



**Convention on the  
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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-first session

SUMMARY RECORD OF THE 1089th MEETING (Chamber A)

Held at the Palais Wilson, Geneva,  
on Thursday, 12 January 2006, at 3 p.m.

Chairperson: Mr. DOEK

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The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Third periodic report of Peru (continued) (CRC/C/125/Add.6; CRC/C/Q/PER/3; CRC/C/PER/Q/3/Add.1; HRI/CORE/1/Add.43/Rev.1)

1. At the invitation of the Chairperson, Ms. Calle, Mr. Rodríguez Cuadros, Ms. Romero-Lozada, Mr. Ruiz-Eldredge Vargas, Mr. Sánchez Barba, Mr. Uribe Neyra and Ms. Vásquez (Peru) resumed their places at the Committee table.
2. Ms. ORTIZ asked what programmes existed for working children under 14. She encouraged the State party to take steps to facilitate the active involvement of organized working children in the dissemination and implementation of the Convention. She requested updated information on the NGO Generación and asked how the State party intended to resolve the issue for the benefit of street children.
3. Ms. ROMERO-LOZADA (Peru) said that, within the framework of the Juntos programme, efforts were being made to assist extremely poor families that had been affected by political violence, in particular in the Andean regions. Families benefiting from the programme received the equivalent of US\$ 30 per month and were required to enrol their children in school and to participate in comprehensive maternal and child health-care programmes.
4. A nationwide network of so-called Wawa Wasi centres offered comprehensive care, including a balanced diet using local foods and development stimulation, for children between the ages of 6 months and 3 years from extremely poor families. The centres had created a system of volunteer “mothers-carers”, who received a modest monetary compensation from the Government. Mothers-carers were trained in such areas as infant health care and nutrition, and their work had a multiplier effect on the surrounding community. At present, 11,000 mothers-carers catered to some 50,000 children. Wawa Wasi centres had also been set up by companies, with employers investing in the necessary infrastructure, training and recruitment of mothers-carers. One such centre had been created inside the women’s prison. The most notable achievement of the centres was a reduction, albeit minor, in the number of children with chronic malnutrition.
5. Mr. SÁNCHEZ BARBA (Peru) said that, in its efforts to implement the Millennium Development Goals, the Government had developed a series of policies to promote equality and social justice, all of which took account of child-related issues. The implementation of the National Plan of Action for Children and Adolescents was closely linked to poverty-reduction strategies.
6. Malnutrition was a major concern, and national food aid programmes that placed particular emphasis on children under the age of 3 had been introduced. The Government distributed 900,000 food rations daily through an extensive network of public canteens and mothers’ clubs. Eighty-five per cent of the funds available for the Food Programme for Children were allocated for children under 3. However, coverage remained inadequate and efforts were being made to combine the various schemes into a single programme in order to improve their

effectiveness. The Food Programme for Schools targeted children between the ages of 6 and 12; the 2 million food rations that were distributed in schools every day had had a positive effect on attendance.

7. The Truth Commission had identified 40,000 children orphaned by political violence; an estimated 1 million persons had been forcibly displaced. Government action to assist such persons included the provision of 12,000 education grants to orphaned children; the creation of a multisectoral commission to coordinate action on behalf of the victims; the registration of displaced persons with a view to ensuring legal protection; and the construction of some 14,800 homes for the displaced.

8. A national register of persons with disabilities had been created to ensure their access to benefits. With the support of the National Council for the Integration of Disabled Persons, offices had been set up throughout Peru to promote the integration of persons with disabilities at the regional and local levels, where their invisibility was particularly acute.

9. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that Peru currently had 3,808 primary and secondary schools for children with special needs. However, educational policies were based on promoting the integration of children with disabilities into regular schools.

10. Ms. CALLE (Peru) said that the national health authorities had set up a special committee for disability to promote the participation of disabled persons in public life. Mental health problems were particularly widespread. A commission to promote the human rights of the mentally ill had presented a report in 2005; the recommendations contained in the report had been taken into account in the formulation of public health policies. In January 2006, a department of mental health had been created within the Ministry of Health. Pilot centres for the community-based rehabilitation of persons with mental health problems had been set up in Lima and the province of Callao, and guidelines had been issued on the early detection of illnesses that could cause mental disability in children and adolescents.

11. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that some 110,000 births went unregistered each year. Among the main causes were excessive charges and administrative barriers. In 2005, the Government had launched a nationwide campaign to promote children's right to a name and an identity. In that context, the National Register of Identity and Civil Status had modified its regulations to facilitate birth registration for the poorest segments of society. Birth registration had also been included in the requirements to qualify for assistance under the Juntos programme. The issuance of birth certificates had been made free of charge in 202 municipalities in order to improve access for the poorest segments of society. Since the start of the campaign, over 70,000 children had been registered.

12. In consultation with civil society and children's organizations, a legislative proposal had been drafted to facilitate birth registration procedures. The bill provided for birth registration with the children's ombudsman in municipalities without a civil registry office and for the use of the father's name when registering children, even when the father was absent.

13. The CHAIRPERSON asked whether such registration could occur without the father's knowledge or consent and whether it would oblige the father to pay child maintenance.

14. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that a child could be registered with the father's name without the father's consent. Although the person in question could contest paternity, the child would continue to bear his name. However, child maintenance could be claimed only if paternity was recognized or legally established through DNA testing.
15. Ms. LEE asked whether unregistered children had access to education and health care and whether parents were free to choose an indigenous name for their child.
16. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that parents were free to give their child a name of their choice.
17. Mr. URIBE NEYRA (Peru) said that it was not necessary to present a birth certificate in order to enrol in school. The certificate could be submitted at a later stage.
18. Ms. ORTIZ asked how compulsory DNA testing for fathers who denied paternity was financed.
19. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that DNA paternity testing cost US\$ 500 and was paid by the mother of the child in question. If the results of the test were positive, the cost was borne by the father. Although judicial assistance was available, it was limited to administrative and court costs. Since the cost of DNA testing was in many cases prohibitive, the alternative to such testing was a conciliation procedure carried out by the offices of the children's ombudsman.
20. Mr. KOTRANE asked what the consequences were for men who refused to undergo DNA paternity testing.
21. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that refusal to undergo court-ordered DNA paternity testing resulted in a declaration of paternity. If the father refused to sign the birth certificate, the judge registered the child under the father's surname.
22. Mr. URIBE NEYRA (Peru) said that, in carrying out efforts to improve the quality of education for indigenous children in Peru, the Ministry of Education did not distinguish between indigenous and non-indigenous children but rather between rural and urban children. Although a national department for bilingual inter-cultural education had been established to promote the advancement of indigenous languages and culture, not all rural schools were bilingual and not all indigenous groups favoured bilingual education. The aim of the rural education project currently being implemented in five regions of the country was to adapt curricula to regional needs, train local teachers and develop materials and strategies for multigrade classrooms. In 2005, work had begun on a national curriculum that would serve as a point of departure for projects aimed at adapting curricula to regional needs.
23. The Government was considering a number of measures to enhance the attractiveness of schooling for pupils, such as school breakfasts and lunches, which were provided through the National Food Aid Programme. In the rural areas of the Andes and the Amazon, many factors made it difficult to keep children in school. Efforts to improve school retention rates in those areas had to take into account the local climate, geography and agricultural cycles. Moreover, some street children believed that formal education offered them no economic advantages, which

left the Ministry of Education with the challenge of changing attitudes towards education and adapting the educational system to practical realities. That challenge could only be met through the combined efforts of various sectors of the Government.

