(2) 人口・家族計画分野の指標

a. 自宅分娩と施設分娩の比率

保健省が医療サービスを提供している範囲（全人口６０％）についての自宅分娩と施設分娩の比率は，それぞれ５２％，４８％（調査時における保健省での聴取）とのことであるが，正確な数字の把握はむずかしいようである。

今回訪問したリマ南部のヘルス・センター（Centro de Salud, Tablada de Lurin）での聴取によれば，同ヘルス・センターで交付した出生証明書は６７件とのことである。出生証明書は市役所への出生届をする時に義務づけられているもので，自宅分娩の場合，その証明書はヘルス・センターで交付されるとのことである。各ヘルス・センターへ申請されるこのような届出をUDESレベルで集計し，さらに中央レベルへ報告するシステムは，現在のところ実施されていない。こうした情報，データの集計に関するシステムが確立されれば，医療サービスの実状把握に有用であると考えられる。

表４－２は１９８６年のサンプル調査に基づく，分娩に際しての立合人別の人口比率を示したものである。表で明らかなように農村部では都市部と比較し，医師等の医療有資格者による分娩の立合比率は低い。

表４－２　分娩の立合人別の割合（１９８６年）

地域区分	サンプル数	分娩の立合人別割合（%）				
		医師	助産婦 看護婦	準看護婦 産婆	家族 友人	立合人無
全国	3,156	27.6	21.5	28.4	20.4	2.1
都市	1,641	45.7	34.3	15.2	4.5	0.3
農村	1,515	7.9	7.7	42.7	37.7	4.0
リマ首都圏	651	59.6	34.3	3.8	2.3	
海岸地帯	795	30.6	30.2	30.4	7.2	1.6
山岳地帯	1,247	11.7	12.2	36.2	36.7	3.2
森林地帯	463	20.1	13.8	38.5	24.8	2.8

出所) Instituto Nacional de Estadistica, Encuesta Demografica y de Salud Familiar, (ENDES 1986), 1988.

b. 受胎調節法の内訳（人工妊娠中絶の合法性の有無）

すでに２の出生力水準の項で述べたが，特に再生産年齢にある女子のうち３０歳以降において現存の子供数が理想子供数を上回っている。したがって，家族計画にたいするモティベーションは形成されつつあると考えられるが，必ずしも有効な避妊方法が実施されているとは考えられない。表４－３に示したように避妊方法についての知識はある

が，実行段階では近代的な方法よりもむしろ伝統的な方法が多く実行されている。表４－４はこうした避妊方法の情報入手先を示したものであるが，その大半は政府関連の医療施設に負っている。

人工妊娠中絶は人口法（Ley de Poitica Nacional de Poblacion, Decretp Legislativo No. 346, 1986）にも示されているとおり，禁止されている。ただし，１９６９年衛生法（軍事政権時代にできた法律で現在は部分的に修正されている）によれば，母胎に危険があると認められ（通常これは２人の医師による診断が必要），さらに人工妊娠中絶により母体に害を及ぼさないという証明を得たのち，夫婦の合意があれば人工妊娠中絶を受けることが可能である。

参考） 保健省法律顧問室 Dr. Santiago Solari Amoretti からの聴取。

表４－３　家族計画についての知識と実行比率

受胎調節法	知っている	かつて実行	現在実行
ピル	76.7	22.1	6.5
ＩＵＤ	71.9	11.6	7.3
注射	68.1	8.9	1.3
膣洗浄法	46.3	8.0	0.97
コンドーム	51.4	9.7	0.7
女子不妊手術	75.1	6.1	6.1
男子不妊手術	26.7	0.03	0.03
リズム・メソッド	73.9	39.8	17.7
性交中絶法	49.2	18.8	3.6
その他	21.8	9.2	1.4
上記の方法のいずれか	86.6	65.1	45.8

出所）"Peru 1986: Results from the Demographic and Health Survey", Studies in Family Planning, Vol.19, No.3, 1988.

表４－４　家族計画についての情報源

情報源	ピ　ル	ＩＵＤ	注　射	不妊手術	リズム・メソッド
政府の病院	40.5	46.4	30.2	51.9	26.4
政府ヘルス・クリニック	6.0	10.8	4.6	16.2	2.6
家族計画クリニック	2.5	3.6	2.3	0.0	2.8
フィールド・ワーカー	2.5	0.4	4.6	0.0	3.9
開業医	28.0	28.8	39.5	0.0	12.4
民間病院／クリニック	4.0	3.6	0.0	29.2	0.6
薬局	4.5	0.0	9.3	0.0	0.4
友人	8.0	4.5	2.3	0.0	33.4
その他	1.0	1.8	7.0	0.0	12.8
無回答	3.0	0.0	0.0	2.7	4.8
サンプル数	200	222	43	185	539

出所）"Peru 1986: Results from the Demographic and Health Survey", Studies in Family Planning, Vol.19, No.3, 1988.

