



**Report of the Colectivo EPU Peru for the Fourth Cycle of the United Nations'
Universal Periodic Review**

STATUS OF HUMAN RIGHTS IN PERU

June 2022

The Colectivo EPU PERU (UPR Peru Collective), which is made up of 19 human rights organizations,ⁱ was created after the Universal Periodic Review of the Peruvian State in 2017. Since then, it continues to promote, disseminate and drive this mechanism, with the support of the United Nations System in Peru.

The UPR Peru Collective has managed to become a reference in the country and in Latin America as an example of joint collaboration between the State, civil society, organized boys, girls and adolescents and international organizations: UN and UPR Info.

On that path, a report was prepared and published in 2018, which includes a presentation from the voices of boys, girls and adolescents and of human rights organizations before the Peruvian authorities and the UN System in Peru.

The Collective has also carried out several training workshops on the UPR mechanism, and in collaboration with the State, it has achieved the "Inter-institutional Protocol for the Participation of the Peruvian State before the International Human Rights Protection Systems."ⁱⁱⁱ

Between 2021 and 2022, the UPR Collective, together with the UN System and the European Union, held 16 thematic and introductory working sessions on the UPR mechanism and an assessment of the human rights situation in the country.ⁱⁱⁱ This was possible thanks to the coordinated work among the partners of the UPR Peru Collective, the Ombudsman's Office and the Peruvian State.

The impact of the Covid-19 pandemic in Peru has revealed: i) an increase in the already existing structural inequalities; ii) a serious impact on the economy and on people's salaries; iii) the precariousness of health, education and protection services; iv) an increase in cases of violence; and v) a worsening of the political crisis in the country.

In this regard, the UPR Peru Collective identified three issues whose attention is of the utmost urgency: 1. The right to a life free of violence, 2. The right to health, and 3. The right to quality education and inclusion.^{iv}

1. RIGHT TO A LIFE FREE OF VIOLENCE

1.1. Right to a life free of violence for children and adolescents

RECOMMENDATION	UPR 2017 ^v . Committee for the Rights of the Child ^{vi} and SDG ^{vii} .
1. LEVEL OF IMPLEMENTATION	Partially implemented
2. CONTEXT	<p>There is a regulatory framework that establishes a system of protection for boys, girls and adolescents (BGA)^{viii} who are victims of all types of violence in accordance with international human rights law.^{ix} However, it is not being fully implemented.</p> <p>The penalties are high. Life imprisonment for rapists of BGA under 14 years of age and 30 to 35 years of imprisonment for rapists of adolescents over 14 to 18 years of age, but such penalties are not applied. It is even established that the penalty and criminal action are imprescriptible.</p> <p>Violence against BGA: From January to April 2022, the Women's Emergency Center (CEM)^x registered 17,247 cases of violence (physical 28.9%, psychological 38.1%, sexual 32.5% and economic 0.6%) against BGA,^{xi} being 70.1% females and 29.9% males. In 2021, there were 52,104 cases of violence registered (physical 29.9%, psychological 39.6%, sexual 29.9% and economic 0.6%) against BGA. In 2020, there were 35,661 cases of violence registered (physical 29%, psychological 43% and sexual 27%). In 2019, there were 55,565 cases of violence registered (physical 32%, psychological 45% and sexual 22%).^{xii}</p> <p>Mental health. Within the Covid-19 pandemic, violence against BGA increased. In 2021, 60.3% of children aged 6 to 11 years, 44.4% of children aged 1.5 to 5 years, and 59.3% of adolescents suffered physical abuse from their caregivers.^{xiii}</p> <p>Sexual violence: the particular vulnerability context faced by girls and female adolescents. From January and April 2022, there were 8,057 cases of sexual violence and molestation registered. The majority of victims were females, which is 94.9%, and 69.5% were BGA ages 0 and 17 years. From January to December 2021, there were 22,456 cases registered, being the victims 94.5% females and 69.6% BGA ages 0 and 17 years. In 2020, there were 13,843 cases registered, being the victims 93.7% females and 69.2% BGA ages 0 and 17 years. In 2019, there were 18,044 cases registered, being the victims 93.9% females and 68.5% BGA ages 0 and 17 years. In 2018, there were 12,839 cases registered, being the victims 93% females and 69.8% BGA ages 0 and 17 years.^{xiv}</p> <p>From January to April 2022, there were 3,610 sexual violence cases registered, being the victims 94.4% females and 67% BGA. Between January and December</p>

2021, there were 10,251 cases registered, being the victims 93.9% females and 67.6% (6,929) BGA ages 0 and 17 years of age. In 2020, there were 6,323 cases registered, out of whom 4,238 were BGA (67%) and 92.7% were girls and female adolescents. In 2019, there were 7,881 cases registered, out of whom 5,140 were BGA (65.2%) and 92.2% were girls and female adolescents. In 2018, there were 6,086 cases registered, out of whom 4,104 were BGA (67%) and 91.7% were girls and female adolescents.^{xv}

In 2021, MINSA^{xvi} delivered **sexual emergency kits** to only 2,519 victims of sexual violation (65% were BGA); in 2020 to 1,325 and in 2019 to 564. However, only 5% of sexual violence victims look for health service.

The **aggressor is a relative of the victim or an acquaintance**. Thus, 51% of the aggressors of sexual violence against BGA were family members (uncle, stepfather, father, cousin, brother and grandfather) and in 59.4% of the cases it occurred more than once.^{xvii}

There is no unified data, neither on the prosecution of cases nor on the procedural burden: "victims face neglect, lack of due diligence and the inoperability of the criminal justice system."^{xviii}

A single system for reporting incidences of violence against BGA has not been implemented, which is evidenced by the poor coordination between operators, resulting in the lack of improvement and strengthening of protection services.

Corporal and humiliating punishment against BGA

In 2019, 52.2% of girls and boys ages 9 to 11 reported that they had been victims of corporal violence, while the percentage in adolescents ages 12 to 17 years was more than 60%. Likewise, more than 90% of those who were victims of corporal violence indicated that a member of their family had been the perpetrator.

In 2019, the **rate of social tolerance towards violence against BGA** was 58.5%.

Missing girls

In January 2022, the Ombudsman's Office reported 443 BGA as missing, 378 were girls and female adolescents (85% evidence the relationship between gender and age of the victims as vulnerability factors). In 2021, more than 5,900 women went missing, mostly girls and female adolescents (3,897), 7% more than the 2020 figures.^{xix}

Forced pregnancy

In 2020, of the 1,158 live births to women under 15 years of age: 895 were 14 years old when they gave birth; 216 were 13 years old; 38 were 12 years old; and 9 were between 9 and 11 years old, as reported by MINSA. In 2019, 1,029 were 14 years old.^{xx}

Domestic violence and neglect

Violence is one of the main factors of neglect and lack of family protection affecting BGA, which generates a work overload in the Special Protection Units

(UPE per its Spanish acronym).^{xxi} In 2019 alone, 28,936 cases were attended; in 2020, 17,608 cases; and, in 2021, 22,109 cases.^{xxii}

BGA declared as being neglected are referred to Residential Shelter Centers (CAR)^{xxiii}, however, not all CARs meet the competencies for adequate care. There is no data on internal violence in CARs,^{xxiv} but there are cases of violence and abuse^{xxv} that occurred in these centers identified. As registered by MIMP,^{xxvi} 58.98% of readmissions are due to violence, 50.78% due to neglect and 22.27% due to risky behavior in the family of origin.^{xxvii} The supply of alternative care to protect BGA is neither adequate nor sufficient.

Street BGA are taken to perform dangerous work in the mines, to be sexually and labor exploited.

