**IV-V Alternative Report**

**of the civil society regarding compliance with Convention on the Rights of the Child in Peru (Period 2006-2014)**

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**I. Overview**

This report has been prepared by the **Follow-Up Committee for the Implementation of Convention on the Rights of the Child in Peru[[1]](#footnote-1)**. It reflects the difficulties affecting the compliance with the obligations under the Convention between 2006 and 2014, and addresses some important facts from the early 2013-2014 biennium.

The preparation and publication of this report corresponds to one of the mechanisms for monitoring the enforcement of Convention on the Rights of the Child and it is based on the reports by the involved States and civil society reflecting the situation of children and adolescents in countries that have signed the Convention, and submitted before UN Committee on the Rights of the Child headquartered in Geneva.

This report is participatory, and included the intervention of 196 civil society organizations working for the rights of children and adolescents. Also, the opinion of 367 children and adolescents was collected. The information submitted systematizes queries done in Lima, Piura, Loreto, Ica, Huancavelica, Cusco, Ayacucho and Huanuco during 2012 and the updating performed on 2014-2015.

The report is organized into three sections. In the first section the methodology used in its elaboration is described; the second section is an assessment of the difficulties presented for the compliance with Convention on the Rights of Children and Adolescents in Peru from 2006 to 2014 including the proposed solutions recommended by the civil society to the State; finally, the third section deals with questions posed by the civil society and demanding a response from the State.

The main message of this report is that despite the State progress and efforts to improve the situation of children and adolescents and to comply with Article 4 of the Convention on the Rights of the Child related to the adoption of any administrative, legislative and other kind of measures to give effect to the rights recognized in the Convention to the maximum extent of its available resources as required; there are still gaps and issues in which the State has to take responsibility.

**II. Methodology**

In September 2011, the Follow-Up Committee for Implementation of the Convention on the Rights of the Child in Peru was formed to coordinate the elaboration of IV alternative report by the Peruvian civil society regarding its compliance in the country and then to perform a following-up for the recommendations formulated within the report and those made by the International Committee.

Four thematic areas to be analyzed were defined: protection, health, education and participation; which in turn were divided into several subtopics. It was also established that the working method shall be based on consultations with those directly involved and for this, a question and gathering of information systems were developed giving rise to several consolidated reports which, in turn, served as input for the final document.

In order to organize the fieldwork, 23 consultation groups were formed in Lima, and decentralized groups in Piura, Loreto, Ica, Huancavelica, Cusco, Ayacucho and Huánuco. In each group and region two consultations were carried out between June and November: one with civil society organizations and the other directly with children and adolescents.

After these meetings, reports were developed and systematized in order to observe trends according to the obtained responses; they served as a basis for analysis and subsequent drafting of this document. Therefore, what follows is an attempt to capture the real opinions of the sectors involved in the defense of rights, in order to establish a dialogue with the Government, which should guarantee these rights, and with the international community responsible to conduct surveillance.

During the period from December 2014 to February 2015, the information regarding progress on the four thematic areas was updated through review of IV-V report by the Peruvian State, government documents and by the civil society; also experts were consulted on the different addressed topics.

**III. Difficulties in the progress for the implementation of Convention on the Rights of the Child**

The main obstacles to achieve a more effective implementation of the Convention is derived from the ability to harmonize the views of civil society and children and adolescents directly involved, and the answer from the State to use its capacities and means for implementing what was agreed. In this chapter we present a review of the level of compliance.

**3.1. General principles of the Convention**

Article 12 of CRC (Convention on the Rights of the Child) raises as general principle the respect by adults and the State, regarding children and adolescents’ opinion.

But, in the country there is no yet a clear conceptual framework on the participation of children and adolescents with own voice. Although the National Plan of Action for the Childhood and Adolescence 2012-2021, in outcome 18, declares the involvement of children and adolescents in the public policy, there is no clearly defined guidelines to build programs and projects through which the authorities could promote the effective participation of children and adolescents from families, schools and public spaces. The Convention itself does not address this gap.

On the other hand, participation instances promoted by the State as CCONNA (Advisory Council on Children and Adolescents, for their acronyms in Spanish), CONEI (Institutional Educative Council, for their acronyms in Spanish) and school Municipalities, are in the initial phase to consolidate their national presence. Since great majority of adults have a paternalistic view with respect childhood and since authorities are still reluctant to recognize skills and potential in children and adolescents, it is not well displayed the added value their participation would generate in processes related to community, local, regional and national development (participatory budgeting, elaboration of development plans, elaboration of agendas for children, etc.). Child/adolescent participation in the cycle of public policies, has no process indicators that can quantify the quality and impact of participation, as established by international guidelines[[2]](#footnote-2)

Efforts to implement an adequate monitoring system of commitments assumed by the State, remain weak in terms of participation and performance measurement through a coordinated effort, is still pending.

**Recommendations**

* To include in regulations (Code for Children and Adolescents) the recognition to the right of opinion through the participation of children and adolescents in all matters affecting them, at different levels of government as well as in the various levels of the civil society.
* To establish mechanisms to facilitate the expression of opinion for all children and adolescents and an adequate accountability of the State and civil society on the progress of participation and the expressed opinions.
* To develop local information and awareness programs to families and community in general to recognize children and adolescents’ right of opinion.

*Additional recommendation for children and adolescents:*

* To promote participation in school curricula, as well as leadership and capacity development issues.

**3.2. Individual Rights and Freedoms**

Article 8 of CRC refers to birth registrations and to documentation recording the existence of children so they can exercise their rights.

In recent years it has significantly increased the registration and documentation of children in the country. In 2013, there were 9 million 946 thousand 53 children and adolescents who had their National ID Card (DNI, for their acronyms in Spanish)[[3]](#footnote-3), representing 90% of the total population in the country.

The lack of documentation of child population has represented a dedicated vulnerability framework for those who are experiencing this, since it limits the exercise of their rights, hindering their access to public health services and education. It also increases the level of exposure to the risk of being trafficked in its various forms. Among the undocumented child population, the most vulnerable are infants, who are in extreme poverty or are victims of violence and neglect.

Populations with higher rates of undocumented people (DNI) are located in the departments of Lima, Cusco, Piura, Cajamarca, La Libertad, Puno and Loreto. Furthermore, the forest region (Loreto, Amazonas and Ucayali) has the strongest lack of birth certificates regarding its child and adolescent population (54% of total)[[4]](#footnote-4)

Throughout the documentation cycle, which starts with the Certificate of Live Birth and ends obtaining DNI, there are administrative, normative, economic, geographic and cultural barriers hindering sometimes in an extreme way, that the poorest and more neglected[[5]](#footnote-5) populations, do have access to this important right exposing them to situations of double victimization.

The main barriers to universal documentation for minors is the high turnover of trained registrars in municipal offices, illegal charges, inadequate coordination and interconnection between the National Registry of Identification and Civil Status (RENIEC, for their acronyms in Spanish) and municipalities, and service weaknesses of the Civil Registry. The barriers are even more difficult to overcome for families who have a native language other than Spanish.

**Recommendations**

* To develop campaigns on the concept "public value" for the full identification of children and adolescents and to promote incentives to encourage registration.
* To promote the simplification and facilitation in obtaining DNI to solve problems that arise within the documentation cycle.
* To expand and interconnect service network with municipalities and to contribute for modernizing the civil registration service, giving special attention to children and adolescents with special abilities or disabilities.
* To ensure the immediate registration of all births mainly in the farthest zones of the country in accordance with Article 7 of the Convention.
* To strengthen the registration of newborns into health units
* To ensure the training of new registrars in municipalities.
* To focus the greatest efforts to identify children and adolescents in areas with the highest incidence of child and adolescent lack of documentation.
* To promote the creation of an Identity Registration Court in order to resolve by administrative means, errors and omissions in registration records.

*Additional recommendation for children and adolescents:*

To ensure the continuous issuing, without restrictions and free of charge, of DNIs for children.

**3.3. Family environment and alternative guardianship**

**Article 20 of CRC, refers to the right for protection of children and adolescents deprived from their family environment.**

In Peru, it still cannot be established exactly how many children and adolescents are deprived of a family environment and how they are being cared those who are institutionalized.

It is estimated that there is more than 16,000 children and adolescents[[6]](#footnote-6) who have lost the care of their fathers and/or mothers and are placed in Residential Care Centers (CAR, for their acronyms in Spanish) in charge of the National Family Welfare Institute (INABIF, for their acronyms in Spanish), regional governments and public benefit corporations.

