

List of Issues on the Presentation of the Combined Sixth and Seventh Reports on Peru – LOIPR, 90th pre-session



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CENTROS DE INVESTIGACIÓN
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**GRUPO DE INICIATIVA
NACIONAL POR LOS
DERECHOS DEL NIÑO**

Perú, 2021

I. Presentation

Aiming at facilitating state parties to prepare and submit their country reports within the corresponding deadlines, the UN Committee on the Rights of the Child called for civil organisations to participate in a consultation process called “List of Issues Prior to Reporting (LOIPR)”.

This process seeks to identify emerging trends and issues of concern related to the rights of children and adolescents in the country, being the observations and recommendations of the Committee made to the Peruvian state five years ago the lens through which we observed these changes.

This experience allows us to reflect on the current situation of childhood and adolescence in the country and understand the levels of vulnerability that affect girls, boys, and adolescents in the 25 regions of Peru according to updated social indicators.

This report has been prepared by specialists in children and adolescents-related matters from various organisations joined, including organisations that are part of the Child Right Now alliance for children’s rights, such as Children’s Villages SOS, Plan International, Save The Children, Terre des Hommes Suisse and World Vision. Additionally, specialists from the international organisation No Peace Without Justice (NPWJ); the National Association of Centers (ANC); the Peruvian Campaign for the Right to Education (CPDE) and the National Initiative Group for the Rights of the Child (GIN) - the latter organisation overseeing the technical direction of the initiative.

This LOIPR Report was sent to the UN Committee on the Rights of the Child on 29 June 2021 and will be reviewed and considered at its 90th pre-session.

II. Introduction

The document herein contains the list of questions that we recommend to the Committee, based on the findings regarding the difficulties that affect compliance by the Peruvian State of the Convention, especially the main reasons for concern and the recommendations given by the Committee in 2016. Each section includes a brief summary of the situation as well as suggested questions that we hope will be taken up by the Committee in the list of issues prior to the presentation of reports (LOIPR) that will be sent to the State to prepare Peru’s combined Sixth and Seventh Reports.

In the six years since the Children’s Rights Committee delivered to the Peruvian government its “Final Observations on the Periodic Combined Fourth and Fifth Reports,” with 67 specific recommendations on legislation and its applications, there has been some progress in regulations and in their application. However, there has been little progress in establishing policies and specific actions to exercise the rights of children and adolescents.

As civil society organisations, we are especially concerned that:

The Congress of the Republic of Peru has not completed the review of the Code on Children and Adolescents, nor has it approved a new text that complies with the Convention, particularly regarding the system for children and adolescents of protection, participation, adoption and restorative justice as recommended by the Committee in paragraph 8 of the document. This failing demonstrates the little awareness there is of the importance of the rights of children and adolescents, not only by society but by its representatives, and the fact that the State has not made sufficient effort to increase that awareness (points 19-20 of the recommendations.).

The State has not assigned specific financial resources to apply the 2012-2021 National Action Plan for Children and Adolescents (point 10).

The financial resources for participation and protection have not been increased and, to the contrary, since 2018 the budget assigned to the Budget Programs for domestic violence and attention to abandoned children and adolescents has been reduced. Additionally, budgetary lines were not defined for affirmative social measures for vulnerable groups such as indigenous children (points 13-14).

The State has not taken measures to improve data collection, which would guarantee the coverage of all areas of the Convention, nor has it made the necessary breakdown of the collected data by age, sex, disability, geographic location, ethnic origin and socio-economic level (point 16).

The harassment and murder of human rights activists continues in areas affected by illegal mining and lumber extraction, with no visible increase in their protection or that of children whose health is seriously affected by these situations (point 22).

That structural discrimination persists against girls, boys and adolescents who are indigenous, Afro-Peruvians, who live in rural and remote areas, in poverty, are LGBTQ or have disabilities (points 27-28), and this has become more obvious due to the serious effects of the pandemic.

III. Principal Reasons for Concern and Recommendations

A. General Application Measures

National System for Comprehensive Care of Children and Adolescents (SNAINA)

The governing entity associated with the rights of children and adolescents continues to rank fourth in the decision-making process in the Ministry for Women and Vulnerable Populations (MIMP) and the Office of Local Systems and Ombudsmen, which is the authority responsible for territorial action, ranks fifth. There are limitations in capacity, and in human resources and finance to implement the SNAINA and to spearhead an effective application of the Convention on the Rights of the Child in coordination with the different instances and levels of government (...) to coordinate and articulate policies, programs and plans. According to a rapid diagnosis by TdH Suisse of the situation of the Municipal Ombudsmen for Children and Adolescents in the existing 1,874 DEMUNAs, between 2018 and June 4, 2021 only 10.99% (206) had conducted their accreditation, which means that 89% have not complied with the requirements that guarantee a minimum standard of quality to attend to and protect children at risk.

1. What administrative and financial steps for (planning) and supervision has the State taken to:
 - a. Provide the entity governing children's rights with institutional support and the authority necessary to guarantee the full exercise of its responsibilities
 - b. Extend basic services and protection in rural areas of poverty and extreme poverty, and ensure the accreditation of all of the DEMUNAs in the country, to guarantee the quality of services to attend to children and adolescents at risk of family vulnerability or that are affected in other rights
 - c. Guarantee that the local protection systems have human resources that are qualified and periodically updated to effectively protect children.

C. General Principles

3.1 The Higher Interest of the Child (article 3)

In 2016, the State enacted Law 30466, which establishes the parameters and procedural guarantees to ensure that the higher interest of the child be fundamental, and enacted the regulations through Executive Order (Decreto Supremo) 002-2018-MIMP. The law regulates the parameters and procedural guarantees to be applied in the higher interest of the child in processes, procedures and other actions by the State or private entities concerning children and adolescents. It is applicable across all state and private entities nationwide when decisions or measures are taken or when programs, services, policies and projects are designed or implemented that directly or indirectly affect children and adolescents.

