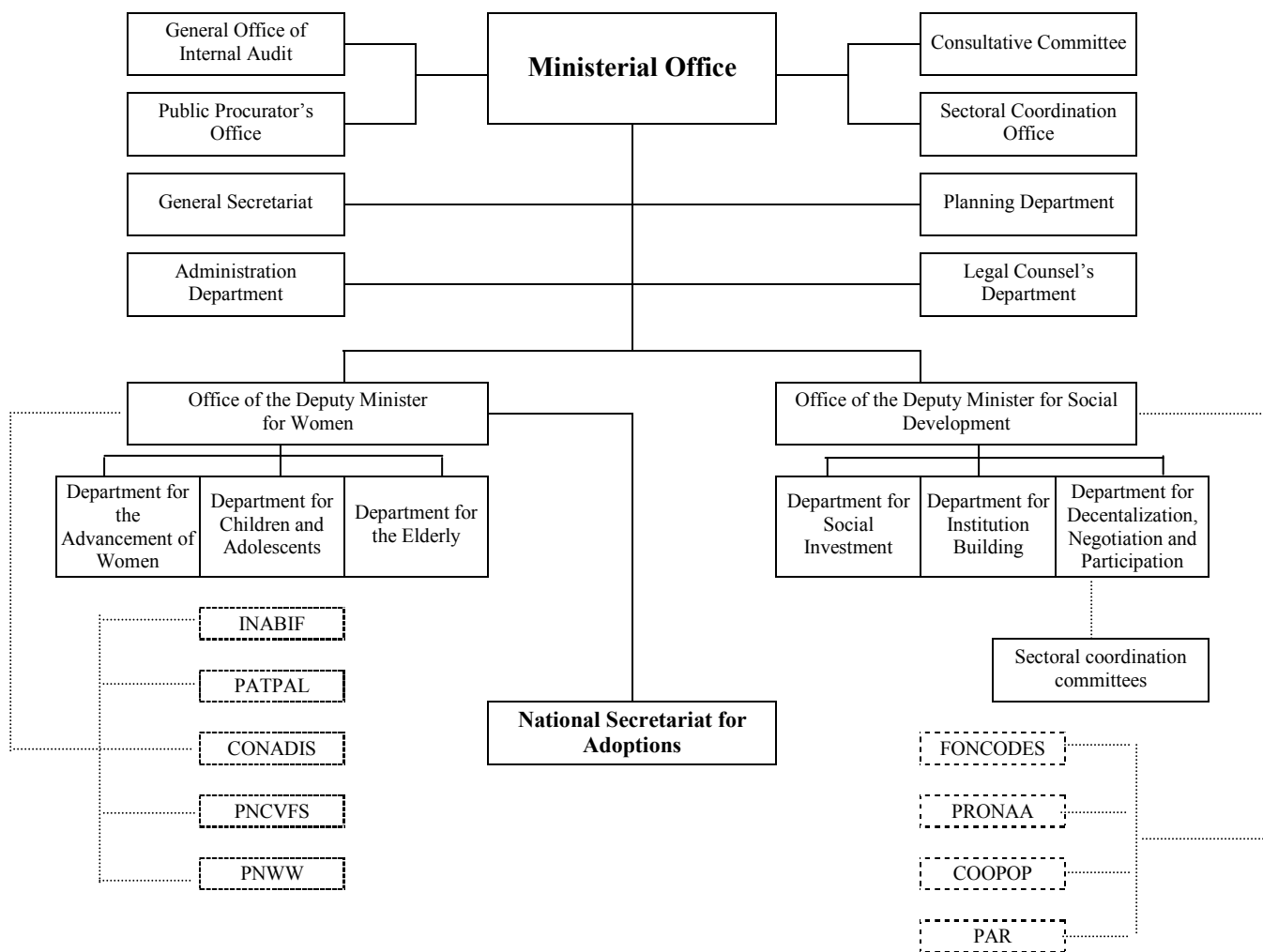
¹² *Idem.*

¹³ Taken from the speech delivered by the President of the Council of Ministers, Dr. Luis Solari de la Fuente, to the Congress of the Republic on 9 August 2002.

¹⁴ *Idem.*

28. MIMDES will be responsible for coordinating the social policies for children, taking as its focus the PNAI, approved by Supreme Resolution in May, as a framework document for the country's long-term policies for children.

ORGANIGRAM OF THE MINISTRY FOR WOMEN AND SOCIAL DEVELOPMENT



Decentralized public bodies	Subsidiary bodies
INABIF: National Family Welfare Institute	SNA: National Secretariat for Adoptions
PRONAA: National Food Aid Programme	Sectoral coordination committees at the regional level
PAR: Programme of Support for the Resettlement and Development of Emergency Zones	National programmes
CONADES: National Council for Integration of Disabled Persons	PNWW: National Wawa Wasi Programme
PATPAL: <i>Parque de las Leyendas</i> Board	PNCVFS: National Programme to Combat Domestic and Sexual Violence
FONCODES: National Compensation and Social Development Fund	Act No. 27793: MIMDES (Organization and Functions) Act

29. The next local and regional government elections will determine who are the authentic representatives and leaders of each district, province and region, and they will introduce a unique social change, for elected representatives will henceforth take the decisions affecting their own destiny. The social impact of this process will alter the situation of the forgotten Peruvians, especially of children.

30. Decentralization will restructure Peru. But in order to speed up this process Peru will have to take a decision to change the forms of the relations among its inhabitants; in this connection the quest for dialogue and encounter and the rejection of violence is a commitment of all Peruvians.

31. Efforts are currently being made to manage an orderly and gradual process of decentralization, in which spheres of competence are clearly defined and foster transparent and predictable decisions. This will make it possible not only to avoid duplication of functions but also to ensure the assignment of responsibilities and accountability to the appropriate level of government.

32. The Peruvian State will place special emphasis on improving the efficiency of the social programmes and boosting productivity in the use of public resources. In order to attain this goal, the ministries responsible for social programmes, such as the ministry in question here, will continue to combine their approaches and programmes with a view to reducing extreme poverty.

33. One part of public expenditure will be results-based, with clearly established spheres of competence and responsibilities; this will release resources to increase social spending. The medium-term aim is for social spending, currently standing at eight per cent of GDP, to rise to over 10 per cent, with priority given to nutrition, health, education, justice, housing and public security.

34. The ultimate goal of economic policy is to achieve sustained growth and maintain low inflation and the consistent international reserves position which Peru now has, with a sustainable external balance of payments and prudent levels of internal and external debt. Maintenance of this stability is one of the best means of attracting investment and generating the decent jobs which Peruvians need.

C. Education¹⁵

35. Education is one of the keys to the development of the country as a whole. Accordingly, the national education process must understand education as a social action which is a responsibility of the entire community and, that being the case, proclaim its vocation of promoting increased participation by society without ceasing to underline the lead role of the State.

36. The Peruvian State reaffirms its determination to make education into a fundamental axis of national development within the context of the National Accord, the proposals resulting from the National Consultation on Education, and the Outline of Education Policy 2002-2006, in order to accelerate the start-up of the national education project.

¹⁵ *Idem.*

37. One of the main challenges for education is to build, from childhood, a citizenry imbued with a culture of solidarity and democracy.

38. In addition, the education policy is designed to establish a close relationship between the education system and the system of national production and to boost the nation's scientific and technological skills.

39. The decision to improve the quality of education posits three lines of action: provision of education of quality and equity; priority for the sectors with the biggest deficits; and decentralization of education to support regional development, with emphasis on the fight against poverty.

40. The education system's most serious problem is the children who do not enrol in school and those who drop out, phenomena found chiefly in rural areas. The Rural Education and Development Programme, to be implemented over a period of 10 years, will be introduced as a means of correcting this situation. It is currently in the final stage of negotiation with the World Bank; over the next four years it will help to increase the access of rural children to education. Implementation of the pilot plan has already begun in rural areas of Cusco, Piura and San Martín.

41. Peru still has more than two million persons aged over 15 who can neither read nor write; this problem is being tackled at its roots by expanding primary education and strengthening rural education.

42. The Huascarán programme, a measure to facilitate access to global information, is already available to 500,000 pupils and in 2005 it will attain the target of 2.2 million users.

Bilingual and cross-cultural education

43. Given Peru's great linguistic and cultural diversity, education of quality and equity calls for measures with a bilingual and cross-cultural approach; a languages policy is therefore being promoted as a means of building a new policy of cultures in a context of decentralization. This policy is designed to make people more aware of the country's diversity of languages, knowledge, and cultural and technological heritage with a view to incorporating these assets as an educational resource with the potential to boost development. Educational materials will be produced for this purpose in Quechua, Aimara, Aguaruna, Shipibo and other tongues, the training of bilingual cross-cultural teachers will be continued, and use will be made of modern technology to improve the teaching in bilingual and cross-cultural settings.

D. Health¹⁶

44. The Outline of Sectoral Policy for the period 2002-2012 and the Strategic Sectoral Plan for the five-year period from August 2001 to July 2006 establish the mission as the protection of personal dignity, the promotion of good health, the prevention of diseases, and the comprehensive health care of all Peruvians. This will require a health promotion model which incorporates the democratic dialogue with greater force and political determination in the sector's relations with the people.

¹⁶ *Idem.*

45. This promotion model will have as its central aim the reassessment of comprehensive health care; this implies giving increased attention to the social and preventive aspects of health care. The Health Ministry Act created for this purpose the Health Promotion Department as the line agency and technical and standard-setting body in this area.

46. The sector's policy seeks to increase access to the health services and prevent the neglect of families stricken by very serious health problems. In this connection, the Comprehensive Health Insurance Agency, which has been in operation since January of this year, has so far provided cover for more than 3.5 million persons, 56 per cent of the 2001 target coverage of 6.3 million persons.

47. The Peruvian State, in affirmation of its commitment to the extremely poor members of the population, will continue to promote universal access to health care by consolidating a model of universal and sustainable equitable mutual insurance, which 8.2 million persons are expected to have taken out by the end of 2003. It has also set a target for 2006 of affiliation of 100 per cent of the people living in poverty or extreme poverty.

48. A start has been made on transferring all the supplementary food programmes run by the Health Ministry to the National Food Aid Programme (PRONAA) in order to avoid duplication of the measures aimed at one and the same target population. One measure carried out in the first half of 2002 was to supply 354 million food rations to a total of 2.4 million recipients, for a total investment of 65 million dollars.

49. Improvements over 2001 are projected in the population's health through measures carried out in the areas of mother and child health, the fight against emergent and re-emergent diseases, health promotion, disease prevention, provision of services, and support for the equipment of the general services of 23 hospitals.

50. These improvements include the reduction of tuberculosis by 13 per cent, malaria by one per cent, and dengue by 44 per cent, as well as reductions in the incidence of acute diarrhoea by nine per cent and pneumonia by 18 per cent and a decrease of six per cent in the maternal mortality rate.

51. Action will be taken to strengthen health promotion and the prevention and control of transmissible diseases and chronic degenerative conditions through the epidemiological monitoring system, with a view to controlling transmissible diseases which are widespread at the regional and national levels. The targets set for 2006 are to reduce cases of tuberculosis by 20 per cent and of malaria, dengue and yellow fever by 40 per cent and to reduce the number of deaths caused by acute respiratory infections and acute diarrhoea by 30 per cent.

II. EXECUTIVE SUMMARY OF THE NATIONAL PLAN OF ACTION FOR CHILDREN AND ADOLESCENTS 2002-2010

52. The National Action Plan for Children and Adolescents 2002-2010 (PNAI) was designed in the light of the principles set out in the Convention on the Rights of the Child, the country's existing legal framework, the current directions of public policy, and the consensus reached by the participants in the ad hoc consultation, which are in broad agreement on the need to provide equality of opportunities for all of Peru's children in order to eliminate the disparities by means of a national effort stretching over 10 years.

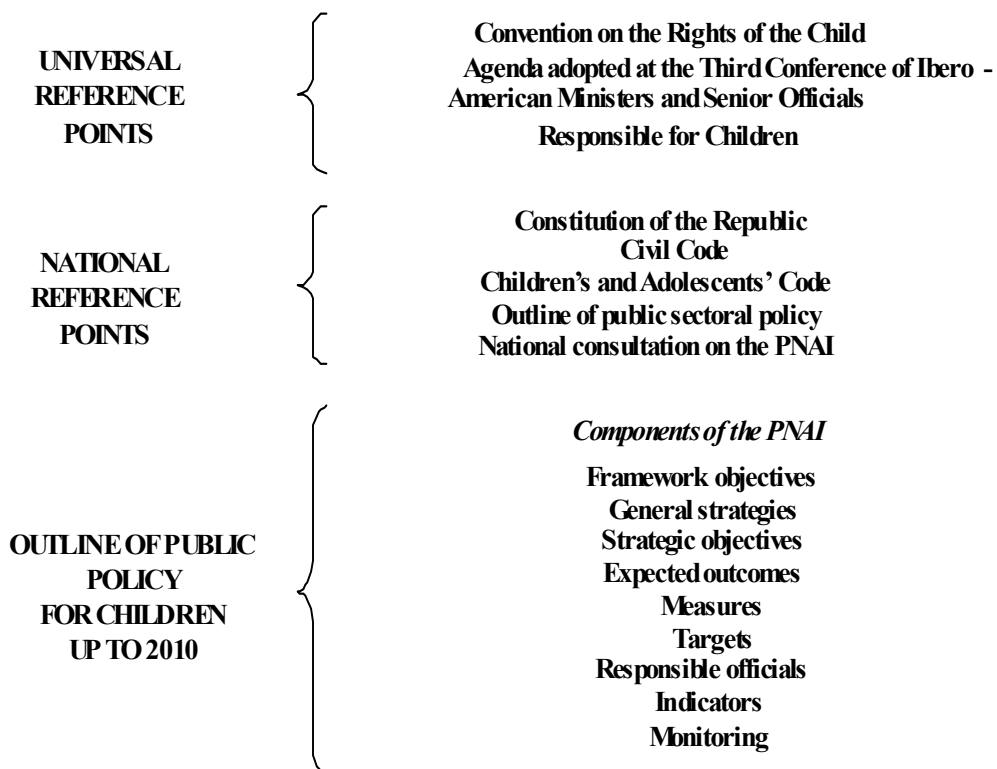
53. The strengthening of public institutions, understood as the outcome of the pooling of efforts by the State and civil society, the reconciliation and social monitoring of rights with a view to transparency in the management of public affairs and shared responsibility in decision-making, and the focusing of measures on excluded groups and regions are the general strategies designed to contribute, through the measures taken under the PNAI, to the elimination of the disparities within a generation.

54. A rights-based approach was taken in the preparation of the PNAI, an approach which requires people to recognize children's needs as rights which may be asserted and which form part of their human rights and thus require urgent attention.

55. The design of the PNAI also included a phased approach which, while making it possible to deal comprehensively with the daily lives of individuals, also facilitates an understanding and a valid response to every stage in the lives of children. This phased approach is put into effect in the "life line" (*línea de vida*) methodological strategy, which makes it possible to understand and embrace the many different factors affecting the development of every child, factors which acquire special relevance at specific stages or moments in their lives.

56. The PNAI is described in the following figure:

PERU: NATIONAL PLAN OF ACTION FOR CHILDREN AND ADOLESCENTS 2002-2010



A. Guiding principles of the PNAI

1. Equal opportunities for all

57. All children are born free and equal and have the same personal worth and the same rights. All forms of exclusion and discrimination which impair equality must be eliminated.

58. Diversity must be respected, and the country must be seen as a mosaic of cultures in which only respect for these cultures and collaboration among them will make it possible to build a Peru offering equal opportunities for all without any discrimination in respect of sex, age, ethnic origin or religion or discrimination of any other kind.

2. Priority for children as subjects of rights and the foundation of development

59. Priority investment in children will help to prevent poverty and break the circle of poverty reproduction. The PNAI seeks to achieve this in a single generation, in the conviction that investment in children will render the development efforts sustainable.

60. This will mean setting long-term national priorities: provision of quality education for all children; elimination of violence against children and their exploitation; and promotion of their comprehensive health, security and nutrition throughout their lives.

61. It is important for these priorities to be accorded to children by all social actors in the form of a communication strategy for the defence and promotion of rights which includes the mobilization and civic participation in democracy of children, young people and adults of all ages.

3. The best interests of the child

62. All the initiatives taken by the State, civil society and the family must give priority to those measures which best favour children's comprehensive development. The establishment of the best possible foundations for their present and future lives will strengthen society and the family.

63. Listening to children and encouraging them to participate will help them to grow up into citizens aware of their rights and duties. People must respect children's right to express their opinions, form associations and have a say in the adoption of decisions affecting them.

4. The family as the fundamental institution for the development of the human person

64. Coordinated intervention by the different State sectors and by civil society will help to consolidate the family, whose influence will in turn will contribute to children's comprehensive development and well-being.

65. The family space should be reassessed as the primary training and socializing influence, which transmits to children values, correct behaviour, knowledge and social and cultural traditions.

66. The PNAI puts forward the following propositions:

Vision

Peru's children have equality of opportunities and access to quality services and they have a part to play in the exercise, promotion and defence of their rights in conjunction with State agencies, communities and civil society in general, as well as developing to the full within their families in a healthy environment free of violence.

Mission

To strengthen the capacities of the State, civil society, the family, and children themselves to devise and carry out measures to ensure the exercise of their rights, within a framework of democratic values in which children are priorities on the national agenda

General objectives

Development objectives based on the principles of the Convention on the Rights of the Child

- To contribute to the exercise of children's rights and the discharge of their responsibilities within the framework of the law and in a democratic country in which human rights are respected;
- To create the conditions in the State and in civil society to foster the human development of all children and reduce the poverty and exclusion affecting them throughout their lives.

Strategies

(i) Capacity-building for public institutions

- Strengthening of the lead agency (MIMDES) of the National System for the Comprehensive Care of Children and Adolescents as part of the process of modernizing and reforming the State;
- Incorporation of the PNAI in annual sectoral operational plans, including identification of the budgets allocated in the PNAI.

(ii) Promoting the reconciliation and social monitoring of rights

- Making efforts to ensure that the coordination bodies for the fight against poverty and the networks and organizations of civil society commit themselves to the measures taken under the PNAI and participate in their social monitoring;
- Enhancing the capacity of families and communities to provide for, foster and develop children's potential and to commit themselves to monitoring the exercise of children's rights;
- Establishing a communication strategy for the promotion and defence of children's rights through grass-roots mobilization activities and the participation of the various social actors.

(iii) Targeting the measures on the most excluded groups with specific needs

- With a view to reducing the disparities identified in the current PNAI, targeting its measures on the social groups and the regions exhibiting the most severe effects of exclusion and poverty and discrimination based on sex, ethnic origin or age.

Strategic objectives

These are the desired impacts on children in terms of the exercise of their rights and they represent the changes in the situation and status of children to be achieved in the long term; they are interdependent and essential to the exercise of these rights. They have been grouped according to the stages of the life cycle from birth to 17 years of age.

The following are the strategic objectives to be attained by 2010:

1. To ensure a healthy life for children from birth to age five;
2. To offer quality primary education for all children aged six to 11;
3. To create spaces for participation by adolescents aged 12 to 17 and to promote their comprehensive development;
4. To introduce a system of guarantees of the protection of the rights of children from birth to age 17.

General objectives

- To contribute to children's exercise of their rights and discharge of their responsibilities, within the framework of the law, in a democratic country in which human rights are respected;
- To create the conditions in the State and in civil society which will foster the human development of all children and reduce the poverty and exclusion affecting them, throughout their lives.