In 2010, the Ombudsman Office[[7]](#footnote-7) supervised public CARs and concluded that due to their charitable care approach their operation was not sufficiently oriented to family reintegration of children and adolescents, and their family relocation. Thus, the treatment provided to children and adolescents who live there is not what it could be, that is, more like a family.

One of the difficulties with respect public policy is that collecting data system on children and adolescents without parental care and following-up of CARs are quite poor, not being possible a comprehensive assessment of the issue involving each of them. The focus on these children and adolescents is of "abandonment by the family", and there is no evidence related to the obligation of the State as to what it must do with people in this situation until they can get a family substitute.

In addition to this, the lack of coordination between the different levels of the Sate prevents the execution of programs and preventive actions against neglect and abandonment by families. Furthermore, in the situation of risk that children and adolescents live, alternative measures to institutionalization (a center placed to replace the family unit) are not executed resulting in the fail to achieve an adequate family and social reintegration.

Another protective measure for minors in abandonment is a Foster Care[[8]](#footnote-8), in which the child or adolescent is transferred to the custody of a person, family or institution responsible for him/her temporarily.

The process for declaration in state of neglect, by the Judicial Authority, is one of the most important critical points, because the lack of efficiency, results in the generation of long periods until the final decision; and this added to the fact that the process is expensive because the notification is used only via edict, leaving aside other viable options for notification. An example of the difficulty for the Judicial Authority to meet demand, is that there is in Lima, only 15 guardianship civil courts receiving cases from over 30 districts of the capital, and something similar or worse happens throughout the country.

In relation to adoptions, processes delay in the country approximately five years, while in other countries it is possible to obtain an adoption in a year.

One of the State’s obligations is to provide adequate attention for children who have no care of their families, or who are at risk of losing them. However, current practice does not consider international standards of human rights. There are too many children in institutions, with more efficient processes, could have an appropriate family environment.

Furthermore, according to the report by the Ombudsman Office on CARs, it is shown that the current regulation of the centers does not guarantee the quality operation of these establishments.

Finally, since the opinion of the own children and adolescents is not taken into account, with respect the treatment they receive and all other circumstances relevant to their situation, such as the periodic review of the fostering condition, their chance to participate in decisions regarding untimely transfers and discharges, as well as the separation between siblings, is limited. In the public sector it is not promoted the unconditioned participation through mechanisms which may include the complaint and accusation, even in extreme cases as those of physical punishment and humiliating treatment.

**Recommendations**

* To strengthen the existing legal framework in relation to the rights of children without parental care in Peru, based on the guidelines of the United Nations on forms of alternative childcare.
* To accompany any change in the legal rule when required, with a political decision allowing an adequate investment and ensuring the ability of the involved agencies to meet the existing demand.
* To implement comprehensive strategies to strengthen family units, focusing in the existence of alternatives to institutionalization by developing capacities for quality care within their family of origin.
* To coordinate actions by the Ministry of Women and Vulnerable Populations and regional and local governments to ensure the care of children who need special protection, assigning a larger public budget for a timely and more decentralized response.
* To improve the regulation for Children and Adolescents Care System in Residential Care Centers keeping in perspective deinstitutionalization.
* To implement an integrated information and surveillance system to facilitate the identification of the causes for family vulnerability and to allow the identification of children without parental care.
* To promote the training of judges to develop rapidly the adoption processes.
* To adapt mechanisms that ensure children's participation in decision-making concerning their life at all stages of fostering. To implement an effective child protection, including prevention systems and procedures to make complaints or accusations related to incidents of violence against children and adolescents.
* To ensure policies strengthening the family as the fundamental base of childcare, reducing the number of street children.
* To ensure an external monitoring mechanism through the relevant governing body, allowing the right to complain for institutionalized children.

**Articles 3, 19 and 39 demand for actions to protect children from sexual abuse and address the recovery of victims for this crime.**

Sexual abuse against children and adolescents is an alarming reality in the country. There are serious obstacles to brought into line the figures of such violence, first because the victims of this crime often do not report the assault, mainly because in most cases the perpetrator is a member of their own family. In 2014, Women’s Emergency Center – CEM (for their acronyms in Spanish) reported 4482 cases of sexual violence to children and adolescents, including 2276 for raping, which in 53% of cases had as offender a family member.

At the present time, technical, material and financial resources devoted for the care and protection of sexual abuse victims are not enough. Proof of this is that 86% of the police stations operating in the country, has no a special schedule to inform the public about the status of their complaints and 40.9% do not have environments that ensure privacy in conducting statements. This picture is even more critical within the country where 29.3% (132) of police stations have no privacy to address complaints and others 70.4% (317) do not have bilingual staff. Additionally, they do not have the budget to travel to the scene of the attack so that in many cases it is the family of the victim who transport with their own means and resources the police personnel.[[9]](#footnote-9)

To ensure no victimization, that is the recurrence of incidents, Gesell[[10]](#footnote-10) cameras were installed throughout the country, which in December 2014 amounted to 446. However, they are not enough to meet the demand for existing attention, mainly due to long waiting periods for conducting interviews. Proof of this is that in 2012 from the 1197 ordered interviews, 287 were canceled and 216 were not performed.

This limitation in the timely attention of cases creates a bottleneck that hinders the speed and efficiency of justice. It should be noted that forensic services are concentrated in some cities and the staff is not specialized in the attention of children and adolescent victims of sexual abuse.

Regarding protection measures, there are few shelters or Residential Care Centers for victims of sexual abuse, and on the other hand there is no a clear policy on ensuring recuperative care for children and adolescents victims of sexual abuse.

This problem gets worse by the lack of a single registration system for caring and protection of children and adolescents victims of violence and the lack of coordination between the various services of the protection system. Therefore, each institution serving any field, records cases independently without crossing information; thus, there are scattered records by the Public Prosecutor’s Office, the National Police of Peru (PNP, for their acronyms in Spanish) and the Ministry of Women and Vulnerable Populations (MIMPV, for their acronyms in Spanish) through their Women's Emergency Centers (CEM).

Another almost alarming factor about the current State policy on sexual abuse, is that in the new proposal of the Code for Children and Adolescents the issue of sexual violence against children and adolescents becomes invisible.

For example:

* If the offender is part of an educational institution (RM 0405- 2007-ED), criminal proceedings are used, and is also addressed administratively, through the Commission on Response to Complaints and Accusations (CADER for their acronyms in Spanish), instance which conducts interviews to victims inadequately, since it lacks resolute and sanctioning powers.
* Although the plenary accord n° 1-2011/CJ- 116 provides that the statement of the victim should be considered as preliminary evidence, many judges order new interviews or dismiss the statements of victims as evidence.
* The Assistance Program for Victims and Witnesses[[11]](#footnote-11) only provides assistance to victims and witnesses whose freedom, welfare or both physical and psychological integrity is at risk as a result of their participation in the legal investigation.
* MMPV is not already acting as authorizing entity for intersectoral action of the National System for Comprehensive Care of Children and Adolescents (SNAINNA for their acronyms in Spanish).
* Sectoral registration systems have different parameters, which prevents to establish with certainty the number of cases and to perform a thorough following-up, in addition to the duplication in caring statistics. However, all reveal that violence, especially to girls and young women, is very high and that cases of sexual abuse often go unpunished.
* The Ministry of Justice provides legal assistance to victims and witnesses through the Public Defense Office; unfortunately it only has 36 offices nationwide to meet all the cases of victims, including sexual abuse to children and adolescents and there is no information of existing bilingual staff. Although the legislation guarantees free defense of victims with few material resources, the demand exceeds the effective capacity of public defenders, so that the right to legal assistance to victims is not guaranteed.
* To facilitate health staff to perform accusations of cases coming to health centers, avoiding them to attend police stations for submitting their statements, which often inhibit them by the time spent and the possibility of intimidation against them. The same applies to teachers, who are frequently victims of threats from parents, who must be released from these procedures.