表４－５：ＵＤＥＳ別、避妊方法別避妊実行者数（1987年）

UNIDADES DEPARTAMENTALES DE SALUD	TOTAL					METODOS																			
						DIU					PILDORA					CONDON					OTROS				
	ACEPTANTES	USUARIAS	CESES	COMPLICACIONES	FRACASOS	ACEPTANTES	USUARIAS	CESES	COMPLICACIONES	FRACASOS	ACEPTANTES	USUARIAS	CESES	COMPLICACIONES	FRACASOS	ACEPTANTES	USUARIAS	CESES	COMPLICACIONES	FRACASOS	ACEPTANTES	USUARIAS	CESES	COMPLICACIONES	FRACASOS
TOTAL	133117	393248	11351	1176	585	43760	154783	6109	934	286	40654	149608	3167	181	199	26698	44391	1398	15	82	22005	44466	677	46	18
Amazonas	724	432	1	-	-	184	175	1	-	-	316	128	-	-	-	174	68	-	-	-	50	61	-	-	-
Ancash	3253	10515	171	43	16	1139	3822	100	33	13	1129	3164	57	9	3	515	575	11	-	-	470	954	3	1	-
Apurimac	1562	2552	63	21	43	148	437	14	20	12	767	975	17	1	15	550	1035	32	-	13	97	105	-	-	3
Arequipa	6121	13509	386	153	19	1671	4537	206	123	15	1864	5576	107	26	3	1663	1635	48	2	-	923	1761	25	2	1
Ayacucho	30889	3411	54	16	2	395	732	29	16	1	974	1877	15	-	1	986	839	8	-	-	713	963	2	-	-
Cajamarca	2981	17317	264	117	77	1098	8804	170	110	42	1121	5340	50	6	25	684	3065	44	1	10	78	108	-	-	-
Callao	8850	15347	844	37	4	2818	6056	443	22	2	1459	908	47	15	2	1678	1452	157	-	-	2895	6931	197	-	-
Cuzco	5451	7918	308	30	38	1345	2645	140	24	20	1665	2786	93	5	8	1872	1942	66	1	10	569	545	9	-	-
Huancavelica	488	1160	27	-	-	131	205	4	-	-	143	392	15	-	-	173	347	2	-	-	41	216	6	-	-
Huánuco	1052	2080	120	-	-	548	1700	92	-	-	76	196	16	-	-	408	168	12	-	-	60	16	-	-	-
Ica	6083	115592	2338	68	51	1470	37467	350	32	19	2169	51531	1308	23	16	1937	17057	539	5	16	507	9537	141	8	-
Junín	4864	5348	136	52	-	1292	2532	136	52	-	1328	1448	-	-	-	772	656	-	-	-	1472	712	-	-	-
La Libertad	5032	10129	264	19	6	2422	6002	261	19	6	568	1168	2	-	-	903	1129	-	-	-	1139	1830	1	-	-
Lambayeque	4560	10982	347	4	83	659	2203	88	4	2	2240	6652	111	-	45	1154	1338	146	-	26	507	789	2	-	10
Lima	51821	112684	4554	388	142	19458	54586	2980	320	126	14242	35060	1083	41	11	8661	8450	260	5	1	9460	14588	231	22	4
Loreto	3290	11544	218	8	12	393	849	115	5	7	1392	8486	87	3	1	837	764	3	-	4	668	1445	13	-	-
Madre de Dios	183	308	2	-	-	49	49	-	-	-	104	157	-	-	-	15	42	-	-	-	15	60	1	-	-
Moquegua	1202	4554	102	5	51	445	1575	65	4	-	275	2024	18	1	51	257	549	11	-	-	225	406	8	-	-
Pasco	339	1064	14	14	-	126	294	7	6	-	102	408	4	-	-	45	103	2	-	-	66	259	1	8	-
Piura	7566	17242	192	12	-	1526	4020	120	2	-	4524	10444	46	8	-	696	1348	12	-	-	820	1430	14	2	-
Puno	2398	2955	69	18	3	874	1203	61	18	3	265	200	2	-	-	1028	691	4	-	-	231	861	2	-	-
San Martín	3867	8918	291	134	34	1176	3537	194	96	18	1617	4829	61	38	14	977	499	36	-	2	97	53	-	-	-
Tacna	2809	4917	43	26	2	1093	2284	38	22	-	814	1944	2	1	2	524	399	-	-	-	378	290	3	3	1
Tumbes	1097	1029	35	-	-	487	539	34	-	-	293	236	1	-	-	61	45	-	-	-	256	209	1	-	-
Ucayali	1748	4083	20	11	2	687	1514	8	6	-	933	2367	12	4	2	59	151	-	1	-	69	51	1	1	-
INST.ESPECIALIZADOS	2668	7658	489	-	-	2126	7016	453	-	-	274	312	13	-	-	69	44	5	-	-	199	286	18	-	-

出所)Ministerio de Salud

(3) 人口・家族計画分野の実施体制

a. 政府関連機関の各々の役割と相互関連レベル別

4－1の現行の人口家族計画分野の政策で述べたように，ペルーにおける人口家族計画の歴史はきわめて新しい。1974年ブカレスト人口会議以降，政府の家族計画に対する規制はゆるやかになり，1976年に人口問題についての政府のガイドラインが示された。1980年には民政移管に伴ない発足した新政権により国家人口審議会（Consejo Nacional de Poblacion）が総理府に設置された。人口法によれば，ペルーの人口に関する活動のすべてのコーディネーションは国家人口審議会に委ねられている。1985年，現政権により現行の人口政策が承認され，人口に関する基本政策が確立された。

1985年半ば，国家人口審議会の所管は総理府から保健省に移された[1)]。1986年末に，政府は家族計画を含めた人口政策を国家開発計画の一環として位置付けるとともに，1987年2月に人口に関する大統領特別委員会が設置された。委員会は保健大臣を委員長，企画庁長官を副委員長とし，文部省，国家人口審議会の代表をはじめとする諸機関の代表・12人によって構成されている。同年，委員会は行動計画として『国家人口計画（1987－1990）』（目標：1985年のTFR 4.3を2000年に2.5に低下させる）を承認した。

保健省内に家族計画局が設置されたのは1987年4月であり，作業グループが設置されたのは11月のことである。

ペルーにおける人口に関連する分野は，政府機関（保健省，IPSS，軍・警察，商業省，大蔵省，企画庁，国家統計局，国家人口審議会），非営利団体，民間ボランティア組織，民間商業部門（開業医，薬局）により構成されている。

1) この移管により人口審議会の各セクター間の調整権限は縮小されたと考えられる。

USAID／Peru Population Sector Strategy, 1988.