24. Ms. ORTIZ said that it was more appropriate for the education system to adapt to the needs of rural cultures than for those cultures to adapt to the education system.
25. Mr. URIBE NEYRA (Peru) said that the Ministry of Education was currently developing activities to enable parents and educators in rural communities to set up their own programmes of non-school initial education. Such programmes concerned children between the ages of 0 and 3 and involved child-rearing practices rather than scholastic programmes. Studies were being conducted in connection with a project to improve access to initial education, which was the area of education with the lowest level of coverage.
26. Mr. KRAPPMANN said that it might be necessary to make school hours and calendars more flexible. He wished to know whether there were hidden costs that made school attendance prohibitive for poor children.
27. Mr. URIBE NEYRA (Peru) said that, while the Government recognized that schooling entailed hidden costs for parents, such costs were not always readily identifiable. In order to compensate for hidden costs, in 2003 the Government had established a national emergency education programme to provide school supplies to some 2,500 schools in the poorest regions of the country.
28. Regarding the question of flexibility, each educational facility was free to set its own hours, its own curriculum and its own school calendar. However, a solution had not yet been found to give schools greater flexibility in submitting the required administrative paperwork. In rural areas of the Andes and the Amazon, efforts were under way to remedy that situation.
29. Several mechanisms had been set up to enable local communities to participate in education, including student councils, parents' associations and school boards. School boards, which were composed of students, alumni, parents and teachers, issued legally-binding directives. The Ministry of Education ensured that school boards were operating in all educational institutions.
30. Ms. CALLE (Peru) said that, in Peru, the right to health referred not only to access to health services but also to factors that determined health - such as income, education and gender equality. All public health policies, programmes and projects were based on three main principles: respect for rights in health, respect for indigenous cultures and respect for gender equality. Over the past five years, positive results had been achieved in various health indicators, including reductions in the overall fertility, birth and mortality rates. The most important contributing factor had been the extension of coverage for prenatal check-ups in both urban and rural marginalized areas. Moreover, in rural areas, the number of deliveries in health-care institutions had risen from 24 per cent to 48 per cent.
31. The results of the most recent national survey on health and development indicated that, in rural areas, people who were ill were seeking medical treatment more frequently than in the

past. The main reason for that development was that primary health-care coverage had been extended to more than 10 million poor and extremely poor people through the Comprehensive Health Insurance Agency. In communities in which at least 65 per cent of the population was living in poverty, access was granted to all members of the community. In communities where poor people accounted for less than 65 per cent of the population, an evaluation procedure was used to determine eligibility. The Government's goal was to extend coverage to 13 million of the 14 million people in Peru living in poverty.

32. More than 30,000 cases of HIV infection and AIDS had been identified in Peru. With the help of the Global Fund to Fight AIDS, Tuberculosis and Malaria, treatment was being provided to more than 6,000 persons. In the area of prevention, measures were being taken to promote healthy lifestyles among young people in order to prevent sexually transmitted diseases and HIV/AIDS. Efforts to reduce vertical transmission of HIV/AIDS were being carried out by screening pregnant women and by treating those who were infected. Strategies were being implemented in cooperation with civil society organizations with a view to counteracting the stigmatization of persons with HIV/AIDS.

33. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that the Ministry of Education had responded promptly to reported instances of discrimination in schools against children with HIV/AIDS by launching awareness campaigns in 109 schools.

34. Ms. CALLE (Peru) said that the Government recognized that more attention needed to be paid to the health needs of the indigenous population. Current efforts included the implementation of the National Health Strategy for Indigenous Peoples, the launching of numerous initiatives in cooperation with civil society organizations, and the start-up of a series of bilateral projects with Brazil, Colombia and Ecuador to address the health needs of indigenous populations.

35. Ms. ORTIZ asked how indigenous adolescents were informed about HIV/AIDS and sexually transmitted diseases.

36. Ms. CALLE (Peru) said that strategies had been developed to provide educational materials in indigenous languages to adolescents living in Peru's forest, mountain and coastal regions. Efforts to combat chronic malnutrition were centred on the formulation of guidelines for breastfeeding; projects to provide food for pregnant women and nursing mothers; the approval of iron supplements for children in insurance plans; and the nationwide fortification of flour with iron.

37. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that Peru had been a pioneer in implementing the International Code of Marketing of Breast-milk Substitutes and that companies had been reprimanded for promoting alternatives to breastfeeding. The promotion of breastfeeding extended across all ministries; for example, labour legislation ensured that working mothers were given an opportunity to breastfeed during working hours. Educational programmes in schools promoted breastfeeding, and a national commission on breastfeeding had been established.

38. Ms. CALLE (Peru) said that the recently established department of mental health would combat drug and alcohol abuse. Studies showed that the suicide rate among young people had increased: suicide between the ages of 10 and 14 years tended to be due to family problems, whereas suicide after the age of 15 tended to be attributed to interpersonal difficulties. Treatment for depression was beginning to be provided not only in Lima but also in outlying areas that had been particularly affected by political violence and where mental health problems such as depression and post-traumatic stress had been identified as priority health issues. The mental health programme was being funded from the budget for reparations for victims of political violence and from other sources.