**Recommendations**

* To start within three months the design of a Following-Up and Recording System for children and adolescents victims of violence (including sexual violence) with standardized indicators to facilitate the integration of police records by the Public Prosecutor’s Office, Judicial Authority, health facilities, municipal ombudsmen and Women's Emergency Centers, among others.
* To promote the adequacy of the Attention Route for victims of child sexual abuse (CSA), child sexual exploitation (CSE) and trafficking for sexual exploitation (TESI, for their acronyms in Spanish) in regions and local governments, with comprehensive care protocols and protection to victims, harmonized across sectors.
* To increase the budgets of Units for Victims and Witness Assistance at the Public Prosecutor’s Office in order to expand service coverage in the most distant districts and places of the country.
* To ensure the increase of public defenders sponsoring cases involving girl victims of sexual violence. To increase penalties for child molesters and training of police agents and magistrates to treat these cases.
* To approve by 2016 a budget program focused on the prevention of sexual abuse and strengthening for caring and protection services to victims, which ensure the implementation of escort services during the process, legal counseling, temporary shelter, psychological attention, social support, rehabilitation, among others.

*Additional recommendations for children and adolescents:*

* To sensitize families, especially in remote places, and to report existing care services and protocols for abused minors.
* To ensure the presence of psychologists in educational institutions to detect timely any cases of sexual abuse.
* To invest in the training of police agents to improve care for victims.

**Articles 19 and 28 of CRC refer to corporal punishment applied to children and adolescents**

In Peru, corporal punishment is still practiced within families, and in schools is a practice that remains rooted and legitimized as a way of disciplining children and adolescents.

According to the Demographic and Health Survey (ENDES, for their acronyms in Spanish, 2013), the most common way of punishment that a father uses to reprimand or punish their boys or girls is the verbal reprimand (37%); 23.2% use physical punishment or spanking. 18% of women surveyed think that to educate their children physical punishment is sometimes necessary.

One of the main concerns the proposal to the amendment of Code for Children and Adolescents has generated in the Justice Commission of the Congress, is that the explicit prohibition of physical and humiliating punishment as a means of correction or discipline is not included. Also the term "moderate correction" expressed in Article 74 of the current Code for Children and Adolescents is not ruled out. This undetermined legal form legitimizes the use of violent methods by parents, siblings and other relatives.

Within the report of the Committee on the Rights of the Child - 2006 the Peruvian State is recommended to enact and enforce legislation prohibiting explicitly all forms of corporal punishment to children in all environments and particularly at home. This recommendation is consistent with the observations found in international documents such as the "World report on violence against children" by Paulo Sérgio Pinheiro, an independent expert for the Study by the United Nations Secretary-General (2006) and the "Report on corporal punishment and human rights of children and adolescents. Promoting the defense and respect of human rights for children and adolescents in the Americas" by the Rapporteur on the Rights of the Child for the Inter-American Commission on Human Rights (2009) and Second Universal Periodic Review for the United Nations Commission on Human Rights (2012).

It should be emphasized that in terms of addressing corporal punishment, there is no sustainable strategies to prevent, detect and refer these cases to protective services; on the other hand, spontaneous complaint of children and adolescents on cases regarding physical violence is not guaranteed by the Peruvian government services.

**Recommendations**

* To enact the Act for prohibition of corporal punishment and other humiliating treatment in all environments (family, school, residential care facilities, rehabilitation centers, preventive detention centers, etc.)
* To amend Article 74 of Code for Children and Adolescents and Article 423 of Civil Code regarding moderate punishment.
* To establish safe, confidential and accessible mechanisms for children to report abuse and physical violence they are victim of.
* To strengthen, with infrastructure and training, information services, care and protection of children and adolescents victims of abuse, especially regarding vulnerable populations.
* To give priority to the prevention of corporal punishment and humiliating treatment of children by addressing its underlying causes. Prevention policies should address the immediate risking factors, such as family breakdown, lack of attachment from parents to their children, abuse of alcohol and drugs, and so on.
* To register, according to its importance, the report of these cases made by physicians treating them, to have the data and perform a timely following-up.
* To establish a monitoring mechanism on children condition, especially on those who are victim of domestic violence.
* To ensure coordination between the State and civil society, to set ANAR phone as a tool for prevention and detection of violence against children, from the intercultural approach with emphasis in Spanish and Quechua.
* To establish public and civil society help-lines, as a reliable source for making evidence-based policies.

*Additional Recommendation for children and adolescents:*

* To extend the free help-line so it can reach the most remote zones of the country.
* To promote complaint sites for children and adolescents with specialized staff sensitized on the subject.

**3.4. Basic Health and Welfare**

**Article 23 of CRC recognizes the right to a full life for children and adolescents with disabilities**

Currently there is no an accurate estimation of the population with disabilities in Peru. The socio-demographic profile of the population with disabilities was in charge of INEI -CONADIS (2006) with respect Lima, which is the last existing estimation. The lack of updated information is an important barrier to estimate the need for assistance to ensure the right to a full life for this population.

The facilities where the registration in the National Registry of People with Disabilities (RNPC, for their acronyms in Spanish) can be performed are concentrated in departmental capitals. Also, the number of doctors authorized to certify the disability is inadequate (365) and are concentrated in major urban areas[[12]](#footnote-12).

The Ministry of Health doesn’t have trained staff in primary care levels for detection of disabilities; besides, it not being implemented the technical standard[[13]](#footnote-13) for evaluation and development of children under five years old which would allow to detect and refer those cases to specialized services in a timely manner. It should be emphasized that 92.4% of people with disabilities has no a disability certificate.

The Universal Health Insurance (AUS, for their acronyms in Spanish) system of the Peruvian government does not cover treatment and rehabilitation of children and adolescents with disabilities. Only 11.4% of people with disabilities receive treatment and/or rehabilitation therapies for any limitation. There is no either an intersectoral system for the early detection of disabilities coordinated by the Ministry of Health, Ministry of Education, Ministry of Social Inclusion and Ministry of Women and Vulnerable Populations, nor sufficient resources or services to their attention.

While, the National Plan for Equal Opportunities to Persons with Disabilities 2009-2018[[14]](#footnote-14) does not incorporate the recommendations made by the Committee in General Comment No. 9 (recommendation 43) on the required measures to prevent violence against children and adolescents with disabilities, which impacts in attention procedures or protocols for public services dealing with violence cases (municipal ombudsmen, CEM, police stations, etc.) that do not manage orientations nor have trained staff to handle cases of children and adolescents with disabilities and victims of violence.

The coverage and quality of the educational services for children and adolescents with disabilities are weak. Only 48% of primary-level educational institutions have adequate infrastructure (accessible toilets, adequate lifts, access ramps, guardrails and information signs) to receive students with disabilities. While among the 381 Special Basic Education Centers of public management, only 1.3% are located in rural areas.[[15]](#footnote-15)

According to ENEDIS 2012, 26.5% of persons with disabilities over 15 years old, and 66.5% of rural women, cannot read or write. There is also a high level of educational exclusion: 62.8% of children between 3 and 5 years old and 36.9% of children between 6 and 11 years old do not attend any school. The same occurs in 49.2% of adolescents from 12 to17 years old.

Of all EBR educational institutions including children with disabilities (10,668), only 23% has the accompaniment of the Support and Counselling Service for Attention of Students with Special Educational Needs (SAANEE, for their acronyms in Spanish). In 48 provinces of the country, SAANEE does not operate. There is little money devoted for the inclusion of children in regular schools, which does not allow a real inclusion of children with disabilities in schools. SAANEE staff operating over 10 years fail to cover the attention of the included children.

In 2011, the Ombudsman Office[[16]](#footnote-16) found that primary-level Educative Institutions (EI), mostly have not materials to allow an inclusive education. The Early Intervention Program for the attention of children with disabilities under five years old, is not operating in Tacna, Apurimac, Ica, Madre de Dios, and Lambayeque and, nationwide, only includes 3082 children (8%).