<p>Strategic objective 1: To guarantee children good health from birth to age 5</p> <p><i>Outcomes by 2010</i></p> <ol style="list-style-type: none"> Healthy and safe maternity and childbirth. Exercise of the right to a name and identity by all children. All under-twos to have access to breast-feeding and the best supplementary foods. Attention to children's special needs in terms of prevention, diagnosis, intervention and rehabilitation. Guaranteed conditions for children to exercise the right to life. Improvement of children's intake of micronutrients. Comprehensive child development from an early age. <p><i>Target population</i></p> <p>Children from birth to age 5. Women of childbearing age (15-46 years).</p>	<p>Strategic objective 2: To provide quality basic education for all children aged six to 11</p> <p><i>Outcomes by 2010</i></p> <ol style="list-style-type: none"> Provision of quality cross-cultural basic education for all children. Eradication of the worst forms of child labour and promotion of educational alternatives to such labour. <p><i>Target population:</i> Children aged six to 11.</p>	<p>Strategic objective 3: To create spaces for participation by children aged 12 to 17 and to promote their comprehensive development</p> <p><i>Outcomes to be attained by 2010</i></p> <ol style="list-style-type: none"> Quality secondary education; Reduction of the teenage pregnancy rate; Reduction of sexually transmitted diseases and HIV/AIDS among adolescents; Introduction of monitoring arrangements to ensure appropriate working conditions for adolescents over the minimum age for admission to work; Prevention and reduction of adolescent violence; Reduction of the consumption of legal and illegal drugs by adolescents; Creation of conditions to encourage and secure participation by all children. <p><i>Target population:</i> Adolescents aged 12 to 17</p>	<p>Strategic objective 4: To introduce a system of guarantees for the protection of the rights of children from birth to age 17</p> <p><i>Outcomes to be attained by 2010:</i></p> <ol style="list-style-type: none"> Consolidation of a legal order and special system for the administration of juvenile justice; Creation of an infrastructure and services responsive to the needs and culture of all children, with priority for children with specific needs; Establishment of reliable systems for providing timely information about children; Provision of care for children in emergency situations; Reduction of the sexual exploitation of children; Reduction of maltreatment and elimination of sexual abuse of children. <p><i>Target population:</i> Children from birth to age 17</p>
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III. CURRENT SITUATION OF THE RIGHTS OF THE CHILD

67. The problems of childhood in a multicultural country with great social disparities are not the same for all. However, it is possible to come to grips with this diversity and determine who are the most excluded children and where they are to be found. The phased approach makes it possible to observe these problems at all stages, from conception and pregnancy to the child's birth and physical and mental development up to age 17. This approach, which is the one taken here, covers children's relations with culture, family, school, peers and community.

A. Exclusion at an early age

68. Peru is a young country with a large poor population consisting chiefly of children. It has a total of 10,617,000 children aged under 18 (40 per cent of the total population in 2001), whose needs constitute rights which must be protected by the State, civil society and the family.¹⁷

69. As pointed out earlier, 54.8 per cent of the country's population live in poverty and 24.4 per cent in extreme poverty. Moreover, 40.4 per cent of the members of poor households are aged under 15.¹⁸ In other words, in terms of distribution by age children are the most excluded members of Peruvian society and therefore the most vulnerable and exposed to the most risks.

70. The degrees of exclusion vary by culture and geographical region, and indigenous children in rural forest and mountain areas and children living in marginal urban zones in the main cities have been identified as the most seriously affected. The situation of children shows the following internal disparities:

Social disparities among children

<i>Indicator</i>	<i>National average</i>	<i>Extremes</i>	
		<i>Better</i>	<i>Worse</i>
Infant mortality rate (per 1,000 live births) ¹⁹	33,0	Lima: 20	Huancavelica: 84
Total fertility rate ²⁰	3,5	Tacna: 2,0	Huancavelica: 6,0
Overall percentage of chronic malnutrition among under-fives ²¹	25,4	Tacna: 5,4	Huancavelica: 53,4
Percentage of births attended by trained personnel ²²	59,0	Lima: 91,0	Huancavelica: 21,0
Illiteracy rate*	7,7	Tumbes: 1,9	Apurímac: 14,4
School grades completed by age 17*	8,7	Lima: 9,8	Cajamarca: 6,8
Percentage of children aged 15-17 who cannot read or write*	3,8	Lima: 1,1	Provinces of Pacitea and Huánuco: 28

* Taken from *La Exclusión Social en el Perú* (Social Exclusion in Peru). UNICEF, June 2001.

¹⁷ PNAI 2002-2010. Peru, June 2002.

¹⁸ Technical report No. 002, April 2002: "Main findings of the National Household Survey of Living Conditions and Poverty (ENAHO) - Fourth Quarter 2001". INEI.

¹⁹ Demographic and Family Health Survey 2000. INEI and others. Lima, May 2001.

²⁰ *Idem.*

²¹ *Idem.*

²² *Idem.*

B. Development in early childhood (0-5 years)

71. It is established that children's health, nutrition and various abilities begin to develop in their mother's womb. Hence the importance of caring for mothers and guaranteeing children a good start in life, for what happens to them at this stage has an impact throughout their lives. *The right to life and to the maximum extent possible the survival and development of children* are established in articles 6 and 24 of the Convention on the Rights of the Child. This section of the report contains an analysis of the situation of this group of rights, beginning with maternal and perinatal health and infant mortality and ending with nutrition and the stimulation of development.

72. The country's current epidemiological profile reflects the diversity of its living standards and life styles, revealing a mosaic of problems ranging from maternal mortality associated with pregnancy and childbirth in rural areas to the increased incidence of accidents, injuries and violent deaths from various causes in urban areas. The maternal and perinatal health figures are sufficient indicators of the disparity in this field between the country's towns and its poorest and most remote areas.

1. The beginning of life

Pregnancy and childbirth

73. For mothers and children in rural areas, especially in the mountain and forest regions, a healthy delivery in good conditions is still an unattained right. The lack of access to health services having the capacity to take independent decisions and equipped with obstetric facilities and the scant cultural acceptance of childbirth attended by trained personnel are two of the underlying causes of this problem.

74. Peru has one of the highest maternal mortality rates in Latin America. This rate stood at 185 per 100,000 live births in 2000²³ and remains a public health problem which impairs equality of opportunity with respect to the right to life. Most of the deaths are connected with problems during pregnancy and inadequate care during childbirth and the perinatal period, for largely avoidable causes. Added to these factors are the women's age and level of education, the spacing of births and the women's health and nutritional status.

75. The presence of anaemia in pregnant women leads to insufficient oxygenization of the foetus and may cause perinatal death due to hypoxia; and among women with moderate anaemia there is an association with the presence of anaemia in their babies. A total of 36 per cent of Peru's women of childbearing age suffer from some degree of anaemia; in rural areas the figure is 41 per cent (ENDES-1966).

²³ *Idem.*

Figures on the state of maternal and perinatal health in Peru, 1996-2000²⁴

	1996	2000
Maternal mortality rate (per 100,000 live births)		
National average	265	185
Puno and Amazonas		+ 300
Lima		- 50
Coverage of antenatal care (%)(at least one check)		
National average	60	77
Extremes: Huánaco		66
Lima		96
Childbirth in an institution (%)		
National average	49,5	58
Extremes: Huancavelica		19
Lima		94

76. In order to increase the coverage of care for pregnant women and new-born babies in the rural areas of the Andes and the Amazon it is regarded as essential to improve *the population's level of information* about self-care and the nature of the available maternity services and *the quality and cultural relevance of these services* and to ensure correct treatment by health personnel.

Infant mortality

77. Peru still has one of the region's highest infant mortality rates, despite the fact that between 1991 and 2000 it managed to reduce the national rate from 52 to 33 per 1,000 live births;²⁵ this rate is made up chiefly of neonatal deaths due to causes associated with delivery and the perinatal period.

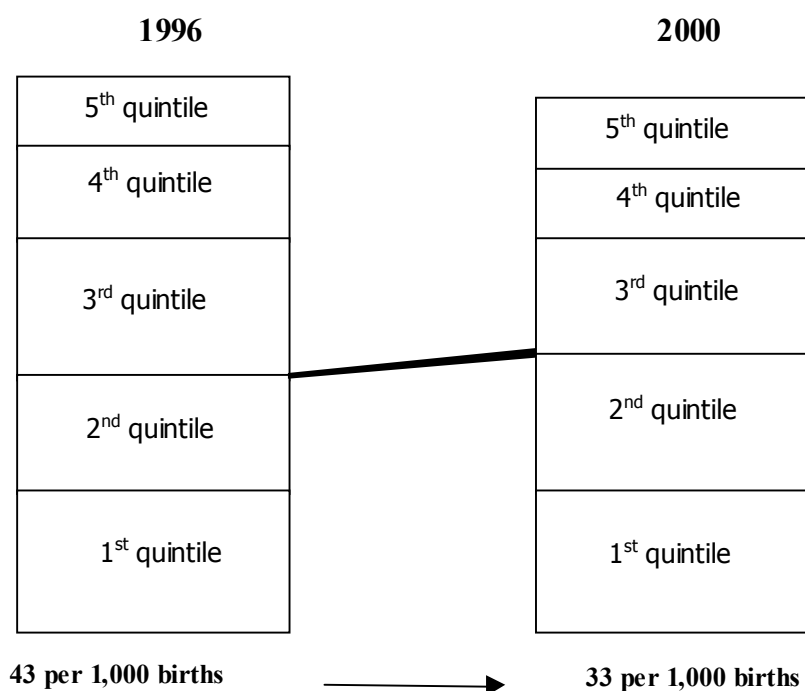
78. However, this reduction in the infant mortality rate between 1996 and 2000 occurred in the population groups with the greatest resources (fourth and fifth quintiles); the rate rose in the poorest groups (second quintile).²⁶

²⁴ *Idem.*

²⁵ *Idem.*

²⁶ *Idem.*

INFANT MORTALITY



79. As in other countries, in Peru infant mortality is associated with the mother's age and education, the order of birth of her children, and the spacing of her pregnancies. The following table²⁷ gives figures on this point.

	Childbirth year 1996	Childbirth year 2000
<i>Mother's level of education</i>		
Primary	62	54
Secondary	32	30
No education	79	73
Higher	26	20
<i>Age at delivery</i>		
20 - 29	43	40
30 - 39	54	41
40 - 49	81	80
Under 20	59	52

80. For the adolescent-mother age group the mortality rate among babies aged under 12 months is currently 52 per 1,000 live births; the perinatal mortality rate among women aged 40-49 at the time of delivery is particularly high (47 per 1,000) compared with other age groups, especially the 20-29 group (18 per 1,000).²⁸

²⁷ *Idem.*

²⁸ *Idem.*

81. By place of residence, the highest levels of perinatal mortality are found among women living in the departments of Pasco and Cusco, with rates of 40 and 48 perinatal deaths respectively for every thousand pregnancies lasting seven or more months.²⁹

82. Some information illustrating the main features of this problem is given below.

Infant mortality³⁰
<ul style="list-style-type: none"> • The annual rate is 60 per 1,000 live births in rural areas and 28 per 1,000 in urban areas; in 1996 the figures were 71 and 35 respectively; • The departments with the highest infant mortality rates are Cusco, Huancavelica and Apurímac; the lowest rates are found in Lima, Callao and Tacna; • The probability of death for children of mothers with no education is three times higher than for children of mothers with higher education.

83. An analysis of the causes of infant deaths in Peru shows that thousands of them are still occurring for avoidable reasons. The annual total of such deaths was estimated to exceed 19,000 in 2000, with 8,000 babies dying during the first week of life and more than half (55%) during the first month; this latter proportion has remained the same for two decades and points to the need to increase the number of deliveries attended and new-born babies cared for in an institution, especially in rural mountain and forest areas.³¹

84. The perinatal infant mortality rate is 23 per 1,000 pregnancies lasting seven months or longer³², with a similar number of stillbirths or early neonatal deaths.

85. Other causes of infant mortality are acute respiratory infections, traumatism, diarrhoea, and malnutrition. The following table shows the success achieved in the control of immuno-preventible diseases affecting infant mortality.

Immunization coverage, 1992-2000 (%)

<i>Year</i>	<i>Measles</i>	<i>Triple (DPT)</i>	<i>Poliomyelitis</i>	<i>Tuberculosis (BCG)</i>
1992	83.3	82.9	84.6	85.2
1993	76.2	86.9	87.8	88.5
1994	75.1	87.4	87.4	92.1
1995	98.9	94.8	92.9	96.2
1996	86.6	100.5	100.6	96.9
1997	91.9	98.6	97.0	98.5
1998	94.5	99.6	98.6	96.2
1999	92.5	98.9	95.9	97.0
2000	97.2	97.7	93.1	93.2

Source: MINSA, Office of Statistics and Information.

²⁹ *Idem.*

³⁰ *Idem.*

³¹ PNAI 2002-2010. Peru, June 2002.

86. The Comprehensive Health Insurance Agency was established recently (January 2002) as a financial mechanism of the Ministry of Health (MINSa) in order to help to reduce maternal and infant mortality and to provide access to health care for all pregnant women and for all children aged under four years, including the cost of medicines, treatment in hospital, diagnostic examinations, and medical materials. The Agency's intention is to provide free care for the poorest families.

2. Nutrition

Breastfeeding³³

87. Breastfeeding is a widespread practice in Peru: 98 per cent of the babies born in the five years preceding ENDES-2000 had been breastfed to some extent. Fifty-four per cent of babies were breastfeeding within an hour of birth.

88. In 2000 some 58 per cent of babies were exclusively breastfed up to the age of six months (19 per cent more than in 1996), and there was an increase in the average duration of exclusive breastfeeding from 2.7 months in 1996 to 4.2 months in 2000. This increase was due to the effort made to mobilize resources and the implementation of institutionalized strategies and measures by MINSa. However, exclusive breastfeeding remains under threat from cultural practices: the introduction of liquids and other diluted foods such as soups, broths and infusions of little nutritional content.

89. Supplementary feeding of under-twos (during weaning) is usually insufficient in quantity, quality and frequency; this is a problem requiring priority attention, for it has an impact on a child's nutritional state at a critical time when most of the development of the nervous system is completed.

90. It is recognized that this problem and other child-nutrition problems call for improved training and further training by the personnel of the various health facilities.

Micronutrients³⁴

91. Consumer surveys indicate that 58 per cent of under-twos do not take in enough energy. They also indicate that 67 per cent of them consume insufficient vitamin A and 42 per cent insufficient iron. These deficits are even greater in rural forest areas, where 77 per cent take in insufficient energy, 81 per cent insufficient vitamin A, and 81 per cent insufficient iron.

92. In the case of vitamin-A intake, in 1999 MINSa, with PAHO and UNICEF support, introduced the provision of supplements in the areas of greatest risk with high rates of infant mortality, unsatisfied basic needs, and illiteracy.

93. Anaemia, associated with a low intake of iron, is very widespread in Peru. In 2000, 70 per cent of under-twos suffered from some degree of anaemia, most of the cases occurring among

³² Demographic and Family Health Survey 2000. INEI and others. Lima, May 2001.

³³ *Idem.*

³⁴ *Idem.*

children living in the mountains (56%) and in the country's other rural areas (53%). Anaemia affects 71 per cent of under-fives in Cusco and more than 62 per cent in the departments of Tacna and Puno.

94. In the case of disorders due to iodine deficiency Peru achieved the target of universal iodization of salt for human consumption. The international agencies certified the virtual elimination of such disorders, and the conditions for sustainability have been maintained.

95. The micronutrient supplement programmes are being evaluated with a view to improving their coverage of the population at greatest risk. Their effectiveness will depend on the extent to which they are adapted to the cultural patterns of the country's different regions and on the design of access strategies for sparsely populated areas.

Chronic malnutrition³⁵

96. There have been no changes in the past five years in the chronic malnutrition rate among under-fives. This means that 25 per cent of these children suffer from chronic malnutrition. The three national surveys carried out in the past decade revealed a considerable gap between the incidence of chronic malnutrition in urban areas (13 per cent in 2000) and rural areas, where the rate remained unchanged (40 per cent in 1996 and 2000)

97. Underweight for height or acute malnutrition affects only one per cent of children and remains at a similar level as in earlier years. It is an indicator of recent malnutrition resulting from poorer diet and/or the presence of illness in the recent past.

98. It must be stressed that the reduction of child malnutrition has not been enjoyed by the poorest population groups and has thus increased the inequity. Given that malnutrition is closely associated with underdevelopment and poverty, it will not be possible to strengthen and improve the coordination of the existing nutrition programmes unless nutrition is made one of the first priorities on the national agenda.

National food aid programme (PRONAA)

The mission of this decentralized institution is **“To help to improve the dietary and nutritional standards of the population living in extreme poverty by carrying out food aid and food security programmes aimed principally at vulnerable groups at high nutritional risk”**.

General objectives

- (a) To promote the comprehensive development of women and families on the basis of gender equity;
- (b) To promote the participatory and sustainable development of grass-roots social organizations and peasant and indigenous communities;
- (c) To promote the development and comprehensive care of the populations at risk.

Specific objectives

- (a) To promote participation by the people in order to secure the comprehensive development of an organized population;

³⁵ *Idem.*

- (b) In the medium term PRONAA must succeed in reaching the population in need of food aid and food security by taking advantage of its managerial capacity and its experience in programme leadership;
- (c) To optimize the institution's technical and administrative management capacity;
- (d) To promote measures to enhance the institution's image by converting it into an efficient and effective agency for the implementation of social programmes.

Target population

The target population consists of the groups living in conditions of extreme poverty and a situation of nutritional vulnerability. Within this framework, priority attention is to be given to the following population groups:

- (a) Children aged under five years, with the emphasis on the under-threes;
- (b) Children of school age;
- (c) Pregnant women and nursing mothers;
- (d) Population groups in situations of nutritional risk (the sick and the elderly);
- (e) Population groups in emergency situations (natural disasters or accidents).

The target population also includes organized groups (mothers' clubs, public canteens and peasant communities) whose purposes are connected with the improvement of food security. PRONAA also helps small agricultural producers and small-scale fishers by buying their products to guarantee the food security of the target population.

PRONAA has the following programmes for children:³⁶

- **Food Programme for Children (PAI)**, aimed at under-fives. As of the first half of 2002 the PAI had reached out to 287,010 children and distributed 6,069 metric tons of food.
- **Food Programme for Schools (PAE)**, aimed at children aged six to 12. As of the first half of 2002 the PAE had reached out to 802,936 children of school age and distributed 6,724 metric tons of food.
- **Children's Programme**, aimed at children living in the hostels and homes run by the country's various social institutions. By the end of the first six months it had reached out to 14,469 children and distributed 317 metric tons of food.

3. Initial education

99. Initial education is the first level of Peru's education system and as such is intended to provide comprehensive and good-quality training to foster the development of children aged under six, respecting their identities and supporting the education services and the capacity of the family and the community to take better care of children's early development. This training is provided by initial education schools and special arrangements known as non-school programmes (PRONOEI).

100. The net attendance rates in initial education have been as follows: for four years: boys - 49.5 per cent, and girls - 53 per cent; and for five years: boys - 66 per cent, and girls - 69 per cent.

³⁶ Report on measures for children programmed by PRONAA for 2002. Planning and Budget Office. Lima, October 2002.

By geographical region the figures are: Metropolitan Lima - 50 per cent; rest of the coast – 51 per cent; mountains - 40 per cent; and forest 47.5 per cent. The following table shows the differences in the net attendance rates by region between 1997 and 2000.

Age	1997		2000	
	Urban	Rural	Urban	Rural
Three years	20,6	23,7	29,2	20,3
Four years	54,7	37,1	53,0	49,7
Five years	78,3	52,8	74,2	58,8

Source: INEI. National Housing Survey - Fourth Quarter.

101. The non-school programmes³⁷ number 17,000 for the whole country and cater for 400,000 children aged three to five years. The direct and indirect educational provision for the under-threes is insufficient (especially as this is age at which the potential of the human being begins to flower): the coverage of three-year-olds was 41.5 per cent in 1999. The non-school programmes for children aged four to five have little control over the results in poor areas and offer a very precarious service, generally limited to boring activities conducted in closed spaces. For these and other reasons, children aged under six from extremely poor households continue to exhibit severe deficits in their early development, nutrition and health.³⁸

National Wawa Wasi Programme (PNWW)				
The PNWW has been developed at the national level for children aged up to three years from poor and extremely poor homes. It thus caters for the children of working mothers, providing a comprehensive service: a balanced diet, development stimulation, and preventive health care. One of the pillars of this programme is the promotion and dissemination of a culture of correct upbringing designed to teach sound practices for the stimulation of children's development. This culture is defined as the knowledge, customs, attitudes and values possessed by the family and society in respect of the raising and care of children				
PNWW	1999	2000	2001	2002*
Children covered by the programme	11 736	24 075	28 476	33 517
Number of mothers-carers	1 467	2 960	3 530	4 149
Number of management committees	108	227	255	316
Number of Wawa Wasis	1 074	2 702	3 215	3 874

* Figures up to June 2002

Source: National Wawa Wasi Programme

102. The following projects are currently being executed in initial and primary education:

- (a) **The radio brings us together.** This project is designed to improve the quality and equity of basic education in rural areas by means of radio broadcasts; it is

³⁷ The non-school initial education programmes are designed to provide a comprehensive service for children aged three to five years and have strong grass-roots participation.