2. What specific measures has the State set out in order to comply with Law 30466 and to promote and implement its regulations in the legislative, administrative and judicial spheres?

3.2 Respect for a Child's View

Advisory Councils for Children and Adolescents (CCONNA)

To be a part of the CCONNA is one of the ways of participating in public policies, in which the participants are consulted on the law, the local and national plan or by collaborating with proposals for the participatory budget.

Within the regulatory framework, the right of a child or adolescent to participate is expressly recognised within the scope of decision making and anticipates mechanisms and instances in which children participate in consultations. There are also consulting mechanisms that work in a non-periodic form, such as public hearings or workshops. However, the goals and indicators that can show their participation are centred in the number of established CCONNAs and not in their effective participation and consideration of their contributions to the decision-making.

3. What contributions have been made in recent years by the advisory councils that were included in formulating the legislation and policies on infancy and adolescence? What progress or achievements have been made in the participation and articulation of the CCONNAs' work at the national, regional, district and community level, and what are the indicators used to measure the effectiveness of their participation?

Student participation in the education system

MINEDU promotes the student participation strategy of “We are peers” in the General Education Act (Law 28044) geared to form people capable of achieving their potential and their appropriate and critical integration to society in order to exercise their citizenship. The right to organise themselves in school councils is suggested and other mechanisms are established for them to exercise their rights and participate responsibly in the community. A Deputy Ministerial Resolution 212-2020-MINEDU updated the Tutorial Guidelines in Basic Education on student participation, defining it as “a right exercised through an active intervention by the student in situations or public affairs that involve the student as a citizen and contribute to the building of general welfare, which implies the right to be informed, to express an opinion, to be listened to, to organise and to advocate in decision-making spaces.”

4. What specific measures have been adopted to:
 - a. Comply with Regulation 0067-2011 on School Councils in the context of Covid-19;
 - b. Guarantee student participation as an agent of change in the education community, according to the definition of participation in Deputy Ministerial Resolution 212-2020-MINEDU.

D. Civil Rights and Liberties

4.1 The Registration of Birth, Name and Nationality (article 7)

Birth registrations

The National Identity Document for children and adolescents facilitates their access to services and the exercise of other rights. It provides them with security mechanisms: their data and that of their parents is registered in the data base of the National Registry of Identification and Vital Statistics (RENIEC) which allows for rapid identification in the case of an accident or disappearance and also a control on the safe transfer or move both inside and outside the country. It also allows the State to conduct a more effective control of intervention in social programs and a better distribution of resources.

During the health pandemic so far, more than 200,000 children were unable to be registered in RENIEC. In order to facilitate the birth registration process, the institution has issued Head Office Resolution 132, which exempts parents from having to take the minor physically to the registry offices for registration or to initiate the process for the child's first National Identity Document (a yellow card).

5. What actions are being adopted to guarantee the right of everyone born in the country to have a registered identity, despite the challenges brought on by the Covid-19 pandemic?

E. Violence Against Children and Adolescents

5.1 Abuse and Negligent Treatment, Including Physical and Psychological Recovery and Social Reintegration (article 19 and 39).

School violence

Violence within the school is a reality that affects millions of children and adolescents. School violence is considered all behaviour that involves physical, psychological, verbal or threatening aggression within an

educational environment. These aggressions may occur in the school facilities, during extracurricular activities, when the victim is on their way to school (or on their way back home) or on social media. This phenomenon disproportionately affects girls, as well as those who presumably do not adjust to the predominant sexual norms or gender.

Between 2019 and May 31, 2021, the SiSeVe website has reported 13,976 cases nationwide of physical, psychological and sexual violence in the school environment, in early, primary and secondary school levels. Of this total, more than 700 cases were reported during the health emergency of Covid-19, and most of those reported were cyber bullying.

6. What has been the impact and effectiveness of the intervention or prevention programs that the State has undertaken to eradicate school violence and abuse, and what support mechanisms have been implemented for victim students during the health emergency?

Violence in virtual spaces

During the digital debate on “Children’s Rights and the Digital Media,” States were asked to intensify their efforts to eliminate all forms of discrimination against girls and to fight the stereotypes of gender and the social norms that limit their access to and use of technology. In 2017, the Committee on the Elimination of Discrimination Against Women (CEDAW) adopted a general recommendation that recognises that gender violence exists in all spaces and spheres of human interaction, including through technological environments such as on-line violence, and demanded that States punish such actions and bring justice for the victims.

Records on the virtual platform noalacosovirtual.pe of the Ministry for Women and Vulnerable Populations (MIMP), show an increase in the number of online violence cases against children and adolescents: February 2018-January 2021: 3,413 cases. April-December 2020: 1,399 cases. There was a 73% increase in the April-December 2020 period against the same period in 2019. The victims registered by the platform were 88% women and 10% under the age of 18.

7. Within the context of the pandemic, what effective measures has the State implemented to prevent violence in virtual environments, and what have been the results?

5.2 Measures to Prohibit and Eradicate all forms of Harmful Traditional Practices, Particularly, Although not Exclusively, Female Genital Mutilation and Forced Child Marriages (article 24 (3))

Child, early and forced marriages and de facto relationships (CFM)

The early and forced marriages and de facto relationships of girls and adolescent men and women are cause and consequence of gender-based violence. Girls and adolescent women who come from violent families are more likely to land in early de facto relationships. At the same time, the earlier a young or adolescent girl is married, the greater the likelihood she will suffer all types of violence. The earlier that women are married, the fewer years of study they complete and the fewer possibilities they have of breaking out of the poverty cycle.

The national prevalence of early marriages among women who are currently between 20 and 24 years of age is 19%. In Loreto, it is 46% above the highest figures in Latin American and Caribbean countries. Within Peru, 28% of married women between the ages of 15 and 49 began to live with their partner when they were younger than 18. At least 6 of every 10 women who married early, in the four departments of the study (Piura, Loreto, Lima and Cusco) suffered physical violence in their families. Sixty five percent (65%) of women in a de facto relationship have suffered some type of violence at some point from their partner. In all types of violence (physical, psychological, sexual or economic), levels have shown to be higher when the woman was very young at the time of the marriage or de facto relationship.