**Recommendations**

* To ensure decentralized offices for the National Registry of Persons with Disabilities in all provinces of the country.
* To include in the coverage of Universal Insurance System the cost of treatment, rehabilitation and support systems for children with disabilities carried out by MINSA and ESSALUD. Also to ensure trained and authorized medical staff for issuing disability certificates promptly.
* To monitor the implementation of the technical rule for evaluation and growth of children under five years old.
* To ensure that 100% of Basic Education Institutions, count on the accompaniment and assistance of a Support and Counseling Service for Attention of Students with Special Educational Needs (SAANEE) professionally strengthened, with appropriate infrastructure, and adequate materials
* To ensure that 100% of provinces operate Early Intervention Programs (PRITE, for their acronyms in Spanish) for the attention of children under five years old with disabilities or at risk of acquiring them and Special Basic Education Centers (CEBE, for their acronyms in Spanish) for caring children with severe disabilities or multi-disabilities.
* To create Disabilities and Rehabilitation Office at MINSA.
* To strengthen the budgetary health program for persons with disabilities, expanding its scope and coverage.
* To approve the Health Technical Rule for Assessment, Qualification and Certification of the person with disabilities.
* To require the Superintendence of Banking and Insurance and AFPs to regulate and monitor the access of persons with disabilities to private insurances.
* Reformulation of the 0106 Budget Program, "Inclusion of children and youth with disabilities in basic and technical productive education" to guarantee that resources are allocated to special schools and regular schools for ensuring the inclusion.

*Additional Recommendation for children and adolescents:*

* To develop awareness campaigns to the non-discrimination against children with different abilities.

**Articles 24 and 27 of CRC recognize the right to enjoy good health**

Between 2007 and 2013, chronic child malnutrition (DCI, for their acronyms in Spanish) has been reduced in Peru. This is demonstrated by the results of the Demographic and Family Health Survey (ENDES, for their acronyms in Spanish) conducted by the National Statistics and Information Institute (INEI, for their acronym in Spanish), indicating that decreased from 28.5% to 17.5%.[[17]](#footnote-17) However, this progress has not occurred evenly. In rural areas, malnutrition persists in 25.2%.

Malnutrition in early life is reflected in conditions such as delayed growth, behavioral, motor, cognitive and social skills deficit, reproductive health problems, low productivity and immune system impairment in adulthood.

Together with the above effects, another problem associated with child malnutrition is iron deficiency anemia, which decreases oxygenation of the body. It is also true that there are achievements in reducing anemia and figures show that between 2007 and 2013, it decreased from 37.2% to 34.0% in children under five years old.

Anemia was more frequent among children living in rural areas (39.8%). And regarding children 6-59 months of age is more common at forest (40.7%) and mountain (40.0%) regions of the country. Madre de Dios (48.2%), Loreto (47.8%) and Cusco (46.7%) ranked first within the country. It is estimated that in 2013, there were 7,775 children suffering from anemia in our country. This requires a highly focused involvement in rural areas and with the highest poverty levels; for that reason is imperative for the Government to fulfill its responsibility on providing and improving basic services.

Moreover, it is observed advances in reducing child mortality. In 2013, records showed that the rate had fallen to 16 per thousand; the general downward trend of the last years masks, however, an unfair trend, since in the strata with the highest poverty levels, rural zones and native populations many early deaths by preventable causes are still present.

Teenage pregnancy contributes to the incidence of neonatal mortality and child malnutrition, which only decreased to 12.5% ​​in 2011. Unfortunately, these indicators have increased again from 12.5% ​​to 13.2% in 2012 and so far 2013.[[18]](#footnote-18)

**Recommendations**

* To guarantee an efficient public management and technical assistance from the national government to subnational governments (regions and municipalities) on children and adolescents health.
* To ensure an effective budget execution by the Coordinated Nutritional Program (PAN, for their acronyms in Spanish) and by the Maternal and Neonatal Health (SMN, for their acronyms in Spanish) at the three governmental levels, monitoring the quality of expenditures.
* To extend the coverage and improve the quality of health services and maternal and child nutrition to ensure caring of rural and indigenous populations in the country.
* To implement sensitization and prevention strategies that can be sustainable over time, with an intercultural approach, aimed at families and communities, in order to promote healthy behaviors and lifestyles that enable to include mothers and children, as a matter of priority, a better nutrition and overall health.
* To guarantee services focused to eradicate malnutrition among children in the country, with special emphasis on rural and remote zones.

*Additional recommendations for children and adolescents:*

* To sensitize parents for improving family nutrition and spread the Healthy Food Act using the most nutritious and inexpensive resources in each territory.

**Article 24 of CRC highlights the responsibility for protection and remedy of children and adolescents contaminated by environmental damage**

According to the Preliminary Report 2013 by the National Coordinator on Human Rights, there are children and adolescents with blood heavy metal levels such as lead, cadmium, zinc, arsenic, molybdenum, mercury, barium, beryllium, cesium, cobalt, platinum, antimony, thallium, uranium and tungsten, which affect their health.[[19]](#footnote-19)

The most affected area is the city of La Oroya, with 49,838 children and adolescents contaminated by lead. Despite the various interventions, and according to the Report "La Oroya Metallurgical Complex: Where investment is protected over human rights" of 2013, prepared by the International Federation on Human Rights, it is concluded that excess of lead cases are still present. According to this report, in La Oroya, 97% of children between 6 months and 6 years old and, 98% between 7 and 12 years old, have elevated lead levels in blood which represents a serious damage to their health and serious limitations as adults.

Since 1996, damages to health in children and adolescents have been started to be identified in Cerro de Pasco. In 2012, under the Declaration of Environmental Emergency in populations impacted by mining activities at Simon Bolivar District, it was developed the dosage of blood lead levels in children under 12 years old and pregnant women in Paragsha town. A 26.19% had blood lead levels - Category II, and 2.44% Category III. [[20]](#footnote-20)

On the other hand, is the peruvian government’s pending task, to measure the impact of mining in the country and to visualize its harmful consequences in children and adolescents health. In that sense, environmental impact studies do not consider the health component. A particular area of concern is child labor in artisanal mining in which they are in contact with toxic substances and other hazards.

Currently little or nothing has been done to achieve the prevention, control and mitigation of risk factors; first aid posts do not have already proper implementation to look after villagers while mining activity continues without major changes. It is well known that La Oroya is being prepared for obtaining silver from the subsoil, for which cyanide will be used.

**Recommendations**

* To propose guidelines for environmental health policies and goals to be achieved from experiences developed and supported by scientific studies.
* To establish special environmental health programs for areas affected by contamination by metals and other toxic substances, with emphasis on children and adolescent populations, within remediation strategies in areas currently affected and of prevention for areas in early contamination.
* To formulate a specific budget program for the attention of the nearly 30,000 children and adolescents contaminated with heavy metals.
* To conduct researches and studies to measure the impact of environmental conflicts and how children and adolescents are aware and take part of them.

**Article 24 of CRC guarantees sexual and reproductive health of adolescents**

There are deeply psychosocial barriers that prevent adolescents, boys and girls, to exercise their sexual and reproductive rights. This situation results in negative realities such as the increase of teenage pregnancy or persistence in discrimination based on sexual orientation.

There is an increasing percentage of teenage pregnancy: in 2012 13.2%[[21]](#footnote-21) of women between 15 and 19 years old were already mothers or were pregnant for the first time, while in 2013 this percentage increased to 18.4 nationwide. The highest percentages of teenage mothers or pregnant teenagers are present in the bottom wealth quintile (23.9%) and in those living in rural areas (20.3%).[[22]](#footnote-22)

Teenage pregnancy is considered a high-risk public health problem by the World Health Organization (WHO) because it predisposes to an increased incidence of maternal death by obstetric complications related to biological immaturity present in pregnant teenagers at the time of their deliveries.

According to the information reported by the Roundtable for Consultation and Fight against Poverty, and based on data provided by the Ministry of Health, it is observed, between 2010 and 2012, an increasing trend in the percentage of maternal deaths in adolescents between 12 and 17 years old (from 4.6% to 9.6%).[[23]](#footnote-23) The main direct causes of maternal death in adolescents are pregnancy-induced hypertension (41%) and abortion (29%). Also, the main indirect cause of maternal death in teenagers is suicide (56%).[[24]](#footnote-24)

It should be noticed that, since 2009, under pressure from the Church and determination of the Constitutional Court, it has been issued the prohibition for free distribution of oral emergency contraception means in public establishments, tool used to help preventing unwanted pregnancy.

According to the Ministry of Health,[[25]](#footnote-25) 34% of girls and adolescents from 10 to 19 years old who reported sexual violation were pregnant. Since 1924, therapeutic abortion is legal.[[26]](#footnote-26) However, the decriminalization of abortion is not contemplated in cases of rape to girls and adolescent victims.

There is also limited access for adolescents to sexual and reproductive health services. Article 4 of General Health Act provides that for any treatment, adolescents should be accompanied by their parents or guardians, which violates the right to privacy and confidentiality.