39. The CHAIRPERSON said that the delegation should indicate the number and type of facilities for adolescents with emotional problems. He also asked whether Peru made use of campaigns to raise awareness of mental health issues.

40. Ms. CALLE (Peru) said that Peru used an integrated-care model that recognized the age groups from 0 to 9 and from 9 to 18. Adolescents had access to any of the 6,000 health centres in Peru. However, the staff of those centres did not always have the necessary expertise in mental health. Training was being provided in order to ensure that health professionals were able to detect possible signs of mental health problems. While the teenage pregnancy rate had fallen slightly, it remained high. Teenage pregnancy was considered differently in different social contexts, and attitudes differed between urban and rural areas. The number of pregnant teenagers asking for help early in their pregnancies had increased. Clandestine abortions were a major cause of female mortality in Peru.

41. Mr. URIBE NEYRA (Peru) said that a directive issued in 2005 contained a number of recommendations designed to ensure that teenagers who became pregnant were able to continue their studies. Head teachers were required to ensure that pregnant teenagers remained in school and that young mothers were able to attend school. For example, schools had to provide young mothers with facilities for breastfeeding their children.

42. The CHAIRPERSON said that the high rate of teenage pregnancy in Peru indicated a serious social problem. Irrespective of the extent to which teenage pregnancy was accepted by society, teenage girls should not be burdened with such a degree of responsibility. He wished to know whether teenagers had access to contraceptives, and whether anything was being done to inform them about ways of preventing pregnancy and sexually transmitted diseases.

43. Ms. CALLE (Peru) said that a recently adopted family planning law provided that adolescents should have access to contraceptives. However, the real problem that Peru faced in increasing the use of contraceptives was changing society's and health professionals' attitudes towards such modern contraceptives as the contraceptive pill and morning-after pill. It was also necessary to teach teenagers to use the contraceptives with which they were provided.

44. The CHAIRPERSON asked whether reproductive health was included in the curricula of secondary schools.

45. Mr. URIBE NEYRA (Peru) said that reproductive health was taught in secondary schools as part of a subject called "human relations".

46. Ms. CALLE (Peru) said that, although the State provided access to contraceptives, the decision whether or not to use them fell to individuals or couples.
47. Ms. ORTIZ asked what influence the Church exerted in the area of family planning. She also wished to know what would happen when the funding for Peru's mental health programmes ended.
48. Mr. SIDDIQUI asked whether the Catholic Church influenced Peruvians' attitudes about modern contraceptive methods.
49. Ms. CALLE (Peru) said that funding for Peru's mental health programme was assured for up to another two years. Moreover, the results of regional consultations had revealed that mental health issues were considered to be a major health concern, which would make it necessary for the regions to place greater emphasis on addressing such issues.
50. The CHAIRPERSON asked whether the Government's position in negotiations on trade agreements would affect access to cheaper generic medications such as antiretrovirals.
51. Ms. CALLE (Peru) said that, in negotiating free trade agreements, Peru had been careful to ensure that access to medicines deemed essential for immunization programmes and for the treatment of certain diseases, including HIV/AIDS, was not compromised.
52. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that the Ministry for Women and Social Development had made measures to prevent the sexual exploitation of children and adolescents a priority. The organized nature of such offences made it difficult to establish how many children were affected. A campaign had been launched to raise awareness of the problem, including among the police, public prosecutors and judges. Efforts to address the problem must include measures to care for the victims of sexual exploitation and ensure their reintegration into society, as well as to punish the perpetrators. Despite difficulties in obtaining evidence, some individuals had been successfully prosecuted; the prosecution of a member of Congress showed that no one was outside the law. Funding had been obtained to support Peru in its efforts to prevent the exploitation of children. Government and civil society networks had been set up to help child victims of sexual abuse. Two shelters had been opened in priority areas, and other initiatives to provide integrated care were being explored.
53. Ms. ORTIZ asked whether it was an offence to be in possession of pornographic material involving children.
54. Mr. RUIZ-ELDREDGE VARGAZ (Peru) said that, under a new law, the production of child pornography was punishable by life imprisonment. Internet service providers could be prosecuted for failing to set up filters to prevent children's access to pornography on the Internet.
55. The CHAIRPERSON asked whether any measures had been taken to ensure that victims of sexual exploitation were not afraid to testify against their tormentors.
56. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that victims who agreed to testify could do so from a closed chamber, which ensured that their identity would not be revealed. In order to prevent perpetrators from escaping punishment when there was insufficient evidence to prove



