United Nations

DP/FPA/CPD/PER/10

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

Distr.: General
8 November 2021

Original: English

First regular session 2022
31 January to 4 February 2022, New York
Item 10 of the provisional agenda
UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Peru

Proposed indicative UNFPA assistance:	$15.2 million: $5.2 million from regular resources and $10.0 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Tenth
Category:	Tier 1
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework for Peru, 2022-2026

I. Programme rationale

1. Peru has an estimated population of 33 million, 26 per cent self-identifying as indigenous and 3.6 per cent Afro-descendants (Census 2017). With 65 per cent aged 15-64 years (25 per cent adolescents and youth aged 15-29 years), the country is reaching the peak of the demographic dividend. Peru is highly vulnerable to disasters (particularly earthquakes, floods, tsunamis, and landslides), exacerbated by climate change, which affected more than 12 million people between 2003 and 2015 (Council of Ministers, 2019). The compound effects of poverty, disasters, climate change and transboundary humanitarian crises, including the COVID-19 pandemic, drive displacement and human mobility. Peru is the second-largest recipient country in the region of migrants and refugees from Venezuela, estimated at more than 1 million (UNHCR, 2021).

2. Peru is an upper-middle-income country, with a per capita GDP of $6,268 in 2020 and a high human development index. Rapid economic growth combined with well-targeted social policies contributed to halving national poverty rates from 54.8 per cent in 2004 to 20.2 per cent in 2019 (National Household Survey, 2019). However, the pandemic reversed a decade of progress, leading to an 11.1 per cent drop in GDP, increasing poverty by 9.9 percentage points (up to 30.1 per cent in 2020) and exacerbating socio-economic inequalities. Women, adolescents and youth, particularly those belonging to the most excluded groups (low-income, indigenous peoples, people living in rural areas, Afro-Peruvians, people with disabilities, lesbian, gay, bisexual, transgender, intersex, queer, asexual (LGTBIQ+) people, migrants and refugees) lag on most development indicators.

3. Despite progress in the implementation of the ICPD Programme of Action and the Montevideo Consensus, Peru needs to strengthen and implement the existing legal, policy and accountability framework on sexual and reproductive health and reproductive rights, including family planning. In the last decade, the unmet need for family planning in women of reproductive age (married and in a union) has decreased from 6.9 per cent in 2010 to 6.1 per cent in 2019, with parallel declines in the total fertility rate (from 2.6 children per woman in 2011 to 1.9 in 2020) and the age-specific fertility rate (from 65 births to 39 births per 1,000 women aged 15-19 years, between 2010 and 2015). However, wide disparities persist, particularly by territory and age. The unmet need for family planning is higher in the departments of the Amazonian rainforest, the border areas and the sierra, where it may reach figures as high as 10 per cent (DHS, 2021). Adolescents aged 15-19 years who are in a union have an unmet need for contraception almost three times higher (17.3 per cent) than the national average. The conservative attitudes and practices of public health providers (particularly towards dispensing contraceptives to adolescents), and challenges in the supply chain to reach the 'last mile', long waiting times and poor counselling at service delivery points, among other factors, discourage demand and increase users' out-of-pocket payments. In April 2020, family planning consultations provided by public-sector facilities dropped by 84 per cent, compared to the same period of 2019, due to the COVID-19 pandemic (UNFPA estimations based on Ministry of Health data).

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

5. Over the last decades, Peru has experienced a sustained reduction in the maternal mortality ratio, reaching 60.7 maternal deaths per 100,000 live births in 2016 (Ministry of Health, 2019), but it remains above the regional average. Maternal health service interruptions during the COVID-19 pandemic caused a dramatic increase in maternal deaths (rising by 45.7 per cent in 2020, compared to 2019, and by 65 per cent in the first semester of 2021, compared to 2020), the equivalent to a 16-year setback (Ministry of Health, 2021). Maternal mortality reproduces intersectional inequalities, showing a disproportionate and differentiated impact in specific territories (e.g. the Amazonian and Andean departments, where a significant percentage of the indigenous populations live) and age groups. In 2020, the two amazonian departments of Loreto and Ucayali reported more deaths (65 maternal deaths) than the populous department of the capital of Lima (64 maternal deaths), whose population is 6.6 times higher. In addition, these same departments also account for 30 per cent of adolescent maternal deaths. In 2019, the leading causes of maternal mortality were direct (62.1 per cent), mainly hemorrhage and pregnancy-induced hypertension, and indirect (37.9 per cent). However, in the first semester of 2021, the incidence of indirect causes due to COVID-19 surpassed direct causes.