参考）UNFPA, Presentation of Second Country Programme Peru：1988－1991, 1987.

Project Grant Agreement Between The Republic of Peru and The United States of America for Child Survival Action Project.

Direction General del Programa de Planificacion Familiar, Ministerio de Salud, Programa Nacional de Planification Familiar, 1987.

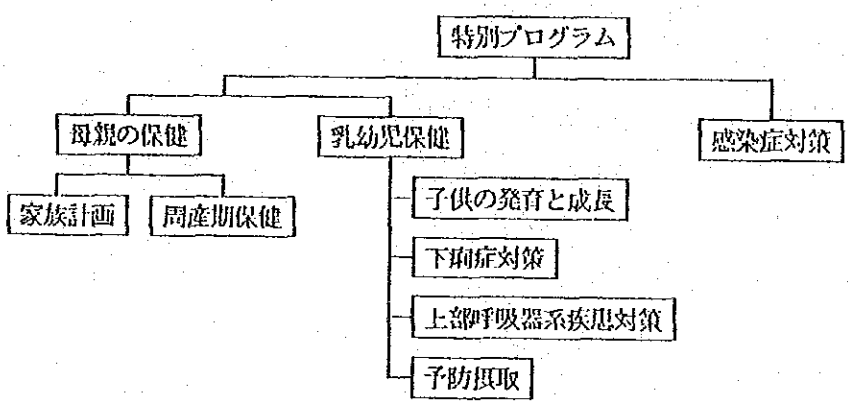
USAID, Transmittal Note, USAID／Peru Population Sector Strategy, 1988.

1) 中央レベル

家族計画の実施体制について，保健省・家族計画の機構については以下の通りである。

保健省において家族計画局は特別プログラムの中に位置している。特別プログラムについてはすでに保健省の組織図において示したが，プログラム内における家族計画の位置は図４－２に示す通りである。特別プログラムは母子保健と感染症対策にわかれており，家族計画は母子保健の中の一つとして位置づけられている。家族計画局の予算はペルー政府による予算１０％，外国援助による予算は９０％であり，主な援助団体はUNFPAおよびUSAIDである。現在，家族計画局の人員は１５人である。その内訳は厚生省の職員が１１人，UNFPA予算による人員が４人である。USAIDによるスタッフは未定である（保健省家族計画局 Dr. Guillermo Guanodiasからの聴取）。

図４－２　保健省における人口家族計画の位置



保健省に加えて，政府機関として人口の２９.５％に医療サービスを行っているIPSSも家族計画サービスを行っている。IPSSにおける家族計画活動は，１９７８年にEdgardo Rebagliati病院に最初のクリニックが設置されたときに始まる。１９８１年にUSAIDの協力によりリマをはじめとする各県において家族計画サービス体制が組まれた。１９８７年以降はIPSSのクリニックおよびヘルス・センターを通じて家族計画サービスが組織されている。組織に関しては中央レベルでは診療サービス，IEC，企画・評価の３つの部局と管理部門により構成されている。

参考）　IPSS, National Programme of Family Planning of IPSS.

2) 県レベル・末端レベル

UDESのレベルにおいては，UDES長が家族計画プログラムについての責任にあ

たっている。リマ南部UDESを例として示すと，UDESと各UTESに1人ずつ，家族計画のコーディネーターが配属されている。家族計画活動については，心理学担当，助産婦，教育担当，秘書によって構成されるチームがあたっている。医師の協力が必要な場合は，Maria Auxiliadora病院の家族計画担当医が参加する。

IPSSの場合は全国の287のヘルス・センターにおいて，知識普及および診療サービスを行っている。

参考）　IPSS, National Programme of Family Planning of IPSS.
UDESリマ南部における聴取。

b. NGOの役割と政府機関との関係

今回，家族計画関連のNGOとして訪問したのはINPPARES（Instituto Peruano de Paternidad Responsable）である。INPPARESはIPPF（国際家族計画連盟）のペルー代表事務所として機能している。1966年にIPPFに加盟し，INPPARESとしての活動は1976年から開始されている。関連をもつ政府機関は保健省，大蔵省，外務省，企画庁，国家人口審議会である。

INPPARESの活動は家族計画分野に限定された広報活動，および医療サービスである。実際に活動を行っている地域は，リマ県をはじめとする13県である。民間の医療サービスを受けている人口のうち，その70%の女性に家族計画サービスを行っている。実際の活動は医師の巡回指導に加えて，広報活動についてはClub des Madres等の団体を利用し行っている。