Migrant BGA

From January to October 2020, CEM^{xxviii} attended a total of 1,019 foreigners, being 90.4% females and 23.3% BGA victims of violence.^{xxix}

DEMUNA^{xxx}

It is the closest and most specialized service to provide support and advice to BGA. There are 1,890 DEMUNAs; only 380 have been accredited to operate. There are no DEMUNAs in rural areas, aggravating the possibilities of filing complaints and defending children.^{xxxi}

PUBLIC BUDGET

Public budget allocations to end violence against BGA are scattered in other budgets. These are not specific allocations and are of limited magnitude to address the issue.^{xxxii}

3. RECOMMENDATIONS TO THE PERUVIAN STATE:

- Unify an articulated, disaggregated and inter-institutional data system on cases of violence against BGA that contributes to the development of public policies in favor of BGA.^{xxxiii}
- Create specialized and friendly courts and prosecutors' offices to attend to BGA who are victims and witnesses of violence.^{xxxiv}
- Implement and disseminate the single registry of aggressors for population could access as a mechanism for transparency and protection.^{xxxv}
- Implement migration control policies and regulations that allow for family reunification of unaccompanied and separated migrant BGA.^{xxxvi}
- Creation of a family strengthening program to prevent situations of violence and restore the right to live in a family.^{xxxvii}
- Training and sensitization of UPE operators, police and municipal security guards on street/homeless BGA.
- Ensure the delivery and proper use of the EMERGENCY KIT for BGA victims of sexual violence.^{xxxviii}
- Create and implement a results-oriented budgetary program aimed at preventing and ending violence against BGA.^{xxxix}

- Approve the "Specific Action Plan to End Violence against Boys, Girls and Adolescents."^{xi}

1.2. Right to access to justice for female victims of violence

RECOMMENDATION	UPR 2017 ^{xii} CEDAW 2022 Recommendation
1. LEVEL OF IMPLEMENTATION	Partially implemented
2. CONTEXT	<p>There are advances in the normative framework for the prevention and attention to Gender Based Violence (GBV)^{xiii}, but its implementation faces structural problems such as gender stereotypes among justice operators and the naturalization of GBV against women. Moreover, there is insufficient political will by the Executive to implement it, as well as conservatism of the majority of groups in the Legislative, which continually threaten to generate setbacks in gender equality policies and the fight against GBV. There is also a high prevalence of various forms of violence against women.</p> <p>Violence by intimate partner or ex-partner In 2020, 54.8% of women suffered some type of violence by their husbands or partners. There were more cases in urban areas (55.3%) than in rural areas (52.3%). Of the total number of victims, only 26.2% went to a public institution to seek support; this percentage was lower than that reported in 2019 (29.5%), which reflects increased barriers in accessing protection and justice services during the health emergency, Demographic and Family Health Survey (ENDES).</p> <p>Femicides and attempted femicides. In 2021, there were 136 femicides (in 2020, 131). Most cases occurred in Lima Metropolitan Area (25 cases), followed by Arequipa, Cusco, San Martin and Callao. The 82.4% of victims were adults and 4.4% were elderly. A total of 59.6% of cases were perpetrated by the victims' partners, 15.4% by ex-partners, and 6.6% by a family member. That same year, 293 attempted femicides occurred. And, as of February 2022, 26 cases with characteristics of femicide have been reported (MIMP).^{xiiii}</p> <p>Manifestations of sexual violence MIMP reported 22,456 attentions in 2021; 605 of them were against women with any mental or physical disability; 29 against women from the LGTBIQ community. Approximately 30% of victims were adult women. Likewise, 10,251 filed complaints for sexual violence; 5,117 for indecent assault and 615 for sexual harassment. In 2022, the number of cases attended for sexual violence from January to May reached to 10,787; 94.8% of the victims were women. Most cases</p>

occurred in Lima (27.7%), followed by Arequipa (8.7%), La Libertad (5.1%) and Junín (4.7%).

From January to April 2022, 28 cases of trafficking for the purpose of sexual exploitation were reported, from which 89.3% were against women aged 0 to 17 years; 05 cases of sexual exploitation, all against girls under 18 years of age.

Sexual harassment in public spaces

In 2021, 522 cases were attended by CEM. 57.9% of victims were adult women; most occurred in Lima (29.6%), Arequipa (7.9%) and La Libertad (6.6%). Within January to May 2022, there are 127 complaints filed.

Political harassment

From July to December 2021, 4 cases of political harassment were attended. From January to May 2022, 4 cases. All were women between 18 and 59 years old.

Missing females

In 2021, the Ombudsman's Office reported 5,904 alert notes for disappearance of girls, and female adolescents and adults (16 on average per day), 7% more than in 2020, which was 5,521. Of the total, 34% were of adult women. Lima (2,260), Lambayeque (311), Cusco (287), Arequipa (278) and La Libertad (252) are the regions with more records. This is alarming, considering that missing women may end up murdered (femicide) or recruited into sexual exploitation networks and thus become victims of trafficking. In 2020, 25% of femicide victims had been reported as missing.^{xliv}

Problems in services provided during the pandemic

The numbers of people served in CEMs decreased by 40% during the pandemic, as CEMs were temporarily suspended between April and June 2020. Orders for protective measures also declined. 230,623 protective measures were ordered in 2020, while these were 278,717 orders in 2019 and 244,831 in 2018.

Social tolerance to violence against women.

33% of the population thinks that "unfaithful woman should have some form of punishment from her partner", 53% thinks that she should fulfill her "role" of mother and wife, then fulfill her dreams, and 26% thinks that she should be willing to have sex when her partner wants it (ENARES).

3. RECOMMENDATIONS TO THE PERUVIAN STATE

- **Justice System:** Allocate more budgetary, logistical and human resources to the National Specialized Justice System for the Protection and Punishment of Violence against Women and Family Members
- Coverage of Specialized Courts and Prosecutor's Offices throughout all regions of the country should be expanded.^{xlv}
- Access to justice for women, girls and adolescents with disabilities.
- Raise the **Police** area attending Family and Violence against Women and Family Group to the level of Directorate, which should be the one responsible for receiving and investigating complaints of violence cases.^{xlvi}

	<ul style="list-style-type: none"> • Guarantee the implementation of continuous and mandatory training programs on GBV prevention and care regulations, as well as relevant approaches^{xlvii} aimed at specialization throughout the national justice system and care services.^{xlviii} • Increase the budget -PPOR 1002- especially for GBV prevention products and others that incorporate intersectionality, as well as for the compliance with the National Prevention Strategy.^{xlix} • Budget to implement Emergency Alerts through the SISIMATE¹ platform and other components of the National System for the Search for Missing Persons.^{li} • Modify the Inter-institutional Protocol for the Search for Missing Persons in vulnerability situation to activate an emergency alert in any case in which a woman disappears, regardless of whether or not she is in a high-risk situation throughout her life cycle. • Typify the crime of disappearance perpetrated by private individuals, with aggravating circumstances if it occurs for reasons of discrimination or gender violence. • Demand compliance with the mandate to search for missing women and the recognition of family members as victims for their attention in relevant services.^{lii} • Intersectionality: The State must investigate, collect data and prepare a report on hate crimes, violence against women with disabilities and Indigenous women.
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2. RIGHT TO HEALTH

RECOMMEN DATION	Drinking water , UPR 2017. ^{liii}
1. LEVEL OF IMPLEMENT ATION:	Partially implemented
2. CONTEXT:	Drinking water and sanitation coverage is deficient, which was evident during the pandemic in peri-urban and rural health and education facilities. Information provided in 2020 ^{liv} does not show gaps in rural areas or access for Persons with Disabilities (PWD). ^{lv}
3. RECOMMEN DATIONS TO THE PERUVIAN STATE:	To allocate funds to reduce the drinking water and sanitation coverage gap by 70% in peri-urban and rural health and education services, taking into account Indigenous communities and PWD.

RECOMMEN DATION	Ensure access to health services , UPR 2017. ^{lvi}
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1. LEVEL OF IMPLEMENTATION:	Not implemented
2. CONTEXT:	<p>In 2018, children under 5 years of age lost 181,480 disability-adjusted life years (DALYs) as a result of various diseases. This is 10.7% of this population.^{lvii}</p> <p>The main loss of healthy years in women was due to non-communicable diseases, followed by communicable diseases, accidents and injuries.^{lviii}</p> <p>20% of children suffer from behavioral and emotional disorders.^{lix}</p>
3. RECOMMENDATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Reincorporation of 100% of the health care and administrative personnel in health establishments, with fourth doses of Covid-19 vaccine, for public attention. • Ensure the supply of medicines: biologicals, vaccines, therapies, rehabilitation and everything required for comprehensive care, particularly in rural and remote areas. • Expand the benefits of the Essential Health Insurance Plan (PEAS) for Persons with Disabilities (PWDs). • Prioritize comprehensive health care for PWDs, with access to services that comply with conditions of quality, acceptability, accessibility and availability with comprehensive insurance coverage • Implement differentiated care protocols for PWDs. • Ensure that SuSalud monitors and deals with complaints in a timely manner.^{lx} • Training aimed at all health center personnel with an approach on human rights, disability, gender and intersectionality • Campaigns to re-educate on nutrition and comprehensive health care for children and adolescents.

RECOMMENDATION	Maternal mortality, UPR 2017.^{lxi}
1. LEVEL OF IMPLEMENTATION:	Not implemented, setting back.
2. CONTEXT:	<p>High maternal mortality rate. Higher risk in rural areas with low level of accessibility to health services. Maternal mortality decreased until 2019, however, the pandemic increased it in 2020 and 2021 due to the closure of primary care services, reduction of ICU beds and COVID-19 itself.</p>
3. RECOMMENDATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Reopen 100% of primary care services, recover and expand the availability of ICU beds for maternal and neonatal emergencies.