³⁸ PNAI 2002-2010. Lima, June 2002.

implemented by the Ministry of Education and funded by the Organization of American States. Participating countries: Chile, Colombia, Mexico, Peru and Venezuela;

- (b) **Schools of the future.** This pilot project is designed to ensure that pupils use information technology in the form of special software by promoting the development of their abilities and attitudes and through introductory projects;
- (c) **Educational materials project - Andrés Bello Agreement.** This project is being implemented under the Andrés Bello Agreement, one of whose purposes is to improve education systems; the aim is to build up the national capacity of Bolivia, Ecuador and Peru to produce innovative educational materials to enhance the quality of education in primary schools in the areas of integrated communications, mathematical logic and science, and the environment.

4. The right to a name

103. It is essential for the purposes of personal identification for births to be recorded at a registry office and for the corresponding certificate to be issued. The exercise of the right to a name depends not only on prompt registration but also on correction of failure to register a birth; the causes of such failure include:

- Distance from a registry office
- Shortcomings of municipal registry offices
- Inadequate legal provisions which impair the credibility of the requirement of registration
- Discrimination against mothers at the time of registration
- Parents' lack of awareness of the rights of the child

104. In practice, it is usually the mother who goes to the civil registry office to register her child when he or she has been born of an extramarital relationship. This is when the difficulty arises, for if the father is not present the current legislation (the Civil Code and the Regulations of the National Register of Identity and Civil Status) prohibits the registration of a child in his father's name.

105. The exact total of unregistered children is not known, but according to UNICEF³⁹ 15 per cent (110,000) of Peru's children are not registered with the relevant agencies. Taking as a yardstick the district of Lima, where access to a registry office is relatively easy and nine per cent of children were not registered in 1997,⁴⁰ it may be assumed that the percentage was substantially higher for rural children.

³⁹ *El Peruano*, 24 October 2000, p. 16.

⁴⁰ Report 442-2001-MMC-DMSC-DRC of the Municipality of Lima.

106. One positive development was the approval in 2001 of a regulation establishing the obligation of adoptive parents to sign their child's birth certificate as declarants of the birth.

107. Furthermore, 2001 also saw the start-up of the minors' identification project of the National Register of Identity and Civil Status (RENIEC) for six-year-olds, who will receive their national identity document free of charge.

C. Children and primary school (6-11 years)

108. Article 28 of the Convention on the Rights of the Child recognizes the right of the child to compulsory primary education available free to all and urges the State and the family to take measures to encourage regular attendance at school and the reduction of drop-out rates. In the period 1999-2000, 88 per cent of pupils graduated from primary education, the repeated-year rate was nine per cent, and the drop-out rate three per cent.⁴¹ We now describe the main features of the exercise of this right by children in the Peru of today.

1. School attendance and learning

109. Peru is entering the new millennium with a high rate of scholastic failure, repeated years and drop-outs. For example, the proportion of over-age pupils in primary schools is 23 per cent in rural areas and 15 per cent in urban areas; in 1997 the figures were 30 and 17 per cent.⁴²

110. The gaps are even wider in the poorest rural areas, where failure to complete basic education reproduces the status of exclusion of thousands of children who reach adolescence and adulthood without developing their capacity to perform satisfactorily in the work and social contexts.⁴³

111. The efforts made by the public and private education sectors have been insufficient to reduce the disparities of access to quality education services. The inequalities between rural and urban schools and public and private schools persist in terms both of infrastructure and equipment and of curriculum content, technological facilities and actual hours of teaching.

112. Moreover, the education system is short of adequately trained personnel and has scant interface with the local community (the cultural, linguistic, social and work context). Single-teacher schools are common, particularly in rural areas. A very high proportion of rural primary pupils has a very poor education service. As a result they suffer very serious deficits in their basic reading and writing skills to which the system does not react promptly and effectively; they also lack the possibility of attending secondary school.

113. Where rural education is concerned, it may also be pointed out that:⁴⁴

⁴¹ Webb, Richard and Graciela Fernández. *Anuario Estadístico Perú en Números 2001 (Peru in Numbers statistical yearbook)*. CUANTO. Lima, 2001.

⁴² INEI web page.

⁴³ Outline of Education Policy 2001-2006. Ministry of Education. *Suplemento Educación para la Democracia*. Lima, June 2001.

⁴⁴ *La Exclusión Social en el Perú* (Social Exclusion in Peru). UNICEF. Lima, June 2001.

- Rural schools have the highest indicators of educational inefficiency and the lowest academic standards;
- They have the highest rates of repeated years, drop-outs, total and partial absenteeism and over-age pupils;
- The neglect of education, especially with respect to the quality of the schooling of rural children, undermines the exercise of citizenship and democracy as forms of social co-existence;
- This problem is more acute in the case of rural girls, for they do not have the same opportunities as their male peers;
- The system lacks a cross-cultural approach.

114. In many areas of Peru the mother tongue of pupils in rural schools is not Spanish, so that they cannot familiarize themselves with the usages and habits of their teachers, who come from urban areas or from other regions.

115. In addition, out of ignorance many indigenous communities still do not believe in the advantages of a bilingual education, while the improvements in cross-cultural bilingual education promoted by the Ministry of Education are still insufficient. Only 52 per cent⁴⁵ of children in bilingual communities are currently taught by this method. Furthermore, cross-cultural bilingual education is not an option in the rest of the education system, owing to a lack of belief in its potential to enrich pupils' cultural identity.

2. Education of rural girls

116. Most of the girls excluded from the education system are from extremely poor families in rural areas. For example, while five per cent of girls who are merely "poor" do not go to school, the figure is double that for the extremely poor.⁴⁶

117. There are only 25,000 rural schools for 75,000 small settlements (1998). Many girls do not have their "papers" on the day, and this makes it difficult for them to enrol at the right time.⁴⁷

118. In urban areas boys attend school, on average, for slightly longer than girls (9.3 and 8.1 years respectively), but the gap is wider in rural areas, where girls attend school for an average of 2.9 years; and the gap between urban and rural girls widened from 4.5 years in 1996 to 5.2 years in 2000. Similarly, the average for rural boys (4.7 years) is higher than for rural girls (2.9 years), and the gap widened from 1.5 years in 1996 to 1.8 years in 2000.⁴⁸

⁴⁵ Outline of Education Policy 2001-2006. Ministry of Education. *Suplemento Educación para la Democracia*. Lima, January 2002.

⁴⁶ *Agenda abierta para la educación de las niñas rurales* (Open agenda for the education of rural girls). National Network for Girls' Education, 1999.

⁴⁷ Executive summary prepared by Teresa Tovar in collaboration with Ana María Robles, based on the text of the bill on promotion of the education of rural girls. National Network for Girls' Education.

⁴⁸ Demographic and Family Health Survey 2000. INEA and others. Lima, June 2002.

119. Given the wide dispersal and remoteness of rural settlements and the difficulties which girls have in travelling to other settlements to attend school, the possibility of their receiving an education depends on whether there is a school in their community or village. Furthermore, many of the schools do not offer the full primary course, and there are very few cases in which a family can afford to send children to school in a bigger settlement in the region; for girls this likelihood is even more remote.

120. Generally speaking, most of these girls do manage to establish a connection with a primary school. A third of rural girls enrol in the first grade a year or two late. Given the problem of over-age pupils, which is exacerbated by the repeated-year and drop-out rates, girls have a reduced possibility of completing their primary education and they drop out from the third and fourth grades. In the third grade in rural schools 77 per cent of the girls are over-age, and the proportion rises to 88 per cent in the fourth grade.⁴⁹

121. There is no doubt that the factors determining whether rural girls enrol and remain in school include the stereotyped ideas and values which perceive women as having lower status and as performing the role of mothers, which does not require attendance at school; education is thus perceived as something which can be dispensed with or postponed.

122. The Peruvian State is promoting improvements in this area through the Education of Rural Girls (Promotion) Act (No. 27558),⁵⁰ which sets the following objectives with respect to diversified educational services for rural girls:

- (a) To provide for all children in rural schools goals and strategies which will accord them equity of access and quality in the education which they receive;
- (b) In the light of their specific needs and interests, to establish specific objectives for rural girls in initial, primary and secondary education; and
- (c) To provide a diversified curriculum in line with the social and cultural reality.

With regard to enrolment the Act proposes:

- (a) Universal enrolment in initial, primary and secondary education;
- (b) Enrolment at the correct age and continued attendance until completion of secondary education;
- (c) Access to programmes combining in-school and non-school education for children who live in remote areas or have time problems obstructing regular school attendance.

D. Adolescents (12-17 years)

123. Adolescence can mean different things in a multicultural country like Peru. In the rural areas of the Andes and the Amazon adolescence is a brief, almost non-existent period whose main feature is the search for a partner and the start of married life. In urban areas adolescence lasts for several years, almost always characterized by the search for job or study opportunities.

⁴⁹ PNAI 2002-2010. Lima, June 2002.

⁵⁰ Published in *El Peruano* on Friday, 23 November 2001.

Other differences between Peru's adolescents stem from their differing family dynamics, quality of life and images of success.

124. Peru has a total of 3.7 million adolescents, two thirds of them living in urban areas.⁵¹ Most adolescents migrate from the countryside to the towns in search of opportunities for work and a career. Most adolescents have the following problems:

- Little access to basic education and health services;
- Scant opportunities for participation and interface with their environment;
- Risky sexual conduct based on early initiation into sex life with poor protection, leading to early pregnancies;
- Vulnerability to addictive habits;
- Increased involvement in violence (gangs of roughnecks and juvenile and school gangs).

125. These problems have many causes. They include poverty (a third of adolescents are extremely poor), poor communication at home, violence in and outside the family, weak exercise of parental responsibility, and lack of suitable facilities for adolescents (among which schools and communication media may be included). Furthermore, many adolescents are unaware of their rights and others are affected by a widespread public perception that adolescents are very dangerous people.

1. Access to health and education services

126. Owing to the problems with basic education mentioned above and to other problems stemming from exclusion, 23 per cent of adolescents, most of them girls, do not attend school; many girls drop out of school as a result of pregnancy or maternity despite the benefit of a legal framework which protects adolescent girls who have or are expecting a child against having to drop out of school. The over-age population in secondary schools stands at 28 per cent in rural areas and 20 per cent in urban areas.⁵²

127. In 1999-2000 the graduation rate from secondary school was 89 per cent, the repeated-year rate seven per cent, and the drop-out rate four per cent.⁵³

128. The health services and special programmes for adolescents (sexual and reproductive health, mental health, vocational guidance, education projects) are still limited in coverage and quality. The reasons for this are the low volume of public investment in this area and the lack of prevention programmes, together with ignorance of the available services on the part of families and adolescents themselves.

⁵¹ *Idem.*

⁵² INEI web page.

⁵³ Webb, Richard and Graciela Fernández. *Op. cit.*

129. The morbidity and mortality rates connected with risky sexual conduct and situations of violence are high; the situation calls for the available integrated services to be expanded and adapted to the needs and cultural patterns of adolescents.

2. Opportunities for participation by adolescents

130. Adolescents seek spaces where they can get together with each other, practice alternative life styles, and exercise their right to express their opinions about matters which concern them. Society is not yet providing sufficient opportunities for this kind of participation either in the family, the schools, the community or the communication media. The lack of such opportunities is one of the reasons for adolescent violence, including the gang culture.

131. There is a lack of activities to develop adolescents' independence and inadequate provision of opportunities to acquire democratic habits and exercise shared power. The Convention on the Rights of the Child recognizes the freedom of association for lawful purposes; it is therefore necessary to equip adolescents with all the tools for the development of the abilities and skills which will empower them and enable them to exercise their right to participate.

3. Sex and reproduction counselling

132. Adolescent pregnancy is a problem in all regions of the country, although it is more prevalent in rural areas, and it is the third commonest cause of death - from complications during pregnancy, delivery and the perinatal period, as well as from abortion. There is no family planning service for adolescents even though the need for one is obvious and such a service is one of the few available means of tackling this problem, the root of which lies precisely in the lack of guidance and services aimed directly at preventing all the risks associated with an active sex life.

133. According to ENDES-2000, 11 per cent of adolescent girls between the ages of 15 and 19 were already mothers, and more than a third of them had no education; such girls are putting at risk their own lives and the lives of their children, for it has been shown that a mother's health, education and nutrition are decisive factors for the survival and full development of her child, as well as for her own survival.

134. Fifteen per cent of the pregnant women using the health services of the Ministry of Health were adolescents. When analysing this data it should be borne in mind that in 1998 the free school insurance programme paid for 3,015 antenatal checks and 1,440 attended deliveries for adolescent girls. This shows a clear discrepancy between the number of checks and the number of attended deliveries and points to the need to mobilize other grass-roots resources to help pregnant adolescents, as well as to run information programmes to prevent unwanted early pregnancies.⁵⁴

135. The cases of HIV/AIDS among young people are due to unsafe sexual relations during adolescence, the lack of appropriate sex education, and ignorance of means of protection. The male to female ratio of AIDS sufferers is 3:1, and vertical transmission from seropositive mothers to their children is on the increase, as is the number of infected women. This increased risk in women is associated with their lack of bargaining power with their partners when it comes to the

⁵⁴ PNAI 2002-2010. Lima, June 2002.

use of contraceptives. It is calculated that in December 1999 Peru had 4,500 children aged under 15 living with HIV/AIDS.⁵⁵

136. We now offer some statistics⁵⁶ relating abortion to pregnancy which indicate a growing problem.

<i>Year</i>	<i>10-14 years</i>		<i>15-19 years</i>	
	<i>Abortions</i>	<i>Pregnancies</i>	<i>Abortions</i>	<i>Pregnancies</i>
1996	61	3 100	1 665	100 868
1997	74	3 282	1 830	105 081
1998	102	3 740	1 739	114 400
1999	96	5 054	1 907	133 983
2001	-	-	4 765	132 762

4. Addictive behaviour and drug abuse

137. Drug addiction is a public health problem in Peru. The statistical records show that adolescents of both sexes remain the population at greatest risk of drug use. The use and abuse of legal drugs such as alcohol and tobacco are the gateway to the use of illegal drugs.

138. The following table shows the percentage of adolescents who have used a legal drug in the past year.⁵⁷

<i>Legal drug</i>	<i>Age group</i>		
	<i>12 - 13</i>	<i>14 - 16</i>	<i>17 - 19</i>
Alcohol	48	60	77
Tobacco	11	31	47
Tranquillizers	1	1	3

139. The age at which a drug is first used provides information about the age groups at risk, on which the treatment and prevention measures must be concentrated.

140. Analysis of the likelihood of a person's beginning to use a drug shows that initiation occurs at very early ages, especially in the case of legal drugs. However, it is a well known fact that the likelihood of drug use increases sharply from the age of puberty (12 years). Of the illegal drugs, marihuana is the most likely to be used, mainly from the age of 15.⁵⁸

⁵⁵ *Para Conocer e Informar* (To know and to report). Handbook on HIV and AIDS for journalists. AIDS Network Peru. Second edition, 2001.

⁵⁶ Information taken from the preliminary report on the consultation on "Systematic organization of statistics on adolescent pregnancy, adolescent gang culture, and drug use by adolescents".

⁵⁷ National Survey of Drug Prevention and Use. Commission to Combat Drug Use (CONTRADROGAS), Prevention and Rehabilitation Unit. Second edition, November 2000.

⁵⁸ *Idem.*

Incidence of use (%)

Drug	Age group		
	12 a 13	14 a 16	17 a 19
Marihuana	0,1	1,8	4,6
Basic paste	0,1	1,1	2,6
Cocaine	0,0	0,2	2,9
Inhalants	1,8	2,7	3,5
Tranquillizers	1,6	2,4	3,5

Source: National Survey of Drug Prevention and Use. CONTRADROGAS.

141. The Act regulating treatment communities in Peru stipulates that these communities must treat females, males and children in separate facilities. In addition, any one facility must treat only adults, only adolescents aged 12 to 17, or only children under 12.⁵⁹

142. Over 90 per cent of such facilities are for adult males; nine facilities (8.6%) are exclusively for children; and one (1%) exclusively for women. There are no treatment communities exclusively for adolescents; adolescents are sometimes treated in the facilities for children and sometimes in those for adults.⁶⁰

143. Risk factors for adolescent drug use:

- Personal: insufficient development of social skills and lack of life projects; low tolerance of frustration; unassertiveness; insecurity; search for new sensations; lack of opportunities;
- Family: family disfunction; lack of communication and unsuitable ways of communicating; domestic violence; permissiveness and encouragement of use by peers and parents and other family members;
- Social: social pressure; culture of drug use, particularly alcohol and tobacco, encouraged by the advertising media; poor management of leisure time; lack of recreational facilities adapted to the characteristics of the population; group pressures; unsuitable role models;
- Factors associated with the drugs themselves (stereotype of use associated with social success and status, and ease of use).

⁵⁹ PNAI 2002-2010. Lima, June 2002.

⁶⁰ *Idem.*

The project “Peruvian Family for a Healthy Life”

The aim of this project is to prevent and reduce drug use by children and adolescents by taking an environmental approach which perceives this phenomenon as having many causes - of a social, economic, cultural, family and personal nature - which are interdependent and in flux and therefore susceptible to change and alteration.

General objective:

To build up local networks specializing in grass-roots prevention of drug use by enhancing the educational capital represented by local leaders, who will carry on sustained educational and preventive activities designed to boost the factors of prevention and reduce the factors of risk.

Project strategy:

To give priority to the work with local social networks to ensure grass-roots mobilization and the sharing of responsibility, securing the active involvement of all local grass-roots actors, children, adolescents, parents, teachers, community leaders and institutions in the promotion of the factors which provide protection against drug use.

E. Rights for the whole of childhood (0-17 years)

1. Children in need of special protection

144. Article 19 of the Convention on the Rights of the Child calls on States to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, including sexual abuse. Violence against children is thus a violation of their human rights.

145. In recent years States have been recognizing such phenomena as domestic violence, maltreatment of children, sexual violence and adolescent suicide as public health problems owing both to their widespread occurrence and to the effects and consequences for children in the short and long terms.

Victims of political violence

146. It is calculated that some 1.6 million persons have been affected by political violence, 30 per cent of them children. According to the Programme of Support for the Resettlement and Development of Emergency Zones (PAR), about 600,000 of these persons, including children orphaned by the fighting, moved away from their home communities because of the armed conflict.⁶¹

147. The PAR gave priority to the strategy of returning displaced persons to their places of origin and developed as its working methods support for production activities, social support, and the treatment of mental health problems, in the departments of Ayacucho, Apurímac, Junín, Huancavelica, Huánuco and San Martín.

⁶¹ The PAR was established under MIMDES to attend to the people affected by the violence.

**Programme of Support for the Resettlement and Development
of Emergency Zones (PAR)**

Allocation of PAR investments 1994-2000		<i>Settlements</i>	<i>Population assisted</i>
Resettlement	109 organized return operations	227	21 306
Housing	13,085 units built/rehabilitated	393	70 930
Education	1,222 classrooms	418	61 680
Health	62 health posts 255 drinking-water systems 12 sewerage systems	62 255 12	40 340 128 930 12 260
Citizenship	764,900 undocumented persons registered 920 DDHH training events	Nationwide 320	764 900 25 320
Agriculture	155 km of irrigation channels	65	33 900
Transport	213 km of roads	63	24 900

Basic functions

- To regulate promotion, compensation and prevention activities in connection with the social, political, cultural and economic rights of the population affected by the political violence
- To coordinate and implement promotion, compensation and prevention activities in connection with the social, political, cultural and economic rights of the population affected by the political violence
- To carry out key temporary and permanent measures which make a decisive contribution to the promotion of sustainable peace in Peru and which boost the methodological resources of the measures designed to overcome the economic, social, ethnic and cultural inequities

Purpose: To build a sustainable peace and make good the damage done by the political violence

Target population: The immediate target population is the population affected by the political violence

148. With regard to the effects of the political violence on children, reports indicate that there are 17,807 widows, 43,000 orphans, and more than 47,000 persons having suffered psychological damage.⁶²

⁶² Information taken from Report No. 147-2002-PROMUDEH-PAR dated 19 March 2002.

149. Many of the victims were children who lost close family members such as parents or more distant relatives who were murdered or disappeared; they were direct or indirect witnesses of acts of political violence: murder, torture, killing, armed clashes, etc.; they were born or grew up in a situation of forced displacement to preserve the physical integrity of the members of their families, involving the loss of their family goods and property.

150. The consequences of this violence are visible in the development of certain characteristics in these children, such as dropping out of school, especially in children aged over 14 and in teenage mothers. As a result of this situation a decision was taken in 1999 to create the National Programme for Care of Children Orphaned by the Terrorist Violence (PROHVIT) to work with the more than 43,000 orphan victims of the political violence.⁶³

Victims of domestic violence

151. Recent years have seen the enactment of laws to protect the human rights of children and women, such as the Domestic Violence Act (No. 26260) on the prevention of violence in the family and Act No. 26763, which incorporates preventive measures and sets out public policies for the prevention of such violence. In addition, Act No. 27637 was promulgated on 16 January of this year, establishing temporary shelters for child victims of sexual violence to be headed and administered by the MIMDES National Programme to Combat Domestic and Sexual Violence.