6. Antenatal care provided by skilled health professionals increased from 94.7 per cent to 98.1 per cent between 2010 and 2020. However, the indicator does not reflect territorial differences between rural and urban areas (13 percentage points). The average skilled birth attendance is at 94.6 per cent; however, it is lower among poor women (82.1 per cent), in the Amazonian rainforest (83.6 per cent) and rural areas (83.9 per cent). Considering the high institutional birth rate in Peru (between 92 per cent and 99.7 per cent), the high percentage of maternal deaths in health facilities and postpartum (94.5 per cent and 74.5 per cent, respectively) suggest that maternal mortality due to direct causes is linked to the poor quality of care. By 2015, less than 14 per cent of health facilities had an acceptable capacity to provide obstetric care, with only four departments providing the highest level of comprehensive obstetric care (National Survey of Health Institutions, 2016).

7. Human resources are scarce, poorly distributed and often mismatched with the demand. In 2019 there were only 13.6 physicians and 5.3 midwives per 100,000 inhabitants and only 1,232 obstetricians-gynecologists in the country (Ministry of Health, 2019). Greater data disaggregation, particularly by ethnicity, territory, and age, is needed for a comprehensive assessment of maternal mortality, including the impact of the COVID-19 pandemic. The latest national plan to reduce maternal mortality ended in 2015, with only two technical norms and no update on the management of obstetric complications issued over the last decade. Although public spending on maternal health increased between 2012 and 2019, from $43 to $53 per woman, the quality of spending is low.

8. Despite an enabling legal and policy framework, including the National Policy on Gender Equality and the Law to Prevent, Sanction and Eradicate Violence against Women and Family Members, gender-based violence is high. In the last 12 months, 9.2 per cent of women in a union have suffered physical violence and 2.5 per cent sexual violence by an intimate partner (DHS, 2021). Significant disparities in gender-based violence rates exist by income level (higher in the two lowest quintiles), ethnicity (higher among indigenous), sexual orientation and gender identity, disability and migration status. An estimated 63 per cent of LGTBIQ+ populations have been victims of discrimination or violence during their lives, and 11 per cent are survivors of sexual violence (virtual survey for LGTBIQ+ populations, 2017). Despite limited data availability and high underreporting (70 per cent), administrative records point to increased gender-based violence complaints and care during the COVID-19 pandemic, particularly among girls under age 12 years, which was more than double the number of complaints by adult women in 2020. According to the Ministry of Health, deliveries of girls below age 10 increased from 9 in 2019 to 24 in 2020. Similarly, femicides almost doubled, from 84 in 2015 to 149 in 2019. Weaknesses persist in ensuring a multisectoral coordinated response, linked to the lack of a unified data system and gaps in the provision of essential services for gender-based violence prevention and care, particularly in sexual violence. Discriminatory gender and socio-cultural norms limit bodily autonomy and fuel gender-based violence and other harmful practices, particularly early marriages or unions. About a fifth of

married women of reproductive age lack autonomy over their sexual and reproductive health, including family planning choices. In 2020, an estimated 25.9 per cent of women aged 20-24 years were in union before reaching age 20 (46 per cent in the Amazonian region of Loreto) and 6.7 per cent of adolescent girls aged 15-19 years were in a union before turning 15 (National Health Survey, 2021). Early unions are often linked to adolescent pregnancies; 86 per cent of adolescent girls who were in a union at age 10 to 15 had their first child before turning 18 years (UNFPA-Plan International, 2019). The normalization – and tolerance – of gender-based violence is high, with 58.9 per cent considering it acceptable (National Survey of Social Relations, 2019).

9. The proposed programme is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Peru, 2022-2026, which will support national efforts to build back better after the COVID-19 pandemic, by addressing the country's intersectional inequalities. UNFPA will contribute to three UNSDCF strategic priorities – 1 (people's well-being and equality in access to opportunities); 2 (environmental management, climate change and disaster risk); and 4 (effective democratic governance and equitable exercise of citizenship) – based on its comparative advantages. These are (a) its recognized reputation in expert advice, capacity-building and evidence generation on sexual and reproductive health and rights, gender-based violence and harmful practices, focusing on the furthest left-behind; (b) its convening power with a wide range of constituencies (Government, academia, civil society and community organizations); and (c) its leadership in the incorporation of sexual and reproductive health and gender-based violence (GBV) in humanitarian preparedness and response plans.