8. What actions are being taken to:
 - a. Address the situation of early marriages in vulnerable populations, including among indigenous adolescents and those belonging to native communities
 - b. Designate a budget line for the progressive elimination of early marriages, since despite the fact that there is a bill to eliminate exceptions from the Civil Code that permit teenage marriage—and would help if enacted into law— this would not be sufficient to eliminate the practice

- c. Guarantee the international agreements regarding marriages among adolescents and young people as of 18 years of age
- d. Provide an institutional response to CFM, given its invisibility and direct link to some cases of gender violence situations.

5.3 The Right to not be Submitted to Torture nor to Other Cruel, Inhumane or Degrading Treatment or Hardship, Including Corporal Punishment (articles 37 (a) and 28 (2))

Physical and humiliating punishment

At the end of 2015, the State enacted Law 30403 and its regulations, which prohibits the use of physical and humiliating punishment. Some local governments have issued ordinances regarding this punishment.

The Ministry of Education (MINEDU) issued guidelines on Management of School Coexistence, Prevention and Attention to Violence against Children and Adolescents, in which it included the attention protocol for cases of physical and humiliating punishment (Executive Order 004-2018-MINEDU).

According to the 2019 ENARES report, 68.9% of children between the ages of 9 and 11 and 78.0% of adolescents between the ages of 12 and 17, were victims of psychological and/or physical violence at home. Also, 66.2% of children aged 9 to 11 and 68.5% adolescents aged 12 to 17 suffered psychological and/or physical violence at school. And 46.1% of those surveyed consider that only parents are authorised to strike their children. This shows a concern regarding the compliance with the Sustainable Development Objectives to end mistreatment, exploitation, trafficking, torture and other forms of violence against children and adolescents.

9. Provide information on:

- a. Effective strategies implemented to ensure compliance with Law 30403, and what results are expected nationwide, considering that domestic violence has exacerbated during the state of emergency
- b. The results and coverage of nationwide implementation of programs on positive, non-violent discipline and awareness campaigns
- c. Implementation of a national registry of parents trained in parenting skills by the Municipal Ombudsmen, for follow-up and its nationwide coverage;
- d. The results of the training plan for principals, teachers and other actors in the school community on positive discipline, and identification of victims of corporal punishment, and the routes for attention/referral
- e. The results of indicators that measure compliance with ordinances issued by local governments to prevent and provide attention for cases of physical and humiliating punishment.

5.4 Exploitation and Sexual Abuse (article 34)

Sexual violence

The number of cases of children and adolescents attended to nationwide by the Mujer Emergency Centres (CEM) between January and December 2020 was 35,661. Of these, 23,800 were girls and adolescent women, and 11,861 were boys and adolescent men. A total of 9,582 cases were of sexual violence. Between January and April 2021, 16,262 cases were attended to. Of these, 11,002 were girls and adolescent women and 5,260 were boys and adolescent men, with 4,523 cases related to sexual violence. In 82.1% of the cases, there was a family link or relationship.

MINSA reported that during 2020, they attended to 23,972 cases of violence. In the same period, 4,300 cases of sexual violence were reported, of which 3,641 cases were of girls and 659 of boys.

From ENARES 2019 there is no data on sexual violence towards children and adolescents. The report only indicates physical and psychological violence.

According to the annual report from the People's Ombudsman, 55,565 cases of violence against children and adolescents were attended to in 2019, including 12,364 cases of sexual violence. Additionally, as indicated in the Advocacy Report 002-2017-DP/AMASPP/PP, there is concern regarding the high rates of sexual violence in schools, which carries the consequences of low enrolment rates, poor school

performance, and high rates of school desertion. Although there is no statistical information, emphasis is made on indigenous women from Amazon regions, who face a series of “*geographic, economic, socio-cultural, linguistic, organisational and gender barriers that prevent the students and their relatives to file complaints about sexual abuse in the school environment.*” Added to this is the challenge of facing the risk of sexual harassment and violence on the long routes between their homes and the education centres, which has led MINEDU, since 2012, to implement the “Solidarity Routes” program.

10. Provide information on the steps taken to:

- a. Prioritise the attention to cases of violence against children and adolescents as an essential service during the Covid-19 health emergency
- b. Establish an alternative strategy for rural and indigenous areas which can contribute to the detection and attention of victims of violence
- c. Implement a unified system for reporting and monitoring data on violence against children and adolescents
- d. Increase the number of Gesell chambers nationwide and guarantee their conservation, maintenance and continuous training of personnel
- e. Implement the rehabilitation services to attend to cases of violence.

Attention of cases of sexual violence

On March 7, 2019, the Peruvian State enacted Ministerial Resolution 227-2019/MINSA to approve the Health Directive 083-MINSA/2019/DGIESP, the “Health Directive for Use of the Kit to attend to Cases of Sexual Violence.” The gap in the implementation of this directive by health operators is troubling, and this is seen principally in the case of child and adolescent victims of sexual violence.

The National Program for the Prevention and Eradication of Violence against Women and Family Members (AURORA) reported 786 rapes between March 16 and June 30, 2020. However, during the same period the Ministry of Health (MINSA) registered that only 250 kits for cases of sexual violence were given nationwide, i.e. only a third of the victims received the Kit.

In this respect, the Protocol for Joint Action between the CEMs and the health centres to attend to victims of violence indicates that it is not mandatory to have a National Identity Card (DNI) to have access to the Kit, nor to be an adult or accompanied by the parents. This applies to all persons within the country and equally to the migrant population.

This failure in applying the norms that guarantee health and sexual and reproductive rights, with an emphasis on children and adolescents, demonstrates the lack of follow-up and monitoring by MINSA and the Regional Health Offices of attention to victims of violence against women and members of the family group, as set out in Law 30364, and persons affected by sexual violence.