On the other hand, discrimination based on sexual orientation is deeply rooted in society; the lack of a legal framework for protection exacerbates vulnerability of non-heterosexual people to their rights. In the Educational Guidelines and Pedagogical Orientations for Comprehensive Sexuality Education[[27]](#footnote-27) there is no references to sexual diversity, homosexuality, lesbianism, bisexuality, etc., so it is possible to assert that the proposed approach for a comprehensive sex education corresponds to a hetero normative approach towards sexuality; no LGBT children and adolescents are recognized.

**Recommendations**

* To implement multisectoral public policies for the prevention of unwanted teenage pregnancy.
* To amend Article 4 of General Health Act to allow the attention of adolescents in a health facility without permission and support of a parent or guardian, when this fact affects treatment.
* To decriminalize abortion in situations where the pregnancy is the result of rape and to ensure the appropriate implementation of the Therapeutic Abortion National Protocol, approved in 2014.
* To design and implement rules related to detection and addressing of discrimination indicators based on sexual orientation and gender identity.

*Additional recommendations for children and adolescents:*

* To promote the implementation of an educative strategy on sexual and reproductive health and the legal framework on sexual and reproductive rights.

**Articles 23, 24, 25, 26 of CRC call to confront the situation of children and adolescents with HIV/AIDS**

Official figures show that in Peru there are 1462 children and adolescents living with AIDS; and of this total, 50% is under 15 years old.[[28]](#footnote-28)

By Supreme Decree No. 003-2002-SA regarding the provisions of the Comprehensive Health Insurance (SIS, for their acronyms in Spanish), the Government assumed the responsibility of supplying Highly Active Antiretroviral Therapy (TARGA, for their acronyms in Spanish) for people infected with HIV/AIDS, among which children aged 0 to 17 years old are included.

On the other hand, MINSA/DGSP V.01 2009 technical standard establishes that health facilities are responsible for the acquisition and provision of this treatment. However, shortages of medicines for TARGA is a constant affecting the evolution of patients. Interruption of TARGA increases the risk that children and adolescents may suffer from various infections and die.

In turn, it is difficult that programs assuming access to TARGA could consider it a mere health-care measure, without taking into account that the disease in adolescence has its own characteristics with respect their full sexual and reproductive health, leaving them very little informed and trained for the following steps of their life.

**Recommendations**

* To review current regulations and public policies to ensure that both the administration and monitoring of TARGA are adapted to the needs of children and adolescents with HIV.
* To consider the specific needs of children and adolescents with HIV in the design and implementation of general policies, such as the National Plan of Action for Childhood, the Multisectoral Strategic Plan 2011-2015 for HIV/AIDS and the National Plan on Human Rights.
* To strengthen mechanisms for management of medicines and supplies for TARGA and to take the required measures to end the shortage of this drug.
* To guarantee medical and psychological care for children living with HIV/AIDS.

**Articles 6 and 24 of CRC call to face tuberculosis increasingly affecting children and adolescents**

According to WHO, in 2012 31,705 new cases of tuberculosis (TB) in Peru were reported. The regions with the highest incidence of TB are Lima-Callao (54% of the total), Loreto, Madre de Dios, Ucayali, Tacna, Ica. An 82% of MDR (multidrug-resistant) and 89% of extremely resistant TB cases, are concentrated in Lima and Callao.[[29]](#footnote-29)

Children and adolescents account for 10% of people receiving treatment for this serious condition;[[30]](#footnote-30) and adolescents are the most affected ones. An 80% of those infected are between 10 and 19 years old. The effect on social and psychological development by suffering from TB at this age is extremely painful and causes social exclusion.

In addition, the problem is more complex due to comorbidity among TB, HIV/AIDS and MDRTB. Poverty constitutes an aggravating factor of vulnerability faced by children and adolescents, as well as adults.[[31]](#footnote-31) Another major aggravating factor are the worst forms of child labor since many children and adolescents suffering from this disease have been working in unhealthy places and have received inadequate nutrition.

The health care chain is problematic. It may be noted, especially, the late delivery of test results and the provision of treatment, lack of dosed medicines for children and adolescents and the lack of specialists in childhood tuberculosis.

**Recommendations**

* To make an accurate diagnosis of the extent for tuberculosis throughout the country and of its impact on children and adolescents. To identify transmission sites, effects and consequences derived from the disease and to validate better ways to arrive with the full treatment.
* To develop programs for TB prevention, with emphasis on childhood and adolescence, coordinating actions among the health sector, regional and local governments and civil society.
* To encourage early detection and to improve the system of screening and diagnostic methods especially in children.
* To improve care and diagnosis system for children and adolescents, strengthening the number of pediatric clinics and promoting the production of drugs specifically for children and adolescents.

**3.5. Education (articles 28, 29, 30 y 31 of CRC)**

In 2013, public expenditure on education only reached 3.3% of the GDP. Of that total, through political decision, Lima was the region that received the lowest rate to meet the demand for education (1.8%), which was supplemented at the end by private investments. However, the National Consensus establishes that 6% of GDP must be allocated to education. It should be noted that Peru is one of the countries in the region with the lowest budget allocated to education and that the execution of expenditure on education was obviously uneven through the whole country.

In recent years, also through political decision, investment in education has begun to increase, with emphasis on infrastructure and towards traditionally marginalized and vulnerable groups such as indigenous peoples, rural residents and people with disabilities.

As a result of this differentiated policy: some regions invest per student one third of what others spend. The regions with the lowest rates of investment[[32]](#footnote-32) are: Lima (1.8%), Arequipa (2.2%) and Moquegua (2.2%).

Coverage of educative services addressed to children of 0-2 years old is minimal. From the 4% total coverage recorded in 2005, it only had increased to 4.2% in 2008.[[33]](#footnote-33) During the current government program, care programs for early childhood were created, but there is no information about their coverage rates.

Between 2005 and 2011 there was an increase in **access** (enrolment) to the three educative levels, but still an **attention deficit** in pre-school (children aged 3-5 years old) of 27.4% was observed, and with respect secondary school of 20%. Fortunately at primary school high rates of coverage (94%)[[34]](#footnote-34) are attained.

An **access** gap is observed in rural areas in pre-school and secondary school. In rural areas, the enrolment rate for pre-school is of 61.2% and in urban areas is of 77.0%; for secondary school, the percentages are 70.5% and 84.8% respectively (2011).[[35]](#footnote-35) The **enrolment** data for 2011 reveal achievements in gender parity with respect pre-school, primary and secondary school levels in both urban and rural areas.

By 2012 there are still gaps between urban, rural and indigenous communities. In the case of pre-school education, enrolment coverage attained 80.4%, 70.0% and 68.7%, respectively; while in secondary school enrolment rates were of 86.9%, 72.8% and 75.5%, as reported by the EMI 2014.[[36]](#footnote-36)

**School’s dropout** rate is higher in secondary (7.8) than in primary levels (1.1) throughout the country. There are also gaps in rural areas: school’s dropout rate in primary school is of 1.3, while in urban areas is of 0.9. In secondary level, school’s dropout in rural areas is of 8.5 and in the urban zones of 7.5 (2013).[[37]](#footnote-37)

Nationwide, school’s dropout is higher in boys than in girls, both in primary and secondary school levels; however, in rural areas the percentages are more balanced, slightly higher in girls. In rural areas, primary school’s dropout is of 1.8% in girls and 1.7% in boys, and in secondary is of 9.7% in girls as compared to 9.4% in boys. While, in urban areas school’s dropout for boys in primary level is of 1.3% vs. 0.9% for girls and, in secondary level, is of 8.8% as compared to 8.1%.[[38]](#footnote-38)

**School backwardness** rate is greater in rural areas than in urban areas. In 2014 it was of 8% with respect primary school in rural areas, while in urban areas it was of 5.4%[[39]](#footnote-39)

With respect to **quality**, there are some general progresses in the last five years, but the gaps between urban and rural areas and between indigenous and non-indigenous population are maintained.