予算については政府からの補助はなく，予算の75%は援助および寄付金（下記の寄付機関参照）によって賄われ，残り25%は診察費等による収入である。

INPPARESに対する主な寄付機関と寄付金額（US$）

IPPF	314,000
Matching Grant	260,000
Pathfinder Fund	166,000
Population Council	64,000
Development Association	12,500
AVS	29,000
SPF	88,000
Ingresos Nacionales	91,000
	1,024,500

出所）　Bienvenidos al INPPARES

c. 外国援助の動向

人口分野の外国援助においては，ＵＳＡＩＤとＵＮＦＰＡの占める比率が高い。特に前者は拠出額ベースで，この分野への最大の外国援助機関である。ペルー政府のＵＳＡＩＤへの過度の依存については，ＵＳＡＩＤ自身が警告を発しており，他の資金供給先，具体的には世界銀行，米州開発銀行，２国間では日本，西独，オランダ，カナダなどの名を挙げている。そしてこれらの諸機関等からの援助を積極的に受け入れるべきであるとしている。

ＵＳＡＩＤの１９８８年の人口分野における総援助額は推定で１５４万7,０００ドル。この内公的機関に５９万7,０００ドル（１３のサブプロジェクト），民間非営利機関に８５万ドル（２２のサブプロジェクト），民間営利機関に１０万ドルの支出となっている。その内容は，訓練費８６万1,０００ドル，研究費４６万6,０００ドル，政策立案費２２万ドルである。

ＵＳＡＩＤが現在実施しているプロジェクトで，比較的規模の大きい「乳幼児生存プロジェクト」（Child Survival Action Project）を例にして，簡単に内容を見てみよう。

このプロジェクトの主な目的は，乳幼児死亡率の減少であるが，政府の進めている国家家族計画を補完的にサポートする役割を持っている。実施対象は全国規模で，期間は１９８６年－１９８９年。総予算は4,４０１万5,０００ドルである（予算の内訳は表４－６）。

表４－６　乳幼児生存プロジェクトの予算
１９８６－１９８９年　　（1,000ドル）

	1987		プロジェクト実施期間中の支出額	
	USAID支出分	ペルー政府支出分	ＡＩＤ支出分	ペルー政府支出分*
1 訓練費	２５０	—	1,８８０	3,２８６
2 技術協力費	３３８	—	1,５５７	—
3 器材費	1,５５７	—	１０,７３６	3,９０５
4 その他費用	４５５	—	3,５０３	１７,３９５
小計	2,６００	—	１７,６７６	２４,５８６
予備費	—	—	1,３２４	４２９
総計	2,６００	—	１９,０００	２５,０１５

＊ ペルー政府の支出については，インティ価をドル表示にしてある。

出所） USAID, Project Grant Agreement Between the Pepublic of Peru and the United States of America for Child Survival Action Project 1987.

なお，ペルー政府の支出は，〝ペルーインティ費用〟と定義され，ペルー国内で支出される自国通貨（インティ）である。ただし一定の条件を満たすと，〝ペルーインティ費用〟はUSAIDを通して米ドルとの換金が可能である。

一方UNFPAについては，１９８４年－８７年の第２次国別計画期間中に，３７０万ドルの援助を行っている。UNFPAはこの他に同期間中にイタリア，ノルウェー両国政府からそれぞれ２６万2,０００ドル，２６万5,０００ドルの援助を受けている。UNFPAの主な活動は，(i) 母子保健と家族計画，(ii) 経口補水治療，(iii) 自然家族計画，(iv) 人口教育，(v) コミュニティセンターでの性教育，(vi) 基礎データの収集と分析，(vii) 人口政策の立案，(viii) 婦人，人口と開発などである。

UNFPAの１９８８年－１９９１年の国別計画では，自己資金６００万ドル，その他の拠出金より１５０万ドル，計７５０万ドルの援助を計画している。その主な活動分野は，母子保健と家族計画が３８５万ドル。人口情報，教育，伝達が１９５万ドル，婦人と人口開発が６０万ドルなどとなっている。

保健省国際協力局のデータによると，１９８８年のUNFPAの人口分野への援助額は１３５万6,０００ドルである。

参考文献）Ministerio de Salud, Programa Nacional de Planificación Familiar 1987.

Ministerio de Salud, Plan Operativo 1989.

USAID, USAID/DERU Population Sector Strategy 1988

USAID, Project Grant Agreement Between The Republic of Peru and the Urited States of America for Child Survival Action Project 1987

UNFPA, Recommendation by the Exective Director, Assistance to the Government of Peru Support for a Comprehensive Population Programme 1988

Ⅲ－5　現行の人口・家族計画プロジェクトの一覧表（外国援助を含む）

現行のプロジェクトについては，主として厚生省作成の資料によって表にまとめて示した。プロジェクトタイプに示された記号は次の通りである。

a. 人口教育

b. 人口情報

c. 保健サービス提供

d. 人口調査・研究

e. 関連産業振興

f. 保健要員訓練教育

プロジェクトタイプ

㊙ 複合プロジェクト

㊞ 単独プロジェクト

現行の人口・家族計画プロジェクト一覧表
（外国援助を含む）

	プロジェクト名	タイプ別分類	期　間	プロジェクトタイプ	担当／援助機関	対象地域
1	Paternidad Responsable	a	1981—1989	㊞	UNDP	リマ市
2	Sobrevivencia y Salud del Niño	c	1986—1989	㊙	USAID 厚生省	リマ市
3	Servicios Integrados de Salud y Planificación Familiar	a. b. c. d. e. f.	1981—1989	㊙	USAID 民間機関 厚生省 IPSS	全　国
4	P. R. UNFPA	a. b. c. d. f.	1988—1989	㊙	UNFPA 厚生省等	全　国
5	P. R. UNICEF	a. b. c. d. f.	1987—1990	㊙	UNICEF 厚生省等	全　国