10. The lessons learned from the evaluations of the United Nations Development Assistance Framework, 2017-2021, the Sexual and Reproductive Health outcome area and the Joint Programme on Essential Services Package were incorporated into the next programme, particularly: (a) strong interagency coordination is key to enhancing the effectiveness of cooperation, especially in times of political turbulence and high government turnover; (b) robust generation of evidence and knowledge management enhances advocacy and impact on public policy-making; (c) pilot initiatives implemented during the pandemic to ensure continuity of maternal healthcare and contraceptive services at subnational levels, using community-based approaches, have a potential for scaling up; and (d) use of new technologies and joint work with community health promoters in service delivery adopted during the pandemic are key levers for achieving results in hard-to-reach areas or contexts of service disruption.

II. Programme priorities and partnerships

11. The proposed country programme is aligned with the National Agreement and Vision 2050, national policies and human rights instruments; the 2030 Agenda for Sustainable Development; the ICPD Programme of Action, the Montevideo Consensus, the ICPD+25 voluntary national commitments and the UNFPA Strategic Plan 2022-2025. It will particularly contribute to Sustainable Development Goals (SDGs) 1, 3, 4, 5, 10, 11 and 17.

12. The new country programme is the second of three consecutive programmes that will support the attainment of the three transformative results by 2030. This will be achieved by (a) decreasing the unmet need for family planning (from 17.3 per cent to 13 per cent among adolescents aged 15-19 years); (b) reducing preventable maternal deaths (from 439 in 2020 to less than 300 per year); and (c) reducing sexual violence in adolescents aged 12-17 years (from 31.8 per cent to 25 per cent). The programme will achieve the three transformative results through five programme outputs, which mutually reinforce their specific contributions, particularly under Strategic Plan outcomes 1 and 2, where it will exploit the natural synergies between maternal health and family planning interventions in the framework of the comprehensive package for sexual and reproductive health services. The transformation of discriminatory gender and social norms, including the promotion of the right to bodily autonomy, will be a pivotal cross-cutting strategy.

13. The programme will use the five modes of engagement, including service delivery, based on the context. The following six accelerators will be used: (a) human rights and gender-transformative approaches; (b) coordination, partnerships and financing; (c) "leaving no one behind"; (d) data and evidence; (e) innovation and digitalization; and (f) resilience and adaptation, ensuring complementarity between development and humanitarian settings. Leaving no one behind will be a central principle of the programme, targeting particularly women, adolescents and youth from the furthest left behind populations, namely the poor, indigenous, Afro-Peruvians, people living in rural areas, people with disabilities, migrants, and LGBTIQ+ groups. UNFPA will prioritize a territorial approach, focusing on rural and marginal urban areas, and the Andean and Amazonian areas. Data and evidence generation and use will be key strategies of this programme, which will avail itself of the wealth of knowledge produced in the current cycle (country investment case, socio-economic cost of adolescent pregnancies) for advocacy purposes.

14. Coordination with other United Nations organizations will be strengthened, supporting coherence among interventions from thematic and territorial perspectives, particularly with UNDP (data generation and social protection systems), UNICEF (adolescent pregnancy preventions, early unions and sexual violence against adolescent girls), the Pan American Health Organization (PAHO/WHO) (maternal mortality), UN-Women (gender-based violence, social protection), the International Organization for Migration (IOM) and the Office of the United Nations High Commissioner for Refugees (UNHCR) (migration), and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (humanitarian issues).

15. The proposed programme will pursue innovation by (a) promoting a field-focused approach in data management and monitoring, including the use of georeferenced data to strengthen the provision of maternal health and family planning services and guide related investment; (b) fostering youth participation in the country office team to enable intergenerational exchange; and (c) increasing collaboration with academia and think-tanks for the development and use of research.

16. The programme will support the implementation of the 14 voluntary national commitments made at the ICPD+25 Summit, related to gender equality, gender-based violence and adolescent pregnancy prevention. Since 2015, the Government has accelerated efforts to strengthen protection against gender-based violence in terms of enhanced results-oriented public policies, legal frameworks and financing. Further acceleration is needed to ensure gender mainstreaming in education.

A. Unmet need for family planning

17. The proposed programme will contribute to UNFPA Strategic Plan outcome 1 and UNSDCF outcomes 1 (inclusive access to social protection including sexual and reproductive health) and 4 (enhanced climate change, disaster risk and humanitarian crises management).

18. Output 1 (UNFPA-specific): policy and services. Strengthened legal, policy and accountability frameworks to achieve universal coverage and equitable access to high-quality family planning and contraception services by women, adolescents and young girls, particularly those from the furthest left behind population groups and territories, in humanitarian and development settings.