RECOMMENDATION	Comprehensive sexual education, UPR 2017.^{lxii}
1. LEVEL OF IMPLEMENTATION:	Partially implemented
2. CONTEXT:	Comprehensive Sexual Education ^{lxiii} was included in school curriculum in 2016 and a Guidance was prepared in 2021. Act No. 31498 has just been passed, which threatens the permanence of Comprehensive Sexual Education in the school curriculum, ^{lxiv} risking compliance with the recommendation aimed at preventing pregnancy in girls and adolescents and preventing violence.
3. RECOMMENDATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Repeal Act No. 31498.^{lxv} • Ensure compliance with the Guidelines for comprehensive sexual education approved by Vice-Ministerial Resolution 169-2021-MINEDU. • Implement comprehensive sexual education with a disability and intersectionality approach in the curriculum.^{lxvi}

RECOMMENDATION	Therapeutic abortion, UPR 2017.^{lxvii}
1. LEVEL OF IMPLEMENTATION:	Partially implemented, at risk of setting back.
2. CONTEXT:	Congress approved the preliminary report on Draft Legislation No. 1520, which would put at risk the access of girls and women to therapeutic abortion. ^{lxviii} Harmful prejudices and stereotypes regarding disability lead family members, partners and health professionals to decide on abortion in cases of pregnant women with disabilities, without informed consent, on the ground to prevent the birth of children with disabilities. ^{lxix}
3. RECOMMENDATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Maintain approved legislation on therapeutic abortion, develop services oriented to the care of mothers, girls and adolescents under 14 years of age with respect to sexual reproductive health and rights (SRHR). • Ensure the implementation of the Therapeutic Abortion Protocol, adapting its application to girls and adolescents who are victims of forced pregnancies. • Include disability indicators in the registry of "therapeutic" abortion. • Urge the State to carry out research on women with disabilities sterilized without their consent.

RECOMMENDATION	Access to sexual and reproductive health, UPR 2017^{lxx}
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1. LEVEL OF IMPLEMENTATION	Partially implemented Possible setting back
2. CONTEXT	<p>Contraceptive provision services and SRHR^{lxxi} education campaigns were suspended during the pandemic. Conservative proposals are gaining ground in the Executive and Congress, jeopardizing the few advances achieved.</p> <p>Cultural patterns: 52.7% of respondents support that women should fulfill the "role of a mother and wife" and then their own dreams.^{lxxii} "In Puno, it was found that it naturalized to assume motherhood at an early age."^{lxxiii}</p> <p>According to ENDES 2021, 78.1% of currently married or in-union women^{lxxiv} were using some contraceptive method when interviewed. The public sector is the largest provider of modern contraceptive methods.^{lxxv}</p> <p>The use of any contraceptive method among women of childbearing age (WCA)^{lxxvi} with disabilities is 68.5%. Likewise, the use of modern contraceptive methods is 60.7% among WCA with disabilities.^{lxxvii}</p> <p>HPV infection^{lxxviii} is the most frequent among adolescents and young people.^{lxxix}</p> <p>Coverage gap: first dose in adolescents aged 9 to 13 years by 2021 was 71% and 58% in the second dose.^{lxxx}</p>
3. RECOMMENDATION AL ESTADO PERUANO	<ul style="list-style-type: none"> ● The State must implement and ensure an Emergency Plan for the provision of sexual and reproductive services in times of crisis. ● Incorporate HPV vaccination for children in accordance with the Regulation of Law No. 31336.^{lxxxi} ● Reinforce the HPV vaccination campaign for girls and boys. ● The State should incorporate disability indicators in all studies, surveys and data collection.

RECOMMENDATION	Indigenous children health, UPR 2017^{lxxxii}
1. LEVEL OF IMPLEMENTATION	NOT IMPLEMENTED.
2. CONTEXT	<p>Malnutrition among the Indigenous population is high, 49.7% have chronic child malnutrition.^{lxxxiii}</p> <p>The morbidity profile of the Afro-Peruvian population shows that acute respiratory infections represent the leading cause of morbidity in all stages of life.^{lxxxiv}</p> <p>Displacement has a differentiated impact on different migrant population groups.^{lxxxv}</p>
3. RECOMMENDATION	<ul style="list-style-type: none"> ● Increase the Budgetary Programs in Maternal and Neonatal Health and Nutritional Articulation in rural areas and Indigenous population. ● Strengthen the Intercultural Bilingual Education Program so that Indigenous boys, girls and adolescents can have access to health information. ● Eliminate communication and information barriers that prevent access to health services for PWD. ● Reform of SISFHO system, with indicators that include migrant, with-disability, LGTBIQ+, Afro-descendant and Indigenous populations.

RECOMMEN DATION	Poverty, UPR 2017^{lxxxvi}
1. LEVEL OF IMPLEMENT ATION	Partially implemented
2. CONTEXT	<p>The pandemic implied an increase of 9 points in monetary poverty. 35.4% of the population aged 0 to 17 years old is in poverty.^{lxxxvii}</p> <p>In 2018, 4.2% of people aged 15 and older who consumed alcohol suffered disorders, 0.6 percentage points more compared to 2017. The prevalence was notably higher in males (7.3%) with respect to females (1.3%).^{lxxxviii}</p> <p>Annually, 20.7% of the population over 12 years of age suffers from any type of mental disorder.^{lxxxix}</p>
3. RECOMMEN DATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> ● Increase the budget allocation for the Mental Health Directorate in line with the Mental Health Policy. ● Assume the plurality and multidimensionality of the Approaches indicated in the Mental Health Plan 2020-2021.^{xc} ● To make the Office of Tutoring and Educational Guidance visible at the Directorate level, by strengthening this line of action. ● Strengthen psychological care in the CEMs for children and adolescents and psychological support in the implementation of the Early Childhood Development Program.^{xc}

RECOMMEN DATION	Employment for People with Disabilities, UPR 2017^{xcii}
1. LEVEL OF IMPLEMENT ATION	Not implemented
2. CONTEXT	<p>Supreme Decree No. 1468 facilitated measures of accessibility to remote work or paid leave for PWD and their family members when the latter are supports of a PWD or tested positive for COVID-19. However, there have been reports of FWD dismissals in several local municipalities.^{xciii}</p> <p>There is no up-to-date information on the status of employment of FWD in the context of the pandemic.</p>
3. RECOMMEN DATIONS TO THE PERUVIAN STATE	<ul style="list-style-type: none"> ● Encourage compliance with labor quotas of 5% of PWD in the public sector and 3% in the private sector, by proposing incentives. ● Improve the processes for monitoring the labor market insertion of PWD. ● Specialized counseling by the State to companies for job placement.^{xciv} ● Effectively implement the Act on Teleworking^{xcv} and remote mode work for PWD.

RECOMMEN DATION	Legal capacity of people with disabilities, UPR 2017^{xcvi}
1. LEVEL OF IMPLEMENT ATION:	Partially implemented
2. CONTEXT:	Peru recognizes and regulates the legal capacity of Persons with Disabilities - PWD ^{xcvii}
3. RECOMMEN DATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Train officials and public servants on the legal capacity of the PWD. • Supervise compliance and celerity of the removal of interdiction of PWD.

RECOMMEN DATION	Equal opportunities for PWD, UPR 2017^{xcviii}
1. LEVEL OF IMPLEMENT ATION:	Partially implemented^{xcix}
2. CONTEXT:	PWD represent 10.3% of the national population (3,209,261 people). Distributed by sex, females are the majority with 56.7%, more than 40% are 60 years of age and older. ^c
3. RECOMMEN DATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Demand compliance from the different levels of government, by allocating 1% of the budget for the care of PWD, such as urban and architectural adaptations, subject to inspection.^{ci}

RECOMMEN DATION	Persons with Disabilities, UPR 2017^{cii}
1. LEVEL OF IMPLEMENT ATION:	Partially implemented
2. CONTEXT:	There is no Observatory to monitor compliance and real access to the right to health. ^{cii} The National Multisectoral Policy for the Development of PWD (PNMDD) ^{civ} has not been implemented.