11. Provide information on the measures taken to:

- a. Provide free services for the comprehensive recovery of the physical and mental health of children and adolescents who are victims of sexual violence;
- b. Establish a strategy for monitoring and follow-up, nationwide, to ensure that all health operators provide timely and relevant assistance in cases of sexual violence and can guarantee that all victims of sexual violence throughout the country, especially girls and adolescent women, have access to the sexual violence kit, as established.

Protection services

The Special Protection Units (SPU) are administrative instances in the MIMP that act in the procedure of vulnerability in the family of children and adolescents who lack parental care or are in risk of losing such care, prompting protection measures. Access to these units and thus to the protection measures is complicated because there are only 25 SPUs in the entire country, not including the Regions of Cerro de Pasco and San Martín.

The recommendations regarding sexual abuse and the right of children and adolescents to not be subject to any form of violence are aligned with the Sustainable Development Objectives in eliminating all forms of violence against all children in both public and private environments.

12. What measures have been taken to expand access to the SPUs to all Peru's provinces and how have measures been incorporated in their planning, implementation and supervision to attend to rural children and adolescents and those in indigenous populations living in remote areas?

F. Family Environment and Alternative Forms of Care

6.1 Family Setting and Parental Guidance Given in Accordance with the Evolution of the Child's Capabilities (article 5)

In 2020, during the mandatory social lockdown, there were high rates reported of family violence against children and adolescents.

The Women's Emergency Centres (CEM) report for 2020 shows that no cases were attended to in April, May and June due to the lockdown, and cases of violence against children and adolescents increased from July onward, with girls between the ages of 12 and 17 were the most affected, followed by girls between the ages of 6 and 11. The most frequent type of violence was psychological (15,447 cases), followed by physical violence (10,475 cases) and sexual violence (9,582 cases).

13. Provide information on the measures taken to:

- a. Encourage the strengthening of families with regard to care and parenting and prevent the risk of family separation
- b. Design, implement and establish a program aimed at strengthening the family in the community
- c. Develop the competencies of public servants to work on strengthening families.

6.2 Separation of the Child from the Parents (article 9)

Physical and sexual violence against children and adolescents during the lockdown

A month and a half after lockdown was imposed, the MIMP reported it had attended to more than 5,596 calls, complaints of violence against children and adolescents. In comparison with the previous year, during the same period, an increase of 39% in complaints was reported. Additionally, 12 children were reported as seriously injured from domestic violence and 112 girls had been sexually assaulted, a higher number than adult women.

According to the Institute for the Promotion of Social Development, 51% of the cases of sexual violence against children and adolescents were committed by someone within the family. Such a very high number should have been taken into account by the institutions responsible for protecting children and adolescents, in order to develop joint actions and ensure the protection services during the lockdown.

14. In light of the cases of separation from the family, what protection measures and administrative actions guarantee the higher interest of the child, apart from alternative care?

6.3 Family Reunification (article 10)

There is no support program that provides incentives to families to reunite and thus reduce institutionalisation. This task is assigned to the Residential Shelter Centres (RSC) although not all of them can provide the support because of lack of funding. Visits and accompaniment are encouraged to strengthen emotional ties with children and adolescents but not always to reduce the causes that created the separation. The possibilities for guaranteeing an independent and autonomous life for adolescents and young people are scarce.

15. What measures have been taken to:

- a. Encourage family reunification of children and adolescents separated from their home
- b. Eliminate the causes that generated the separation and ensure family reintegration
- c. Facilitate access to social and job programs that help ensure the care and protection of childhood and adolescence.

6.4 Children Deprived of a Family Environment (article 20)

Alternative care for infancy and adolescence

The Special Protection Units (SPU) state whether there is a lack of family protection of a child or adolescent and, if such is the case, they refer the case to the Residential Shelter Center (RSC) but do so only with partial requirements (67.5%). This was reported in the study “Perception of the Situation of the Residential Shelter Centres in the implementation of Legislative Order 1297 and Covid-19,” prepared by the Network of Residential Shelter Centres for Metropolitan Lima and Callao. Also, 50% of the institutions surveyed report that the SPU does not follow up on the individual work plans and 35% do not carry out coordination regarding family reinsertion.

At the beginning of the Covid-19 Health Emergency, the State’s reaction was slow to ensure the care and protection of children and adolescents in residential care. Although the public RSCs received state funding and support to ensure their residential care, the studies show that the attention did not meet the minimum standards. Additionally, children and adolescents referred to the private RSCs do not have the economic support of the State and due to cuts in the financial sourcing there were limitations for the RSCs’ to attend to their health, education and nutrition needs.

Both the Protected or Re-victimised Report and the Amhauta Movement report provide an account of the non-compliance with the rights of survivors and the procedures established by Legislative Order 1297 for the entry and exit of adolescents to an RSC. For example, the period to prepare for their exit is not complied with nor is the opinion of the RSC carers taken into account regarding whether exit is appropriate. Additionally, RSC employees do not know the procedures for questioning the SPU decisions when they consider they are putting the adolescents’ safety and integrity at risk.

16. What measures have been taken to:

- a. Guarantee the implementation of procedures for children and adolescents in situations of family vulnerability, as established in Legislative Order 1297
- b. Strengthen the capabilities of young people and adolescents to achieve an autonomous life and not enter into conflict with the law
- c. Strengthen the subsystem of alternative care within the framework of Covid-19.

G. Disability, Basic Health and Wellbeing

7.1 The Measures taken to Guarantee the Dignity, Autonomy and Active Participation in the Community of Children with Disabilities (article 23)

Childhood and adolescence with disability

According to the Socio-demographic Profile of the Population with Disabilities, 10.3% of Peruvians (3,209,261 people) live with some form of disability and thus face inequality and inequity in their access to basic health, education and social protection services, a situation considered as structural discrimination, according to the National Council for the Integration of the Disabled Person (CONADIS).