出所）1 Ministerio de Salud, Proyecto de Cooperacion Tecnica Internacional de Salud

2 Instituto Nacional de Planificación, Evaluacion Global de la Cooperación Internacional

3 Ministerio de Salud, Plan Operativo 1989.

Ⅳ　関　連　資　料

（Ⅳ－1　ペルー保健省のプロジェクト計画書）

MINISTERIO DE SALUD

PROYECTO " J I C A "

MINISTERIO DE SALUD

SALUD MADRE - NIÑO

Y

PLANIFICACION FAMILIAR

MINISTERIO DE SALUD

I N D I C E

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MINISTERIO DE SALUD

I. IDENTIFICACION DEL PROYECTO

DENOMINACION	:	PROYECTO JICA-MINISTERIO DE SALUD SALUD MADRE-NIÑO Y PLANIFICACION FAMILIAR.
PAIS	:	PERU
NIVEL DEL PROYECTO	:	LIMA METROPOLITANA
TIPO DEL PROYECTO	:	DE SERVICIO ✓
COBERTURA GEOGRAFICA	:	PROVINCIAS LIMA Y CALLAO
UBICACION	:	LIMA-CALLAO
POBLACION TOTAL	:	6,873,000
DURACION	:	3 AÑOS
FECHA DE INICIO	:	1989
PAIS DONANTE	:	JAPON
RESPONSABILIDAD EJECUTORA.	:	MINISTERIO DE SALUD UDES LIMA - UDES CALLAO
COOPERACION TECNICA	:	JICA
MONTO ESTIMADO DE LA ASISTENCIA FINANCIERA	:	USA $ 24'000,000

II. COOPERACION EXTERNA

En el presente proyecto, la Cooperación Externa será dada por el Gobierno Japonés a través de JICA en aspectos de:

1. Apoyo financiero por un monto estimado en 24'000,000 Dólares USA, que incluirá.
2. Apoyo en asistencia técnica:
   - En el Area de capacitación tanto en el exterior como a nivel del país.
   - Visita de expertos y transferencia de tecnología; así como contratación de expertos nacionales.
3. Donación de Equipos: médicos, audiovisuales y de impresiones.

MINISTERIO DE SALUD

III. INFORMACION BASICA - PERU

1. Indicadores Generales

Población estimada en el país	20'727,100
Extensión territorial	1'825,215Km2

2. Indicadores de Salud

Esperanza de vida al nacer	61.4
Tasa de mortalidad general	9.4
Tasa de mortalidad infantil por 1000nv.	88.2
Tasa de mortalidad materna	30.3
Nº de habitantes por médico	1,029
Nº de habitantes por cama	671

3. Indicadores Demográficos

Porcentaje de población menor de 15	42.4
Tasa de crecimiento vegetativo por 1000	26.0
Tasa de fecundidad por 1000 mujeres de 15 a 44	4.6
Tasa de natalidad x 1000 habts.	34.8

4. Indicadores de Educación

Porcentaje de analfabetismo	16.6

MINISTERIO DE SALUD

IV AMBITO GEOGRAFICO Y POBLACIONAL

El proyecto se desarrollará en las Provincias de Lima y Callao.

Lima es la capital del Perú y Callao su primer puerto, situado entre 0 y 800 mt. sobre el nivel del mar.

Se caracteriza por ser un ámbito predominante urbano, concentrando el 40% de la población nacional, con gran número de asentamientos urbano marginales lo cual determina la gran necesidad de prestaciones de servicios de salud y planificación familiar.

POBLACION POR GRUPOS DE EDAD

DE PROVINCIAS LIMA Y CALLAO

Población total Lima y Callao 6,873,000

Población por Grupos de Edad	Lima	Callao
Total	6'313,000	560,000
1a.	147,316	13,496
1a.-4a.	607,160	51,004
5a.	151,854	13,136
6a. 14a.	1'280,783	111,064
15 - 64	3'846,474	345,708
65 +	279,413	25,592
Mujeres en Edad Fértil	1'634,280	147,840
Gestantes	299,640	25,125

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MINISTERIO DE SALUD

Desde el punto de vista de Organización Sanitaria, la jurisdicción de las provincias de Lima y Callao constituyen las Unidades Departamentales de Salud.

- Lima Norte
- Lima Este
- Lima Ciudad
- Lima Sur
- Callao

POBLACION SUJETO DE PROGRAMACION DE UNIDADES DEPARTAMENTALES

POR GRUPOS ETAREOS

AÑO 1988

	GESTANTE	- 1 AÑO	1 A 4 AÑOS	6 AÑOS
TOTAL LIMA	121,747	94,012	363,108	98,274
- LIMA NORTE	2,710	1,332	5,491	1,368
- LIMA CIUDAD	56,329	42,143	173,696	43,258
- LIMA ESTE	20,949	16,323	42,898	16,990
- LIMA SUR	41,759	34,214	141,023	36,658
CALLAO	22,447	18,608	69,316	17,144

NOTA:

a) Po. Informada por las UDES

b) Po. Registrada por el INE

MINISTERIO DE SALUD

V. ANALISIS DE LA SITUACION

En los últimos 10 años la mortalidad general en el Perú ha descendido de 14.2 a 10.2 por 1,000 habitantes y el número de muertes de niños menores de 5 años, constituye aproximadamente la mitad de esas muertes. Pese a ellos en el Perú mueren más de 88,000 niños anualmente desde horas de nacido a 4 años de edad y representa casi el 50% del total de la mortalidad general del país.