152. It is estimated that in eight out of every 10 cases of sexual abuse the perpetrator is a member of the victim's family circle and that six out of every 10 pregnancies of girls aged 11 to 14 are the result of incest or rape. Furthermore, 33 per cent of girls and women in the 15-49 age range believe that physical punishment is sometimes needed in the upbringing of children. On this same point, recent national surveys have revealed that 49 per cent of children are beaten by their parents and that children themselves regard this practice as a natural means of discipline and education.⁶⁴

Allin Tayta (Good Daddy) Programme

This programme is coordinating the efforts of three public agencies (MIMDES, INABIF and MINEDU) with a view to devising an innovative and visionary proposal, in a multidimensional framework and with a single information system and effective equipment, on Fatherhood in the Andes from the standpoint of developing children's resistance to bad influences.

The purpose of this project is to improve the image of fathers in their relations with their children, with regard to affection and feelings and education and training, through recognition of the importance of a father's participation in the family circle and by analysing and encouraging a positive role for fathers in their children's social and emotional development.

The multisectoral programme has two phases: the first began with a piece of applied research on fatherhood in the Andes designed to produce a true and objective picture of fatherhood models in this region; the second covers the design, approval and implementation of culturally appropriate recreation/play strategies to promote positive patterns of child-raising.

⁶³ *Idem.*

⁶⁴ UNICEF. *Op. cit.*

National Programme to Combat Domestic and Sexual Violence (PNCVFS)

MIMDES introduced this programme to protect the rights of victims of domestic and sexual violence by means of measures implemented by the system's agents. Intersectoral work resulted in the establishment of 36 emergency centres for women. During the first two months of this year these centres reported 2,111 cases involving children aged under 18 (nine per cent of total cases).⁶⁵

Objectives

- To carry out prevention, care and support measures for victims of acts of domestic or sexual violence
- To propose new public policies to other governmental agencies
- To negotiate, i.e. establish agreements with grass-roots organizations and public and private institutions for the implementation of measures to help to reduce domestic violence.

Emergency centres for women

The country has 36 of these centres offering comprehensive care free of charge to victims of domestic and sexual violence and enjoying the support of various public agencies in the provision of the services, which include psychological consultations, legal advice, police action, social services, forensic medicine, and extrajudicial conciliation (in cases not constituting domestic violence), as well as the services of the provincial procurators for family affairs.

Rehabilitation programmes

A rehabilitation plan for victims and perpetrators is currently at the design stage; this stage includes the establishment of models for intervention by psychotherapists which take account of social and cultural diversity and promote social values and the involvement of persons after treatment in social-support networks under the National Programme to Combat Domestic and Family Violence.

Shelters

The shelters form part of the system of emergency care for victims of domestic or sexual violence which helps to preserve their physical and mental integrity. They are conceived as temporary refuges offering women a safe place in which they can consider their situation and decide on a new life project in peace and free from violence. MIMDES has been working to help to transform these emergency centres into "Houses of Hope".

Scope

- Provision of comprehensive multidisciplinary care and services (legal, psychological, work training)
- Provision of temporary refuge for mothers and children

153. There are several services for the prevention of domestic violence and maltreatment of children and for the care of victims, such as the children's ombudsmen and the Health Ministry's units for maltreated children (MAMIs) installed in 21 of the country's hospitals.

154. The statistics show that 41 per cent of women who were in a relationship at some time have been pushed, beaten or otherwise physically assaulted by their husband or partner, 83 per cent of them occasionally and a significant 16 per cent frequently (ENDES-2000, INEI).

⁶⁵ Report on sectoral targets attained in the first 150 days. Office of the President of the Council of Ministers. Lima, December 2001.

155. The National Police in the Seventh Region has established in every police station in Metropolitan Lima a unit to deal with family cases in an effort to tackle the problem of domestic violence and maltreatment of women and children.⁶⁶

Disabled children

156. Peru has a little under 700,000 children suffering from some kind of disability.⁶⁷ There were 30,834 persons enrolled in special education schools in 2000, not all of them aged under 18, and 3,639 special education teachers working in the school modality and 169 in the non-school modality.⁶⁸

157. In urban areas children with severe disability are catered for in special education programmes in the departmental chief towns, in which the enrolment is less than 2,000.⁶⁹ There are no such programmes in rural areas.

158. Significant progress has been made within the existing legal framework in spelling out the rights of disabled children. There is a General Act on the protection of disabled persons, which stresses inter alia the importance of removing architectural and urban-design barriers which impede the free movement of disabled persons.

159. In addition, the National Council for the Integration of Disabled Persons (CONADIS) was set up under MIMDES to take over the intersectoral coordination of measures to help disabled persons throughout their lives. The programmes for children in this sector have very limited coverage. It is calculated that during the period under consideration only 11,150 children (15 per cent of this population) benefited under the MIMDES programmes.⁷⁰

National Council for the Integration of Disabled Persons (CONADIS)

CONADIS formulated and is implementing a multisectoral national plan for the sustainable human development of disabled persons, with emphasis on members of extremely poor groups.

The Council has registered 69 associations, organizations and unions of and for disabled persons.

One encouraging development is that special efforts are being made to persuade people to adopt disabled children; as a result, such adoptions accounted for 30 per cent of all adoptions in the past year,⁷¹ indicating positive discrimination with a view to placement of disabled children in a family.

⁶⁶ *Idem.*

⁶⁷ Calculated on the basis of the paper “*Perú: Perfil Socio-Demográfico de la Población Discapacitada*” (Peru: Socio-Demographic Profile of the Disabled Population). INEI, February 1996.

⁶⁸ Webb, Richard and Graciela Fernández. *Op. cit.*

⁶⁹ PNAI 2002-2010. Lima, June 2002.

⁷⁰ *Idem.*

⁷¹ Adoptions Office, Division for the Welfare of Children and Adolescents - MIMDES.

Working children

160. According to the latest INEI figures,⁷² Peru has 1,833,375 working children aged between six and 17 years; this means that 25 per cent of the total population in this age range is economically active.

161. It is estimated that 1,570,596 of the children making up this total are aged between six and 13, i.e. 22 per cent of total membership of that age group. The figure for children aged between 14 and 17 is 775,779, indicating that 35.5 per cent of the total population in this age range is economically active.

162. In the case of the department of Lima, including the Constitutional Province of Callao, it is estimated that 242,214 children aged between six and 17 are working, i.e. 12.6 per cent of the total population in that age range. The department of San Martín has 40,568 working children aged between six and 17, representing 19.8 per cent of the total population in that age range. Cusco has a register of 147,617 working children, i.e. 44.4 per cent of all persons aged between six and 17.

163. High-risk child labour (rubbish tips, mines, quarries, cane-cutting, etc.) is increasing in step with the deterioration in the people's living conditions; it takes various forms depending on the locality (rubbish collection and sorting in the markets and ports, itinerant vending of regional and similar products, informal river transport services, domestic work, shoe-shining, street vending, etc.).

164. Peru has signed ILO Convention 182 on the elimination of the worst forms of child labour and the exploitation of children. It has adopted Act No. 27571, which amends the minimum ages for admission to work in certain activities (article 51 of the Children's and Adolescents' Code). However, the Children's and Adolescents' Code, promulgated in August 2000 and recently revised, is still vague with respect to the minimum age of child labour and conceals this issue in provisions relating to situations of economic crisis. The need in this context is to promote effective measures to contribute to the gradual elimination of child labour, with the emphasis on hazardous work.

165. The current Code is vague on the question of child labour in the following respects:

- It does not refer specifically to the ages of child workers or list the programmes for the gradual elimination of work by children below the minimum ages;
- Similarly, the Code should stipulate that child labour is permissible only when the work in question is not harmful to children's health or safety and does not affect their education and that the minimum age for performing any kind of work deemed dangerous shall be 18 years;
- There is also a need to establish a procedure for authorizing work by children and registering child workers; it should be stipulated that authorization is required from

⁷² National Household Survey of Living Conditions and Poverty, 2001 - Fourth Quarter. INEI.

the competent authority, together with the express consent of the child's parents or guardian or, failing that, of a children's ombudsman or a justice of the peace;

- The provisions should apply to non-industrial farm work performed for an employer or in a dependent relationship, to work in industry and commerce, and to work in industrial fisheries.

166. There are various figures on the number of child workers; the following information is available on employment in brickworks:⁷³

<i>Locations</i>	Huachipa, Lima and other places.		
<i>Number</i>	About 1,000	<i>Age</i>	5-17 years
<i>Sex</i>	80 per cent male		
<i>Wages</i>	Unpaid	<i>Other remuneration</i>	Food and shelter
<i>Hours</i>	An average of 4-6 hours a day		
<i>Description:</i>			
<p>The children work with their families, usually from the provinces, making bricks on piecework; they live on the land where they work ("pampas"). They have to produce a given quantity of bricks per week in order to survive.</p> <p>Depending on their age, the children may work in any stage of brick manufacture: processing of the clay (extraction, grinding, sifting and mixing); pouring the clay into the moulds; removal from the moulds; and carrying and stacking). They work in bad weather and in deplorable health and safety conditions. The work is repetitive and tedious.</p>			
<i>Risks and consequences:</i>			
<p>Employment in brickworks is harmful to children's health owing to the poor health and safety conditions, which may also affect their emotional development.</p> <p>Carrying excessive weights delays and distorts their physical development and exposes them to the risk of fractures and other injuries, a situation aggravated by their poor diet.</p> <p>The shortage of water and the permanent contact with clay facilitate the transmission of infectious skin and bronchial disorders.</p> <p>The work in the "pampas" is monotonous and oppressive with no element of creativity; this also has an impact on the children's development.</p>			

⁷³ ILO. International Programme on the Elimination of Child Labour. *El Trabajo Infantil en el Perú: Qué está pasando?* (Child Labour in Peru: What's happening?).

167. The following information is available on work performed by children in mines:⁷⁴

<i>Locations</i>	Puno, Madre de Dios, La Libertad, Ayacucho, Arequipa and Ica		
<i>Number</i>	50,000	<i>Age</i>	5-17 years
<i>Sexo</i>	Mayoritariamente hombres		
<i>Wages:</i> Young children receive a “tip” of one sol per working day. Older children usually have informal agreements for more money		<i>Other remuneration:</i> Share in the family economy	
<i>Hours</i>	Seasonal work in the holidays, when they may work from 7.30 a.m. until nightfall		
<p><i>Description</i></p> <p>The children perform almost all the tasks involved in mining, including:</p> <ul style="list-style-type: none"> • Sifting (work performed exclusively by women and children), which consists of the removal of mineral particles from the tips • Carting: one of the hardest tasks owing to the excessive weight of the stones and clumps of earth, which are carried on the back or in wheelbarrows to the processing points • Panning, which consists of the washing out of gold in pans or cloth sheets or standing inside conduits • Grinding, an activity requiring great physical effort and involving the risk of poisoning from the mercury used in the grinding of the ore in a “<i>quimbalate</i>” (a kind of mill made of two big stones) • The mining and crushing of the ore, two tasks performed mainly by older children. <p>Geographical and climatic factors make living conditions at these sites very harsh; the communities usually lack basic services such as drinking water, sewerage, and refuse collection. Their dwellings are precarious, being made of extremely low-grade materials. The education and health services are insufficient and poorly equipped. The mining work is performed in deplorable health and safety conditions.</p>			
<p><i>Risks and consequences</i></p> <p>Many of the children working in small-scale mining suffer from anaemia, chronic malnutrition and even tuberculosis. In the coldest mining areas they usually contract severe respiratory ailments, and there is a high incidence of rheumatism and arthritis. In the hottest areas they are more likely to contract acute diarrhoea from the polluted water.</p> <p>Most of the children suffer from chronic fatigue, various bone diseases and conditions, and chronic poisoning from exposure to liquid and gaseous mercury, which can cause problems ranging from headaches, insomnia, timidity, nervousness and nausea to loss of memory and self-control, irritability and excitability, anxiety, sleepiness and depression. They are also exposed to the risk of bruising, cuts and fractures, and there is very little likelihood of treatment at a health post, either because there are none or because, when there is a health post, it lacks equipment, staff and suitable medicines.</p> <p>The children’s education is also seriously affected by their mining work, which usually prevents them from attending school regularly or taking part in recreational activities, thus having an adverse impact on their personal development and reducing their future job prospects and inexorably reproducing the cycle of poverty.</p>			

168. There has been very little study of the work performed by children in rural areas. According to the latest population census (1993), 40 per cent of Peru’s children are employed in farming activities, and the rural sector is where the lowest rates of school attendance are found.

⁷⁴ *Idem.*

169. A number of qualitative studies have documented the harmful effects of child labour, pointing to problems of physical and mental health, impairment of children's school attendance and academic performance, and high rates of repeated years and drop-outs. For example, 49 per cent of children who work as well as attending school are one or two years behind their coevals; and one out of every three children who work does not go to school.⁷⁵

170. The following information is available on domestic work:⁷⁶

<i>Locations:</i> The country's main towns					
<i>Number</i>	Over 100,000	<i>Age</i>	6-17 years	<i>Sex</i>	Mainly girls
<i>Wages</i>	A few receive adequate wages; most work for board and lodging				
<i>Other remuneration</i>	Clothing, board and lodging; sometimes education				
<i>Hours</i>	Whole day, from 5-6 a.m. to 9-10 p.m.				
<i>Description:</i>					
<p>It has been established that these girls work between 12 and 16 hours a day at household tasks (from shopping to cooking and cleaning and looking after the smallest children).</p> <p>Most of the girls are from the countryside, sent by their own families in the hope of obtaining education and a better job than in their places of origin.</p> <p>The employers usually do not have a labour relationship with the girls since they are responsible only for their board and lodging and, up to a point, their education.</p> <p>In some cases the girls are entrusted to an employer by their own parents so that the employer may bring them up in a kind of "godparent" relationship. From the moment when an employer accepts a girl she loses contact with her natural family and thus comes to depend fully on the employer for her basic needs.</p>					
<i>Risks and consequences:</i>					
<p>Many of these young workers find their mental health affected because they are not living their own lives. They play the games that other children want; they experience the joys of their employer's children, and the toys that they play with belong to other children. In short, they do not have their own dreams.</p> <p>Domestic child labour is "invisible work" because it takes place inside the home without any system of supervision. Many of the girls live isolated lives and have serious health problems and problems of self-esteem, for they have no opportunity to share their lives with other girls like themselves.</p> <p>Many of the girls suffer discrimination, maltreatment and physical and verbal violence and they are at risk of sexual abuse by one or more members of the employer family. The long working days prevent them from studying. They feel very alone and abandoned. They grow up without any moral support or love.</p>					

171. MIMDES operates a street teachers programme whose target population includes not only child workers but also children who live in the street.

172. The main objective with these children is to prevent their involvement in work which impedes their integrated development. The programme encourages them to resume their education by helping them to enrol in school and providing support. MIMDES also runs services to help children change their jobs or rejoin their families and to support them in legal cases of child protection.

⁷⁵ PNAI 2002-2010. Lima, June 2002.

⁷⁶ ILO. International Programme on the Elimination of Child Labour. *Op. cit.*

Child labour network

This Network came into being following the signature of a memorandum of understanding between the Government of Peru and ILO on the implementation at the national level of measures for the gradual elimination of child labour. The National Steering Committee for the Elimination of Child Labour and Protection of Child Workers was established by Supreme Resolution No. 059-97-PROMUDEH.

The Network is made up of representatives of various organs of the State, including the Ministry for Women and Social Development, the Ministry of Labour and Job Creation, the Ministry of Health, the Ministry of Education, the Ministry of the Economy and Finance, the Ministry of Energy and Mines, the Ministry of the Interior, the National Institute for Statistics and Information, the Office of the Attorney-General, and the Judiciary, as well as representatives of international cooperation agencies and civil society.

Objective

To propose policies, regulations and measures designed to prevent the recruitment of child labour and secure its gradual elimination by promoting respect for and the exercise of children's rights, and to protect working children by mobilizing society and raising its awareness through the implementation of coordinated measures to encourage the participation of the various social actors.

Children deprived of a family environment

173. Although 2,272 children were adopted in the period 1993-2002⁷⁷ under the Adoptions (Administrative Procedures) Act, which regulates the adoption of children declared by a court to be abandoned (Act No. 26081 of 1998), weaknesses persist in the implementation of a national programme offering, with broad powers to act of its own motion, a solution to the problem of orphaned children and children declared abandoned.

174. Some eight per cent of the country's households have among their members a child living with the family as an "adopted" child; these are children who do not live with either of their biological parents even if they are alive. The figure is higher in rural areas (nine per cent) than in urban areas (seven per cent).⁷⁸

175. Some of the shelters responsible for taking in abandoned or neglected children are in a poor state, while others are full to capacity; this means that many of these children wander the streets and squares, suffering permanent violation of their rights, including the most basic ones. Furthermore, there hardly any special shelters for disabled children.

176. There is a need for regulations to govern the operation of these shelters and for a public agency capable of ensuring proper monitoring, with participation by the community.

⁷⁷ Adoptions Office - Division for the Welfare of Children and Adolescents - MIMDES.

⁷⁸ Demographic and Family Health Survey 2002. INEI and others. Lima, May 2001.

National secretariat for adoptions (SNA)

The past experience of the institutions responsible for the national adoptions programme pointed to the need to incorporate adoptions in a global policy for children and the family which put an end once and for all to the domination of the interests of individuals over the interests of children. Accordingly, this year is seeing the creation of the National Secretariat for Adoptions as the central executive authority for adoptions charged with establishing an efficient national adoptions system.

At present the Secretariat has 10 local adoptions offices located throughout the country in the departments of Arequipa, Ayacucho, Cuzco, Huánuco, Lambayeque, La Libertad, Moquegua, Loreto, Piura and Puno; a further 13 local offices are needed to complete the coverage of the adoptions system. However, the Adoptions Office has six tutelary investigators: two are assigned to the Eleventh and Thirteenth Family Courts in Lima, one to the family courts in the Northern Cone, one to the basic-module courts in Ventanilla, El Agustino and Villa Maria del Triunfo, and two to cases conducted in the provinces where there are no local adoptions offices.

In general terms, there are no adequate arrangements for dealing with children at risk, and there have even been cases of a shelter housing juvenile offenders alongside children having no association with crime.

The number of children living in institutions is not known precisely, but the centres run by the National Family Welfare Institute (INABIF) and the Foundation for the Children of Peru are estimated to house 3,982 children nationwide.⁷⁹

177. The National Family Welfare Institute (INABIF) is the public agency responsible for planning, proposing, managing, implementing and evaluating family welfare policies and for ensuring that priority is given to children at risk in accordance with the sectoral policy, the provisions of the Constitution, and the purposes of the State in establishing the present legislation. It has the following divisions:

Comprehensive Protection Division

178. This Division is one of the two line agencies of INABIF and as such is responsible for planning, coordinating, implementing, managing, supervising and evaluating programmes and measures for the personal training and family and social integration of children who are at risk owing to their state of material abandonment and/or moral danger. Such children are catered for by 35 operational units (25 children's homes and 10 children's centres) and in 23 zones and 104 sub-zones of intervention at the national level, where assistance is rendered to working children and street children in 102 referral and care centres.

Operational policy

178. The operational policy is carried out by street teachers in the locations where working children and street children are found.

179. These activities are carried on in markets and the streets and in mines, quarries and brickworks and other places where the work is hazardous or is performed in hazardous conditions, such as work in the early hours of the morning, mining, small-scale manufacture of bricks, fish filleting, refuse collection, etc.

⁷⁹ Adoptions Office - Division for the Welfare of Children and Adolescents - MIMDES.

180. The objective is “to contribute to the integrated development of working children and street children by means of unconventional training imparted by street teachers”.

181. All the work with these children is organized into three stages, through which the children advance as they show some signs of progress.

182. Although the children are the direct beneficiaries, work is also done from the outset with families and grass-roots institutions with a view to creating a network of social support to guarantee the sustainability of the results achieved by the teaching work.



Operational protection policy

183. This policy is executed by children’s homes in closed or semi-open facilities housing children who have been physically, materially or morally abandoned and is designed to provide them with a protected environment which will foster their personal and social development. The method of operation in the homes is divided into four stages and is designed to secure the children’s reintegration in their families and/or communities by means of personal training and work with the families themselves.

Family Support Division

184. This Division is the INBIF line agency responsible for promoting, managing and supervising the preventive and support work with families living in poverty or at social risk by means of programmes for the promotion of human development and family integration and training to generate income to help to improve the quality of life.