that sexual abuse had taken place, such persons were sometimes charged with simple exploitation. Peru was endeavouring to apply the recommendations of the International Labour Organization regarding the eradication of child labour. To that end, it had drafted a list of jobs considered to be dangerous. Peru recognized that child labour perpetuated the poverty cycle and was therefore trying to convince parents that the eradication of child labour was an investment in their children's future.

57. Ms. ORTIZ asked what was being done to help child domestic workers and to ensure that they were allowed to have contact with their families.

58. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that children were often sent to work in the homes of wealthier relatives. A law regulating domestic work provided that children's rights must be respected. The minimum age for domestic work was 12. Children between the ages of 12 and 14 were allowed to work a maximum of four hours a day, provided that their work did not interfere with their education or general development. At the end of the employment relationship, the employer was required to pay the cost of the child's return to his or her family. Domestic workers had the same rights as other workers, including the right to take holidays.

59. Mr. KRAPPMANN requested information about vocational training in the Peruvian education system. He wished to know whether there were any programmes to help children who were neither in school nor gainfully employed.

60. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that, while adolescents who were enrolled in school were given information about various employment possibilities, they did not receive vocational training as such. The Ministry of Education was conducting an experimental programme involving some 280 schools with a view to providing some form of education to children who did not attend school and either worked or were unemployed. School curricula needed to be redesigned to meet the needs of working pupils. Another ongoing experimental programme involving 40 educational centres, aimed to provide basic alternative education to children and adolescents between the ages of 9 and 18.

61. The CHAIRPERSON asked whether there were any plans to raise the minimum age for child labour.

62. Mr. SÁNCHEZ BARBA (Peru) said that the minimum age for child labour was currently 14 and was as high as 17 in the fishing and crafts industries and in agriculture. Draft legislation had been introduced to raise the minimum age to 15. A number of programmes informed adolescents performing domestic work of their labour rights and offered them training programmes. The Government was working to ensure that the local authorities monitored the implementation of those rights.

63. The Ministry for Women and Social Development did not have the authority to overrule municipal decisions, such as the decision to close a shelter for street children. More than 480 bodies were working with children and adolescents throughout Peru, and the Ministry for Women and Social Development monitored the activities of those bodies in order to ensure that the children were properly cared for. The Ministry was prepared to assist institutions in overcoming any difficulties that they encountered.

64. Ms. ORTIZ requested information on how the Ministry for Women and Social Development interacted with municipalities, and on the Constitutional Court's decision concerning the shelter for street children.
65. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that the Constitutional Court had ruled that the Ministry for Women and Social Development could not intervene in an administrative issue that was deemed to be within the competence of a municipality. The Ministry could take action only when the well-being of children was directly affected. The dispute concerning the shelter for street children would have to be resolved in the courts. The Ministry also worked with clandestine shelters for children in order to help them improve their conditions and legalize their status.
66. The CHAIRPERSON said that, according to the police, the people in the neighbourhood had objected to the existence of the shelter because it had a negative impact on real estate prices and because they were afraid of being attacked by children from the shelter. Instead of immediately referring the case to the courts, the local authorities and the members of the community should discuss the problems arising from the shelter. If the purpose of such shelters was to ensure the social integration of street children, the shelters could not be totally isolated from the community.
67. He wished to know how Peru dealt with juvenile delinquents. In that connection, he requested further information on street gangs. He wondered whether Peru intended to lower the minimum age in order to be able to try juvenile offenders as adults.
68. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that it was up to the local authorities that had closed the shelter to propose alternatives for caring for street children. With regard to the lowering of the age of criminal liability, he said that a bill to that effect had been introduced in Congress but had been rejected and shelved.
69. The previous Government had introduced a provision - which was still in force - that made it possible to try leaders of street gangs as adults; the current Government had put forward a bill to repeal that provision. In a pilot project focusing on reintegration carried out in 2003, the Government had met with juvenile gang leaders to discuss their problems, offer them educational opportunities, inform them of their rights and encourage them to participate in society. The project had been successful and was currently being introduced at the local and regional levels. He pointed out that many gang leaders were older than 18 years of age.
70. Ms. CALLE (Peru) said that Peru was one of six Latin American countries taking part in a regional programme for the promotion of juvenile development and the prevention of violence.
71. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that the National Family Welfare Institute, a department of the Ministry for Women and Social Development, was responsible for operational and logistical aspects of shelters for abandoned children and children whose families were too poor to care for them. The Institute also worked with private organizations that operated shelters. Such shelters should not be confused with juvenile centres set up for adolescents in conflict with the law. The cases of such adolescents were regulated by the