3. RECOMMENDATIONS TO THE PERUVIAN STATE	<ul style="list-style-type: none"> • Multisectoral Articulation including disability indicators.^{cv} • Implement the PNMND at the different levels of government.
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3. Right to quality education and inclusion

RECOMMENDATION	Comprehensive sexual education (CSE), UPR 2017^{cvi}
1. LEVEL OF IMPLEMENTATION	Not implemented
2. CONTEXT	<p>The national curriculum for basic education (CNEB)^{cvi} and the series of teacher training curricula for initial, primary and secondary education^{cvi} demand a cross-cutting approach on gender, which includes the development of CSE and sexual and reproductive health, but teachers have not been prepared to implement them in schools, nor have it been implemented in teacher training centers. The lack of CSE has contributed to the increase in teenage pregnancy, almost always as a result of sexual violence against girls and adolescents.</p> <p>The Act No. 31498^{cx} will not allow CSE to be implemented in public schools.</p>
3. RECOMMENDATIONS TO THE PERUVIAN STATE	<ul style="list-style-type: none"> • Repeal the Act No. 31498. • Take urgent measures to prepare teachers for the development of CSE and sexual and reproductive health in basic education and in initial and continuing teacher training programs.

RECOMMENDATION	Universal Basic Education, UPR 2012^{cx} and 2017^{cx} SDG 4.1, 4.2 and 4.6 ^{cxii} National Education Project ^{cxiii}
1. LEVEL OF IMPLEMENTATION	Partially implemented
2. CONTEXT	<p>By 2019, there had been significant progress in coverage in education at preschool (93.1%), primary (97.1%) and secondary (87%) at the national level, including poor, Indigenous and rural children. Coverage of early childhood development (DIT per its Spanish acronym) programs for children under 3 years of age is only 11% of the target population.</p> <p>The closure of schools and the obligation of distance education due to the pandemic impacted access and attendance to radio, television and internet classes. MINEDU produced lessons in native languages for radio and internet and a TV</p>

	<p>program in Quechua, but the lack of electricity and connectivity made it impossible for the Indigenous school population in rural areas to access them. There is no precise data on how many schoolchildren were actually able to benefit from these lessons. This inequality in infrastructure has not allowed regular attendance to distance learning classes or even thousands of schoolchildren did not have access to them.</p> <p>For economic reasons, more than 700,000 schoolchildren dropped out of school and a similar number migrated from low-cost private schools to public schools, where not all of them have been accepted.</p> <p>Literacy</p> <p>In 2018,^{cxiv} the percentage of illiteracy was 5.9%; 3.4% in urban area, 14.5 in rural area; 2.9% in men, 8.3% in women; 3.0% in the Coast, 9.9 in the Highlands and 7.3% in the Rainforest. It affects more the poor (14.1%) and poor women (21.5%). Illiteracy and low schooling are higher among Indigenous women: 27% reach secondary school level, compared to 43.8% of men. 34% of Indigenous women over the age of 25 cannot read or write. The number of illiterate people in the country exceeds 8 million.</p>
<p>3. RECOMMENDATIONS TO THE PERUVIAN STATE</p>	<ul style="list-style-type: none"> • Urgent measures to recover schoolchildren who dropped out of school for economic reasons. • Increase the budget to create teaching positions and have sufficient premises to receive students transferred from private schools. • Advance with electricity and connectivity facilities in rural Andean and Amazonian areas that will allow access to education and health services. • Implement duly funded literacy programs in the districts and provinces with the highest percentage of illiterates in urban and rural areas.

<p>RECOMMENDATION</p>	<p>Education and interculturality, UPR 2012^{cxv} and 2017^{cxvi}</p>
<p>1. LEVEL OF IMPLEMENTATION</p>	<p>Partially implemented</p>
<p>2. CONTEXT</p>	<p>The normative framework for quality education and Intercultural Bilingual Education (IBE) is wide, has approaches,^{cxvii} is in line with SDG 4,^{cxviii} but has been insufficiently implemented.^{cxix}</p> <p>The National Plan for IBE^{cxx} and the National Policy on Native Languages, Oral Tradition and Interculturality to 2040^{cxxi} have little progress in their implementation. Only 2 out of 10 Indigenous communities offer secondary education. There is no IBE for secondary education, except for some experimental programs; nor are there any IBE programs for Indigenous female youth and adults. In addition, the budget for initial teacher training in IBE was cut by 50%.^{cxxii} The lack of teachers trained in IBE limits the possibilities for its development. Most recent policy for education in rural areas^{cxxiii} has not been implemented.</p> <p>Outcomes of assessments of learning achievements</p>

	<p>Census tests (ECE) are indicators of quality. The ECE 2018^{cxv} obtained better achievements than in 2016, but they are still low. Inequity is evident in the gap between students with Spanish and Indigenous language, urban vs. rural. Reading test results in IBE schools^{cxvi} were sometimes lower in the Indigenous Andean language than in Spanish as a second language (CL2).^{cxvii}</p> <p>The 2018 ECEs applied to second graders of secondary school had dramatic results. Satisfactory achievement at the national level in Science and Technology (8.5%), Social Sciences (11.6%), Mathematics (14.1%) and Reading (16.2%), hides even lower results in rural areas, with Indigenous languages and state vs. private management. Conditions of poverty and extreme poverty in rural areas, together with the lack of teacher education and training to develop the National Curriculum for Basic Education (CNEB) and attend to diversity, influence the low results in the ECE in these communities.</p>
<p>3. RECOMMENDATIONS TO THE PERUVIAN STATE</p>	<ul style="list-style-type: none"> • Repeal Act No. 31498 as it affects the right to quality education and ignores the authority of MINEDU in educational matters. • Train teachers primarily in the development of human rights, gender, diversity and environmental approaches. • Issue and implement multisectoral intervention measures to help improve the quality of education in rural areas • Allocate budget to increase the number of secondary schools in rural areas.

<p>RECOMMENDATION</p>	<p>Education for Afro-descendant children and adolescents, UPR 2017</p>
<p>1. LEVEL OF IMPLEMENTATION</p>	<p>Partially implemented</p>
<p>2. CONTEXT</p>	<p>There is a National Development Plan for Afro-Peruvian Population; Educational Attention Plan for the Afro-Peruvian School Population 2019-2020. Educational gaps for Afro-Peruvians are not updated, but access, permanence and completion of RBE for Afro-Peruvian children and adolescents are often below national averages.^{cxviii} The main reasons for dropping out or falling behind in school are violence and racial discrimination.^{cxviii} The historical memory and contributions of Afro-Peruvian culture are not considered in RBE.</p>
<p>3. RECOMMENDATIONS TO THE PERUVIAN STATE</p>	<ul style="list-style-type: none"> • Develop strategies to lower rates of racial violence and discrimination in schools. • Ethnic identification in schools should be expressed by the student, their parents or legal guardians, not the school. • Teacher training in the management of curricular approaches. • Incorporate the history and contributions of Afro-Peruvian culture into the educational curriculum.

RECOMMEN DATION	Education for people with disabilities (PWD), UPR 2017.
1. LEVEL OF IMPLEMENT ATION	Partially implemented
2. CONTEXT	<p>They are served by the entire educational system when they have mild or moderate disabilities and by Special Basic Education when they have severe disabilities. 19.5% of PWD do not have access to education or are in preschool level; 41.0% are in primary school; 27.0% in secondary school and only 12.5% have access to some year of higher education.</p> <p>Illiteracy among PWD is higher among women (33.6%) than among men (19.1%). The illiteracy gap by gender is greater in rural areas, in favor of men.^{cxxxix}</p> <p>Adequate attention to disability is deficient; diversity is not distinguished, and universality is not fulfilled: Peruvian sign language is not taught, Braille is not used to learn to read and write in line to Spanish standards, it is replaced by the audio book with which people do not learn to read. There is no dialogue between intercultural, rural and PWD education in MINEDU and the contents they receive are quite different.^{cxxx}</p>
3. RECOMMEN DATIONS TO THE PERUVIAN STATE	<ul style="list-style-type: none"> • Implement the Universal Design for Learning (UDL), to close access gaps for boys, girls and adolescents with disabilities. • Approve and implement the Framework Plan for Inclusive Education. • Comply with Act No. 29973 for the training and mainstreaming of the human rights approach with a disability and intersectionality perspective.