Más de 60,000 de estos niños mueren en el transcurso de su primer año de vida y la mayoría de ellos mueren por enfermedades respiratorias, diarreicas y otras; pero el 40% de ellos (24,000 niños) mueren antes de cumplir el primer mes de vida, y se debe a causas relacionados indirectamente con el embarazo o parto, siendo las verdaderas causas las condiciones de salud de la madre y los conocidos indicadores de riesgo obstétrico: La multiparidad, las edades extremas de la etapa reproductiva y/o espacios intergenésicos inadecuados.

Por otro lado, la atención materno-infantil en nuestro país, a pesar de ser un programa prioritario, con un enfoque de atención integral madre-niño y a pesar de haberse aumentado la capacidad operativa del sector salud en servicios de atención materno-infantil y planificación familiar; el 38% de las madres de los niños nacidos antes de la muestra(19-80-1985) no tuvieron ningún control-prenatal, la mitad de ellas fueron atendidas por profesionales; una cuarta parte por auxiliares o parteras empíricas y el resto por personas no relacionadas con la profesión de salud.

La atención de la gestante en términos de cobertura por parte del sector público (institucional) ha aumentado en forma sostenida. Sin embargo la captación de las gestantes se ha caracterizado por ser tardía y el 60% de contro

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les prenatales realizado por personal médico es de 2 a 3 consultas por gestante.

Finalmente, los grupos humanos que mas necesitan, no tienen el concepto claro del RIESGO REPRODUCTIVO, ni conocen los indicadores que lo configuran, circunstancia que no les impide gestar nuevamente.

Si agregamos a todo lo anterior la poca accesibilidad a los servicios de salud de estas mujeres en las zonas rurales o urbano marginales, comprenderemos que al conjugarse estos factores negativos se traducen en elevados índices de morbi-mortalidad tanto materna como infantil en nuestro país especialmente en determinados y conocidos departamentos.

Se estima, que Lima concentra en 1988 alrededor de 1'782,-120 mujeres en edad fértil (el 26.04% de su población total) y que de ellos 324,765 son gestantes.

Si consideramos que la población sujeto de programación por las UDES, considerada para dicho año es de 144,194 gestantes, podemos notar un déficit en la atención pre-natal.

Si a ello agregamos el déficit en la atención de 1 a 4 años, podemos deducir la necesidad de contar con los recursos financieros y materiales como también humanos, debidamente capacitados, para aumentar la cobertura de atención.

Conformar un Sistema Nacional de Capacitación para capacitar al personal profesional y no profesional del sector Salud para sensibilizar a la comunidad, motivar a los líderes y parteras tradicionales para la gran ofensiva nacional de concientización para ayudar a sobrevivir al niño en el Perú. La capacitación será integral involucrando todos los componentes del programa.

MINISTERIO DE SALUD

VI. OBJETIVOS

1. Generales

- Contribuir a la reducción de la mortalidad y morbilidad Materno, Infantil y Perinatal.

- Extender la cobertura de atención en Planificación Familiar.

- Brindar atención integral eficaz, eficiente y oportuna a la mujer y al niño.

2. Específicos

- Lograr la capacitación de madres de familia, líderes y estudiantes para el desarrollo de las actividades de los programas materno, infantil y de planificación familiar.

- Proporcionar asesoría técnica al personal de salud profesional y no profesional para la ejecución del programa.

- Reforzar los servicios materno infantil en lo que se refiere a equipos médicos, así como, material y equipo para el trabajo con la comunidad en las zonas seleccionadas por el proyecto.

VII. ESTRATEGIAS

1. Fortalecimiento de los servicios materno infantiles e implementación de su capacidad operativa.

2. Extender la cobertura de atención integral de la salud materno infantil y de planificación familiar.

3. Capacitación y utilización de los recursos humanos de salud para lograr su desarrollo tecnológico.

4. Captación de líderes de salud y participación de la comunidad en las actividades del programa materno infantil.

VIII. COMPONENTES DEL PROYECTO

1. Capacitación

a) En el País

El componente capacitación para el proyecto Salud Madre-Niño y Planificación Familiar en el país se concentrará en mejorar las habilidades del personal de salud en áreas específicas que no se cubran plenamente y a profundidad en los programas rutinarios de educación continuada; así mismo, el personal profesional recibirá orientación sobre salud integral de la madre y el niño y planificación familiar.

El personal que maneje métodos de regulación de fecundidad incluyendo a las parteras tradicionales recibirán una capacitación básica en planificación familiar y población, para lo cual se programará los siguientes eventos:

1. Salud materno infantil y planificación familiar dirigido a : médicos, enfermeras, obstetrices.

2. Desarrollo de las actividades del Programa Materno Infantil y Planificación Familiar para técnicos en enfermería y auxiliares de salud.

3. Orientación general en salud materno infantil con énfasis en atención del parto y planificación familiar para parteras y promotores.

4. Educación sexual y planificación familiar para estudiantes (adolecentes).

5. Lineamientos de salud reproductiva y tecnología diagnóstica perinatal para facultades de medicina, enfermería, obstetricia, sociedades científicas y organizaciones privadas.