In 2007, expected achievements in reading comprehension (equivalent to Level 2) were obtained only by 15.9% of the country's schoolchildren and, in 2011, by 29.8%. In rural areas, the percentages of achievement are still very low. From 2007, when it was recorded a 5.6%, up to 2011, there was little progress increasing barely to 5.9%. On the other hand, in urban areas there were improvements and the achievements increased from 20.9% to 36.3% during the same period of time.[[40]](#footnote-40) In mathematics there were also improvements in urban areas but not in rural areas. Between 2007 and 2011, the percentages of achievement for level 2 increased from 8.6% to 15.8% in urban areas; while in rural areas the educative achievements are still disappointing. In 2007, only 4.6% achieved level 2 and in 2011 this percentage dropped to 3.7%.[[41]](#footnote-41)

Most indigenous children and adolescents do not receive an intercultural bilingual education despite the educational policies within the legal framework of Peru. A total of 130,901 indigenous between 3 and 16 years old (10%) are outside the education system; 73.1% are delayed according to their school age.[[42]](#footnote-42) Coverage of the Intercultural Bilingual Education (EIB, for their acronyms in Spanish) was only of 11.6% in 2011.

The present Government is giving priority to EIB and in 2012 started a record of schools with these characteristics. In April this year, the General Directorate of Intercultural Bilingual and Rural Education (DIGEIBIR, for their acronyms in Spanish) reported that 19.962 educational institutions were registered as EIB, i.e. 23% of all schools in the country would be EIB. However, there is no updated information on how many actually provide real bilingual education, or how many teachers are required to do so. The registration of an IE EIB means that the school demands the EIB, but not necessarily that is offering it.[[43]](#footnote-43)

The most worrying thing is the low quality of education for indigenous children, even if it is EIB. In 2010, Quechua and Aymara schoolchildren obtained better reading scores in Spanish than in their native languages: 14.4% of the Aymara ones in reading level 2 as to Spanish and just 1.0% in that same reading level as to Aymara. In 2011, little more than 75% of Quechua and Aymara children and more than 98% of amazonian children, as the Aguaruna and Shipibo ones, failed at reading comprehension level 2 in Spanish as second language.[[44]](#footnote-44)

Due to the significant decrease of entrants to the Intercultural Bilingual Education career, teacher formation in this area is going through a crisis. A 46% of teachers of EIB schools has no specialty training.[[45]](#footnote-45) In the Andean region is frequent recruitment of teachers who are not bilingual and don’t know the culture of indigenous children and adolescents. The materials have been prepared especially in Quechua and Aymara and about in 10 of the nearly 40 Amazonian languages.

With respect **bullying**, although there still few real facts, it is known that in both rural and urban areas, violence and *bullying* are problems whose magnitude has increased over the past few years. Among the most vulnerable are those who by reason of origin and language, are a minority; i.e. the poorest, disabled, in addition to gender. The National Strategy on School Peace, since 2014 addresses the issue and it is expected to promote educational processes for civic education integrating gender strategies and interculturality.

On the other hand, among the manifestations of bullying there is another unprotected population, i.e. those who have a different sexual orientation, since their existence is still denied. In 2008 it was performed the study *Bullying in Primary National Schools in Peru[[46]](#footnote-46)* which determined the stigma of the "homosexual" category in 4.4% of *bullying* cases.

**Recommendations**

* To reduce school backwardness in rural areas and in secondary school level.
* To increase the rate for timely completion of primary and secondary school in rural areas.
* To implement strategies to significantly increase the percentage of students who achieve level 2 in reading comprehension and math, and to reduce rural-urban gap.
* To cover the gap existing in 165 provinces that have not early intervention programs and in 48 provinces that have not a Special Basic Education Center and the corresponding counseling and support services for special basic needs to care childhood with disabilities by 2016.
* To improve substantially teacher formation for pre-school level and the service at different levels and modalities, including EIB and special education.
* To develop campaigns against *bullying* and discrimination in close coordination between the education and health sectors.
* To develop social surveillance capabilities of the Institutional Education Councils.
* To conduct a formal record for bullying events.
* To ensure the implementation of School Peace Program nationwide, emphasizing intervention in rural areas of the country.

*Additional recommendations for children and adolescents:*

* To adapt educational materials to local realities, specifically in the linguistic aspect.
* To sensitize parents in the prioritization of girls and not just boys education, especially in rural and semi-rural areas.

**3.6. Special Protection Measures**

**Articles 32 to 36 of CRC call to the elimination of economic exploitation, including child labor**

According to the National Household Survey (ENAHO, for their acronyms in Spanish) performed in 2011, Economically Active Population (EAP) includes 1,952,000 children. This is equivalent to 26.7% of children and adolescents in Peru. Of this total, 8% seeks work and the remaining 92% is already working. That is, up to 2011, the EAP, in ages ranging from 6 to 17 years old, reached the figure of 1,795,000.

About half of these children (47.7%) are between 6 and 13 years old, i.e. they work below the minimum age for admission to employment and, in many cases, in unsafe and abusive conditions. The worst forms of child labor in Peru are concentrated in gold mines, informal brick factories, slaughterhouses, construction and metallurgy sectors, coca leaf processing, pyrotechnics, garbage recycling and artisanal mining.

According to multiple studies, child labor negatively interferes with school, affecting attendance records, disrupting age-grade ratio, reducing reading comprehension and decreasing overall learning achievements. Also, according to the activity type, it has effects on health and self-esteem of children and adolescents.

Although national legislation stipulates the implementation of the National Registry (adolescents working independently in local governments and dependent adolescent labor in the Ministry of Labor) the registration of adolescent workers has not been achieved yet. This is because the records are still incipient, and practically are just being institutionalized in five local governments, which reinforces the vulnerability and confusion about the benefits of doing so. With respect the Ministry of Labor registry, which has several years of management, the registration of adolescents is minimal.

While a list of hazardous jobs for adolescents has been established, there is no mechanism to implement this provision.

**Recommendations**

* To ensure the full enforcement of legislation related to Article 32 of the Convention and ILO Covenants No. 138 and No. 182.
* To implement actions to protect children against economic exploitation and to ensure that measures to eradicate child labor and exploitation are not, in any case, repressive towards children, but for recovery and physical and moral protection.
* To guarantee adequate budgetary allocations for implementation of the National Strategy on Prevention and Eradication of Child Labor and its multisectoral coordination and at all levels of government.
* To conduct sensitization campaigns towards families, children and adolescents, to prevent and combat the economic exploitation of childhood, developing a comprehensive approach of the problem, not only reducing it to labor dimension.
* To promote specialized investigation on the situation of child workers (number, type of activity, working conditions), with particular emphasis on those who are hired as employees in domestic service and agriculture sector.
* Also, to spread the results through public media to encourage the development and implementation of strategies and policies for suppressing and eradicating economic exploitation.
* To urge CPETI for reactivating the Subcommittee on Indigenous Communities. To consider methods for collective participation of organized children and adolescents and rural organizations to make it more representative and efficient.
* To promote the strengthening and institutionalizing of Registries for Adolescents who work independently in local governments, in order to have clear and quantified information of child labor volumes, as well as the most frequent forms of work in the community. Thus, it can be developed specific strategies for its eradication, monitoring and/or redirection to a decent job, if necessary.

*Additional recommendations for children and adolescents:*

* To promote enrolment programs for adolescent workers by DEMUNA, so that they can access to health and education services.
* To create alternative schools for child and adolescent workers.

**Articles 34, 35 and 39 of CRC disapprove and demand the eradication of child sexual exploitation and human trafficking**

Crime Observatory of the Public Prosecutor’s Office recorded in 2011, a total of 403 cases and 767 victims of sexual exploitation and human trafficking.

The Registry and Statistics System for Human Trafficking Crime of the Peruvian National Police Department (RETA-PNP, for their acronyms in Spanish) with data of 2010 and 2012, recorded 1808 victims; 25% of whom were minors and 94% were women. Most cases involved sexual exploitation and, in second place, labor exploitation.

Several difficulties regarding human trafficking are to be faced: inadequate implementation of Act No. 28950 against human trafficking[[47]](#footnote-47) and its regulations (DS 007-2008-IN); since the law on human trafficking is in effect, seven years ago, **there are only 45 sentenced** and 75 prosecuted by financial crimes.[[48]](#footnote-48)

Regarding child sexual exploitation, the Government has not assumed its protective role, which is expressed in the few and limited prevention, care, protection and reintegration systems for victims. The legislation, although it has evolved, does not allow proper implementation of the assistance and protection for victims of sexual exploitation (minors) and criminalization of the demand.

Also, it cannot be estimated the magnitude of this problem because there is no a single registration system in charge of a single public sector, with which it becomes invisible and its attention is postponed. Operators do not identify nor register victims, they are unaware of the problem or confuse it with other situations such as procuring or others.