19. This output will strengthen the capacities of national and subnational institutions to implement legal, policy and accountability frameworks that prioritize universal access to high-quality family planning and contraception, as part of the comprehensive package of sexual and reproductive health services, in development and humanitarian settings. Emphasis will be placed on expanding access to the range of contraceptives from a human rights-based approach, particularly modern contraception (including long-acting reversible contraceptives (LARCs), for the furthest left behind women and adolescent girls (low-income, rural, indigenous, Afro-Peruvians, migrants, and people with disabilities). UNFPA will partner with government and non-governmental organizations, as well as parliamentarians, academia, other United Nations organizations, particularly PAHO/WHO, UNICEF, OCHA, IOM, UNHCR and the World Food Programme (WFP), and donors.

20. Strategic interventions – advocacy and policy dialogue, capacity development, knowledge management, coordination and partnerships, including South-South cooperation, and service delivery (where needed) – aim to (a) strengthen positioning of family planning in universal health coverage (UHC) and key legal, policy and financing frameworks, including through enhanced advocacy and oversight capacities of civil society organizations; (b) support state-of-the-art policy, legal and accountability frameworks on family planning, as part of the comprehensive package on sexual and reproductive health, focusing on adolescent pregnancy prevention, from a multisectoral perspective; (c) promote the use of georeferenced data and other new digital technologies to assess utilization gaps of modern contraceptives, focusing on the furthest left behind populations; (d) strengthen the logistic management and information system ensuring the 'last mile', with emphasis on LARCs and emergency oral contraceptives, in development and humanitarian settings; (e) strengthen the capacities of public health providers to deliver high-quality family planning and contraception services and information, considering the differentiated needs of adolescents and youth, using human rights-based, gender and culturally sensitive approaches, including in humanitarian settings; and (f) scale up demand-generation interventions, promoting the use of the most cost-effective contraceptive methods, particularly among indigenous people, Afro-Peruvians, rural and Amazonian populations, ensuring the right to free and informed choices.

B. Preventable maternal deaths

21. The programme will contribute to UNFPA Strategic Plan outcome 2 and UNSDCF outcomes 1 (inclusive access to social services and protection, including sexual and reproductive health) and 4 (enhanced climate change, disaster risk and humanitarian crises management) through two outputs.

22. Output 2 (UNFPA-specific): policies and services. Strengthened national legal, policy and accountability frameworks to achieve universal access to high-quality maternal health services by women, adolescents and young girls, particularly those from the furthest left behind population groups and territories, in development and humanitarian settings.

23. This output will contribute to strengthening capacities of national and subnational institutions and actors to position sexual and reproductive health and reproductive rights within UHC, implement informed policy, legal and accountability frameworks that prioritize universal access to the comprehensive package of information and sexual and reproductive health services, with an emphasis on maternal health, in development and humanitarian settings. Special focus will be placed on improving the quality of maternal health services, including access to emergency obstetric care for women, young girls and adolescents from the furthest left behind groups and territories. UNFPA will partner with government and non-governmental organizations, including community organizations, professional associations (midwives, obstetrics and gynecology), parliamentarians, academia, donors and the private sector. Coordination with other United Nations organizations will be strengthened, within the framework of the Global Strategy for Women's, Children's and Adolescents' Health.

24. Strategic interventions – advocacy and policy dialogue, capacity development, knowledge management and coordination and partnerships and service delivery (where needed) – aim to (a) strengthen maternal health evidence-based interventions in the UHC package and improve the quality of maternal health financing and spending; (b) design an evidence-based national plan to address preventable maternal mortality, update policies and norms and improve capacities to deliver emergency obstetric care services according to international standards; (c) strengthen the capacities of the Ministry of Health to routinely track the quality and experience of care at all levels, through strategies aimed at improving the geographical distribution of health facilities, essential life-saving maternal health supplies, human resources (including midwifery), referral system and emergency obstetric care capacities, including in humanitarian settings; (d) strengthen the capacities of the Ministry of Health and community organizations to scale up informed demand of maternal health services and care by women and adolescent girls, particularly from the furthest left behind groups, using new technologies and adopting human rights-based and culturally sensitive approaches; and (e) strengthen the capacities of the Ministry of Health and subnational governments to

enhance the resilience and adaptation of the health system related to disaster risks and climate change effects, including implementation of the minimum initial service package for sexual and reproductive health.

25. Output 3 (UNFPA-specific): population change and data. Strengthened disaggregated data systems that visualize the situation of the furthest left behind population groups and account for population changes and megatrends (including the demographic dividend, human mobility and climate change), for enhanced evidence-based policymaking, in development and humanitarian settings.