RECOMMEN DATION	Education for working children, UPR 2012^{cxxxix} and 2017^{cxxxii}
1. LEVEL OF IMPLEMENT ATION:	Not implemented
2. CONTEXT:	<p>The minimum age for child labor is still 14 years old. There is no policy that guarantees the right to education for working boys, girls and adolescents. Child labor had declined from 2012 to 2019 and reached 25.8% of the population aged 5 to 17. The pandemic made it increase to 27.6% with 114,000 new child laborers.</p> <p>In 2020, 55.7% of the population aged 6 to 16 years did not enroll or did not access distance education for economic reasons; 8 out of 10 study and work; 2 out of 10 do not study. School repetition and school backwardness is higher among working children and adolescents. There is no official information at the national or sub-national level on street children and adolescents who work or study.</p>

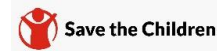
3. RECOMMENDATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Issue a national policy framework that guarantees the education of working children and adolescents, with their access to quality programs relevant to the rural or marginal urban areas where they reside. • Promote comprehensive, multisectoral policies that make possible a disaggregated record of the educational situation of children and adolescents who work or live on the street.
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RECOMMENDATION	Education for migrant workers, UPR 2017^{cxxxiii}
1. LEVEL OF IMPLEMENTATION	Partially implemented
2. CONTEXT:	<p>It is registered that 1,299,952 Venezuelan citizens entered the country from 2017 to June 2020. In addition to entering the country with interrupted educational trajectories, Venezuelan BGA register very low school attendance: one in four children aged 3 to 5 attends preschool, 46% of children aged 6 to 11 attend primary school, and 40.2% of children aged 12 to 16 attend secondary school. The Peruvian state has provided facilities for enrollment even without identity documents and school certificates, but the migrants themselves and school administrators are unaware of these rules. There is more violence and discrimination in schools due to the absence of an intercultural and rights-based approach.^{cxxxiv}</p>
3. RECOMMENDATIONS TO THE PERUVIAN STATE:	<ul style="list-style-type: none"> • Review school enrollment procedures to make them less discretionary and more equitable. • Prepare teachers to work with an intercultural approach for an integral school coexistence.



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Acción por los Niños; SOS Children's Villages; Peruvian Campaign for the Right to Education; Centro de Estudios y Publicaciones; CESIP; Centro de Desarrollo Étnico (CEDET); Centro de la Mujer Peruana Flora Tristán; Comisión de Damas Invidentes del Perú (CODIP); Centro de Culturas Indígenas del Perú – Chirapaq; Escuela para el Desarrollo; Instituto Promoviendo Desarrollo Social (IPRODES); Working Group on Disability and Rights of the National Coordinator for Human Rights – CNDDDDHH; Foro Educativo; Qosqo Maki; Save the Children; Voces Ciudadanas; Warmi Huarmi; World Vision Peru and the Observatorio de los Derechos Sexuales y Reproductivos de las Personas con Discapacidad (ODISEX PERU).



ⁱ UPR Peru Collective formed by: Acción por los Niños; SOS Children's Villages; Peruvian Campaign for the Right to Education; Centro de Estudios y Publicaciones; CESIP; Centro de Desarrollo Étnico (CEDET); Centro de la Mujer Peruana Flora Tristán; Comisión de Damas Invidentes del Perú (CODIP); Centro de Culturas Indígenas del Perú - Chirapaq; Escuela para el Desarrollo; Instituto Promoviendo Desarrollo Social (IPRODES); Working Group on Disability and Rights of the National Coordinator for Human Rights - CNDDDDHH; Foro Educativo; Qosqo Maki; Save the Children; Voces Ciudadanas; Warmi Huarmi; World Vision Peru and the Observatorio de los Derechos Sexuales y Reproductivos de las Personas con Discapacidad (ODISEX PERU).

ⁱⁱ Supreme Decree No. 010-2020-JUS of MINJUS: <https://busquedas.elperuano.pe/normaslegales/decreto-supremo-que-aprueba-el-protocolo-intersectorial-par-decreto-supremo-n-010-2020-jus-1878720-1/>

ⁱⁱⁱ In 2021, the Collective carried out 8 thematic sessions: Introductory session, Rights of children and adolescents; Education, Women, Refugees and Migrants, People with disabilities, Trafficking, Business and Human Rights. Likewise, 8 sessions were carried out in 2022:

Training session on the UPR; Reflection session; LGTBIQ people, Education, Defenders, Indigenous and Afro-Peruvian Peoples, Health and Transitional Justice.

^{iv} Our Report focuses on the following population: female youth and adults, boys, girls and adolescents, and people with disabilities, mainly in the chapter on Health.

^v 111.9. Finland, ensure access to medical services for victims of sexual violence.

111.102. Iceland, ensure access to medical services for victims of sexual violence.

111.118. Republic of Korea, continue efforts to prevent violence against girls.

111.122. Ukraine, take measures to combat violence against girls

111.123. United Kingdom and Ireland. Strengthen technical cooperation with United Nations organizations to help address the problems of domestic violence and sexual violence, in particular violence against women and girls, and ensure that perpetrators are brought to justice.

111.124. Chile. Increase efforts to end all forms of violence against women, especially sexual violence against girls and adolescents.

111.125. Venezuela. Protect the rights of women and girls against gender-based violence, in particular domestic violence.

111.130. France. Intensify efforts to combat intra-family violence and sexual violence.

111.131. Greece. Take all effective measures in order to effectively address the reported phenomena of violence against women and girls, domestic and sexual violence.

^{vi} The UN Committee on the Rights of the Child in 2016 recommended to the Peruvian State: clause 39, 40, 41, 42 and 56.

^{vii} SDG 16.2. Promote just, peaceful and inclusive societies. End abuse, exploitation, trafficking and all forms of violence and torture against children.

^{viii} BGA stands for Boys, Girls and Adolescents.

^{ix} Act No. 30364, Supreme Decree No. 009-2016-MIMP, approved on July 26, 2016. Law to prevent, punish and eradicate violence against women and members of the family group and its regulations.

Protocols of the different Sectors: National Police, Public Prosecutor's Office, Judiciary and Ministry of Health to implement Act No. 30364.

Supreme Decree No. 012-2019-MIMP that approves the Basic Protocol for Joint Action in the area of comprehensive care and protection against violence against women and members of the family group, Act No. 30364.

Supreme Decree No. 008-2020-JUS that approves the Protocol of Joint Action between the Women's Emergency Center and the Public Defense Services (Act No. 30364).

Act No. 30403, Law that prohibits the use of corporal and humiliating punishment, and its regulation approved by Supreme Decree No. 003-2018-MIMP.

^x MIMP. Statistical Portal: <https://portalestadistico.aurora.gob.pe/wp-content/uploads/2022/05/BV-abril-2022.pdf>

^{xi} Boys, girls and adolescents from 0 to 17 years old.

^{xii} MIMP. Aurora National Program. Statistical Bulletins: <https://portalestadistico.aurora.gob.pe/boletines/>

^{xiii} National Institute of Mental Health.

^{xiv} Aurora National Program, Statistical Portal of the Ministry of Women and Vulnerable Populations. - MIMP.

^{xv} Aurora National Program, Statistical Portal of the Ministry of Women and Vulnerable Populations. - MIMP.

^{xvi} Ministry of Health of Peru.

^{xvii} MIMP. National Observatory on Violence against Women and Family Members. 26/06/2019: <https://observatorioviolencia.pe/principales-agresores-sexuales-a-ninas-ninos-y-adolescentes/>

^{xviii} IPRODES. Children, Justice and Sexual Crimes. Report submitted to the IACHR. Ecuador, 2019. Pages 33 - 34: "i) the first statement is not in a Gesell Chamber or single interview, ii) prejudicial or impertinent questions are asked about their sexual life; iii) the identity of the victims is revealed; iv) little use is made of protection measures; v) conducted by non-specialized magistrates, without a gender approach or the best interest of the child; vi) most do not have a free or specialized lawyer and, vii) the proceedings are excessively long."

^{xix} Ombudsman's Office. January 2022, "the Covid-19 pandemic influenced the increase in disappearances. Problems that prevent filing complaints: gender stereotypes, conservatism, no access to services depending on the health operator, justice, among others": <https://www.defensoria.gob.pe/wp-content/uploads/2022/02/Reporte-Igualdad-y-No-Violencia-2.pdf>

^{xx} INEI. Peru Live births to adolescent mothers 2019 - 2020: https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1832/libro.pdf.

^{xxi} Special Protection Units: there are 26 at the national level and only in regional capital cities.

^{xxii} MIMP. Special protection units of MIMP attended more than 22 thousand minors neglected during 2021. December 07, 2021. <https://www.gob.pe/institucion/mimp/noticias/568359-unidades-de-proteccion-especial-del-mimp-atendieron-a-mas-de-22-mil-menores-de-edad-en-situacion-de-desproteccion-durante-el-2021>

^{xxiii} Residential Care Centers are public, private or mixed shelters that provide care and protection to children and adolescents who are separated from their families for various reasons. It is one of the types of alternative care modalities that predominate in Peru.

^{xxiv} 92% of the representatives of Residential Care Centers interviewed considered it necessary to reform the national protection system to ensure the protection of children and adolescents in extreme situations.