185. The **target population** consists of children, young people, women, adults and old people living in poverty or in situations of social risk in urban, marginal urban and rural areas.

186. The Division has the following **policies**:

- (a) To promote human development;
- (b) To promote family integration;
- (b) To provide training for income generation.

187. The **general objective** is to help to improve the quality of life of the target population by means of preventive and promotional measures to foster integrated development, gender equity and equality of opportunities.

188. The **family support centres** are housed in premises which are owned by INABIF or which it is allowed to use in marginal urban and rural areas, where it furnishes services for people living in poverty or at social risk.

189. The **community centres** are housed in premises in the community, where INABIF carries out a programme of social measures to improve the people's quality of life by encouraging self-management and active participation by grass-roots organizations in the solution of their immediate problems. The work is focused mainly on services for children.

Population at Risk Division

190. The main aim is to coordinate the public welfare associations (SBP) and social participation boards (JPS). These associations and boards provide assistance in the following modes, in accordance with their statutory purposes:

- (a) Food aid is provided through the canteens for children, adults and old people;
- (b) Health care is furnished in medical consultation offices and/or treatment centres;
- (c) Educational work is performed in nurseries, kindergartens and other children's institutions;
- (d) Training is provided for children in children's centres, shelters, dressmaking workshops, carpentry workshops, etc.;
- (e) Assistance is provided for adults in children's centres, shelters, dressmaking workshops, carpentry shops, etc.;
- (f) Donation of cemetery niches, medicines, clothing, school kits, etc.

191. The following table shows that the mode with the largest number of beneficiaries is health care, followed by donations and food aid; together they account for 92.8 per cent of the beneficiaries.

Population catered to by the SPB and JPS, by mode of assistance⁸⁰

<i>Mode of attention</i>	<i>Beneficiaries</i>	<i>Percentage</i>
Health care	75 521	45.0
Donations	63 106	37.6
Food aid	17 104	10.2
Educational work	3 929	2.3
Other modes	4 008	2.4
Children's training	2 137	1.3
Assistance for adults	2 125	1.3
Total	167 930	100

Street children⁸¹

192. Most street children are from broken or dysfunctional homes from which they have become totally or partially alienated and in which maltreatment is a constant. They will usually have dropped out of school as well (if indeed they went to school), for it is generally very difficult for them combine school with living in the street owing to the demands that street life makes on their time. They thus have the additional problem of exclusion from the formal education system.

2. The right to participate

193. Where participation and the freedom of expression are concerned, Peru needs to strengthen the associations and the organizational projects for children and promote the formation of groups in which children enjoy independence and can pursue their own interests, for the approach taken thus far by the State and society has been "tutelary", regarding children not as subjects of rights but rather as merely passive beneficiaries of programmes designed to reproduce adult models of organization.

194. With regard to grass-roots vigilance and involvement, it must be pointed out that ignorance of the rights of the child is widespread and that there is an urgent need to promote the delivery of these rights. It is vital to promote and establish, in a coordinated manner, mechanisms of social supervision by civil society, for this is the only way to guarantee the advancement and protection of children's rights. The State is encouraging such a development through the Network of Teenage Leaders.

⁸⁰ SPB basic data sheets, 1999. INABIF.

⁸¹ "Children at high risk - I: qualitative study". Save the Children, Sweden (responsible for the Aldo Peñaflor/Imasen research carried out between 8 and 15 August 2000).

Network of teenage leaders (RLA)

This Network was created in November 1997 on the initiative of the drug abuse prevention unit of the MIMDES Division for the Welfare of Children and Adolescents; it began to work with young leaders, initially to prevent drug use and promote leadership among adolescent children and subsequently to implement comprehensive prevention measures for and by adolescents, with financial support from the Narcotics Affairs Section of the United States Embassy.

Young people were trained as comprehensive prevention agents to work with their peers. Twelve RLA offices were established for this purpose (six in Lima and six in the provinces) and as a means of providing opportunities for discussion and the formulation of proposals for development work with adolescents and the community in accordance with the RLA working procedures.

Definition

The Network is a democratic space in which adolescent children are the main protagonists and where they have opportunities to devise, plan and carry out activities to support the social development of their communities and in particular their own development, taking the “equal among equals” approach.

Objectives

- To train, encourage and mobilize teenage leaders so that their leadership will help others to live positive lives and take an active part in the activities of their families and communities.
- To help to consolidate democratic spaces where teenage leaders can conduct activities to promote healthy life-styles, and to provide guidance and training in the implementation of comprehensive prevention measures which also involve the personal development of adolescents and of their communities in general.

Present situation

Three hundred teenage leaders are promoting the active participation of their peers in local facilities in Lima (in four locations so far: the districts of Jesús María, Los Olivos, El Agustino and San Luis) and in the provinces in Arequipa, Tacna, Chimbote, Trujillo, Ayacucho and Pisco, where these leaders have been developing social skills in the leadership of adolescent children and as providers of instruction in such matters as reproductive health and career planning.

These RLA facilities are currently being transferred to the local and regional authorities, which will furnish them with the necessary logistical support, always subject to technical advice from MIMDES.

3. The children’s ombudsmen

195. The children’s ombudsmen are a service provided by the National System for the Comprehensive Care of Children and Adolescents; they operate through local government, private and public institutions, and organizations of civil society. Their purpose is to **promote and protect** the rights which the law accords to children.

196. What principles guide their work?

- ***The best interests of the child:*** with regard to any decision affecting children, preference must be given to whatever action is most beneficial to children;
- ***Children as subjects of rights:*** children are recognized as individuals;

- ***Non-discrimination:*** the rights of the child are available to all children regardless of their ethnic origin or economic, cultural or social status, etc.;
- ***Emphasis on the comprehensive development*** of children;
- ***The rights of the child*** are a matter concerning all members of society.

197. The ***functions of children's ombudsmen*** are set out in article 45 of the new Children's and Adolescents' Code:

- To keep themselves informed about the situation of children finding themselves in a public or private institution;
- To intervene when their rights are threatened or infringed in order to assert the principle of the best interests of the child;
- To promote the strengthening of family links. To this end they may secure extra-judicial reconciliations between spouses, parents and family members concerning maintenance, custody and visiting arrangements, provided that there are no legal proceedings in progress on these matters;
- To hear cases of family placement;
- To encourage the voluntary acknowledgement of paternity;
- To coordinate programmes of services for working children;
- To furnish multidisciplinary advice to families to prevent crisis situations, provided that there are no legal proceedings in progress;
- To report to the competent authorities any crimes or misdemeanours which may harm children.

198. What are the basic methods used by the children's ombudsmen in their work?

- They form and/or join the networks of services and local monitoring committees in order to supplement and coordinate their work;
- They promote mobilization and awareness-raising measures at the grass-roots level, involving both families and the authorities and members of institutions;
- They maintain permanent contact with communities to keep themselves up to date with developments and to keep matters under control.

199. Where are ombudsman offices to be found? In various institutions. We therefore talk about different models of ombudsman office, depending on the institution which sets it up:

- (a) Offices in primary and secondary schools;
- (b) Offices attached to churches (Catholic and others);
- (c) Offices established by grass-roots social organizations;

- (d) Offices established by NGOs;
- (e) Municipal offices (known as DEMUNAs), which operate in provincial and district municipalities and in smaller settlements.

200. Although these types of ombudsman office are the best-known, there are others such as the ones in health centres, police stations, etc.

201. Who may have recourse to an ombudsman?

- Children themselves;
- Members of their families;
- Anyone who is aware of a situation or problem adversely affecting the rights of the child.

202. How are the offices staffed?

An office may be staffed by professionals or other persons from the community having a basic knowledge of the service. They may also have the assistance of persons who have been trained in the operation of this service. However, with a view to establishing an operating procedure which works in practice, an office may have the following structure:

A leader: a person of standing in the community. He or she may be a representative of an institution or organization of civil society elected to this post.

Ombudsmen: professionals from any discipline, preferably one related to the human or social sciences. In places where there are no professionals or in institutions which by their nature do not have any professionals among their members, the ombudsmen may be persons of standing in the community duly accredited to perform their functions.

Field workers: local children and adults who have been trained to perform the service's functions and have voluntarily taken on this responsibility and a commitment to uphold the service's statutes and operations.

Support staff: administrative and professional personnel who collaborate with the service without having the status of leader, ombudsman or field worker.

203. What work do the offices do?

They promote rights: they carry out organized and planned activities to inform and educate the various sectors of society and to raise their awareness of the rights of the child. They try to persuade people to change their ways of thinking and their attitudes and practices with respect to the situation of children by taking on board the importance of the exercise of children's rights.

They take up cases: they may take a number of measures to ensure that situations or problems which may affect the exercise of a child's rights are resolved.

They offer guidance: members of the offices provide information of various kinds concerning general or specific topics.

204. With respect to which problems may the offices intervene?

Through the conciliation mechanism

The offices may intervene when the following types of problem arise, provided that there are no legal proceedings in progress or concluded in the same case and no crime or misdemeanour has been committed:

Maintenance: this covers everything necessary for the sustenance, shelter, education, instruction and job training, medical care, and recreation of a child, or of a pregnant woman, from conception to the post-partum period.

Custody: this is the responsibility assumed by one of a child's parents to attend to his or her comprehensive development when the parents are actually separated. A mother or father who cedes the custody of a child does not lose parental authority.

Rights of access: a father or mother who is not living with a child does have visiting rights; visiting days and times are established by agreement between the parties.

Through administrative action

Late registration of birth: this means regularizing a child's registration in the Register of Births and the National Register of Identity and Civil Status (RENIEC). This procedure is followed when the 30 days stipulated by law have expired. Ombudsmen have a number of ways of helping people to apply for late registration.

School enrolment at the correct time: action by an ombudsman to ensure that a child is enrolled at the correct age and time. Ombudsmen may make representations to the school authorities or the Parents' Association (APAFA) to allow a child to exercise the right to education by making arrangements for his or her enrolment even when some of the enrolment requirements are not met.

Correction of birth certificates: correction of the information contained in a child's birth certificate as recorded in the Register of Births and the National Register of Identity and Civil Status (RENIEC). Ombudsmen have a number of ways of helping people to apply for such correction to the civil registration authorities or to a court.

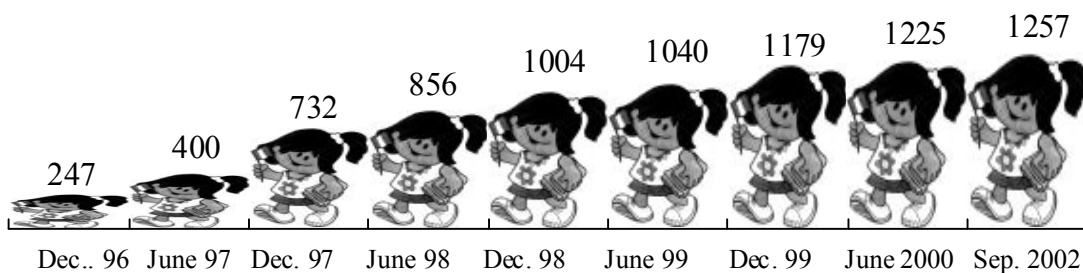
Medical care: coordination by an ombudsman with the corresponding health facilities to obtain prompt medical treatment for a child.

Arbitrary detention: no one may be detained except on one of the following two grounds:

- (a) Detection *in flagrante delicto*;
- (b) Court order.

If a child is detained except on one of these grounds, an ombudsman may take the necessary action to secure the child's immediate release, such as seeking a writ of habeas corpus before the competent authority. The ombudsmen offer a mode of alternative or extra-judicial justice which facilitates democratic access to justice; they thus promote and defend the rights of the child by means of conciliation and negotiated agreements. It is calculated that they deal with 100,000 cases a year, a figure illustrating the importance of this service.

Growth of ombudsman offices, 1996-2002



Source: Ombudsman Service, Division for the Welfare of Children and Adolescents - MIMDES.

F. Special legislation and justice⁸²

1. Progress in the incorporation of international treaties in national law

205. Article 55 of the current Constitution states: "The treaties concluded by the State which are in force shall form part of national law"; incorporation requires approval by a legislative decision of the Congress prior to ratification by the President of the Republic in a supreme decree.

206. The status of the international instruments relating to children incorporated in national legislation is given below, in chronological order:

Convention on the Rights of the Child

Organization:	United Nations
Date of adoption:	20 November 1989
Signature:	26 January 1990
Approval:	Legislative Decision No. 25278
Deposit of instrument of ratification:	4 September 1990

⁸² Peru 1990-2000. Report on the attainment of the targets of the World Summit for Children. Division for the Welfare of Children and Adolescents. Working paper. Lima, 2001.

Amendment to article 43, paragraph 2, of the Convention on the Rights of the Child

Organization:	United Nations
Date of adoption:	12 December 1995
Approval:	Legislative Decision No. 27196
Ratification:	Supreme Decree No. 061-99-RE 17-11-1999

Convention on the Civil Aspects of International Child Abduction

Organization:	United Nations
Date and place of adoption:	The Hague, 25 October 1980
Approval:	Legislative Decision No. 27302
Ratification:	Supreme Decree No. 023-2000-RE
Submission of instrument of ratification:	3 May 2001

Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography

Organization:	United Nations
Date of adoption:	1 November 2000
Approval:	Legislative Decision No. 27518
Ratification:	Supreme Decree No. 078-2001-RE
Deposit of instrument of ratification:	8 May 2002

ILO Minimum Age Convention (No. 138)

Organization	ILO
Date of adoption:	26 June 1973
Approval:	Legislative Decision No. 27453

ILO Worst Forms of Child Labour Convention (No. 182)

Organization:	ILO
Date of adoption:	1 June 1999
Approval:	Legislative Decision No. 27543
Ratification:	Supreme Decree No. 087-2001-RE

The Hague Convention on the Civil Aspects of International Child Abduction

Article 6 of this Convention provides that a Contracting State shall designate a Central Authority to discharge the duties which are imposed by the Convention upon such authorities. The Peruvian State has therefore designated, by Ministerial Decision No. 206-2002-PROMUDEH, the Division for the Welfare of Children and Adolescents as the body which shall discharge the duties of Central Authority, representing the Ministry for Women and Social Development.

The Division has been discharging the duties of Central Authority, basically in accordance with articles 7 and 11 of the Convention, both as requesting Authority and as

requested Authority; in other words, it has been taking the necessary steps to ensure the immediate return of children, when this is required, and to secure the best interests of the child by promoting amicable settlements and maintaining to this end smooth communications with the central authorities of the other signatory States.

The objective of the Convention is to ensure that rights of custody and rights of access are effectively exercised in the signatory States and that neither parent or any other relative uses communication routes and the possibility of crossing frontiers to retain or remove a child or infringes the rights established by law, by treaty or by the courts to the detriment of a father, mother or other relative.

According to the Convention, rights of custody includes rights relating to the care of the person of the child, in particular the right to determine the child's place of residence (these rights are assimilated in Peruvian legislation to rights of "*tenencia*"), while rights of access include the right to take a child for a limited period of time to a place other than the child's habitual residence (these rights are known in Peruvian legislation as the "*régimen de visitas*").

The following are the main functions of the Central Authority: (1) to verify movements in and out of the country by a child or abductor; (2) to establish the exact whereabouts of a child or abductor; and (3) to transmit requests to the judicial authorities of Peru or to the Central Authority of another country.

The Division has taken up eight cases of abduction since the end of January 2002.

2. The Children's and Adolescents' Code

207. Following ratification of the Convention on the Rights of the Child and the revision of the Children's and Adolescents' Code in 1993, the institution of procurator for children and adolescents was created and the juvenile courts became children's and adolescents' courts - now the family procurators and family courts - to deal with reports of maltreatment and neglect and domestic violence.

208. Where the law is concerned, Peru must continue its efforts to bring its national legislation relating to children into line with the international instruments which it has signed and ratified and with the requirements of the development of this social sector and to fill the gaps in laws and regulations.

209. An intersectoral commission has been revising the current Children's and Adolescents' Code; although this exercise is producing innovative changes in such areas as the special care of children with disabilities, judicial procedures applicable to juveniles, and alternatives to deprivation of liberty, it is also revealing gaps and legal contradictions and introducing retrogressive provisions: for example, the incorporation of the offence of pernicious gang violence (*pandillaje pernicioso*), which increases the punishment which may be imposed on juveniles to six years' internment. The revision also disregards measures to guarantee the rights of vulnerable children, such as children suffering from sexually transmitted diseases, HIV/AIDS or cancer. The Code also has gaps with respect to specific programmes for child victims of sexual exploitation.

3. Juvenile offenders

210. The Code provides for the application to juveniles of alternatives to deprivation of liberty.

211. However, the application to juvenile offenders of the non-internment alternatives provided for in the Code is not widespread. According to the statistics, as of December 2001 there were 987 juvenile offenders (66 per cent of the current total of convicted juveniles) held in prison but only 508 (34 per cent) under an open regime;⁸³ this confirms the need to increase the use of socio-educational and reintegration measures which make it easier for juvenile offenders to continue their lives in society and the family.

Legal status of juvenile offenders⁸⁴

Total cases	1,495
Convictions	54%
Awaiting trial.....	46%

212. The application of socio-educational measures to juvenile offenders is vital to the attainment of the goals of rehabilitation and reintegration, which are more important than the goals of prevention and punishment, for such measures have helped to create in these juveniles an awareness of their responsibility for their actions.

213. The Judiciary's Juvenile Centres Division has nine closed facilities, one of which is intended exclusively for juvenile offenders, and one open facility, known as the Adolescents Guidance Centre, for the enforcement of sentences of supervised liberty (*libertad asistida*).

214. The lack of juvenile centres in some areas in the interior of the country causes difficulties in the administration of justice when socio-educational internment measures are ordered. In such cases the juveniles are transferred to facilities far from their homes; the situation is worse in the case of juveniles convicted of crimes, who are transferred to Lima.

215. The streamlining of the procedures of the administration of juvenile justice is something to be considered. In 2000 for example, out of a total of 3,387 juvenile offenders held in juvenile centres only 1,722 had been convicted, and 1,665 were awaiting trial.⁸⁵

Juveniles deprived of liberty for criminal offences

	1995	1996	1997	1998	1999	2000
Male	579	577	438	-	606	839
Female	30	31	29	-	30	40
Total	609	608	467	-	636	879

Source: *El Sistema Penal Juvenil en el Perú* (The Juvenile Justice System in Peru). Ombudsman's Office. October 2000.

⁸³ PNAI 2002-2010. Lima, June 2002.

⁸⁴ *Idem*.

⁸⁵ *Idem*.

4. Gang violence

216. Under the current Pernicious Gang Violence Act (Legislative Decree No. 899) the sole available penalty is imprisonment for a term of between three and six years. Experience has shown that the intensification of the State's repressive approach to juvenile violence has not checked this social problem.

217. The Children's and Adolescents' Code defines a pernicious gang as a group of adolescents aged 12 to 17 years who act together to attack third persons, injure their physical integrity or threaten their lives, to damage public or private property, or to commit disorderly acts which disrupt the public order. However, despite the characterization of such acts as crimes in the Code, the problem has not declined; this prompts the conclusion that it is not sufficient to punish such crimes but that alternative means of tackling the problem must be sought, such as prevention and the treatment and rehabilitation of offenders.

218. According to the Office of Civic Participation of the National Police, 400 gangs had been identified in Lima and Callao as of February 2000, with a membership of about 12,950 persons, including juveniles and adults. Of this total, 88 per cent (11,396) were aged under 24.

IV. MATRIX OF THE RIGHTS OF THE CHILD INCORPORATED WITH THE PNAI 2002-2010

219. This matrix is the outcome of the incorporation the matrix for monitoring the PNAI 2002-2010⁸⁶ of the fundamental rights established in the Convention on the Rights of the Child.⁸⁷

220. The purpose of the matrix is to compare the outcomes envisaged in the PNAI with the current position of the indicators of the progress made in the delivery of the rights recognized in the Convention. Although indicators of the delivery of these rights have been established, it has not yet proved possible to determine the current position of some of them, even though the various public agencies working on children's issues contributed to the formulation of the PNAI. However, qualitative descriptions have been produced and, with a view to ensuring that the data on which the descriptions are based are as accurate as possible, sources were requested to supply the most up-to-date, reliable and official figures.

221. The matrix will certainly offer a fuller and more reliable picture of the progress made in the delivery of these rights by the Peruvian State in accordance with the Constitution.

⁸⁶ The phased approach was used in designing this matrix.

⁸⁷ The matrix was presented in Lima in September 2002 by representatives of the Inter-American Children's Institute.