26. This output will contribute to strengthening the capacities of the national statistics system to generate fully disaggregated data and evidence on the sexual and reproductive health of the furthest left behind populations by key stratifiers (territory, ethnicity, age, gender, sexual diversity, disability and human mobility status). Emphasis will be placed on producing a comprehensive assessment of the maternal mortality situation to guide evidence-based policies and programmes, including by using new technologies. Under this output, UNFPA will partner with the National Statistics Institute, the Ministry of Health, academia, and other United Nations organizations.

27. Strategic interventions – advocacy and policy dialogue, capacity development, knowledge management and coordination and partnerships, including South-South and triangular cooperation – aim to (a) strengthen the capacities of the national statistics system, to produce high-quality and fully disaggregated data to measure SDGs indicators for which UNFPA is the custodian; (b) support the formulation of a national population policy and key policies, plans and programmes that take into account population changes and megatrends (particularly the demographic dividend, human mobility and climate change); (c) strengthen the health management information systems, at national and subnational levels, to generate accurate disaggregated data by key stratifiers, utilizing data from surveys, administrative records and vital statistics; (d) strengthen the maternal mortality and morbidity surveillance and response systems and capacities; and (e) strengthen national and subnational capacities to collect data on adolescent obstetric events in adolescent mothers under age 15, particularly direct and indirect causes of maternal deaths.

C. Gender-based violence and harmful practices

28. The proposed programme will contribute to UNFPA Strategic Plan outcome 3 and UNSDCF outcomes 6 (fight against gender inequality, discrimination and gender-based violence) and 4 (enhanced climate change, disaster risk and humanitarian crises management) through two outputs:

29. Output 4 (UNFPA-specific): gender and social norms. Strengthened national and subnational capacities to transform harmful and discriminatory gender and sociocultural norms that underpin gender-based violence and other harmful practices, particularly child marriage or early unions and adolescent pregnancies, in development and humanitarian settings (aligned to Strategic Plan outputs 3 and 6).

30. This output will strengthen the capacities of the national and subnational institutions and actors to transform discriminatory social and gender norms, addressing the linkages between hegemonic masculinities and adolescent pregnancies, child marriages/early unions, and sexual violence. The programme will use a combination of pathways aimed at promoting positive masculinities, advancing the implementation of in-school and out-of-school comprehensive sexuality education programmes and raising awareness through communication campaigns on the rights to bodily autonomy and a life free from violence. UNFPA will partner with government and non-governmental organizations, at national and subnational levels, civil society, including community-based organizations, faith-based organizations, academia and knowledge-based entities, the private sector, and potential donors. UNFPA will also leverage ongoing partnerships with other United Nations organizations, particularly UN-Women, UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF, UNHCR and the Office of the High Commissioner for Human Rights (OHCHR).

31. Strategic interventions – advocacy and policy dialogue, capacity development, knowledge management and coordination and partnerships, including South-South cooperation – aim to (a) strengthen the capacities of government and non governmental organizations to promote positive masculinities in public policies and programmes, particularly in the health, education and protection sectors, using age-appropriate and culturally sensitive approaches; (b) advance the operationalization of comprehensive sexuality education programmes in school and out-of-school settings, in accordance with international standards; (c) generate evidence on gender and socio-cultural norms to design gender-transformative and culturally relevant interventions leading to behaviour change; (d) strengthen the advocacy capacities of social movements, particularly women and youth-led organizations, faith-based organizations, community leaders, traditional authorities and media, in implementing harmonized communication campaigns to transform harmful gender and social norms, particularly in areas with high levels of gender-based violence and a high proportion of indigenous and Afro-Peruvian populations; (e) strengthen the monitoring and social oversight capacities of national human rights institutions and civil society organizations to enhance State compliance with international commitments and the recommendations of treaty organs.

32. Output 5 (UNFPA-specific): policies and services. Strengthened national and subnational capacities to implement legal, policy and accountability frameworks that aim to expand coverage and access to essential services to advance protection and care of gender-based violence and other harmful practices, in development and humanitarian settings (aligned to Strategic Plan outputs 1 and 2).

33. UNFPA will contribute to enhancing the capacities of national and subnational institutions and actors to deliver high-quality and inclusive protection and care services in development and humanitarian settings, focusing on implementation of the essential services package for survivors of gender-based violence and the interagency minimum standards for GBV in emergencies. Human rights, gender, intersectional and intercultural approaches will be used, reaching women and adolescent girls (particularly under age 15 years) who belong to the furthest left behind territories and populations (indigenous, Afro-Peruvians, LGBTIQ+ groups, people with disabilities, and migrants). UNFPA will partner with government and non-governmental organizations, academia, other United Nations organizations, particularly UNDP, UNICEF, UN-Women, UNHCR and OCHA, and donors.