^{xxv} El Comercio: MIMP envía a niños abandonados a centros de drogadictos//MIMP sends neglected children to drug addiction centers: <https://elcomercio.pe/lima/sucesos/ministerio-de-la-mujer-y-poblaciones-vulnerables-denuncian-que-el-mimp-envia-a-menores-en-situacion-de-abandono-a-centro-de-rehabilitacion-para-drogadictos-rmmn-noticia/>; La República: violan a niño en un CAR/Child abused at a Residential Care Center: <https://andina.pe/agencia/noticia-mimp-presentara-denuncia-penal-contra-car-privado-arequipa-violacion-a-nino-892427.aspx>

^{xxvi} MIMP: Ministry of Women and Vulnerable Populations.

^{xxvii} Special Protection Directorate, 2021.

^{xxviii} Women's Emergency Center, a specialized service for women and family members who are victims and/or witnesses of violence.

xxxix "81.6% of the migrants attended were Venezuelan. From the total number, 54.2% did not have an alien's card at the time of their attention." Ombudsman's Office, pages 54-55.

xxx DEMUNA: Municipal Ombudsman for Children and Adolescents

xxxii In 2018, the Ombudsman's Office warned that there are prosecutors' offices that refer cases to DEMUNA without accreditation, which prevents them from assuming competence regarding the attention of risk situations, generating greater administrative burden and delay in the attention and qualification of the various cases presented.

xxxiii The Peruvian fiscal budget has programs by results (PPOR). There are programs for family violence, early childhood development, attention to BGA neglected, violence against women; but the magnitude and specificity of violence against BGA requires a specific budget allocation for its attention (PPOR) that enables the functioning and effectiveness of the regulations and institutions that try to address the problem.

xxxiiii Unified data system containing a single registry of cases of violence and neglect, with fundamental data such as age, sex, disability, ethnic origin, identity, including risk factors and the respective follow-up of the process until the restitution of rights, with reliable indicators for follow-up, monitoring and decision making.

xxxv To guarantee that BGA who are victims and witnesses of violence have effective, timely and quality access to specialized courts within the justice system that deal with diverse cases of violence and neglect, avoiding their re-victimization, ensuring a cordial and friendly treatment, with professionals specialized in the matter, and counting with free service by defense attorneys, who are able to provide information to the victims based on their age, as well as to collect and transmit their needs and inquiries to the judicial authority for adopting the relevant measures, with the respective celerity, within a framework of the best interest of the child.

xxxvi Registry approved in 2018, through Act No. 30901, to ensure that no person with a history of sexual violence and having been convicted of sexual crimes and other gender-based violence, can work in educational institutions, residential care centers, State institutions or private settings that are responsible for the care and attention of children and adolescents. Currently, it is not public knowledge or access.

xxxvii Unaccompanied and separated migrant BGA are at high risk of being victims of various types of violence (trafficking, labor and sexual exploitation, child labor, institutional violence, among others), so it is important that they can obtain the migratory status that will allow them to reunite with their families and access protection services. The MIMP should coordinate with the National Superintendence of Migration this migration regularization, especially for BGA, with different protection measures issued by the Special Protection Units, whether residential or family foster care.

xxxviii Guarantee the strengthening of families -through the development of parenting skills, positive parenting and good treatment of families- to prevent situations of violence and avoid the separation of BGA from their family environment. In the event of separation due to serious types of violence, ensure alternative care and prompt reintegration into the family, with a previous work to ensure a safe and protective environment.

xxxix BGA who are victims of sexual violence should receive medical attention and it should be guaranteed that the health services apply the emergency kit for sexual abuse cases and safeguard judicial evidence.

xl Guarantee increased budget and improved quality of public spending to address the various types of violence against children and adolescents at the three levels of government, by ensuring an adequate implementation of protection services, with materials, work tools, specialized areas, as well as trained professionals to reach and serve children and adolescents in situations of exclusion and vulnerability due to economic, social and cultural factors, as well as situations of poverty and extreme poverty.

xli The Peruvian State is committed, as a pioneer country in the framework of the End Violence Against Children Alliance, to approve and implement with a budget an action plan to address violence against BGA, to be used as a fundamental tool in the implementation of the national multisectoral policy for BGA to 2030. The "Specific Action Plan to End Violence against BGA" has not yet been approved and integrated as a tool for the implementation of the National Multisectoral Policy on Boys, Girls and Adolescents to 2030, which constitutes the public policy framework for children and adolescents.

xlii 111.126 (Belgium), 111.127 (Canada), 111.128 (Nicaragua), 111.132 (Israel), 111.133 (Japan), 111.131 (Greece), 111.130 (France), 111.117 (Guatemala), CEDAW 2022 Final Observations.

xliii GBV: Gender-Based Violence.

xliiii MIMP: Ministry of Women and Vulnerable Populations.

xliv Ombudsman's Office.

xlv The scope of the Specialized Courts and Prosecutor's Offices in all regions of the country should be expanded. By 2022, it was scheduled to be fully implemented nationwide; but then it was rescheduled to 2026 by Supreme Decree 011-2021-MIMP. As of June of this year, there are only specialized courts in 9 Courts of Justice nationwide (out of a total of 29 Courts) and there are specialized prosecutors' offices in 21 prosecutorial districts (out of a total of 33).

xlvi Family Section of the National Police of Peru, according to Article 60, paragraph 4) of Act No. 30364. Currently there are only Family Divisions, which have a lower rank than a Directorate and are not adequate to the approaches of Act No. 30364-Law to prevent and punish violence against women and members of the family group. By creating a Directorate of Violence against Women and Family Members, it will be possible to promote specialization in the fight against gender violence in the organizational structure of the National Police, as well as to strengthen gender institutionalization.

xlvii Such as: gender, interculturality, intersectionality, disability, sexual diversity, rights, among others.

xlviii While there are institutional efforts, their mandatory participation and sustainability is not guaranteed. Act No. 30364 establishes sectoral responsibilities for personnel training, however, this is not applied

xlix National Strategy for the Prevention of Gender Violence against Women "Women free of violence", approved by Supreme Decree No. 022-2021-MIMP. In compliance with this policy, Regional Observatories on Violence against Women and Family Members should be created, which would be in charge of collecting regional indicators on GBV. Available at:

<https://busquedas.elperuano.pe/normaslegales/decreto-supremo-que-aprueba-la-estrategia-nacional-de-preven-decreto-supremo-n-022-2021-mimp-1976374-3/#:~:text=N%C2%B0%2022%2D2021%2DMIMP,-EL%20PRESIDENTE%20DE&text=Art%C3%ADculo%202.%2D%20Objetivo,-La%20Estrategia%20Nacional%20de%20Preveni%C3%B3n%20de%20la%20Violencia%20de%20G%C3%A9nero,entornos%20de%20socializaci%C3%B3n%20y%20convivencia>

ⁱ SISMATE: Emergency Early Warning Messaging System,

ⁱⁱ The National System of Missing Persons created by Legislative Decree 1428 includes SISMATE, the missing persons portal, the missing persons registry and the Inter-institutional Protocol in cases of disappearance of persons in vulnerable situations and other cases of disappearance. Currently, the country counts with the "Emergency Alert" to inform in a given area about the disappearance of a person in a situation of vulnerability (children are always considered as vulnerable), however, it is not implemented. This alert would be disseminated among other means by SISMATE (text messaging) as well as by other means of communication, similar to AMBER alerts in other countries.

ⁱⁱⁱ They are currently recognized as aggrieved parties in criminal investigations and proceedings; however, their legal recognition as direct victims of this form of violence (disappearance) would improve their access to services and protection measures.

ⁱⁱⁱⁱ 111.88. Spain, Establish a specific budget line to address access to safe drinking water and sanitation through effective inter-ministerial coordination and legislation.

^{liv} INEI 2020, https://www.inei.gob.pe/media/MenuRecursivo/boletines/boletin_agua_junio2020.pdf, ENDES, 2021: <https://proyectos.inei.gob.pe/endes/>

^{lv} INEI 2021: https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1769/libro.pdf, and INEI-2019: Characterization of living conditions of the population with disabilities. Hereinafter, PWD will be used to referring to a person or population with disability and FWD for female with disability.

^{lvi} 111.92. Venezuela, Ensure the availability and quality of health services, particularly in rural and remote areas.

^{lvii} This means that for every 1,000 children under 5 years of age, 258.3 years were lost, Page 10 <https://www.dge.gob.pe/portal/docs/tools/CargaEnfermedad/2020/LIMA.pdf>

^{lviii} National Multisectoral Health Policy - PNMS page 23 <https://cdn.www.gob.pe/uploads/document/file/1272348/Pol%C3%ADtica%20Nacional%20Multisectorial%20de%20Salud%20al%202030.pdf>

^{lix} PNMS Page 29 <https://cdn.www.gob.pe/uploads/document/file/1272348/Pol%C3%ADtica%20Nacional%20Multisectorial%20de%20Salud%20al%202030.pdf>

^{lx} SuSalud: National Superintendence of Health supports policyholders in filing complaints with public and private providers.