**Recommendations**

With regard to human trafficking:

* To create a comprehensive, multidisciplinary national program for assistance and protection to trafficked children and adolescents, and to be implemented in each region.
* To implement the National Plan of Action against Human Trafficking 2011-2016 (PNAT, for their acronyms in Spanish) in coordination with the National Plan of Action on Children and Adolescents 2012-2021, with specific budgets for each action and definition of responsibilities.

With regard to child sexual exploitation:

* To develop a comprehensive policy for assistance and protection to children and adolescents at risk and in child sexual exploitation condition, with relevant resources, led by local and regional authorities and implemented through public services.
* To establish a comprehensive strategy (both from the preventive and punitive points of view) by the Peruvian government aimed at reducing the demand of children for sexual exploitation. Act 2825, which incorporated the offense "user-client", has up to date only one person sentenced in its 7 years of effect.[[49]](#footnote-49)
* To implement a unique system for registering victims through identification protocols which also protect their identities. Similarly, to implement a registry of sex exploiters, procurers and promoters of child sexual exploitation, which allows to track the issued sentences, in pursuit of their compliance.

**Articles 37 and 40 of CRC refer to the administration of justice for minors and the sanctions that limit their liberty**

The main concern on the administration of justice for adolescents in conflict with the criminal law refers to the effective use of measures involving deprivation of liberty for cases that could be handled differently.[[50]](#footnote-50) This is stated by the Convention on the Rights of the Child in Articles 37.b, 40.3.b and 40.4, as well as by the conclusive observations by the Committee on the Rights of the Child to the Peruvian Government in 2006, specifically in observation No. 72, a, b and c related to the creation of specialized courts for adolescents in conflict with the criminal law throughout the country, creation of a functional system with socio-educational measures and legal remissions which allow for the deprivation of liberty only as a last resort and for short periods, as well as for improving detention conditions for children under 18 years old.

Thus, there is also evident a major concern with respect the inadequate police intervention of adolescents in conflict with the criminal law and the lack of an effective public defense ensuring respect to their rights at the different stages of a fiscal and judicial process, which may generate high risks of maltreatment, abuse and corruption. Similarly, it is a matter of concern the persistence in legislative initiatives to lower the age of criminal responsibility and criminal-law treatment as adults in cases of serious offenses.

**Recommendations**

* To review and improve the Code for Children and Adolescents on the correct enforcement of legal remission and socio-educational measures, as well as to reduce the period of detention currently set by the Peruvian legislation in six years.
* To comply with the Convention on the Rights of the Child, rejecting the permissive attitudes that seek to lower the age of criminal responsibility from 18 to 16 years old, under the pretext of providing greater public safety.
* To implement effectively the National Plan on Prevention and Treatment of Adolescents in Conflict with the Criminal Law (PNAPTA for their acronyms in Spanish 2013-2018), thus fulfilling the recommendations mentioned in this report and from the Committee.
* To manage and ensure financial resources allowing the implementation of PNAPTA in its various approaches and initiatives, seeking to achieve nationwide coverage in the medium term.
* To implement services (with adequate and specialized human resources) to ensure compliance with guidance programs – SOA by the Public Prosecutor’s Office and the socio-educational measures in an open environment by the Judicial Authority, in close partnership with other government sectors and entities of civil society.
* To strengthen the strategies for social and family reintegration of adolescents who have fulfill a socio-education measure.
* To create service modules for adolescents in conflict with the criminal law at specialized police stations throughout the country, which will allow an attention ensuring the adolescent’s rights at such stations.
* To increase the number of specialized public defenders to deal with juvenile offenders and their victims. To develop an intermediate mediation service: offender adolescent-victim, to decongest the justice system.
* To strengthen temporary confinement centers (infrastructure, human resources increased in quantity and quality, strengthening reintegration, etc.) to ensure the rights of adolescents in conflict with the criminal law.
* To ensure that public policy for restorative juvenile justice counts on financial, technical and human resources. Also, to strengthen training programs on restorative juvenile justice.
* To create an information system that integrates the various institutions of justice system nationwide.
* To implement an early intervention in which the Protection System and violence prevention programs could act with the participation of the Public Prosecutor’s Office, Ministry of Women and Vulnerable Populations, Ministry of Education, Ministry of Health and local governments.

**Articles 38 and 39 of CRC condemn the illegal recruitment by armed forces and forced recruitment by armed groups**

Although in Peru politically motivated violence has declined, there are still remnants of Sendero Luminoso (Shining Path terrorist group) that recruit children and adolescents in the ​​VRAEM zone (Valley of the Apurimac-Ene-Mantaro Rivers) to indoctrinate them and use them as soldiers. Some, in addition to being forcibly recruited, are sexually abused.

This grim reality has caught the attention of the media[[51]](#footnote-51) and various civil society organizations[[52]](#footnote-52), and although it has been reported to the UN Committee on the Rights of the Child, to the Rapporteur on Children of the Inter American Commission on Human Rights (CIDH, for their acronyms in Spanish)[[53]](#footnote-53) and the Peruvian Government, these children and adolescents remain in power of this armed group.

On the other hand, the Peruvian Army also recruits adolescents. This practice has been denounced since 1993, but has not been eradicated already and never has been sanctioned by the Peruvian judiciary. In 2006, the Ombudsman Office of Ucayali investigated 60 cases of adolescents under 18 who were recruited illegally by the Peruvian Army.[[54]](#footnote-54) In 2008, 120 complaints were reported by parents whose children had been recruited by the police[[55]](#footnote-55) and in 2009, 109 complaints[[56]](#footnote-56) were registered. Of the latter group three children died during military operations. In 2011, the Ombudsman Office was informed of 15 children recruitment by the Peruvian Army, those affected were performing military service at a base located to the north of the country (Tumbes). At the same time, on September 8th, 2012 a death of a girl occurred in the district of Santo Domingo de Acombaba, in Junin, by the effect of military actions.

To date, the Peruvian government through MIMP has not shown the design of its plan for prevention, recovery and reintegration of children and adolescents victims of abusive enrolment or recruitment.

**Recommendations**

* To adapt the national legislation to the Rome Statute of the International Criminal Court, emphasizing the protection of minors.
* To define as public policy the prevention of abusive recruitment for children and adolescents to be used as soldiers by both rebels (Sendero Luminoso terrorists) and the Army.
* Creation of a disarmament, demobilization, reinsertion and reintegration program for prevention, recovery and reintegration into society of children involved in armed conflicts and that the Peruvian judiciary punish those members of Sendero Luminoso and the Peruvian Army by improper recruitment of children and adolescents as soldiers.

**Article 39 of CRC arises to address the problem of children and adolescents affected by drug trafficking**

90% of children and adolescents living in coca-growing areas are devoted to coca planting, because their families, mostly displaced by political violence or extreme poverty, live from this culture for being the most "profitable".

Generally, children and adolescents help their parents at planting and harvesting stages of illegal coca leaf; however, at harvest time they sell their labor to third parties and it is in those places where the greatest violations of rights against them occur, such as labor exploitation and sexual abuse.

The work in coca fields is done in deplorable conditions infringing rights. Children and adolescents handle sharp objects damaging their fingers and when weeding and stepping coca their feet are damaged too, since they work barefoot. Besides, they are exposed to highly toxic chemicals such as pesticides producing dizziness and, when there is plenty of sun, they suffer lethargy and fading.

Also, during drug elaboration stage based on the coca leaf, younger children are used as "steppers" for the extraction of substances, which makes them to be in direct contact with chemicals that are used to this purpose.

Their right to education is also affected; children and adolescents engaged in work at coca-growing areas have poor performance in school and often they dropout it.

In addition to harvesting coca, children and adolescents also process and transport drugs (as backpackers or carriers). To develop this activity of high physical and moral risk, children and adolescents are captured by drug traffickers settled in coca-growing valleys along with rebel groups that provide them protection in exchange for money for their military operations.

The involvement of children and adolescents in drug trafficking activities expose them to severe moral damage as easy money is gained and, what is more delicate, they consider this activity as normal, justifying the crime.

Some children and adolescents who were participating as carriers or backpackers were killed by the own drug traffickers for not complying with the agreed payment or to avoid having witnessed of their illegal activity.