The People’s Ombudsman reports that 80.26% of the regular basic education institutions do not have any enrolled disabled students. According to the General Education Act 28044, education is inclusive in all its stages, forms, modalities, levels and cycles. Figures from INEI and MINEDU (2018) show that 78% of school-aged children and adolescents with disabilities do not go to any school, whether special or regular, when early years education is crucial to ensure adequate physical and emotional development.

According to the People’s Ombudsman, the non-contributory allowance for people with “severe disability” in situations of poverty and extreme poverty provides S/ 300 soles every two months to 40,033 people, reaching 1.2% of the total number of disabled persons in the country.

17. Within the framework of a fundamental right such as that of education, what are the actions the State is taking to close the social gap and guarantee access to an inclusive, quality education for children with disabilities, and what is the progress so far in teacher training for people with disabilities?

18. What strategies are being developed to improve the precision of statistics with regard to the population with some disability, particularly among children and adolescents, what strategy would help identify the needs and the corresponding follow-up. And what measures are to be

implemented to improve and broaden the scope of health and protection services for children under the age of five with disabilities?

7.2 Health and Health Services, Especially Primary Health Care (article 24)

Vaccination coverage

Immunisation through vaccination has proven cost/effectiveness and benefits an immunised population as well as society as a whole. To achieve high vaccination coverage in the country is a public health priority. In order to accomplish the protection of preventable diseases in a community through vaccination, a minimum of 95% of the population must be immunised, known as herd immunity, and this ensures protection even of the non-vaccinated population.

In economic terms, vaccinations for diphtheria, poliomyelitis, measles, whooping cough, hepatitis B, pneumonias and other diseases can prevent the unleashing of school and job absenteeism, after-effects such as disabilities, and even death.

INEI reported that, in 2020, 61.1% of the population under 12 months old had been given all the vaccines according to their age. This shows a clear drop in vaccine coverage compared to 2019, when coverage was 76.7%.

19. What measures have been taken to:

- a. Reduce the vaccine gap in children under 15 months of age, according to the Technical Health Regulation on Immunisations of the Ministry of Health (MINSA)
- b. Prioritise the national vaccination plan for young children with co-morbidities and to prevent infant mortality.

Malnutrition and anaemia

In 2020, 12.1% of the country's population under the age of five suffered from chronic malnutrition, according to the Demographic and Family Health Survey (ENDES). Of these children, 7.2% were in urban areas and 24.7% were in rural areas. The regions with the highest levels of chronic malnutrition were Huancavelica (31.5%), Loreto (25.2%) and Cajamarca (24.4%).

The increase in the anaemia rate among children is troubling, in spite of the implementation of the nationwide Multi-sector Plan against Anaemia 2018-2021, which had the objective of preventing and reducing the prevalence of anaemia among pregnant women, adolescents and children under the age of 35 months.

In 2020, the prevalence of anaemia in children between the age of 6 months and 35 months was 40.0%, with a higher incidence in rural areas (48.4%) than in urban areas (36.7%). The departments in which anaemia rates were highest were Puno (69.4%), Ucayali (57.2%), Madre de Dios (54.8%), Cusco (53.7%), Loreto (50.5%) and Apurímac (49.9%).

20. Within the framework of the Multi-sector Plan against Anaemia, what results demonstrated the effectiveness of its implementation to reduce anaemia among children under the age of 35 months?

21. What progress has been made with regard to the regulations of Law 30825, which strengthens the work of community health agents, and what progress has been made to strengthen the work of technical assistance towards regional governments to develop and implement regional plans against infant anaemia?

Health and indigenous communities

According to the 2019 Annual Report by the People's Ombudsman, 60% of rural and native communities lack a hospital, clinic or health centre. This means that 6 of every 10 indigenous people do not have access to basic health services, which is particularly relevant within the Covid-19 situation.

At the same time, according to the "Evaluation of Measures to Attend to the Health of Indigenous People in Peru Against Covid-19", there is an insufficient allocation of medicines and vaccines, an insufficient

number of medical staff and healthcare workers, a lack of vehicles for emergencies and an inadequate relationship between the state health system and the traditional medicine of indigenous peoples.

22. Within the context of the Covid-19 pandemic and the lack of hospital services, what measures have been taken to guarantee the full rights of health for indigenous children and adolescents and the decentralisation of health services in rural areas?

Teenage pregnancy

There have been no significant changes over the past five years in teen pregnancies in Peru. According to the National Family Health Survey (ENDES) 2019, 12.6% of adolescents between the ages of 15 and 19 were already mothers or were pregnant. According to the latest ENDES, which collected data from January to December 2020, the percentage of teen pregnancy is 8.2%, i.e. 4.4% less than the previous year. This data is questionable, taking into consideration that between March and August of the previous year the primary care services for all the population, with an emphasis on counselling and delivery of contraceptives to the adolescent population, were closed and there are still barriers to access these services. Additionally, organisations such as UNFPA estimated that the results of the confinement and closing of services would lead to an increase of non-desired pregnancies among all ages.

In 2020, the number of pregnancies among adolescents aged 11 to 19 was 53,299. The greatest number of teen pregnancies were among adolescents between the ages of 15 to 19, but it is troubling to see the report registered 1,136 births (in 2020) among adolescents aged 11 to 14 (early adolescence).

According to the People's Ombudsman, in their 2019 Annual Report, among the 12.6% adolescents aged 15 to 19 who were pregnant or were already mothers, 23.5% lived in Amazonia and 22.7% in rural areas.

According to the MIMP, the rate of violence against children and adolescents increased as of March, due to the social lockdown conditions imposed to prevent the spread of the Covid-19 pandemic.

The Registry of Certificates of Live Births shows that between January and December 2020, there were a total of 26 new-borns that belonged to mothers aged 10 years and younger. The number is almost five times higher than the number reached in 2019, when there were nine cases. Although the probability of a greater number was estimated for 2021, given that the number of new-borns by child mothers recorded between January and September 2020 were pregnancies whose gestation period began in January, i.e. before the pandemic lockdown conditions were in place, the registry of live births between January and May this year shows four live births by girls under 10 years of age.