^{lxi} 111.93. Maldives, Continue improving health care services, as well as reducing the high rate of maternal mortality.

^{lxii} 111.94 Slovenia, 111.141 Portugal, Ensure the implementation of comprehensive sexual education for women and girls, including information on sexual and reproductive health and rights.

^{lxiii} CSE = Comprehensive Sexual Education.

^{lxiv} Act No. 31498 promoting the quality of educational materials and resources in Peru was enacted, since the Executive Branch did not make any observations on the bill. This enables parents to participate more actively in the development of educational materials, It should be noted that, since the Executive Branch did not enact it within the period established by the Constitution (fifteen days, Article 108), the law was enacted by the President of Congress.

^{lxv} Act No. 31498: <https://busquedas.elperuano.pe/normaslegales/ley-que-impulsa-la-calidad-de-los-materiales-y-recursos-educ-ley-n-31498-2080217-1/>

^{lxvi} Comprehensive sexual education is a preventive measure against teenage pregnancy and for health promotion. The human rights and gender approach is used aiming at ending discriminatory behaviors against women in their diversity and against sexual diversity, which seriously affects the health of boys, girls, adolescents and women in their diversity and dissidences.

^{lxvii} 111.95 Slovenia, 111.99 Finland. Guarantee access to medical services. Review the restrictive interpretation of therapeutic abortion and decriminalize it in cases of rape, incest and severe malformation of the fetus.

^{lxviii} Therapeutic abortion has been legalized in Peru since 1924 in cases where the woman's health or life is at imminent risk.

^{lxix} There is no precise information on the number of clandestine abortions performed in Peru, nor are there studies on abortions and sterilizations of women with disabilities.

^{lxx} 111.101 Honduras. Adopt a comprehensive policy to ensure universal access to reproductive health and rights in accordance with the program of action of the Beijing Conference and in accordance with the 2030 Agenda for Sustainable Development. 111.118 Republic of Korea, Continue the efforts to prevent violence against women and girls and ensure quality services for their sexual and reproductive health.

^{lxxi} SRHR= Sexual and reproductive health and rights.

^{lxxii} National Survey on Social Relationships (ENARES): https://www.inei.gob.pe/media/MenuRecursivo/boletines/presentacion_enares_2019.pdf

"..., According to the research carried out in Lima, several episodes were found in which the participants received messages of censorship in relation to their desire to form a family, setting a pattern in their desires and life projects. The exercise of these roles is questioned when the person does not comply with the normative standards of what it is to be a "woman". Nevertheless, an affirmative response related to having chosen this role was identified on the part of participants who are mothers." Page 90 https://generoydiscapacidad.org/data/publicacion/da2d9b_QUE-LA-DIFERENCIA-NO-SE-CONVIERTA-EN-VIOLENCIA.pdf

^{lxxiii} This is due to unplanned pregnancies or as a result of sexual aggression (rape by a member of the community and by the partner), which also opens the way to questioning the autonomy they had to make this decision". [Género y Discapacidad \(género discapacidad.org\)](https://generoydiscapacidad.org) retrieved on June 2, 2022.

^{lxxiv} (married and/or cohabitating partners from 15 to 49 years of age)

lxxv [Planificación familiar.pdf \(www.gob.pe\)](#) graph 4.1 page 101.

lxxvi WCA = Women of childbearing age

lxxvii INEI 2021: "Peru: Characterization of living conditions of the population with disabilities, 2019" https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digiales/Est/Lib1769/libro.pdf page 85. table 6.2.

lxxviii HPV = HUMAN PAPILOMAVIRUS

lxxix <https://www.cdc.gov/std/spanish/vph/stdfact-hpv-s.htm#:~:text=El%20VPH%20es%20la%20infecci%C3%B3n,muchos%20tipos%20distintos%20de%20VPH>

lxxx Table of immunizations: <http://www.minsa.gob.pe/reunis/data/Inmunizaciones.asp>

lxxxi Regulation of the Law on Cancer, approved by Supreme Decree No. 04-2022. Published on March 29, 2022.

lxxxii 111.143 Ukraine, Intensify efforts to promote the rights of children, in particular Indigenous children, in terms of access to education and health care

lxxxiii ENDES 2016. PNMS Pages 29-30 Fig. 12 "the leading cause of morbidity in all stages of life is acute respiratory infections" <https://cdn.www.gob.pe/uploads/document/file/1272348/Pol%C3%ADtica%20Nacional%20Multisectorial%20de%20Salud%20a%20202030.pdf>, retrieved on June 28, 2022

lxxxiv PNMS Page 32, Fig. 14: <https://cdn.www.gob.pe/uploads/document/file/1272348/Pol%C3%ADtica%20Nacional%20Multisectorial%20de%20Salud%20a%20202030.pdf>, retrieved on June 28, 2022

lxxxv PNMS Page 33, "...The Ombudsman's Office, in Special Report No. 23-2020-DP43 on internal migration and strandings during the pandemic, has detected the strong impact that COVID-19 has had on three specific groups: people with disabilities, children and adolescents, and people from Indigenous communities." <https://cdn.www.gob.pe/uploads/document/file/1272348/Pol%C3%ADtica%20Nacional%20Multisectorial%20de%20Salud%20a%20202030.pdf> retrieved on June 28, 2022.

lxxxvi 111.140 Bangladesh, 111.146 India, Continue to intensify the efforts to reduce widespread child poverty; and take concrete steps to address the high rate of drug and alcohol addiction among children and adolescents.

lxxxvii Source: National Institute of Statistics and Informatics - National Household Survey., 2021. <https://www.inei.gob.pe/media/MenuRecursivo/boletines/pobreza-monetaria-2021-cies-10-05-2022.pdf>
The population segment most affected by poverty is children and adolescents (0 to 17 years old), where the incidence of poverty is 35.4%, followed by the population between 18 and 59 years of age (22.6%).

lxxxviii PNMS Page 38: <https://cdn.www.gob.pe/uploads/document/file/1272348/Pol%C3%ADtica%20Nacional%20Multisectorial%20de%20Salud%20a%20202030.pdf>

lxxxix Mental Health Guidelines 2018 of MINSA. National Plan for Strengthening Community Mental Health Services 2018- 2021, Technical document approved by Ministerial Resolution No. 356-2018/MINSA. Mental Health Plan 2020-2021 (in the context of COVID). Highest prevalences are found in the urban areas of Ayacucho, Puerto Maldonado, Iquitos, Tumbes, Puno and Pucallpa. Studies conducted in rural areas of the country found that this prevalence is 10.4%, being higher in the rural area of the Lima region. A Mental Health Plan is in process of being implemented.

xc The Mental Health Plan comprises three components: 1) Preventive and strengthening of care services. 2) Encourage greater training of psychiatrists and open positions at the decentralized level. 3) Continue strengthening and expanding the coverage of Community Mental Health Centers.

xci Currently housed at the Ministry of Development and Social Inclusion. (MIDIS)

xcii 111.149 Australia, Continue efforts to protect the rights of persons with disabilities, and consider ways to increase employment opportunities for persons with disabilities living in rural areas, women with disabilities, and elderly with disabilities.

xciii Ombudsman's Office. (2020). The Ombudsman's Office warns about layoffs of persons with disabilities. <https://www.defensoria.gob.pe/la-defensoria-del-pueblo-alerta-sobre-despidos-a-personas-con-discapacidad/#:~:text=En%20el%20contexto%20de%20la,el%20ejercicio%20de%20sus%20derechos>.

The labor market of population of 14 years of age and older reveals that 44.8% of the PWD and 74.1% without disabilities are part of the EAP. The unemployment rate is 3.9% at national level for people with and without disabilities. According to INEI- 2021: "Peru: Characterization of living conditions of the population with disabilities, 2019" https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digiales/Est/Lib1769/libro.pdf

xciv By applying reasonable adjustments and supports in order to guarantee jobs occupied by PWD.

xcv Act No. 39936 Law that regulates Telework <https://busquedas.elperuano.pe/normaslegales/ley-que-regula-el-teletrabajo-ley-n-30036-946195-3/> retrieved on June 28, 2022.

xcvi 111.150 Costa Rica, 111.153 Israel, Promote a reform of the Civil Code to provide full legal capacity to persons with disabilities to guarantee their autonomy and improve their social inclusion and ensure that they have access to inclusive education and appropriate health care services.

xcvii Supreme Decree No. 1384-2018. Persons with disabilities have the capacity to exercise on equal terms in all aspects of life. <https://busquedas.elperuano.pe/normaslegales/decreto-legislativo-que-reconoce-y-regula-la-capacidad-jurid-decreto-legislativo-n-1384-1687393-2/#:~:text=Toda%20persona%20tiene%20capacidad%20jur%C3%ADdica,los%20aspectos%20de%20la%20vida.%E2%80%9D>

xcviii 111.151 Cuba, Reformulate the Equal Opportunity Plan for Persons with Disabilities to harmonize it with the General Law on Persons with Disabilities.

xcix Implementation is in process. The National Multisectoral Policy on Disability (PNMD), approved by Supreme Decree No. 007-2021-MIMP, needs to be implemented and executed by the various state agencies; authorities and officials in general do not master or include the human rights, disability and intersectionality approach in programs, services, plans and policies.