34. Strategic interventions – advocacy and policy dialogue, capacity development, knowledge management, coordination and partnerships, including South-South cooperation, and service delivery – aim to (a) strenghten the implementation of legal and policy frameworks and strategies on gender equality, gender-based violence and harmful practices, including the elimination of child marriage/early unions, and adolescent pregnancy prevention, particularly forced pregnancies in girls under age 15; (b) strengthen multisectoral responses, focusing on implementation of the essential services package for women survivors of gender-based violence, at national and subnational levels, to ensure greater access to services by indigenous, Afro-Peruvian and migrant women and adolescents (particularly under age 15) and women with disabilities; (d) strengthen national capacities for data generation and use, inter-operability of GBV administrative records, and making visible gender-based violence among the furthest left behind groups; (e) strengthen the capacities of government, non-governmental and community organizations to scale up demand-generation interventions by increasing GBV reporting from the furthest left behind groups, including through the use of new technologies; (f) strengthen GBV sub-sector coordination and the implementation of the inter-agency minimum standards for gender-based violence programming in humanitarian settings; and (g) strengthen institutional capacities, at national and subnational levels, to increase resilience and adaptation of the GBV protection sector to emergencies caused by disasters and climate change effects and in humanitarian settings.

III. Programme and risk management

35. The proposed programme will be implemented in coordination with the Ministry of Foreign Affairs and the Peruvian Agency for International Cooperation, through implementing

partners and other stakeholders, using a results-based management approach. It will participate in the design and implementation of joint workplans and programmes, as well as support the implementation of standard operating procedures and a harmonized approach to cash transfers, in line with the United Nations development system reform process at the country level.

36. The programme will leverage a broad range of partnerships, both traditional and non-traditional, positioning UNFPA as a trusted and strategic partner in the country and promoting innovation in programme delivery. UNFPA will emphasize partner diversification and resource mobilization from new funding sources, including international financial institutions, to achieve programmatic sustainability and scalability.

37. The office structure will be set up to ensure programme delivery in an integrated manner with territorial and intersectional approaches. It will be tailored to ensure UNFPA strategic repositioning, enhanced results-based management and expanded field-work, through innovative and pilot models centred on those furthest left behind. Internal capacities for leveraging strategic partnerships and resources will be strengthened. Support from the regional office and headquarters will be sought, as needed.

38. The programme has identified the following risks: (a) increased influence of anti-rights groups on legal and institutional frameworks, particularly those related to gender; (b) insufficient financial resources or delays in disbursements; (c) high personnel turnover affecting institutional capacities and sustainability; (d) protracted effects of the COVID-19 pandemic or new humanitarian situations and emergencies; and (e) socio-political conflicts affecting governance and stability. To mitigate these risks, UNFPA will (a) foster evidence-based advocacy and policy dialogue to advance legal and policy frameworks related to sexual and reproductive health and gender-based violence; (b) enhance internal strategic communications, partnerships and resource mobilization capacities; (c) prioritize the development of national and subnational technical and managerial capacities through diverse execution modalities; and (d) adapt to humanitarian situations under a 'programme criticality' approach to allocating resources, according to emerging priorities.

39. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at UNFPA levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

IV. Monitoring and evaluation

40. The Government of Peru and UNFPA will oversee the country programme through the National Coordination Committee, following procedures agreed upon in the UNSDCF guidance, UNFPA policies and procedures, results-based management principles and standards, and the jointly-agreed monitoring and evaluation plan.

41. The country programme monitoring and evaluation plan will be aligned with the UNFPA Strategic Plan and UNSDCF monitoring and evaluation frameworks, including those of United Nations joint workplans, and will use global platforms, such as UNinfo, to monitor and report progress on results. It will consist of on-site and remote monitoring meetings with implementing partners, monitoring visits, periodic internal reviews, evaluations, risk assessments and knowledge management.

42. UNFPA will conduct a final evaluation at the end of the country programme, which will inform the formulation of the next programme. Capacity-building sessions will be conducted with government counterparts to enhance national capacities in monitoring, evaluation.

43. UNFPA will contribute to strengthening national monitoring and reporting capacities of the ICPD, the 2030 Agenda (including voluntary national reports), Montevideo Consensus and ICPD+25 voluntary national commitments.

RESULTS AND RESOURCES FRAMEWORK FOR PERU (2022-2026)

NATIONAL PRIORITY: Vision 2050. Pillars 1 and 2. National agreement policies.