Child pregnancy is considered torture or cruel treatment, inhumane and degrading, and is part of one of the accountability points of States to the CEDAW.

23. What strategies are implemented to address pregnancies among adolescent women and girls in the regions most affected, where the highest rates were reported, such as in Amazonia?
24. Within the framework of the objective proposed to reduce teen pregnancies nationwide, how will the budget destined for prevention of teen pregnancies be managed efficiently?

COVID-19 and children and adolescent orphans

As at June 7, 2021, an accumulated total was recorded of 115,718 children and adolescents infected with Covid-19 and 1,003 child and adolescent deaths caused by the virus. Among those who died, 40% were children under the age of five. Throughout the pandemic, the infections in large measure correspond to adolescents but the deaths show a different pattern: 4 of every 10 children who died were 5 years of age or younger, according to Radar Covid 51, Terre des Hommes/People's Ombudsman. Incidentally, there is no official registry of children and adolescents who have been orphaned due to Covid-19.

25. What administrative, legal, communicational and community organisation measures has the Peruvian State taken to prevent the infection among children and adolescents and their deaths?
26. What measures have been taken to identify orphaned children and adolescents and to facilitate their access to the orphan's allowance for Covid-19, as well as guarantee their protection until they are capable of earning their own income that can guarantee a decent life?

7.3 Standard of Living and Measures, particularly in the form of material assistance and the support programs related to nutrition, clothing and housing that have been taken to guarantee the physical, mental, spiritual, moral and social development of the child and reduce poverty and inequality (article 27, para. 1-3)

Suicide in childhood and adolescence

Between 2017 and June 2018, 64 cases of attempted suicide were recorded among schoolchildren between the ages of 8 and 17. According to the National Institute of Mental Health (INSM HD-HN) the principal causes of suicide attempts are physical abuse, abuse or harassment in school, bullying or cyber bullying, which leads the child or adolescent to fall into deep depression and could lead them to attempt suicide.

Between January and February 2021, 13 suicides have been reported of adolescents under the age of 18, according to SINADEF and the Ministry of Health (MINSA) which represents 13.5% of all suicides reported in this period.

27. Provide information on the measures taken to:

- a. Eliminate the prevalence of suicide and depression among adolescents
- b. Improve public investment in prevention and intervention programs on depression for adolescents
- c. Ensure that MINSA can provide technical guidance on mental health care services for adolescents, one of the groups most affected by the Covid-19 pandemic.

H. Education, Recreation and Cultural Activities (articles. 28 to 31)

8.1 The Right to Education, Including Professional Training and Guidance (article.28)

Access to education

Children's and adolescents right to an education has been seriously affected by the Covid-19 pandemic, which began in March 2020 and continues. At December 2019, early education in a school setting for children between the ages of 3 and 5 had reached a coverage of 93.1% nationwide, including poor, indigenous and rural children. In primary education, attendance by children aged 6 to 11 reached 97.1%; and in high school, attendance by adolescents between the ages of 12 and 16 reached 87%. (Objective 4.1). It is important to emphasize that comprehensive attention, care and education of children under the age of 3 barely covered 15% of the universe of children at this stage of life. Objective 4.2 of the SDO 4 in the Agenda 2030 is the furthest behind.

Progress has always been uneven; the gaps affect the indigenous population, those living in poverty, in rural areas, people with disabilities. Until 2019, gender parity had been achieved throughout basic education but not gender equity (UNESCO Peru. 2021). The scenario changed drastically with the closure of all schools nationwide and triggered a deepening of the existing inequalities and created new inequities. The I Learn at Home (*Aprendo en Casa*) strategy, distance education in an emergency, affected more than 373,000 students in state schools in rural and urban areas who could not get access to the lessons due to the lack of electricity, connectivity, equipment or inability to recharge the equipment, or because they attended irregularly. Around 337,870 students in low-cost private schools requested transfer to state schools throughout 2020 for initial, primary and secondary education levels. According to MINEDU, at July 2020, desertion in primary school increased from 1.3% to 3.5% (128,000 students), and in secondary school the rate rose from 3.5% to 4% (102,000 students). It is very probable that the students who left secondary or high school are working or run the risk of not returning to school. The increase in child labour is related to the impoverishment of the family or the death of one of the parents, events that have occurred throughout the pandemic. The poverty rate increased by 10% in Peru, equivalent to more than three million people. Objective 8.7 of SDO 8 is far from being achievable.

The Census Evaluation of Students (CES) and the Sample Evaluation were not applied in 2020 due to the inequities of the access to distance education. The design of evaluation forms to assess non-curricular learning during the pandemic is being considered.

Distance education and the prolonged confinement due to the health crisis has had a strong socio-emotional impact on students, teachers and families, who deserve professional support from the State.

The obligatory use of ICT highlighted the lack of preparedness in the teaching community. We appreciate the effort that teachers made to overcome this gap in their training, as well as their capacity to create and innovate strategies to reach their students and ensure they receive the desired learning. Teacher training includes new study plans to be implemented and to particularly strengthen the gender focus, citizenship training and environmental education. Bilingual Intercultural Education (BIE), suffers from a gap of 25,796 specialised teachers nationwide and does not have reliable information on students with disabilities that are outside the system nor of the trained teachers required to provide the appropriate assistance.

The budget assigned to education came to 4.2% of GDP in 2021, with an increase of 2.8% over 2020 but still far from reaching 6% of GDP, and the average expenditure per student is much lower than in Chile or Costa Rica or other countries in the region. Besides increasing the budget, it is urgent to improve the quality of spending caused by inefficient management.