Juvenile Criminal Code rather than by the Criminal Code. Many adolescents in the juvenile centres had emotional problems and needed psychiatric treatment; they were not punished as delinquents. Adolescents were no longer held in custody with adults.

72. Street children often had no identity papers, and it was difficult to determine their age. In such cases, they were assumed to be adolescents rather than adults. Peru was working on a pilot project in which adolescents in conflict with the law were removed from correctional institutions and placed in juvenile centres, where they were properly cared for and received vocational skills to facilitate their reintegration in society.

73. The National Family Welfare Institute was responsible for placing children with adoptive parents and monitoring their care. Currently, 51 per cent of adoptive parents were Peruvian, and 49 per cent were foreigners. A proposal was under consideration to simplify and shorten the adoption process. An initiative, known as the Guardian Angel Programme, promoted the adoption of disabled children, children over 5 years of age, and sibling groups.

74. The CHAIRPERSON said that, according to table 21 in the State party's written replies, nearly 5,000 children had disappeared between 2002 and 2005 and only some of the cases had been cleared up. He wished to know why had those children disappeared and where they had disappeared to.

75. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that the children had not been victims of forced disappearances or executions but of trafficking for the purpose of commercial sexual exploitation. A bill had been introduced in Congress to set up a witness protection programme so that persons could report cases of trafficking in children. In many cases, especially in border regions, children had been taken to other countries and, since they had no papers, it was difficult to ascertain their whereabouts or identity.

76. The CHAIRPERSON asked whether the Government supported the child-abuse hotline and whether there were any plans to make it accessible around the clock, seven days a week.

77. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that the child-abuse hotline, which was operated by an NGO on the basis of an agreement with the Ministry for Women and Social Development, was designed not only to receive reports of ill-treatment and sexual abuse of children but also to provide consultations with regard to ascertaining the names and identities of children. The cases were reported to the Ministry for Women and Social Development and to the judicial authorities. The hotline had been a success and had helped alert all sectors of society to the need to combat the sexual abuse and exploitation of children.

78. Ms. OUEDRAOGO asked whether the staff of the hotline services had been told to ensure the confidentiality of the reports received; a number of problems in that regard had been brought to the Committee's attention. If people did not trust the hotline services, they might be reluctant to use them.

79. Mr. RUIZ-ELDREDGE VARGAS (Peru) said that the people who worked for the hotline services were highly trained and never disclosed the identity of the callers.

80. Ms. ORTIZ (Country Rapporteur) said that Peru had made good progress in addressing its problems in the area of children's rights. She hoped that the observations and recommendations that the Committee would formulate on the basis of its meetings with the delegation would be useful to Peru and would be widely disseminated within the Government, in civil society and among organizations working in the area of children's rights.

81. Mr. RODRÍGUEZ CUADROS (Peru) said that over 40 per cent of Peru's population was under the age of 15, and policies associated with children therefore had an impact on Peruvian society as a whole. While the Government was implementing a number of measures to promote equality and the rights of children and adolescents, such steps were still not sufficient and there was a need for greater cooperation with civil society and NGOs. He looked forward to the Committee's recommendations and hoped that Peru's fourth periodic report would provide information about measures taken to implement those recommendations.

The meeting rose at 6.05 p.m.