**Recommendations**

* To prevent the use of boys and girls in activities regarding production and transportation of drugs and to encourage the creation of a program for recovery and reintegration of children and their families involved in these illicit activities.
* Promotion of a culture of life and children and adolescents’ rights in the Peruvian society.

**Indigenous Children**

The updated information on indigenous children is limited. According to Census 2007, indigenous population, from three to 17 years old, represents 26% of the total. Children and adolescents from 3 to 17 years old who have a native mother tongue are 1'046,639; 78% live in poor households at the Amazon region. Poverty affects 86% of indigenous children and 49% are in extreme poverty.

A 28% of indigenous children from 3 to 5 years old have access to improved water sources as compared to 66% of non-indigenous children. Among those aged 6-11 years and who are between 12-17 years old, the percentages are 32% and 68% for indigenous and 39% and 70% for non-indigenous.

With respect health, in 6 regions where more than 25% of childhood has as mother tongue a native one, the rate of chronic malnutrition in children under 5 years old is above the national average (18%). This is the case of Puno, Ancash, Apurimac, Ayacucho, Cusco and Huancavelica. It should be noted that more than half of indigenous communities do not have health posts.

Indigenous children and adolescents attending school is lower than among their peers with Spanish language.[[57]](#footnote-57) A 68% of adolescents with aymara mother tongue have completed secondary education at the age of 18 and 20.

This ratio only reaches 14% among ashaninka adolescents and 22% in the case of other amazonian indigenous languages. On the other hand, schools in where indigenous children study have great infrastructure problems and less access to services.

Approximately one third of service providers know nothing about the native language of the people. Only 28% has a native language as mother tongue. The other third of providers manage some degree of bilingualism.[[58]](#footnote-58)

The amount of public investment in the specific group of indigenous children and adolescents is unknown, because the Ministry of Economy does not provide this information through its implementing body SIAF.[[59]](#footnote-59) However, in the five populations with greater amount of indigenous children, budget allocations for Strategic Programs, do not allow to fully comply basic requirements with respect health, nutrition, education and protection.

The study performed by Save the Children International on the main barriers of indigenous children to access protective services, shows that the existing services are insufficient to meet the demand for care, since the implemented services don’t have sufficient financial resources nor operational capacity to access remote areas. Furthermore, the comprehensive protection system and its agencies have not developed effective strategies including cultural aspects for the caring of children and adolescents, generating even greater difficulties in accessing services. In general, the services are not adapted to provide care for indigenous children, proof of this is that public officers have restricted knowledge of Quechua and other native languages.

**Recommendations**

* To ensure budget allocation in order to improve services focused on indigenous children and adolescents and development of intercultural strategies.
* To ensure that service delivery of the protection system is performed in native language.

**Implementation of the National Care System for Childhood and Adolescence (SNAINA, for their acronyms in Spanish)**

The Code for Children and Adolescents, in force, defines SNAINA as the set of organs, organizations and public and private services that formulate, coordinate, monitor, evaluate and execute programs and actions for the protection and promotion of the rights on children and adolescents. It is now up to the Ministry of Women and Vulnerable Populations to be the governing body of this system.

Since the issuance of the final report to the United Nations in 2006 to date there has been progress in implementation, although there are still major problems. Within the **governing body**, policies, programs, national plans and SNAINA duties are disjointed under the direction of various ministries acting without an integral vision. MIMPV, is recognized by the sectors for its assistance programs, rather than as the governing body. On the other hand, there is little progress in **decentralization** and coordination of SNAINNA since its original design does not provide for its operation nationwide and also has no financial and human resources to operate in the regions, provinces and districts.

Act No. 26518 of 1995, which created the National System for Comprehensive Care to Children and Adolescents, is not enforced, but neither has been repealed. Meanwhile, the code briefly defines the system development not appearing as part thereof in the various state sectors. Within the existing regulatory framework, there is no mention to mandatory condition or, at least, the need to be part of a system; monitoring mechanisms do not exist either and the regulations of the code has not been fulfilled.

On the other hand, the **approach** referring needs and care for victims and vulnerable population by various operators from the State is maintained, and with respect civil society the approaches are varied and contradictory. In relation to the State, caring and repair interventions are the most important, as opposed to the civil society in which preventive and promotional interventions are predominant. In almost all cases are not comprehensive but sectorial interventions. Rights perspective is not yet understood, accepted and assimilated. Childhood policies are not universal. Actions are targeted, based on prioritization as per poverty, without guaranteeing rights to all.

**Recommendations**

* To structure the Care System from a subsystem related to capacity development, whose core must be health and education sectors.
* Another subsystem will be related to the protection and restoration of rights, oriented preferentially to the population at risk; it should be emphasized the protection and recovery of lost or violated rights.
* To create basic conditions for SNAINNA operation. To reformulate and strengthen the governing body of the National System for Comprehensive Care to Children and Adolescents giving it the highest hierarchical level, at the level of the Presidency of the Council of Ministers that shall have a Board, with equal participation of the State and civil society at the very highest level.
* To provide specialized staff and of greater resources to the technical secretariat of the governing body, to allocate budget to sectors having policies, programs and projects aimed at children, to improve state management with qualified human resources, to establish a system of monitoring and surveillance of PNAIA as well as to provide its financing and to constitute the governing bodies in all regions, provinces and districts.
* To ensure that the courts do incorporate differentiated service schedules and to restore SECIGRA in Law career, to form interdisciplinary and traveling multisectoral teams in order to ensure comprehensive protection of children.
* To consolidate and strengthen the monitoring system on children condition, especially those who are victim of domestic violence.

**IV. Questions that civil society poses to the State regarding compliance with the Convention on the Rights of the Child**

In this section, civil society expresses its concerns about the following topics regarding compliance with the Convention, expecting the Peruvian State can answer to them transparently:

* + What is being done to ensure the implementation of Article 4 of the Convention that refers to devote maximum available resources to make effective the rights of children?
	+ What policies the State has designed to enforce, without obstacles, the current laws on non-discrimination and full compliance with article 2 of the Convention?
	+ What line has been taken to ensure the enactment and strict compliance with the law on explicit prohibition to all forms of corporal punishment against children in all environments, particularly at home?
	+ What plans does the State has and how they are being executed in order to ensure full integration of children with disabilities into regular educational system, and their involvement in social, cultural and sporting activities?
	+ What is being done to ensure immunization of **boys and girls**?
	+ What approach the State has regarding the proposal to raise to 15 years the minimum age for admission to employment which would represent the correct compliance with recommendations of the Committee on the Rights of the Child?
	+ What is being done to adapt the juvenile justice system with the Convention, Articles 37, 39 and 40?
	+ What measures have been taken to consolidate the systems for collection, analysis and spreading of indicators on children and adolescents situation and to develop an integrated national system of information?
	+ What is being done and what is planned to be done for the prevention of child and adolescent suicide, and how mental health focus is strengthen in public policies?

We expect the answers.

**Acronyms**

CAR Residential Care Center

CCONNA Advisory Council on Children and Adolescents

COMUDENNA Municipal Committees on the Rights of Children and Adolescents

CONADIS National Council for the Integration of People with Disabilities

CUI Identity Card

DCI Chronic Child Malnutrition

DESNAS School Ombudsman’s Offices on the Child and Adolescent

DGNNA General Directorate on Children and Adolescents

DGSP General Directorate on People’s Health

DNI National ID Card

ENDES Demographic and Health Survey

INABIF National Family Welfare Institute

INEI National Statistics and Information Institute

LGBT Lesbians, gays, bisexuals y transsexuals

MIMDES Ministry of Women and Social Development

MIMPV Ministry of Women and Vulnerable Populations

MINEDU Ministry of Education

MINSA Ministry of Health

ONG Non-Governmental Organization

PCM Presidency of the Council of Ministers

PNAIA National Plan of Action for Childhood and Adolescence

PROMUDEH Ministry of Women Empowerment and Human Development

RENIEC National Registry of identification and Civil Status

RNPC National Registry of People with Disabilities

SAANEE Support and Counseling Service for Attention of Students with Special Educational Needs

SIS Comprehensive Health Insurance

SNAINNA National System for Comprehensive Care of Children and Adolescents

TARGA Highly Active Antiretroviral Therapy

TB Tuberculosis

TBMDR Multidrug-resistant Tuberculosis

TUPA Single Text of Administrative Procedures

UNICEF United Nations Fund for Children

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