28. Provide information on the measures taken to:

- a. Achieve universal coverage in all three levels of basic education by 2026, under the principle of inclusion, equity and quality
- b. Significantly increase the coverage and quality of services that guarantee an optimal early childhood development (ECD) in children under the age of five by 2026, considering the importance of ECD and the need for inter-sector interventions to achieve this; and which ministry or ministries will be responsible for managing the implementation of inter-sector public policies for early childhood
- c. Develop new syllabuses for initial teacher training, with special attention given to gender, citizenship training and caring for the environment
- d. Ensure a sustained increase in the percentage of the GDP assigned to education and what reforms in budgetary management will be made to improve it.

Intercultural focus in education

The greatest challenge that the Ministry of Education (MINEDU) faces is to rely on well trained BIE teachers, according to the report, “Bilingual Intercultural Education (BIE) for 2021. An indispensable state policy for the development of indigenous peoples.” Teaching institutes and universities are not providing the teaching and educational tools that are necessary for future teachers to adequately and relevantly accomplish their task in indigenous environments. Although it is important to have more and more BIE teachers, it is as important or more so that their training corresponds to the characteristics and needs of the different indigenous populations in Peru.

This same report suggests that the timely distribution and appropriate use of the BIE materials in indigenous languages are challenges to be resolved. Apart from the language, the content is also important. One of the recommendations made to the Ministry of Education (MINEDU) is to incorporate the philosophy and cultural, spiritual and religious practices of the Andean and Amazonian peoples in the different teaching processes of the education system.

29. What strategies would be sought for the timely distribution and appropriate BIE materials in indigenous languages, incorporating the philosophy and socio-cultural practices in the different teaching processes?

Permanence and completion of the education of indigenous children and adolescents

Only 27% of indigenous women in rural areas above the age of 15 attain high school level, against 43.8% of men. The reasons are a diversity of socio-cultural, geographic and linguistic barriers to gain access to education, but also the grave risks of facing sexual violence on the pathways to their education centres. Additionally, it should be mentioned that 69% of indigenous women in Peru have no secondary education and 34% of indigenous women over the age of 25 cannot read or write.

Likewise, in the indigenous context, the challenges to remaining in school include the responsibility of domestic tasks, early age marriage or de facto relationships, and the long treks to travel with the risk of sexual violence. There is also little offer of secondary education: only 2 of every 10 indigenous communities has a secondary education institution.

30. What measures have been taken to:

- a. Ensure that teachers are trained to teach in diverse cultural contexts;
- b. Guarantee permanence in school of indigenous students from native communities;
- c. Prioritize the basic services of health, safety and food in the temporary residences, within the framework of rural schools.

8.2 The Purposes of Education, with Additional Reference to the Quality of Education (article 29)

Bilingual Intercultural Education (BIE)

The purpose of the Student Evaluation Census (SEC) is to obtain information on the student performance. The results in the latest census evaluations show that indigenous students continue to produce the lowest results in the entire education system.

The Ministry of Education has prompted different spaces and actions to guarantee an effective participation of the indigenous peoples in the BIE program. The participation of the indigenous communities in the design, development and execution of the different plans and projects made by the regional governments is still not in the majority, despite the fact that the State and its different instances are under obligation to promote and guarantee their full participation in the decisions that involve them.

31. Provide information on:

- a. The strategies to improve school performance among indigenous students
- b. The incorporation of the viewpoints of indigenous peoples collected during the consultation processes to the bilingual intercultural education programs.

8.3 The Cultural Rights of Children who Belong to Indigenous and Minority Groups (article30)

Businesses and human rights

The National Plan for Businesses and Human Rights was published on June 14, 2021 (Executive Order 009-2021-JUS). The document states that the plan is to “build a broad, participatory, consensual and decentralised plan between the state, businesses, indigenous peoples, unions and civil society” (our emphasis) with a priority focus on the rights of indigenous peoples.

32. What strategies are being developed in the prior consultation processes in consideration of the rights of indigenous children and adolescents and of the communities affected by the exploitation of natural resources?

I. Special Protection Measures

9.1 Children outside their country of origin who are seeking protection as refugees, unaccompanied children, displaced children, migrant children and children affected by migration (article 22)

children and adolescents migrant

According to the Unicef 2021 report, more than 860 thousand migrants and refugees of Venezuelan nationality are in Peru, of which 1 in 5 are children and adolescents with the following characteristics: most of them do not have the necessary documents to regularize their migratory situation, 3 out of 10 were separated from one or both parents when they moved, 4 out of 10 show emotional changes and more than 50% interrupted their school activities. The migrant population has settled in different areas of the country facing complex situations of vulnerability: overcrowding, discrimination, barriers to continue their education, difficulty in accessing health care, forced labor and/or slavery.

It is estimated that 1.2 million children and adolescents would have fallen into poverty in 2020 as a result of the pandemic, Venezuelan migrant families are in a particularly vulnerable situation since they are not included in the registers and therefore did not receive the economic aid provided by the Peruvian government.

33. What measures have been taken to:

- a. Provide quality access to health, education and protection services, without discriminatory barriers, to migrant children and adolescents

- b. Promote strategic campaigns for prevention and attention to discrimination and xenophobic behaviors against migrant populations.

9.2 Children Belonging to a Minority or Indigenous Group (article30)

The People's Ombudsman Annual Report (2019) and the Advocacy Report 002-2017-DP/AMASPPI/PPI, among other documents, look at the guarantee of rights to education, health, life and development, among other issues, of indigenous children and adolescents. In particular, they emphasise permanence in school, the access to a bilingual intercultural education, sexual and reproductive education within the cultural context, contraceptive methods and, lastly, the right to a life free of violence, both in private spaces and the school, which has taken on a special relevance in the Covid-19 pandemic.

34. What measures have been taken to:

- a. Meet the needs of education in rural areas of Amazonia, particularly among vulnerable groups that had desertion problems before the pandemic and that have no access to a virtual education
- b. Confront the violence and sexual harassment that largely affects indigenous children and adolescents.