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b) En el Exterior

A darse a través del proyecto, contemplaría el entrenamiento de funcionarios peruanos en el Japón, siendo requisito indispensable que los candidatos deben estar involucrados en el desarrollo de las actividades del proyecto.

Asi como la participación en seminarios internacionales sobre planificación familiar y componentes del Programa Materno Infantil.

2. Asistencia Técnica

El principal objetivo de la asistencia técnica del proyecto ofrecerá orientación, asesoramiento y trabajo conjunto en planificación, estudios e investigación, capacitación técnica , transfiriendo tecnología en lo que se refiere al manejo y mantenimiento de equipos de alta tecnología para lo cual se seleccionará para el cuarto nivel o de alta especialización (Maternidad de Lima y San Bartolome) para los cuatro hospitales seleccionados de menor complejidad.

3. Actividades del Programa Materno Infantil

El reforzamiento operativo de los Centros de Salud seleccionados priorizarán las acciones de:

- Control de la Gestante
- Control de la Puerpera
- Planificación Familiar
- Control de Crecimiento y Desarrollo
- Supervisión de las actividades ejecutadas por miembros de la comunidad (parteras y Promotores).

4. Dotación de Equipos

El proyecto contempla la dotación de equipos de alta tecnología, los cuales brindarán una mejor atención a la madre y al niño referentes a :

- Equipos para cuidados intensivos en neotalogía
- Equipos para exámenes especiales de laboratorio
- Equipos audiovisuales para :

  Centros de capacitación especializada con circuito Cerrado.

  El nivel central y las Unidades Departamentales de Salud seleccionadas.

- Equipos de informática y de oficina
- Vehículos.

IX. EVALUACION

La evaluación estará dirigida a conocer el grado de avance y los resultados parciales y finales del proyecto; es decir, medir los logros alcanzados, las actividades realizadas y la utilización de recursos asignados.

En la etapa de evaluación se establecerá en que grado y a que costo se están alcanzando los objetivos de impacto, objetivos operacionales y actividades realizadas mediante la aplicación de indicadores cuantitativos y/o cualitativos.

La evaluación del proyecto considerará dos aspectos

1. Manejo financiero
2. De operatividad

Del Manejo Financiero que incluirá monitoreos trimestrales y auditorias anuales.

De Operatividad del Proyecto la que incluirá supervisiones continuas, evaluaciones de las actividades trimestrales en las áreas del proyecto y evaluaciones anuales.

MINISTERIO DE SALUD

X. ORGANIZACION Y ADMINISTRACION DEL PROYECTO

Estructura Orgánica

La organización estructural del proyecto constará de tres niveles:

- Nivel Central; que se encargará de la coordinación del proyecto.
- Nivel UDES; que se encargará de la ejecución del proyecto.
- Nivel Local; Hospitales y Centros de Salud que ejecutará las acciones.

UDES LIMA NORTE

Hospital Cayetano Heredia
Centro de Salud San Martin de Porres
Centro de Salud Perú 3era Zona
Centro de Salud Perú 4ta. Zona
Centro de Salud México
Centro de Salud Valdiviezo

UDES LIMA ESTE

Hospital Hipólito Unanue
Centro de Salud Santoyo
Centro de Salud Santa Magdalena Sofia
Centro de Salud Ate Vitarte
Centro de Salud Progreso (Ñaña)
Centro de Salud Moron

UDES LIMA CIUDAD
Hospital San Bartolomé
Hospital Maternidad de Lima
Centro de Salud El Pino
Centro de Salud El Porvenir
Centro de Salud Max Arias Schereiber
Centro de Salud San Cosme
Centro de Salud San Luis

UDES LIMA SUR

Hospital María Auxiliadora
Centro de Salud San Juan de Miraflores
Centro de Salud Ciudad de Dios
Centro de Salud Villa San Luis
Centro de Salud Pachacamac
Hospital Materno Infantil Lurín

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UDES CALLAO

Hospital Daniel A. Carrión
Centro de Salud La Perla
Centro de Salud Bonilla
Hospital San José
Centro de Salud Alta Mar
Centro de Salud Bellavista

2. Funciones y Responsabilidades

Nivel Central.- Estará dirigido por el Vice-Ministro de Salud y un Coordinador del Proyecto. Sus funciones serán:

- Canalizar el aporte del Gobierno Japonés a través de JICA, hacia las zonas seleccionadas para la ejecución del proyecto.

- Otorgar respaldo económico y político necesario para la eficiente gestión.

Nivel UDES.- El proyecto se ejecutará en las UDES Lima Norte, Lima Este, Lima Ciudad, Lima Sur y Callao.

Este nivel contará con un Coordinador del proyecto quien trabajará directamente con los Hospitales y Centros de Salud seleccionados.