PNAI outcomes	Targets	Indicators	Current position	Information source	Agencies responsible
<p>1. The right to life Human life is the period of time lived by a person from conception in the womb until death and consists of the manifestation and activities of a human being. Once conceived, every child has the right to life; article 6 of the Convention therefore declares this right to be an inherent right.</p>					
<p>O1. Conditions for healthy and safe maternity and childbirth</p>	<p>T1. To cut the maternal mortality rate to no higher than 80 per 100,000 live births</p>	<p>I.1 Maternal mortality rate</p>	<p>In 2000 the maternal mortality rate was 185 per 100,000 live births (ENDES-2000)</p>	<p>S1.1.1 ENDES-INEI survey S1.2.1 ENDES-INEI survey</p>	
	<p>T1.2 To cut the perinatal mortality rate to no higher than 15 per 1,000 live births</p>	<p>I1.2 Tasa de mortalidad perinatal.</p>	<p>In 2000, 55% of deaths of children aged under 12 months occurred during the first month of life. The perinatal mortality rate is 23 per 1,000 pregnancies lasting seven months or longer. The rate for women aged 40-49 is 47 per 1,000 and aged 20-29 18 per 1,000 (ENDES-2000)</p>	<p>S1.2.2 RENIEC Register of Births and Deaths</p>	<p><i>Direct R.I:</i> MINSA, MINEDU, churches, Ministry of Justice, Attorney-General, prefectures, municipalities, ombudsmen, MCLP, MIMDES <i>Support R.I:</i> UNFPA, PAHO, WHO, international cooperation, national and international NGOs, churches, private sector, civic and community organizations, families</p>
	<p>T1.3 The maternal mortality rate to be no higher than 120 per 100,000 live births in any province in any of the country's poor regions</p>	<p>I1.3 The maternal mortality rate by province</p>	<p>In 2000 Puno and Amazonas had a maternal mortality rate of over 300 per 100,000 live births (ENDES-2000)</p>	<p>S1.3.1 ENDES-INEI survey</p>	
	<p>T1.4 The perinatal mortality rate to be no higher than 22 per 1,000 in any province in any of the country's poor regions</p>	<p>I1.4 Perinatal mortality rate by province</p>	<p>The highest perinatal mortality rates are for women living in the departments of Pasco and Cuzco, with 40 and 48 deaths respectively for every 1,000 pregnancies lasting seven months or longer. The rate for Cuzco (48 per 1,000) is five times the rate for Tacna (10 per 1,000), which has the lowest rate of any department (ENDES-2000).</p>	<p>S1.4.1 ENDES-INEI surveys S1.4.2 RENIEC Register of Births and Deaths</p>	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T1.5 To ensure that the coverage of institutional childbirth reaches 90% of all pregnancies and is no lower than 50 % in any province in any of the country's poor regions	I1.5 Proportion of live births taking place in health facilities	In 2000 the coverage was 58%. Huancavelica had the lowest rate of coverage, at 19% (ENDES-2000)	S1.5.1 ENDES-INEI surveys S1.5.2 RENIEC Register of Births and Deaths	
	T1.6 To improve technical capacity, treatment and standards in 100% of the health and education services for pregnant women	I1.6 Numbers of health establishments which meet defined standards for quality of care	The widest antenatal-care coverage is found in Lima (96%). The departments with the lowest rates are Amazonas, Loreto and Huánaco, with 61, 64 and 66 per cent respectively. The average is 77 per cent (ENDES-2000)	S1.6.1 MINSa	
	T1.7 To equip 70 per cent of schools with institutional education projects on the content of sex education, prevention of risky sexual behaviour, antenatal care and feeding of infants	I1.7 Proportion of schools equipped with institutional education projects on sex education, prevention of risky sexual behaviour, personal care and feeding of infants		S1.7.1 MINEDU	
	T1.8 To deal promptly with 100 per cent cases of violence against pregnant women reported by the police, health centres, the Attorney-General, the Judiciary, children's ombudsmen and PROMUDEH	I1.8 Proportion of cases of violence against pregnant women dealt with promptly when reported by the police, health centres, the Attorney-General, the Judiciary and children's ombudsmen	Forty-one per cent of women who were in a relationship at some time have been shoved, beaten or otherwise physically assaulted by the spouse or partner, 83 per cent occasionally and a significant 16 per cent frequently (ENDES-2000)	S1.8.1 MINSa	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T1.9 To bring 85 per cent of pregnant women in extremely poor areas into the supplementary food programmes	I1.9 Proportion of pregnant women in extremely poor areas using the supplementary food programmes		S1.9.1 INEI household surveys S1.9.2 MINSA	
	T1.10 To provide 95 per cent of pregnant women in all provinces with access to antenatal services aimed at the care of women and early development and growth	I1.10 Proportion of live births with antenatal checks		S1.10.1 ENDES-INEI surveys S1.10.2 MINSA	
	T.1.11 To invest health services in the poorest areas with the capacity to act independently to provide safe childbirth services using scientific methods and good practices, with respect for local culture	I1.11 Proportion of health services in extremely poor areas having the capacity to act independently to provide safe childbirth services using scientific methods and good practices, with respect for local culture		S1.11.1 MINSA	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
<p>O5 Guaranteed conditions for children to exercise the right to life</p>	<p>T5.1.1 To cut infant mortality to no higher than 20 per 1,000 live births and mortality among under-fives to no higher than 30 per 1,000, and to ensure that no province in any of the country's poor areas has an infant mortality rate higher than 27 per 1,000 or an under-fives mortality rate higher than 40 per 1,000</p>	<p>I5.1.1 Infant mortality rates</p> <p>I5.1.2 Mortality rate among under-fives</p>	<p>Between 1991 and 2000 the national infant mortality rate was reduced from 52 to 33 per 1,000 live births. Sixty out of every 1,000 babies born alive died every year in rural areas and 28 per 1,000 in urban areas (2000). The annual infant mortality rate is estimated to exceed 19,000; 8,000 of these deaths occur during the first week of life and more than half (55%) during the first month. Children of mothers without any education are three times more likely to die than children of mothers with higher education (ENDES-2000)</p> <p>The probability of a child's dying before age five was reduced from 73 to 47 per 1,000 live births between 1990-1995 and 1995-2000, i.e. by about 36 per cent.</p>	<p>S5.1.1.1 INEI surveys and mortality tables</p> <p>S5.1.2.1 INEI surveys and life tables</p>	<p><i>Direct R5:</i> MINSAs, local authorities, PCM, CTARs, MCLPC <i>Support R5:</i> PAHO, WHO, UNICEF, international cooperation, communication media, prefectures, NGOs, churches</p>

PNAI outcomes	Targets	Indicators	Current position	Information source	Agencies responsible
<p>2. The right to an identity</p> <p>This right means that no one may alter the set of physical and mental attributes and other characteristics which identify a person in society. i.e. that every person is “a self” and not “another” in his or her capacity as a valid human being having a unique and irreproducible individuality vis-à-vis his or her fellow human beings. This right also includes:</p> <p>The right to a name. This right means the individual identification of a child by means of a distinctive appellation consisting of a linguistic expression designating the person and differentiating one person from another, including the surnames of the parents.</p> <p>The right to a nationality. This right embraces the relationship of rights and duties of a child with a given State, either because the child was born in the State’s territory or because his or her parents were born there.</p>					
<p>O.2 To establish a universal right to a name and an identity for all children</p>	<p>T2.1 One hundred per cent of all infants to be registered before the age of three months</p>	<p>I2.1 Proportion of children aged one year entered in the Register</p>	<p>(1) According to UNICEF, 15 per cent of Peru’s children are not registered (equivalent to 110,000 babies) (<i>El Peruano</i>, 24 October 2000)</p> <p>(2) Non-registrations totalled nine per cent in 2000 (La Exclusión Social en el Perú. UNICEF. Lima, June 2001).</p> <p>(3) In 1993, 438 of the 1,145 indigenous communities surveyed had a registry office, but only 372 were operating, and only for the registration of births. Leaders of indigenous organizations estimated that 40 per cent of the total indigenous population was not registered (UNICEF, <i>idem</i>.)</p>	<p>S2.1.1 INEI surveys S2.1.2 RENIEC S2.1.3 MINSA</p>	<p><i>Direct R2:</i> MINSA, local authorities, RENIEC, PROMUDEH, children’s ombudsmen, MCLP <i>Support R2:</i> UNFPA, PAHO, WHO, UNICEF, international cooperation, national and international NGOs, churches, private sector, civic and community organizations, communication media, families</p>
<p>T2.2 To ensure that 100 per cent of children, including children not registered before the expiry of the three-month limit, have an identity document</p>		<p>I2.2 Proportion of children in the first grade possessing an identity document</p>	<p>Title 5, article 31, of the RENIEC Act (No. 26497)</p>	<p>S2.2.1 MINED S2.2.2 RENIEC</p>	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T2.3 All health centres and children's rights monitors to be in a position to provide systematic guidance for parents on the procedures for the prompt registration of their babies	I2.3 Proportion of health centres and human rights monitors providing systematic guidance for parents on the prompt registration of their babies	See regulations on the registration of births and late registration (National Register of Identity and Civil Status Act (No. 26497)	S2.3.1 MINSA S2.3.2 MIMDES	
	T2.4 All services for the registration and identification of children to be provided free of charge nation-wide	I2.4 Proportion of services for the registration and identification of children provided free of charge		S2.4.1 RENIEC	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
<p>3. The right to a family environment This right refers to the right of children to grow and develop within a group of persons united by marriage or created by a de facto union, between whom legal rights and obligations exist. In fact, all children need a home to shelter them and in which they can freely develop their physical selves, their emotional and affective lives and their intimate relationships in the company of those persons to whom they are bound by blood and by parental affection. According to the 1993 Constitution, the family and marriage constitute one of the fundamental and natural institutions of society</p>					
<p>National Secretariat for Adoptions</p>			<p>Although 2,272 children were formally adopted in the period 1993-2002, some eight per cent of households have a child aged under 15 years living with them as “adopted” children; these are children who do not live with either of their biological parents even when they are alive. The proportion is higher in rural areas (9%) than in urban areas (7%). To date, the Secretariat has 10 local offices nation-wide, in the departments of Arequipa, Ayacucho, Cuzco, Huánuco, Lambayeque, La Libertad, Moquegua, Loreto, Piura and Puno; a further 13 local offices are needed to secure total coverage</p>	<p>MIMDES</p>	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
<p>4. The right to education This right means opportunities to receive and transmit information and knowledge with a view to preparing people to perform certain actions and form relations with other persons, and opportunities of access to the necessary guidance and advice for the integrated development of the person.</p>					
<p>O7. Integrated development of children from an early age</p>	<p>T7.1.1 To ensure the participation of 60 per cent of children aged up to three years in institutional programmes of early stimulation</p>	<p>I7.1 Proportion of children aged up to three years participating in institutional programmes of early stimulation</p>	<p>(1) The direct and indirect attention given to children of this age is insufficient (it is the age of greatest risk and the age of the flowering of the various potentials of human beings). In 1999 the coverage totalled 41.5 % (Strategic Sectoral Education Plan 2002-2006) (2) In 2001, 50,000 children were catered for in Wawa Wasi centres nation-wide (Wawa Wasi Programme).</p>	<p>S7.1.1 MINEDU S7.1.2 INEI survey</p>	<p><i>Direct R7:</i> MINSAs, MIMDES, MINEDU, MCLCP, education associations <i>Support R7:</i> Children's ombudsmen, INR, universities, communication media, vocational schools, NGOs</p>
	<p>T7.2.2 To ensure that 80 per cent of children aged three to five have access to an initial education programme</p>	<p>I7.2 Proportion of children enrolling in the first grade who have received initial education</p>	<p>The net attendance rates for initial education are as follows: four years - boys 49.5 and girls 53 %; five years - boys 66 and girls 69 %. The figures by geographical region are: Metropolitan Lima - 50 %, rest of the coast - 51 %; mountains - 40 %; and forests - 47.5 % (Strategic Sectoral Education Plan 2002-2006)</p>	<p>S7.2.1 MINEDU S7.2.2 INEI surveys</p>	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T7.3.3 To ensure that persons with disabilities and their families and advocates have access at all stages to full information about diagnosis and entitlements and the available services and programmes	I7.3 Proportion of households with a disabled member who have access at all stages to full information about diagnosis and entitlements and the available services and programmes		S7.3.1 INEI surveys	
	T7.4.4 To ensure that 70 per cent of the initial education programmes available to extremely poor children provide coordinated health, nutrition and education services	I7.4 Proportion of initial education programmes available to extremely poor children which provide coordinated health, nutrition and education services		S7.4.1 MINEDU	
	T7.5.5 To ensure by 2010 that 60 per cent of children attending programmes of education for development exhibit a high level of social and emotional development	I7.5 Proportion of children exhibiting a high level of social and emotional development		S7.5.1 MINEDU	
	T7.6.6 To ensure by 2010 that 80 per cent of State early education programmes have the means of evaluating and promoting optimum levels of child development in various areas of performance	I7.6 Proportion of early education programmes producing evaluations of children's educational performance and development		S7.6.1 MINEDU	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
O8. To guarantee good-quality cross-cultural basic education for all children	T8.1 To ensure that 85 per cent of children aged six to 12 are enrolled in the correct grade	18.1 Proportion of children aged six to 12 enrolled in the correct grade for their age	The ratio of over-age pupils in rural and urban areas is 2:1. In rural areas 23 per cent of pupils in primary education are over-age for their grade, while the urban rate is 14 per cent. The following are some of the attendance rates for boys and girls aged six to 12 at the level corresponding to their age: Metropolitan Lima - boys 58 and girls 61.5 per cent; rest of the coast - boys 49 and girls 61 per cent; forests - boys 44.5 and girls 48 per cent (Strategic Sectoral Education Plan 2002-2006)	S8.1.1 MINEDU S8.1.2 INEI surveys	<p><i>Direct R8:</i> MINEDU, education associations, MCLCP</p> <p><i>Support R8:</i> UNICEF, UNESCO, international cooperation, mass media, universities, grass-roots indigenous organizations, national and international NGOs, churches, private sector, civic and community organizations, families</p>
	T8.2 To ensure that 85 per cent of children complete primary or basic education	18.2 Proportion of children aged 12 to 14 with complete primary education or at least one year of secondary education	In 1999-2000 the graduation rate from primary education was 88 per cent; the repeated-year rate was nine per cent and the drop-out rate three per cent (<i>Peru in Numbers</i> statistical yearbook 2001. Lima, September 2001)	S8.2.1 INEI surveys	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	<p>T8.4 To ensure that 90 per cent of rural girls attend and complete the six years of primary education</p>	<p>18.4 Proportion of rural girls aged 12 to 14 with complete primary education or at least one year of secondary education</p>	<p>(1) Five per cent of poor girls do not go to school; the figure is 10 per cent for extremely poor girls (2) There are only 26,586 rural schools for 75,000 small settlements (1998) (3) In urban areas boys attend school for an average of 9.3 years, slightly longer than girls (8.1 years). The average for rural girls is 2.9 years, and the gap between urban and rural girls widened from 4.5 years in 1996 to 5.2 years in 2000. Similarly, the average for rural boys is longer at 4.7 years than the average of 2.9 years for rural girls, but the gap widened from 1.5 years in 1996 to 1.8 years in 2000 (ENDES-2000)</p>	<p>S8.4.1 INEI survey</p>	
<p>T8.5 To ensure that 75 per cent of children achieve the basic educational standards. The average level of achievement to be no lower than 60 per cent in any province in any of the country's non-excluded regions</p>		<p>18.5 Proportion of children in the sixth grade of primary education attaining the basic educational standards</p>	<p>In 1997 Peru occupied last place in mathematics and second-last place in language among the countries of Latin America in an international assessment of pupils in the third and fourth primary grades made by UNESCO (Strategic Sectoral Education Plan 2002-2006)</p>	<p>S8.5.1 MINEDU</p>	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T8.6 To achieve by 2010 an increase of five per cent in the number of sixth-graders passing the Academic Performance Test in rural and urban areas	I8.6 Proportion of sixth-graders passing the Academic Performance Test		S8.6.1 MINEDU	
	T8.7 To ensure that the primary enrolment and retention rates are no lower than 85 per cent in any province in any of the country's excluded regions	I8.7 Proportion of children aged 12 to 14 with complete primary education or at least one year of secondary education	The graduation rate from primary education was 88 per cent in 1999-2000; the repeated-year rate was nine per cent and the drop-out rate three per cent (<i>Peru in Numbers</i> statistical yearbook 2001. Lima, September 2001)	S8.7.1 INEI surveys	
	T8.8 To ensure by 2010 that at least 60 per cent of children aged three to five who have attended initial education have developed social, cognitive and communication skills	I8.8 Proportion of children successful completing the first grade of primary school	According to the 2000 Census of Schools, 89 per cent of pupils complete the first grade of primary school successfully	S8.8.1 MINEDU	
O9 Elimination of the worst forms of child labour and promotion of educational alternatives to such labour	T9.4 To introduce mechanisms to retain working children in the education system and reduce their drop-out rate	I9.4 Existence of a mechanism to retain working children in the education system and reduce their drop-out rate		S9.4.1 MINEDU	<i>Direct R9:</i> MINEDU
O10 Good-quality secondary education	T10.1 To ensure that 80 per cent of children completing secondary education do so at the correct age	I10.1 Proportion of persons aged 17 to 20 with complete secondary education or at least one year of higher education	The over-age rate in secondary education is 28 per cent in rural areas and 20 per cent in urban areas (ENDES-2000)	S10.1.1 INEI survey	<i>Direct R10:</i> MINEDU, education associations, MCLCP <i>Support R10:</i> UNESCO, international cooperation, mass media, national and international NGOs, churches, private

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T10.2 The completion rate in secondary education to be no lower than 80 per cent in any province in any of the country's poor regions	I10.2 proportion of persons aged 17 to 20 with complete secondary education or at least one year of higher education	The secondary graduation rate was 89 per cent in 1999-2000; the repeated-year rate was seven per cent and the drop-out rate four per cent (<i>Peru in Numbers</i> statistical yearbook 2001. Lima, September 2001)	S10.2.1 INEI survey	sector, civic and community organizations, families, youth organizations
	T10.5 To ensure by 2005 that the humans rights course is fully incorporated in the curriculum of all the country's public and private schools	I10.5 Existence of a one-year course on human rights		S10.5.1 MINEDU	
O11 Reduced teenage pregnancy rate	T11.3 To ensure that 70 per cent of schools have institutional teaching projects on the content of sex education, gender equity, prevention of risky sexual behaviour, antenatal care, and comprehensive care of children	I11.3.1 Proportion of schools with institutional teaching projects on the content of sex education, gender equity, prevention of risky sexual behaviour, antenatal care, and comprehensive care of children		S11.3 MINEDU	<i>Direct R/I:</i> MINEDU, MINSA, education associations, MIMDES, PNP, MCLCP <i>Support R/I:</i> UNFPA, children's ombudsmen, communication media, national and international NGOs, churches, private sector, civic and community organizations, families, youth organizations
	T11.4 To ensure that no pregnant teenagers give up school for reasons connected with their personal situation	I11.4.1 Cases of teenage or other females of childbearing age who give up school for reasons connected with their pregnancy I11.4.2 Pregnancy rate in the schools	(1) Twenty-three per cent of adolescents, most of them girls, do not attend school (2) Article 14 of the Children's and Adolescents' Code (ENDES-2000)	S11.4 MINEDU	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
O12 Reduction of STI and HIV/AIDS among adolescents	T12.1 To reduce by 50 per cent the incidence of STI and HIV/AIDS among adolescents	I12.1.1 Adolescent STI rates. I12.1.2 Incidence of HIV/AIDS among adolescents	(1) The male to female ratio of AIDS sufferers is 3:1.2; as of December 1999 there were 4,500 children aged under 15 living with HIV/AIDS (ENDES-2000)	S12.1.1 MINSA	<i>Direct R12:</i> MINSA, MINEDU, education associations, MIMDES, MCLCP <i>Support R12:</i> UNFPA, PAHO/WHO, CONFIEP, communication media, national and international NGOs, churches, private sector, civic and community organizations, families, youth organizations
	T12.2 To ensure that 100 per cent of adolescents and secondary teachers have acquired knowledge and skills connected with sex education and are aware of the risks of STI and HIV/AIDS	I12.2.1 Proportion of adolescents who have knowledge and skills connected with sex education and are aware of the risks of STI and HIV/AIDS I12.2.2 Proportion of secondary teachers who have adequate knowledge and skills connected with sex education and are aware of the risks of STI and HIV/AIDS		S12.2.1 MINSA S12.2.2 MINEDU S12.2.3 ENDES/INEI surveys	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
<p>5. The right to health This means the right of all children to maintain a state of full physical and mental health for their normal development through the provision of health and social measures relating to their maintenance, clothing, housing and medical care, at a level affordable by public and community resources. This right is manifested in the rights to health, clothing, housing, health education and physical education.</p>					
<p>O3 Breastfeeding and food supplements for all children</p>	<p>T3.1 To reduce by 20 per cent the proportion of live births with low birth-weight</p>	<p>I3.1 Proportion of live births with low birth-weight</p>	<p>Some six per cent of babies born in the past five years had low birth-weight (under 2.5 kilos). There are differences in the failure to report birth-weight (because the baby was not weighed): the failure rate is about 28 per cent nation-wide but higher in rural areas (48%) than in urban areas (10%) (ENDES-2000)</p>	<p>S3.1.1 RENIEC S3.1.2 INEI survey</p>	<p><i>Direct R3:</i> MINSAs, MINEDU, education associations, MCLCP, MIMDES <i>Support R3:</i> UNFPA, UNICEF, international cooperation, mass media, national and international NGOs, churches, private sector, civic and community organizations, families Supplementary Food Programme; PRONAA school meals programme; comprehensive health insurance scheme</p>
<p>T3.2 To reduce chronic malnutrition among children aged under three years by 20 per cent throughout the country</p>	<p>I3.2 Proportion of under-threes with chronic malnutrition</p>	<p>One quarter of three-year-olds suffer from chronic malnutrition. The three national surveys carried out during the decade show a considerable gap between the rates in urban areas (13 per cent in 200) and rural areas (same level of 40 per cent in 1996 and 2000) (ENDES-2000)</p>	<p>S3.2.1 INEI surveys</p>		
<p>T3.3 To ensure that 80 per cent of children aged under 12 months are exclusively breast-fed up to the sixth month</p>	<p>I3.3 Proportion of children aged under 12 months exclusively breast-fed up to the sixth month</p>	<p>In 2000 the rate of exclusive breastfeeding up to the sixth month was about 58 per cent (19 points higher than in 1996), with an increase in the average duration of exclusive breastfeeding from 2.7 months in 1996 to 4.2 months in 2000 (ENDES-2000)</p>	<p>S3.3.1 INEI surveys</p>		