^c 42.9% of PWD of working age are employed, 22.7% do not have health insurance, only 62.4% of PWD have reached a secondary education level. 22.8% are living in monetary poverty: 61% of the Peruvian population perceives that PWD are the most discriminated against group.

^{ci} Budget considered by the Ministry of Economy and Finance (MEF) in the twenty-ninth final complementary provision of the Budget Law for Fiscal Year 2022: local and regional governments are authorized to use 0.5% of their budget for investment projects to improve infrastructure and accessibility in favor of PWDs, and another 0.5% for current expenses and support programs. <https://www.mef.gob.pe/es/por-instrumento/ley/27512-ley-n-31365/file>

^{cii} 111.154 Italy, Intensify efforts to guarantee the rights of persons with disabilities, in particular through the full implementation of the provisions of the Convention on the Rights of Persons with Disabilities.

^{ciii} General Law for Persons with Disabilities 29973: <https://www.mimp.gob.pe/webs/mimp/herramientas-recursos-violencia/contenedor-dgcvg-recursos/contenidos/Legislacion/Ley-general-de-la-Persona-con-Discapacidad-29973.pdf>

^{civ} PNMD: National Multisectoral Policy for the Development of PWD https://www.google.com/search?q=politica+nacional+multisectorial+en+discapacidad+para+el+desarrollo+2030&rlz=1C1CHZN_esPE941PE941&oq=politica+nacional+multisec&aqs=chrome..69j57j0i1318.23521j0j7&sourceid=chrome&ie=UTF-8

^{cv} There is a pilot of the platform: "Online measure of CRPD compliance in Latin America" to assess and support the level of implementation of the CRPD of the United Nations in Latin America, an accessible tool that is of public access.

^{cvi} # 111.94. Slovenia, Ensure the implementation of comprehensive sexual education for women and girls, including information on the right to sexual and reproductive health.

111. 98. Canada, Ensure the implementation of comprehensive sexual education for women and girls, including information on the right to sexual and reproductive health.

111. 100. France, Ensure the implementation of comprehensive sexual education for women and girls, including information on the right to sexual and reproductive health.

111. 141. Portugal, Increase children's access to information and education on sexual and reproductive health and rights, including in schools, as well as access to sexual and reproductive health services.

^{cvii} The National Curriculum for Basic Education was approved by Ministerial Resolution 281-2016-MINEDU published on June 3rd, 2016, which would go into effect as of January 1st, 2017 in all public and public educational institutions and programs nationwide. A lawsuit against MINEDU for including the gender approach prevented its implementation until 2018.

^{cviii} New initial teacher training curricula were issued at the end of 2019. Teaching staff has not been prepared for their implementation.

^{cix} Act No. 31498 "Law that promotes the quality of educational materials and resources in Peru", issued on June 23rd, 2022, was promoted by groups with particular interests, exclusionary and ultraconservative religious postulates that reject a supposed "gender ideology" and categorically reject the gender approach. Act No. 31498 gives parents the right to veto materials for public schools, not private schools, that are inconsistent with their family and religious values and principles.

^{cx} 116.99. Cuba, Continue to develop measures and programs that allow universal access to education.

116.100. Indonesia, Prioritize efforts on the situation in rural areas, where the literacy rate is still relatively lower than in urban areas.

^{cxii} 111.103. China, Universalize basic education and reduce illiteracy.

^{cxiii} Agenda 2030, Sustainable Development Goal 4, target 4.1 universal primary and secondary education; target 4.2, universal comprehensive early childhood care, 4.6 literacy that enables men and women, youth and adults to participate fully in society.

^{cxiiii} National Education Project (PEN) to 2021, Strategic Objective 1

^{cxv} National Institute of Informatics and Statistics. National Household Survey 2018, Chapter 6.

^{cxvi} 116.103. Costa Rica, Continue efforts to provide high quality education to all children and adolescents in Peru, especially those belonging to vulnerable groups, such as Indigenous peoples, Afro-Peruvians, Afro-Peruvian communities and persons with disabilities.

116.31. Slovakia, Effectively end gender discrimination in access to education and health, especially in rural areas and Indigenous communities.

^{cxvii} 111.104. India, Develop a basic education **curriculum** providing **quality** education in **rural areas**, promoting gender equality, non-discrimination based on sexual orientation and addressing problems in community education systems: intercultural and inclusive education.

111. 105 Morocco, Develop a basic education curriculum providing quality education in rural areas, promoting gender equality, non-discrimination based on sexual orientation and addressing problems in community education systems: **intercultural and inclusive education**.

111. 159. Venezuela, Guarantee access to health and education programs for Indigenous people in rural areas.

^{cxviii} Approaches included in the National Curriculum for Basic Education (CNEB): human rights, attention to diversity, interculturality, gender equality, common good approach, environmental approach and excellence approach.

^{cxix} SDG 4.7, Ensure that all students acquire the knowledge and skills necessary to promote sustainable development, including, among others, education for sustainable development and lifestyle, human rights, gender equality, promotion of cultures of peace and non-violence, global citizenship and appreciation of cultural diversity.

^{cx} National Education Project (PEN) to 2021, Strategic Objective 2, Relevant and quality learning, emphasizes educational quality.

^{cxxi} <http://repositorio.minedu.gob.pe/handle/123456789/5105>

^{cxvii} Approved by Supreme Decree No. 012-2021-MC in December 2018.

^{cxviii} Office of the Ombudsman, Press Release No 149/ocii/dp/ 2018.

^{cxix} Educational Attention Policy for Population in Rural Areas, approved by Supreme Decree No. 013-2018-MINEDU dated December 14th, 2018

^{cx} Outcomes of the last Education Census Evaluation, ECE 2018. Fourth-graders of primary school: 30.7% satisfactory achievement in Mathematics; 31.6% Spanish-speakers, 17, % Indigenous-language speakers; in urban areas, 33.1% with satisfactory achievement and 13.0% in rural areas. Reading: 34.8% satisfactory achievement; 36.0% Spanish speakers vs. 15.8% Indigenous-language speakers; in urban areas, 37.8% reach satisfactory level vs. 13.0% in rural areas.

^{cxvi} IBE: Intercultural Bilingual Education

^{cxxxvi} Andean languages: Aymara: satisfactory level 0%, Spanish 26.3%; Quechua Chanka: satisfactory achievement 3.1%, Spanish 21.7%; Quechua Collao: satisfactory level 18.9%, Spanish 18.1%. Amazonian languages: Awajun: 18.9% satisfactory, Spanish 2.1%; Ashaninka: 2.9% satisfactory, Spanish 4.5%; Shipibo-Conibo: 10.1% satisfactory, Spanish 6.9%.

^{cxxxvii} Educational Attention Plan for the Afro-Peruvian School Population 2019-2020

^{cxxxviii} Aquí estamos! Niñas, niños y adolescentes afroperuanos. Estudio CEDET, Plan Internacional y UNICEF. Lima. 2013. (Here we are! Afro-Peruvian children and adolescents. Study CEDET, Plan International and UNICEF. Lima. 2013)

^{cxxxix} Coast: Illiterate MWD 19.2%, illiterate FWD 31.9%; Highlands: illiterate MWD 22.6%, illiterate FWD 49.4%; Rainforest: illiterate MWD 23.5%, illiterate FWD 42.3%.

^{cxl} Contribution of CODIP, Commission of Blind Ladies of Peru

^{cxxxi} 116.104. Honduras, Educational system accessible and responsive to the specific needs of working children.

^{cxxxii} 111.89. Portugal; 111.144. Angola; 111.145 Honduras, Increase the minimum age for admission to employment to 16 years and prohibit all forms of hazardous work for children under 18 years of age, and allow their reintegration into the school system or create an incentive program for their permanence in the educational system.

^{cxxxiii} 111.181 Take specific and effective measures to ensure migrant workers' access to basic education and health care; and their protection against mistreatment through the provision of judicial and administrative remedies.

^{cxxxiv} Contributions from SOS Children's Villages