UNSDCF OUTCOME: By 2026, people, especially those in greater situations of vulnerability, increase their access to decent work and a comprehensive social protection system, including a social protection floor, which ensures universal access to health (including sexual and reproductive health), nutrition, food security, basic income security and the care system, through an integrated approach with special emphasis on gender and rights.
By 2026, the population and ecosystems, especially those in greater situations of vulnerability, strengthen their resilience as a result of institutions and communities improving policies and implementing effective mechanisms or instruments for environmental, climate change, and disaster risk management and humanitarian crises management, through an integrated approach, with a special emphasis on gender, rights, interculturality, life cycle and territory.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Unmet need for family planning.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicators</u>: • Maternal mortality ratio (deaths per 100,000 born alive) *Baseline: 60.7 (2016);* *Target: No official target.* *Preliminary: 41.5 (2026)* <u>Related UNFPA Strategic Plan Outcome indicator(s)</u>: • Proportion of women of reproductive age with unmet need for family planning satisfied with modern methods (aged 15-49 years) *Baseline:* 26.5%; *(2019);* *Target:* 23.0% *(2026)*	Output 1. (UNFPA-specific): policies and services. Strengthened legal, policy and accountability frameworks, at national and subnational levels, to expand coverage and access to high-quality family planning and contraception services by women, adolescents and young girls, particularly those from the furthest left behind population groups and territories, in humanitarian and development settings.	• Number of budgeted policies and plans, legal frameworks and accountability mechanisms on universal health coverage and access or other key areas that integrate family planning with a "leaving no one behind" approach, supported by UNFPA *Baseline: 0 (2020); Target: 5 (2026)* • Percentage of: (a) primary service delivery points with at least three modern family planning methods; (b) secondary and tertiary service delivery points with at least seven modern family planning methods available, including LARCs *Baseline: (a) 50%; (b) 65% (2021);* *Target:(a) 80%; (b) 90% (2026)* • Percentage of public health facilities offering sexual and reproductive health services to adolescents (aged 10-19 years), according to international standards *Baseline: 20% (2020); Target: 40% (2026)*	Ministries of: Finance, Health, and Women and Vulnerable Populations; National Statistics Institute; Health Social Security; Ombudsman Office; regional and local governments; professional associations; civil society organizations; academia; UN organizations.	$3.3 million ($1.3 million from regular resources and $2.0 million from other resources)

NATIONAL PRIORITY: Vision 2050. Pillars 1, 2, and 5. National Agreement policies.

UNSDCF OUTCOME(S): By 2026, people, especially those in greater situations of vulnerability, increase their access to decent work and a comprehensive social protection system, including a social protection floor, which ensures universal access to health (including sexual and reproductive health), nutrition, food security, basic income security and the care system, through an integrated approach, with a special emphasis on gender and rights.
By 2026, the population and ecosystems, especially those in greater situations of vulnerability, strengthen their resilience as a result of institutions and communities improving policies and implementing effective mechanisms or instruments for environmental, climate change, and disaster risk management and humanitarian crises management, through an integrated approach, with a special emphasis on gender, rights, interculturality, life cycle and territory.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Preventable maternal deaths.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources

<table>
<tr>
<td rowspan="2">UNSDCF Outcome indicators:

• Maternal mortality ratio (deaths per 100,000 live births)
Baseline: 60.7 (2016);
Target: No official target.
Preliminary:41.5 (2026)</td>
<td>Output 1. (UNFPA-specific): policies and services. Strengthened legal, policy and accountability frameworks, at national and subnational levels, to expand coverage and access to high-quality maternal health services by women, adolescents and young girls, particularly those from the furthest left behind population groups and territories, in humanitarian and development settings.</td>
<td>• Number of policies, plans, legal frameworks and accountability mechanisms in maternal health updated, in alignment with international standards, within a “leaving no one behind” approach, supported by UNFPA
Baseline: 0 (2020); Target: 5 (2026)
• Percentage of the population covered by functioning emergency obstetric and newborn care health facility within two-hour travel time
Baseline: 50%; Target: 75%
• Number of emergency preparedness and response, disaster risk and climate change management budgeted plans at national and subnational levels that integrate sexual and reproductive health and rights
Baseline: 0 (2020); Target: 5 (2026)</td>
<td rowspan="2">Presidency of Council of Ministries; Ministries of: Finance, Health, Women and Vulnerable Populations; Health Social Security; National Statistics Institute; National Planning Center; National Agreement; regional and local governments; Congress; civil society and community organizations; professional associations; academia; development banks; UN organizations and development partners.</td>
<td rowspan="2">$5.6 million ($1.6 million from regular resources and $4.0 million from other resources)</td>
</tr>
<tr>
<td>Output 2. (UNFPA-specific): population change and data. Strengthened national and subnational data systems and evidence generation capacities to account for population changes and megatrends, in policies and programmes in development and humanitarian settings</td>
<td>• Number of national and subnational development plans addressing sexual and reproductive health and rights and gender equality that explicitly integrate population changes and megatrends
Baseline: 0 (2020); Target: 5 (2026)
• Percentage of UNFPA-prioritized SDG indicators produced domestically, with internationally-agreed metadata and at least 5 stratifiers of disaggregation
Baseline: 0 (2020); Target:50% (2026)
• Percentage of underreporting of maternal deaths
Baseline: 30% (2020); Target: 20% (2026)</td>
</tr>
<tr>
<td colspan="5">NATIONAL PRIORITY: Vision 2050: Pillars 2 and 4. National Agreement policies.</td>
</tr>
<tr>
<td colspan="5">UNSDCF OUTCOME: By 2026, the population and ecosystems, especially those in greater situations of vulnerability, strengthen their resilience as a result of institutions and communities improving policies and implementing effective mechanisms or instruments for environmental, climate change, and disaster risk management and humanitarian crises management, through an integrated approach with special emphasis on gender, rights, interculturality, life cycle and territory.
By 2026, people, especially those in greater situations of vulnerability and discrimination such as girls and boys, adolescents, youth and women, exercise their rights equally as a result of the strengthening of effective governance, social cohesion, access to justice and the fight against gender inequality and all forms of discrimination and violence based on gender, through an integrated approach.</td>
</tr>
<tr>
<td colspan="5">RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Gender-based violence and harmful practices Gender-based violence and harmful practices.</td>
</tr>
<tr>
<td>UNSDCF outcome indicators, baselines, targets</td>
<td>Country programme outputs</td>
<td>Output indicators, baselines and targets</td>
<td>Partner contributions</td>
<td>Indicative resources</td>
</tr>
</table>

<u>UNSDCF Outcome indicators</u>: • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by the form of violence and by age *Baseline: physical: 8.3%; sexual: 2.0%; psychological: 34.5% (2021); Target: physical: 6.3%; sexual:1.8%; psychological: 34% (2026)* <u>Related UNFPA Strategic Plan Outcome indicator(s)</u>: • Rate of reduction of the proportion of women aged 20-24 years who were married or in a union before the age of (a) 15; (b) 18 Baseline (2020/2015):. *Baseline: (a) 8.8%; (b) 5.4% (2020/2015); Target: (a) 10%; (b) 6.5% (2026)*	Output 1. (UNFPA-specific): gender and social norms. Strengthened national and subnational capacities to transform harmful and discriminatory gender and sociocultural norms that underpin gender-based violence and other harmful practices, particularly child marriage/early unions and adolescent pregnancies, in development and humanitarian settings	• Number of accepted recommendations from international and regional human rights mechanisms related to discriminatory social/gender norms and their implications that are followed up, with UNFPA support *Baseline: 0 (2020); Target: 4 (2026)* • Percentage of operationalization of in-school or out-of-school comprehensive sexuality education, following international standards *Baseline:* 9% (in-school); 0% (out-of-school); Target: 20% (in-school); 30%. (out-of-school) • Number of policies, plans and programmes addressing positive masculinities, with emphasis on the engagement of young men, developed with UNFPA support *Baseline: 0 (2020); Target: 3 (2026)*	Ministries of Women and Vulnerable Populations; Health; Education; Interior; Justice; Regional and Local Governments; Congress; Judiciary; Ombudsman Office; civil society and community organizations; faith-based organizations; media; academia; private sector; development banks; UN organizations; other development partners.	$5.6 million ($1.6 million from regular resources and $4.0 million from other resources)
	Output 2. (UNFPA-specific): policies and services. Strengthened national and subnational capacities to implement legal and policy frameworks to expand coverage and access to essential services to advance protection and care of gender-based violence and other harmful practices, in development and humanitarian settings	• Number of laws, policies, plans, and accountability frameworks that integrate protection against gender-based violence and harmful practices, with a "leaving no one behind" approach and emphasis on girls under age 15, supported by UNFPA. *Baseline: 1 (2020); Target: 4 (2026)* • Number of gender-based violence response services that operationalize interagency minimum standards or essential service packages with the "leaving no one behind" approach, with emphasis on girls under age 15, including disaggregated data *Baseline: 0 (2020); Target: 6 (2026)*		Programme coordination and assistance: $0.7 million from regular resources