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T3.4 To improve nutritional practices for 80 per cent of under-threes	I3.4 Proportion of under-threes whose mothers have taken up good child-nutrition practices	Consumer surveys show that 58 per cent of under-tuos have an insufficient energy intake (ENDES-2000)	S3.4.1 INEI surveys	
O5 Guaranteed conditions for children to exercise the right to life	T5.3 To ensure that 100 per cent of children aged under 12 months receive BCG, DPT and polio vaccinations and that 100 per cent of one-year-olds are vaccinated against measles to consolidate the eradication of polio, measles and tetanus	I5.3.1 Proportion of children aged under 12 months receiving BCG, DPT and polio vaccinations I5.3.2 Proportion of one-year-olds vaccinated against measles I5.3.3 Confirmed cases of polio, measles and neonatal tetanus	The coverage of polio (96% in 2000) and DPT3 (94% in 2000) vaccination are satisfactory with respect to children aged under 12 months. However, rural areas in the interior of the country experience problems, especially difficulty of access, with the result that 33 per cent of remote districts had a coverage rate of under 80 per cent in 2000 (ENDES-2000)	S5.3.1 MINSAs S5.3.2 MINSAs S5.3.3 MINSAs	<i>Direct R5:</i> MINSAs, SEDAPAL, local authorities, PCM, CTARS, MCLCP <i>Support R5:</i> PAHO, WHO, UNICEF, international cooperation, communication media, prefectures, NGOs, churches
O6 Improvement of children's intake of micronutrients	T6.1 To reduce chronic malnutrition by 20 per cent and acute malnutrition by 30 per cent in extremely poor areas	I6.1.1 Chronic malnutrition rate I6.1.2 Acute malnutrition rate	Twenty-five per cent of under-fives suffer from chronic malnutrition. Low weight for height or acute malnutrition is found only among one per cent of the children, and this rate is similar to the rate in previous years. The problem is more serious among children aged 12 to 15 months (2%) and children of mothers living in the departments of Apurímac, Loreto, Madre de Dios and Ayacucho, where over two per cent suffer from acute malnutrition (ENDES-2000)	S6.1.1 INEI surveys S6.1.2 MINSAs	<i>Direct R6:</i> MINSAs, ESSALUD, local authorities, grass-roots social organizations, MIMDES, MCLCP <i>Support R6:</i> NGOs, SIN, PAHO, UNICEF, international cooperation, universities, national and international NGOs, churches, private sector, civic and community organizations, communication media, families

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T6.2 To elimination on a sustainable basis diseases caused by vitamin-A deficiency	I6.2.1 Incidence of diseases caused by vitamin-A deficiency	Sixty-seven per cent of children have an insufficient intake of vitamin A and 42 per cent do not take in enough iron (ENDES-2000)	S6.2.1 MINSa	
	T6.3 To reduce the incidence of anaemia among pregnant women by 20 per cent	I6.3.1 Incidence of anaemia among pregnant women	Nation-wide, 36 per cent of females of childbearing age suffer from some degree of anaemia; in rural areas the rate is 41 per cent (ENDES-1996, ENDES-2000)	S6.3.1 MINSa	
	T6.4 To reduce the incidence of anaemia among under-threes by 40 per cent	I6.4.1 Incidence of anaemia among under-threes	In 2000, 70 per cent of under-tuos exhibited some degree of anaemia, the rate being higher among children living in mountain areas (56%) and in other rural areas (53%). In Cuzco, 71 per cent of under-fives suffer from anaemia; the rate is over 62 per cent in the departments of Tacna and Puno (ENDES-2000)	S6.4.1 INEI surveys	
	T6.5 To keep iodine deficiency under control in the mountain and forest regions	I6.5.1 Proportion of children with iodine deficiency in the mountain and forest regions	With respect of ailments due to iodine deficiency, Peru has attained the target of universal iodization of salt for human consumption	S6.5.1 INEI surveys	
O11 Reduced teenage pregnancy rate	T11.1 To reduce the teenage fertility rate by 30 per cent	I11.1 Fertility rate among girls aged 15 to 19	In 2000, 11 per cent of girls aged 15 to 19 were already mothers (ENDES-2000)	S11.1.1 INEI surveys	Direct R/I: MINEDU, MINSA. Education associations, MIMDES, PNP, MCLCP

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T11.2 To reduce the maternal mortality rate among teenagers in poor areas and in the mountain and Amazon regions by 55 per cent	I11.2 Maternal mortality rate among teenagers		S11.2.1 ENDES-INEI surveys	<i>Support R/1:</i> UNFPA, children's ombudsmen, communication media, national and international NGOs, churches, private sector, civic and community organizations, families, youth organizations
6. The right to participate and the freedom of association	The right to participate is the right of all children to be involved in the taking of decisions in the places where their lives are developing (community, school, district, etc.) through membership of organizations which their peers may form or participation in the activities carried on in these places, where they may freely express their opinions. The freedom of association is the right of all children to form organizations to pursue useful purposes through joint activities. The purposes and activities may take any form, subject to the requirements of public order and morals.				
O16 Conditions to encourage and guarantee participation by children	T16.1 To ensure by 2005 that 30 per cent of adolescents are promoting and exercising their rights by participating in associations and taking decisions relating to their comprehensive development and environment and to public policies	I16.1 Proportion of adolescents participating in organizations for the protection of their rights		S16.1.1 Children's ombudsmen S16.1.2 MIMDES	<i>Direct R/6:</i> MINEDU, education associations, children's ombudsmen, local authorities, MIMDES, Ministry of Transport, Communications and Housing, PNP <i>Support R/6:</i> National and international NGOs, churches, private sector, civic and community organizations, families, youth organizations, vocational schools

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
<p>7. The freedom of expression and the right to receive information</p> <p>The freedom of expression is the right of all children to express their opinions on the various aspects of their situation; it is closely connected with the right to participate, for it provides an outlet for children's various opinions, attitudes and perceptions concerning matters affecting their interests and influencing decision-taking.</p> <p>The right to receive information is the right of children to have access to knowledge about the various aspects of their situation, be they connected with science, technology or journalism, which are of public importance and necessary to children's participation and full and authentic involvement in society.</p>	<p>T16.2 To ensure by 2010 that 70 per cent of adolescents in the schools are taking part in associations and in the development of a curriculum based on the personal/social approach and the promotion of democratic and cross-cultural values</p> <p>T16.3 To ensure by 2010 that in 80 per cent of schools adolescents are participating in associations connected with the management and functioning of their schools</p>	<p>I16.2 Proportion of adolescents in the schools involved in associations and self-education activities</p> <p>I16.3 Proportion of adolescents participating in meetings to discuss aspects of the management and functioning of their schools</p>		<p>S16.2 MINEDU</p> <p>S16.3 MINEDU</p>	<p><i>Direct R16:</i> MINEDU, education associations, children's ombudsmen, local governments, MIMDES, Ministry of Transport, Communications and Housing, PNP</p> <p><i>Support R16:</i> National and international NGOs, churches, private sector, civic and community organizations, families, youth organizations, vocational schools</p>
<p>O19 Reliable systems providing timely information on children</p>	<p>T19.1 Establishment of a system providing up-to-date and timely information on the situation of children at the national, regional and local levels</p> <p>T19.2 To establish a PNAI monitoring and supervision system</p>	<p>I19.1 Availability of a system providing up-to-date and timely information on the situation of children at the national, regional and local levels</p> <p>I19.2 Existence of a PNAI monitoring and supervision system</p>		<p>S19.1.1 INEI</p> <p>S19.1.2 Municipalities</p> <p>S19.1.3 CTARS</p> <p>S19.1.4 MIMDES</p> <p>S19.2.1 INEI</p> <p>S19.2.2 MIMDES</p>	<p><i>Direct R19:</i> MIMDES, INEI, MINEDU, MINSA, MEF, RENIEC</p> <p><i>Support R19:</i> UNICEF, ILO, UNFPA, national and international NGOs, churches, private sector, civic and community organizations, families, youth organizations, vocational schools</p>

PNAI outcomes	Targets	Indicators	Current position	Information source	Agencies responsible
<p>8. The freedom of thought, conscience, religion and the right to use one's own culture and language</p> <p>The freedom of conscience consists of the capacity to think one's own thoughts; it includes the ethical training of the human being; it posits the confrontation of one's self in a quest for authenticity. It also includes the right of every person to form internal beliefs in accordance with his or her own true knowledge and understanding, without any interference.</p> <p>The freedom of religion is closely connected with the freedom of conscience, for it implies, through manifestation and worship, expressing oneself in terms of one's religious beliefs, i.e. in terms of the spiritual dimension</p> <p>The use of one's own culture and language is also part of the freedoms of conscience and expression</p>					
<p>O8 Cross-cultural and good-quality basic education for all children</p>	<p>T8.3 To ensure by 2010 that at least 60 per cent of children of school age living in areas where the mother tongue is not Spanish are participating in bilingual cross-cultural education programmes</p>	<p>I8.3 Proportion of children living in areas where the mother tongue is not Spanish participating in bilingual cross-cultural education programmes</p>		<p>S8.3.1 MINEDU</p>	<p><i>Direct R8:</i> MINEDU, education associations, MCLPC <i>Support R8:</i> UNICEF, UNESCO, international cooperation, mass media, universities, grass-roots indigenous organizations, national and international NGOs, churches, private sector, civic and community organizations, families</p>
<p>O10 Good-quality secondary education</p>	<p>T10.3 To establish bilingual cross-cultural education programmes in 60 per cent of areas where the mother tongue is not Spanish</p> <p>T10.4 To ensure by 2010 that 60 per cent of adolescents in areas where the mother tongue is not Spanish are participating in bilingual cross-cultural education programmes</p>	<p>I10.3 Proportion of areas where the mother tongue is not Spanish which have bilingual cross-cultural education programmes</p> <p>I10.4 Proportion of adolescents in areas where the mother tongue is not Spanish participating in bilingual cross-cultural education programmes for adolescents</p>		<p>S10.3.1 MINEDU</p> <p>S10.4.1 MINEDU</p>	<p><i>Direct R10:</i> MINEDU, education associations, MCLPC <i>Support R10:</i> UNESCO, international cooperation, mass media, national and international NGOs, churches, private sector, civic and community organizations, families, youth organizations</p>

PNAI outcomes	Targets	Indicators	Current position	Information source	Agencies responsible
<p>9. The right to play and recreation This right is related to the right to develop freely and the right to well-being; in other words it is a right focused on children, for it is designed to secure the full development of their physical, spiritual and intellectual capacities in order to complete their full realization as human beings</p>					
<p>The function of the <i>Parque de Leyendas</i> Board (PATPAL) is to provide for the community's cultural well-being, leisure and recreation and to foster the indigenous resources of Peru's 16 natural regions</p>			<p>The <i>Parque de Leyendas</i>, whose 969,557.38 square metres have been declared inviolable by law, is owned by PATPAL, a decentralized agency of MIMDES having legal personality under public law</p>		
<p>10. The right of disabled children to receive special attention</p>					
<p>O4 Identification of and provision for the special needs of disabled children</p>	<p>T4.1 To produce a comprehensive analysis of the situation of disabled children nationwide and of the available public services</p> <p>T4.2 To extend the coverage of special education to 30 per cent, with a presence at all the levels and in all the modalities of the national education system</p> <p>T4.3 Sixty per cent of special education schools to be staffed by specialized personnel, with provision of suitable materials and accessible infrastructure</p>	<p>I4.1 Nation-wide study of the numbers and characteristics of disabled children</p> <p>I4.2 Proportion of children requiring special education who have received or are receiving it</p> <p>I4.3 Proportion of special education schools with specialized personnel, suitable materials and accessible infrastructure</p>	<p>Peru has almost 700,000 children with some degree of disability (estimate based on the document <i>Perú: Perfil socio-demográfico de la población discapacitada</i>. INEI, February 1996)</p> <p>In 2000 there were 30,834 students enrolled in special education, not all of them under 18 (<i>Peru in Numbers</i> statistical yearbook 2001. Lima, September 2001)</p> <p>In 2000 there were 3,639 special education teachers working in the school modality and 169 in the non-school modality (<i>Peru in Numbers</i> statistical yearbook 2001. Lima, September 2001)</p>	<p>S4.1.1 MINSa</p> <p>S4.2.1 INEI special surveys</p> <p>S4.3.1 MINEDU</p>	<p><i>Direct R4:</i> MINSa, MIMDES, MCLCP <i>Support R4:</i> Universities, national and international NGOs, churches, private sector, civic and community organizations, families</p>

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T4.4 To ensure that 50 per cent of health centres nation-wide have been equipped with rehabilitation facilities and services and have established coordination with the education services in their districts	I4.4 Proportion of health centres which have been equipped with rehabilitation facilities and services and have established coordination with the education services in their districts		S4.4.1 MINSA	
	T4.5 Formulation and introduction of a regulatory framework for the incorporation of inclusion policies in the national health and education programmes, in order to ensure the participation of disabled children in community life throughout Peru	I4.5 Existence of a regulatory framework and establishment of programmes to ensure the development of inclusive schools throughout the country		S4.5.1 MINEDU S4.5.2 MINSA	
O18 Infrastructure and services adapted to the needs and culture of all children, with priority for children with special needs	T18.1 To ensure that 75 per cent of children with disabilities and special needs enjoy the benefit of social services and programmes adapted to their needs	I18.1 Proportion of children with disabilities and special needs enjoying social services and programmes adapted to their needs	(1) In 2000 there were 28,369 pupils enrolled in special education (<i>Peru in Numbers</i> statistical yearbook 2001. Lima, September 2001) (2) Peru has almost 700,000 children with some degree of disability (estimate based on the document <i>Perú: Perfil socio-demográfico de la población discapacitada</i> . INEI, February 1996)	S18.1.1 MINEDU S18.1.2 MINSA S18.1.3 MIMDES	<i>Direct R/8</i> : MINEDU, local authorities, education associations, MINSA, MIMDES <i>Support R/8</i> : Children's ombudsmen, NGOs

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	<p>T18.2 To ensure that the whole public access infrastructure is specially adapted for disabled children</p> <p>T18.3 To increase enrolment in special education by 28 per cent by 2005, with a presence at all the levels and in all the modalities of the education system nationwide, with special emphasis on the rural population</p> <p>T18.4 To formulate by 2005 a regulatory framework for the introduction of inclusive schools throughout the country</p>	<p>I18.2 Proportion of the public access infrastructure specially adapted for disabled children</p> <p>I18.3 Proportion of children requiring special education who are enrolled in special education schools</p> <p>I18.4 Existence of a regulatory framework for the introduction of inclusive schools</p>		<p>S18.2.1 MINEDU S18.2.2 MINSA</p> <p>S18.2.3 Local authorities</p> <p>S18.3.1 MINEDU</p>	
#11. The right to comprehensive protection from sexual abuse and exploitation	<p>T21.1 To eradicate the sexual exploitation of children by 2010</p>	<p>I21.1 Cases of sexual exploitation of children</p>	<p>According to information from the Network of Organizations to End Child Prostitution, Child Pornography and Trafficking in Children for Sexual Purposes (ECPAT International), in 1996 an estimated total of 500,000 children suffered sexual exploitation (taken from the ECPAT web page)</p>	<p>S21.1.1 Attorney-General</p>	<p><i>Direct R21:</i> MITINCI, Attorney-General, prefectures, Judiciary, local authorities, communication media, MIMDES, PNP <i>Support R21:</i> UNFPA, UNICEF, PAHO/WHO, national and international NGOs, ILO, churches, private sector, civic and community organizations, families, youth organizations, vocational schools</p>
O21 Reduction of the sexual exploitation of children					

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	<p>T21.2 To introduce by 2005 legislation on the sexual and commercial exploitation of children matched by preventive measures and programmes for the care and reintegration of victims and for suppression of such exploitation and punishment of persons implicated in child prostitution and pornography</p>	<p>I21.2 Existence of legislation on the sexual and commercial exploitation of children</p>	<p>The Congress of the Republic has approved the Optional Protocols to the Convention on the Rights of the Child on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography, adopted by the General Assembly of the United Nations on 25 May 2000 and signed by Peru on 1 November 2000</p>	<p>S21.2.1 MIMDES</p>	
<p>O22 Lower levels of abuse and elimination of sexual abuse of children</p>	<p>T22.2 To eliminate the sexual abuse of children</p>	<p>I22.2 Number of cases of children suffering sexual abuse</p>	<p>It is estimated that in 80 per cent of cases of sexual abuse the victim is a member of the perpetrator's family circle and that 60 per cent of pregnancies in girls aged 11 to 14 are the result of incest or rape (<i>La Exclusión Social en el Perú</i>. UNICEF. Lima, June 2001)</p>	<p>S22.2.1 National Police</p>	<p><i>Direct R22:</i> MIMDES, MINSA, MINEDU, children's ombudsmen, Attorney-General, Judiciary, National Police <i>Support R22:</i> Churches, children's organizations, NGOs</p>