9.3 Economic Exploitation of Children, Including Child Labour, with Specific Reference to the Minimum Applicable Age (article 32)

Child labour

Peru has made a commitment to work towards Objective 8.7 of the SDOs, which proposes the need to adopt immediate and effective measures to eradicate forced labour, end modern forms of slavery and human trafficking, and ensure the prohibition and elimination of all forms of child labour, as an essential step to achieve decent work for everyone, full and productive employment, and inclusive and sustained economic growth.

Peru has the third highest rate of child labour in the Americas, with 21.8% within the age range of 5 to 14 years old, which places Peru above its neighbours and only below Nicaragua (47.7%) and Haiti (34.4%). Despite the country's efforts, which led to a 5.3% reduction in the child labour rate before the pandemic, the incidence continues to be the highest in South America.

35. Provide information on the measures taken:

- a. On the planning, implementation and supervision made to significantly reduce the number and percentage of children who are victims of forced labour and modern forms of slavery
- b. On the achievement of the objective 8.7 of the sustainable development objectives: 1. Assign a budget to finance the actions envisaged in the National Strategy for the Prevention and Eradication of Child Labour (Executive Order 015-2012-TR); 2. Finance the Commitments made as a Pioneer Country of the Alliance, such as the continuity of the "Child Labour Free" seal recognition and the implementation of actions in the districts where there is greater risk of child labour, according to the CLRIM (Child Labour Risk Identification Model).

9.4 The Use of Children for the Production and Illegal Trafficking of Narcotics and Psychotropic Substances (article 33)

Missing children and adolescents

The phenomenon of missing persons is aggravated by the variables of gender and age. The mere fact of being a young girl or adolescent woman makes them vulnerable to physical, sexual or psychological violence, to trafficking for sexual exploitation, or even to femicide. According to the annual report from the People's Ombudsman, of the 5,521 persons reported as missing, 3,825 are girls or adolescent women.

36. Provide information on the measures taken to:

- a. Improve the registration and search for girls and adolescent women reported missing

- b. Strengthen the IT System on missing persons as well as the Emergency Alert and the free Help Line 114, among other steps
- c. Strengthen the skills of personnel to facilitate: report to the police, registration, search, incorporation to the registry of missing people who have been found, constant training of police personnel (Legislative Order 1428, Executive Order 003-2019-IN) inclusion of the gender-based approach, and of Human Rights (with an emphasis on children and adolescents) in the cases of missing girls and adolescent women.

9.5 Sale, Traffic and Kidnapping (article 35)

The trafficking of children and adolescents

According to data from the Ministry of Internal Affairs (MININTER) published by INEI 2012-2018, 9 of every 10 supposed victims of human trafficking are women. Of the 2,612 complaints filed in the Reta System between 2012 and 2018, 31% were destined for sexual exploitation. According to INEI statistics, based on Peruvian Police Force (PNP) data, in 2018, 32.5% of the surviving victims were minors.

37. Provide information on the measures taken to:

- a. Eliminate gender stereotypes with regards to sexual exploitation of young people and adolescent women in judicial decisions
- b. Register and monitor the social reinsertion of trafficking victims
- c. Guarantee respect for the rights of survivors during their stay in specialised Residential Centres and during the social reinsertion phase.

38. Provide information on:

- d. Escape of the survivors from protection centres and/or later disappearances after their exit from the protection system, while the National Plan is in force, and what measures have been taken to prevent this from happening and to strengthen their protection during the reinsertion phase
- e. The number of survivors reinserted in a decent job after becoming adults versus the number reinserted
- f. The development of the public budget during the period in which the National Plan is applied to human trafficking and what is the budget figure assigned to finance life plans for the survivors.

9.6 Physical and Psychological Recovery and Social Reintegration (article 39)

An ongoing study being developed by the Regional Government of Madre de Dios, with the technical assistance of the International Migrations Organisation (OIM) has found that between January and May 2021, six cases were reported of adolescents reintegrated with their families who have faced a new situation of vulnerability equal to or greater than the situation that led to their first contact with the protection system: Four adolescent trafficking survivors who were rescued and reinserted, returned to the place where they were exploited, and one of them aged 16 was murdered. One 11-year old child, raped by her step-father and reinserted to her mother's home, is missing; and lastly, a 12-year-old girl who was fondled by her mother's partner, was reinserted to the mother's home and was raped by her mother's new partner. According to data from the Aurora Program Women's Emergency Center, in 82.1% of the cases of sexual violence there is a family relationship between the survivor and the aggressor, which is why it is urgent to review the criteria of family reinsertion when the actions against a right occur within this space.

39. What measures have been taken to:

- a. Guarantee the social reintegration of the victims who have suffered negligence in their care or from some type of violence
- b. Broaden the mental health services with specialised attention and rehabilitation for victims of violence.

J. Optional protocol related to the participation of children in armed conflict

Child and adolescent victims of armed conflict

The Military and Police Criminal Code (Legislative Order 1094) in its article 88 (Crimes Against Protected Persons) has categorised the use of children under the age of 18 in hostilities and other circumstances. This responds to the Peruvian State's obligation to implement this type of criminal act in light of Protocol II of the Convention on the Rights of the Child, as well as the Rome Statute. However, this section was ruled as unconstitutional by the Constitutional Court in 2006 because it is a protected legal right (considering it a legal right that does not correspond to Military Jurisdiction).

Legislative Order 25475 (Special Law on Terrorism) establishes a penalty for crimes of terrorism and the procedures for the investigation, pre-trial proceedings and trial, and characterizes the recruitment of underage persons by a terrorist organisation.

The criminal definition, however, does not cover the universe of organised armed groups in conformity with International Humanitarian Law, nor the recruitment by the Armed Forces or Security Forces. Nevertheless, the Voluntary Military Service Act (Law 29248) establishes in its Section 2 that military service is rendered as of the age of 18.

40. Provide information on the measures taken to:

- a. Promote the implementation of international obligations and introduce the criminal type regarding the prohibition of recruitment of children and adolescents
- b. Consider legislation for the criminal type to cover recruitment by organisations not included within the Terrorism Law, such as drug trafficking.