PNAI outcomes	Targets	Indicators	Current position	Information source	Agencies responsible
<p>12. The right to comprehensive protection against the illicit transfer of children and their illicit retention by their father or mother</p> <p>This right is derived from the fundamental right of every child to live with his or her parents or retain direct contact with them if they are separated. The State is responsible for regulating these matters, and it is the purpose of The Hague Convention on the Civil Aspects of International Child Abduction to ensure that rights of custody and rights of access are effectively implemented in the signatory States and that neither parent or any other relative uses communication routes and the possibility of crossing frontiers to retain or remove a child or infringes the rights established by law, by treaty or by the courts to the detriment of a father, mother or relative.</p> <p>According to the Convention, rights of custody include the care of the person of the child and, in particular, the right to determine the child's place of residence (known in Peruvian legislation as "<i>tenencia</i>", while rights of access include the right to take a child for a limited period of time to a place other than the child's habitual residence (known in Peruvian legislation as the "<i>régimen de visitas</i>"). The Convention applies to children aged under 16 years.</p>					
<p>Ministerial Decision No.206-2002-PROMUDEH designated the Division for the Welfare of Children and Adolescents to discharge the duties of Central Authority as representative of the Ministry for Women and Social Development.</p>			<p>The following are the main functions of the Central Authority: (1) to verify that a child and his or her abductor have entered or left the country; (2) to determine the exact whereabouts of a child and his or her abductor; and (3) to transmit requests to Peru's judicial authority or to the Central Authority of another State.</p> <p>Since the end of January 2002 the Division has taken up eight cases of abduction; a bill on the incorporation of the Convention into national legislation is under consideration.</p>		
<p>13. The right to comprehensive protection from economic exploitation, including child labour</p> <p>O9 Elimination of the worst forms of child labour and establishment of educational alternatives to child labour</p>	<p>T9.1 To eliminate the worst forms of child labour and reduce the number of child beggars</p>	<p>I9.1.1 Incidence of the worst forms of child labour I9.1.2 Number of child beggars</p>	<p>There are 50,000 children performing highly hazardous work (6-11 years 31,090; 12-17 years 18,910) (Children working in small-scale mining in Peru. ILO, first edition, 2001)</p>	<p>S9.1.1.1 MIMDES S9.1.2.1 MIMDES</p>	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T9.2 To reduce child labour by 50 per cent	I9.2.1 Proportion of children aged six to 13 who work	It is estimated that some two million children nation-wide are engaged in some form of work activity. The statistics (ENNIV, 1997) indicate that 28 per cent of working children aged six to 17 live on the edge of the poverty line and that 71 per cent are from poor families (estimate based on the Survey of Living Standards 1997. INEI, Lima, 1997)	S9.2.1.1 INEI surveys	<i>Direct R9:</i> Judiciary, Attorney-General, local authorities, MIMDES, PNP, MTPE, Ministry of Agriculture, MINEDU, MCLPC <i>Support R9:</i> ILO, CONFIEP, UNICEF, international cooperation, youth organizations, national and international NGOs, churches, private sector, civic and community organizations, families
	T9.3 To ensure that 75 per cent of the agencies of the justice system intervene promptly in cases of economic exploitation and report and punish, within their spheres of competence, persons who violate children's rights	I9.3.1 Proportion of agencies of the justice system intervening promptly in cases of economic exploitation and reporting and punishing persons who violate children's rights		S9.3.1.1 Attorney-General	
O13 Monitoring mechanisms to ensure suitable working conditions for adolescents over the minimum age who have jobs	T13.1 To ensure that 100 per cent of adolescent workers are registered and enrolled in special programmes for their comprehensive development	I13.1 Proportion of workers aged 14 to 19 who are enrolled in special programmes for their comprehensive development		S13.1.1 MTPEF S13.1.2 INEI surveys	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T13.2 To ensure that 70 per cent of schools have institutional education projects to publicize the rights of adolescent workers and are encouraging the implementation of production projects suited to this age group	I13.2 Proportion of schools which have institutional education projects to publicize the rights of adolescent workers and are encouraging the implementation of production projects suited to this age group		S13.2.1 MINEDU	<p><i>Direct R13:</i> Judiciary, Attorney-General, local authorities, MIMDES, PNP, MTPE, Ministry of Agriculture, MINEDU, MCLCP, CGTP</p> <p><i>Support R13:</i> ILO, CONFIEP, MINSA, youth organizations, national and international NGOs, churches, private sector, civic and community organizations, families,</p>
	T13.3 To establish mechanisms to encourage working adolescents to remain in the education system and to reduce their drop-out rate	I13.3 Proportion of adolescents with at least one year of education who are not studying or working		S13.3.1 INEI surveys	
	T13.4 To adapt the school curriculum to the situation of working adolescents	I13.4 Adolescent drop-out rates	According to the 2000 Census of Schools, the current rates are: primary - 5.5 per cent; secondary - 6.6 per cent	S13.4.1 MINEDU report No. 026-ME/SPE-UEE-2002	
	T13.5 To ensure that schools improve the education standards of working adolescents	I13.5 Rate of adolescent graduation from the education system		S13.5.1 MINEDU	
	T13.6 To reduce by at least 50 per cent the number of adolescents over the minimum age who are working	I13.6 Number of workers under age 14		S13.6.1 INEI	
	T13.7 Elimination of the worst forms of adolescent labour	I13.7 Number of adolescents employed in the worst forms of adolescent labour		S13.7.1 MIMDES	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
<p>14. The right to comprehensive protection from drug use and exploitation connected with drugs</p> <p>O15 Reduced use of legal and illegal drugs by adolescents</p>	<p>T15.1 Reduction by 50 per cent of the use of legal drugs by children and adolescents</p>	<p>I15.1.1 Current rate of use of legal drugs by children and adolescents</p>	<p>Alcohol has been used by 48 per cent of adolescents aged 12 to 13, 60 per cent aged 14 to 16, and 77 per cent aged 17 to 19. Tobacco has been used by 11 per cent of adolescents aged 12 to 13, 31 per cent aged 14 to 16, and 47 per cent aged 17 to 19. Tranquillizers have been used by one per cent of adolescents aged 12 to 13, one per cent aged 14 to 16, and one per cent aged 17 to 19 (National Survey of Drug Use and Prevention. CONTRADROGAS. Second edition, November 2000.</p>	<p>S15.1.1 DEVIDA survey</p>	<p><i>Direct R15:</i> DEVIDA, PNP, MINEDU, education associations, MINSA, MCLPC, Attorney-General, Judiciary <i>Support R15:</i> Network of Teenage Leaders, national and international NGOs, churches, private sector, civic and community organizations, vocational schools</p>
	<p>T15.2 To reduce by 50 per cent the use of illegal drugs by adolescents</p>	<p>I15.2.1 Current rate of illegal drug use by adolescents</p>	<p>According to the statistics, as of 2001 there were 987 juveniles (66 per cent of juveniles in detention) housed in prisons and only 508 (34 per cent) under open regimes (National Survey of Drug Use and Prevention. CONTRADROGAS. Second edition, November 2001)</p>	<p>S15.2.1 DEVIDA survey</p>	
	<p>T15.3 To ensure that 70 per cent of adolescents in school participate in activities to improve bodily care and health and enhance self-esteem</p>	<p>I15.3.1 Proportion of adolescents in school who participate in activities to improve bodily care and health and enhance self-esteem I15.3.2 Existence of a regulation</p>			

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	T15.4 To incorporate an approved and operational course of comprehensive preventive education in the current curriculum in initial, primary and secondary education	I15.4.1 Existence of an approved and operational course of comprehensive preventive education in the current curriculum in initial, primary and secondary education		S15.4.1.1 MINEDU	
	T15.5 An approved programme of diagnosis, counselling and advice for older children and adolescents	I15.5.1 Existence of an approved programme of diagnosis, counselling and advice for older children and adolescents		S15.5.1.1 MINEDU	

PNAI outcomes	Targets	Indicators	Current position	Information source	Agencies responsible
<p>15. The right to comprehensive protection from maltreatment, abuse and all forms of exploitation</p> <p>O22 Lower level of maltreatment and elimination of sexual abuse of children</p>	<p>T22.1 To reduce cases of maltreatment of children by 50 per cent</p>	<p>I22.1 Number of cases of children subjected to maltreatment</p>	<p>(1) A 1998 study of 19 hospitals reported 4,717 cases of maltreatment of adolescents, 55 per cent of them girls. The highest rate was found in the 15-19 age group, followed by girls in the 7-11 age group (Alva, Javier and Lita Vargas, "Piensa en ellas y ellos: <i>Iniciativas para desarrollar servicios de calidad en la atención de salud de las/los jóvenes</i>" (Think of them: Initiatives for the development of quality services for the care of young people). CMP Flora Tristán, UNFPA, Lima 2001)</p> <p>(2) Thirty-three per cent of girls and women aged 15 to 49 believe that when raising children it is sometimes necessary to use physical punishment. And recent national surveys indicate that 49 per cent of children are hit by their parents and that this practice is regarded by children themselves as a natural means of discipline and education (<i>La Exclusión Social en el Perú</i>. UNICEF, Lima, June 2001)</p> <p>(3) Through its emergency centres for women PROMUDEH dealt with 2,111 cases involving children under 18 in January and February this year, representing nine per cent of all cases (PROMUDEH)</p>	<p>S22.1.1 National Police</p>	<p><i>Direct R22:</i> MIMDES, MINSA, MINEDU, children's ombudsmen, Attorney-General, Judiciary, National Police</p> <p><i>Support R22:</i> Churches, children's organizations, NGOs</p>

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
<p>16. The right of the child to comprehensive protection in situations of deprivation of liberty</p> <p>O14 Prevention and reduction of teenage violence</p>	<p>T14.1 To ensure that 60 per cent of teenagers in risk areas join programmes for the proper use of leisure time and acquisition of social and life skills</p>	<p>I14.1 Proportion of persons aged 12 to 17 in risk areas participating in programmes for the proper use of leisure time and acquisition of social and life skills</p>	<p>Four hundred gangs with some 12,950 members, including adolescents and adults, have been identified in Lima and Callao. Eighty-eight per cent (11,396) are under 24 years old (National Police, Civic Participation Division (DIRPACI))</p>	<p>S14.1.1 MIMDES</p>	<p><i>Direct R14:</i> PNP, Judiciary, MIMDES, MINEDU, MINSA, MINJUS, MCLPC <i>Support R14:</i> Religious organizations, Networks of Teenage Leaders, national and international NGOs, churches, private sector, civic and community organizations, families</p>
<p>T14.2 To reduce the number of juvenile offenders by 50 per cent</p>	<p>I14.2 Number of persons aged 12 to 17 recorded as offenders</p>	<p>In 2000, of the 3,387 juvenile offenders held in juvenile centres only 1,722 had been convicted, while 1,665 were awaiting trial (<i>El Sistema Penal Juvenil en el Perú</i> (The Juvenile Justice System in Peru). Office of the National Ombudsman, October 2000). According to the statistics, as of December 2001, there were 987 juveniles (66 per cent of juveniles in detention) housed in prisons and only 508 (34 per cent) under an open regime (Peru: 1990-2000. Report on the attainment of the targets of the World Summit for Children. Division for the Welfare of Children and Adolescents. Working paper. Lima, 2001)</p>	<p>S14.2.1 MINEDU</p>		

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	<p>T14.3 To ensure that primary-level establishments are able to provide care services for children and members of their families in cases of domestic violence and maltreatment of children</p> <p>T14.4 To ensure that 70 per cent of adolescents in schools take part in educational activities based on the social/personal approach and the promotion of democratic values</p>	<p>I14.3 Proportion of primary-level MINSA establishments providing care services for children and members of their families in cases of domestic violence and maltreatment of children</p> <p>I14.4 Proportion of adolescents taking part in educational activities based on the personal/social approach</p>		<p>S14.3.1 MINSA</p> <p>S14.4.1 MINEDU</p>	
<p>17. The right of refugee and displaced children to comprehensive protection</p>					
<p>Programme of Support for the Resettlement and Development of Emergency Zones (PAR)</p> <p>To regulate promotion, compensation and prevention activities relating to the social, political, cultural and economic rights of people affected by the political violence</p> <p>To coordinate and carry out promotion, compensation and prevention activities relating to the social, political, cultural and economic rights of people affected by the political violence</p> <p>To implement key temporary and permanent measures which make a decisive contribution to fostering sustainable peace in Peru and increase the methodological armoury of the projects designed to overcome the economic, social, ethnic and cultural inequalities</p>					
			<p>It is estimated that some 1,6 million people have been affected by the political violence, 30 per cent of them children. According to the PAR, about 600,000 of the total moved away from their home communities as a result of the armed conflict, including children orphaned by the fighting.</p>		

PNAI outcomes	Targets	Indicators	Current position	Information source	Agencies responsible
<p>18. The right of children deprived of their parents to comprehensive protection</p>	<p>Instituto Nacional de Bienestar Familiar</p>		<p>The services are provided in INABIF's 35 operational units (25 children's homes, 10 children's centres) The exact number of children living in institutions is not known; it is estimated that there are 3,982 such children nationwide, living in the establishments of INABIF and the Children's Foundation of Peru</p>		
<p>19. The right of the child to live in a healthy environment</p>					
<p>O5 Conditions guaranteeing exercise of the right to life by children</p>	<p>T5.2 To increase by 70 per cent the number of children living in households with a drinking-water supply and basic sanitation services</p>	<p>I5.2 Proportion of households living in households with a drinking-water supply and basic sanitation services inside the house or building</p>	<p>In 2000, 20 per cent of households nationwide did not have sanitation services. In that same year, 34 per cent of rural households were connected to a public water supply inside the house or building; the figure for urban households was 74 per cent (ENDES-2000)</p>	<p>S5.2.1 INEI surveys</p>	<p>Direct R5: SEDAPAL, local authorities, PCM, CTARS, MCLPC O20 Care of children in situations of emergency</p>
<p>O20 Care of children in situations of emergency</p>	<p>T20.1 To establish a special disaster prevention and response system based on the best interests of the child</p>	<p>I20.1 Existence of a special disaster prevention and response system based on the best interests of the child</p>		<p>S20.1.1 Civil defence units</p>	<p>Direct R20: Ministry of Defence (civil defence units), local authorities, volunteer fire services, MINEDU, PNP, MINSA, MIMDES Support R20: UNFPA, UNICEF,</p>

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
	<p>T20.2 Establishment of a programme on organized response to emergencies at the local, regional and national levels to promote the right of the child to special protection</p>	<p>I20.2 Existence of regulations on response to emergencies at the local, regional and national levels to promote the right of the child to special protection</p>	<p>The continual occurrence in Peru of exceptional natural phenomena and disasters has had serious social consequences, claimed many victims and caused considerable damage in recent years, and children and young people are especially vulnerable to such emergencies (<i>La Exclusion Social en el Peri</i>. UNICEF. Lima, June 2001)</p>	<p>S20.2.1 Civil defence units</p>	<p>PAHO/WHO, national and international NGOs, churches, private sector, civic and community organizations, families, youth organizations, vocational schools</p>
	<p>T20.3 To ensure by 2006 that the whole education community has been involved in information and prevention activities relating to natural disasters and situations of emergency which place children's safety and health at risk</p>	<p>I20.3 Proportion of members of the education community who have taken part in information and prevention activities</p>		<p>S20.3.1 MINEDU</p>	

<i>PNAI outcomes</i>	<i>Targets</i>	<i>Indicators</i>	<i>Current position</i>	<i>Information source</i>	<i>Agencies responsible</i>
20. The right of the child to access to justice O17 Consolidation of a special legal system and arrangements for the administration of juvenile justice	T17.1 To secure by 2005 the systematic organization, harmonization and diffusion of the existing domestic legislation on children, in line with the international conventions and agreements in force	I17.1 Existence and diffusion of systematically organized and harmonized legislation on children in line with the international conventions and agreements in force		S17.1.1 MINJUS	<i>Direct R17:</i> Judiciary, Attorney-General, local authorities, MIMDES, PNP, MTPE, MINEDU, Congress of the Republic, MINJUS, National Ombudsman, MCLPC <i>Support R17:</i> ILO, CONFIEP, UNICEF, NGOs, children's ombudsmen, legal-aid lawyers
	T17.2 To consolidate by 2010 a special system of justice for all children which takes account of their rights	I17.2 Existence of a special system of juvenile justice for all children which takes account of their rights		S17.2.1 Judiciary	
	T17.3 To ensure by 2010 that 80 per cent of State schools have institutional education projects for the diffusion of the rights of the child	I17.3 Proportion of State schools with functioning institutional education projects for the diffusion of the rights of the child		S17.3.1 MINEDU	
	T17.4 To ensure by 2010 that 70 per cent of State schools have organizations for the defence and promotion of the rights of the child	I17.4 Proportion of State schools having a children's ombudsman	There are currently 397 children's ombudsmen for the national total of 60,048 State schools; this means that one per cent of the schools have this service. On 28 December 2001 MINEDU issued directive No. 032-2001 on promotion of the establishment of children's ombudsmen throughout the country	S17.4.1 MINEDU	

V. CONCLUSIONS

222. The levels of poverty and extreme poverty in Peru have created a situation in which children constitute the age group most seriously affected by the country's economic situation. It has been indicated throughout this report that, where social programmes are concerned, the activities of the State have been focused chiefly on the fight against poverty and extreme poverty. However, the poor planning of the proposed strategies has undermined the impact and sustainability of the programmes described in the report. This has been aggravated by the defective coordination of the management activities of the State, local authorities and social actors. In order to tackle this problem the Peruvian State is promoting the Forums against Poverty: this mechanism for dialogue among representatives of all the State agencies and organizations of civil society are charged with formulating concrete proposals for sustainable social development at the local level, giving priority to projects facilitating the active participation of poor and extremely poor population groups in the taking of decisions on the economic and social development of their localities. It must therefore be stressed that through the Forums against Poverty the State and civil society are indeed creating broad opportunities for dialogue with a view to the country's social and economic development.

223. One of the main features of the 1990s was the authoritarian structure of State power, which created situations in which no priority was given to respect for human rights, but at the end of 2000 the transitional Government introduced an experiment in the exercise of democratic power, initiating a period of national dialogue whose principal fruit may be seen in the National Accord, an instrument embodying the agreement between the various social and political forces and making children one of its priority targets.

224. It must be stressed that the public policies established for children have suffered frequent disruption owing to the absence of an integrated vision of the subject matter. In that connection the National Plan of Action for Children and Adolescents 2002-2010 (PNAI) is an instrument which will help to consolidate public policies in this area and subject them to proper coordination and systematic organization for the benefit of children. This socio-legal instrument has very important qualitative advantages over previous plans: (a) it is the outcome of a national dialogue, during which the State and civil society played active roles in the formulation of the PNAI (and children themselves played an active role in the debate); (b) the National Accord included among its objectives the promotion of the rights of the child; (c) the PNAI invests specific officials with responsibility for the attainment of its targets and objectives; and (d) the Ministry for Women and Social Development (MIMDES) has created the PNAI Office in its Department for Children and Adolescents. This will facilitate the awareness-raising and monitoring work and the formulation of the operational plans of the PNAI.

225. With regard to the right to health, the report points out that in the country's rural areas (concerned chiefly with the marketing of agriculture and livestock products) the chronic malnutrition rate remains very high. Unfortunately, most of Peru's rural areas lack the means of communication and technical resources to make the marketing of their products an attractive proposition. This is reflected in the high rate of chronic malnutrition in these areas. The National Food Aid Programme (PRONAA) endeavours to focus its measures on helping poor and extremely poor areas by purchasing local products in order to take account of cross-cultural patterns of consumption, to inject energy into the local economies, and essentially to improve children's nutrition. However, this injection of energy remains at a very low level, and the high incidence of malnutrition is still having an impact on the comprehensive development of Peru's

children. The Ministry of Health has relaunched its national comprehensive vaccination campaigns, and the level of vaccination coverage against major diseases such as polio constitutes an important achievement.

226. As may be appreciated from the education statistics presented in the report, the comprehensive expansion of the coverage of the education system constitutes another uncompleted task. The National Wawa Wawi Programme seeks to expand the coverage for young children with respect to early stimulation. The programmes of non-school initial education (PRONOEI), which provide an integrated service for children aged three to five, enjoy strong grass-roots participation and constitute a very important project for the development of education for this age group.

227. Where primary education is concerned, rural location is a relevant factor in both qualitative and quantitative terms; but it must be acknowledged that the drop-out and over-age rates are still high. With regard to the quality of education, it should be stressed that the improvement of the selection of teachers nation-wide, which has received vigorous attention from the Ministry of Education, has helped to upgrade the academic standards of human resources in primary and secondary education. And proposals are being formulated which take account of factors of social risk; for example, the Rural Children's Education (Promotion) Act (promulgated in November 2001) stipulates the principle of educational equity in this sector and sets out an education system to guarantee all children in rural schools equity of access and equity in the quality of their education service.

228. The State has an institutional system for the promotion and protection of the rights of the child. The National System for the Comprehensive Care of Children and Adolescents, whose lead agency is MIMDES, is coordinating the components of the National System, focusing its attention on the development of the abilities of the individual in a quest for human and social development. As the basic instrument of public policies for children, the PNAI will help to coordinate the efforts of civil society and the State. It is important to emphasize in this connection the vital importance of the children's ombudsmen as a fundamental component of the National System. In fact, local authorities and society as a whole have established a network for the defence of children which is without precedent at the national level. In the 1990s this system of children's ombudsmen was created by the efforts of the social actors and international cooperation agencies (Save the Children and UNICEF were the system's chief promoters) and it is now acquiring increasing importance and managerial independence; it is also a key instrument of the decentralization of MIMDES in terms of management policy.

229. There are important matters requiring priority attention in the implementation of the PNAI, matters clearly indicated in the matrix. Although the promotion of regulations for the protection of children has been and remains a major concern (the promulgation of the Children's and Adolescents' Code is a graphic example of this concern), the Convention on the Rights of the Child and the PNAI have still not been implemented comprehensively and effectively. The Peruvian State is determined to apply both these instruments. For that is the only way to conceive of the authentic development of Peruvian society.

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