MINISTERIO DE SALUD

XII. PRESUPUESTO APROXIMADO

COMPONENTES		COSTO TOTAL (MILES DE $)
- Capacitación		7,800
En el País	4,800	
En el Exterior	3,000	
- Asistencia Técnica		3,400
- Dotación Equipos		12,000
		800
TOTAL		24,000

Nota.- El manejo de los fondos se hará a través de la OFICINA ADMINISTRATIVA DE JICA

MINISTERIO DE SALUD

EQUIPO MEDICO

26 INCUBADORAS CON EQUIPO DE MONITOREO INCLUIDO

6 INCUBADORAS PARA TRANSPORTE

6 MONITORES INTEGRAL DE PACIENTES (FRECUENCIA CARDIACA,RESPIRATOIA,APNEA OXIMETRIA,PRESION,VENOSA,OSCILOSCOPIA,Y ELECTROCARDIOGRAMA)

6 VENTILADORES DE PRESION POSITIVA

6 VENTILADORES DE PRESION NEGATIVA

6 INCUBADORAS DE CUIDADOS INTENSIVOS

2 EQUIPOS DE RAYOS X CON DISPOSITIVO PARA TOMAR RADIOGRAFIA DE PIE A RECIEN NACIDOS

8 ASPIRADORAS DE SUCCION CONTINUA

4 RESPIRADORES

8 MONITORES PARA RESPIRACION Y APNEA DE RECIEN NACIDO

8 MONITORES DE TEMPERATURA PARA RRECIEN NACIDO

8 MONITORES CARDIACOS PARA RECIEN NACIDOS

8 MONITORES DE PRESION ARTEIAL (SISTEMA DOPEEER O ULTRASONIDO

4 BOMBAS DE INFUSION

4 EQUIPOS DE FOTOTERAPIA

2 MESA DE OPERACIONES PARA CIRUGIA NEONATAL CON MONITORES INCOPORADOS

2 LAMPARAS CIALITICA CON FIBRA DE VIDRIO Y LUZ SATELITE

4 MEDIDORES TRNSCUTANEOS DE OXIGENO

2 ENDOSCOPIO GASTROINTESTINAL

2 BRONCOSCOPIO PARA RECIEN NACIDO

2 EQUIPOS PARA BIOPSIA ASPIRATIVA DOBLE(TIPO NOBLETT)

10 TUBOS DE TRAQUEOTOMIA PARA RECIEN NACIDOS

12 TEMOMETROS ELECTRONICOS

4 PINZAS DE MAGUILL PEQUEÑAS

2 NEBULIZADOR DE CILOCAINA

4 REFRACTOMETYROS DE MANO

4 ANALIZADOR DE GASES

HOJAS DE SILASTIC PARA ONFALOCELE Y GASTROSQUISIS

2 GRAPADORA INFANTIL

4 EQUIPOS QUIRURGICOS PARA TRAQUEOSTOMIA

4	SET QUIRURGICO PARA CIRUGIA NEONATAL
8	EQUIPOS PARA FLEBOTOMIA
4	EQUIPOS PARA DRENAJE TORAXICO
4	ELECTROBISTURI
4	LARINGOSCOPIO PARA RECIEN NCIDO
4	EQUIPO PARA PRESION VENOSA CENTRAL Y CANULAS
2	ULTRASONOGRAFOS. PARA NEONATOS

EQUIPOS DE LABORATORIO

30	MICROSCOPIOS BINOCULARES
5	GLUCOSIMETROS
5	BILIRRUBINOMETROS
5	ANALIZADOR DE GASES

EQUIPOS AUDIOVISUALES

6	TELEVISOR
6	VIDEO GRABADORAS CON MONITOR TIPO VHS
6	CIRCUITO CERADO DE TELEVISION

EQUIPOS DE INFORMATICA

6	COMPUTADORA CON IMPRESORA
6	MAQUINAS FOTOCOPIADORAS TIPO CANON
6	MAQUINA ELECTRICA PROGRAMABLE TIPO CANON
6	MIMIOGRAFOS

TRANSPORTE

VEHICULOS DE DOBLE CABINA Y DOBLE TRACCION

UNITED NATIONS POPULATION FUND

PRESENTATION
OF
SECOND COUNTRY PROGRAMME
PERU
1988 –1991

Lima, Peru

November, 1987

final revision
03/02/88

SUMMARY

Peru is one of the largest, most populous and poorest countries of Latin America. About one third of the country lives in extreme poverty, mostly in the urban marginal and the rural highland areas. During the sixties structural reforms were introduced, which greatly modified the social and economic structure of the country. There still persist great disparities in wealth and access to basic services, the urban coastal areas especially Lima being the most favoured area.

Peru's population of about 20 million is growing at an annual rate of 2.6 per cent, with a high proportion of people below the age of 15. Infant mortality is about 92 deaths per 1,000 live births being among the highest in the region. As a result of rural urban migration around 30 per cent of the population lives in Lima, a large majority in conditions of poverty. According to the latest estimates, about 46 per cent of women currently united use a contraceptive method, but only half of them are using modern methods.

UNFPA has supported population activities in Peru and a First Country Programme 1984 - 1987 was carried out, providing support for ten projects. As a result of UNFPA's support to the country the need for a comprehensive population policy, including family planning is generally accepted. Institutional arrangements have been made to implement such a policy and a National Population Programme has been defined and will be executed.

A Second Country Programme for Peru 1988 - 1991 is being proposed to assist the Government in the implementation of its National Population Policy. The immediate objectives of UNFPA's support are to help the Government establish an operational infrastructure for the delivery of family planning services throughout the country; consolidate population education in the formal educational structure and support its activities of teaching population in out of school settings; support activities to improve women's condition and enhance the use of modern family planning methods in groups of deprived urban marginal and rural women; train national professionals to increase the national capability to carry out the necessary planning, programming, monitoring and evaluation activities of the population policy and to integrate population in the national planning activities.

In the implementation of the Second Country Programme UNFPA activities will be complementary to those of other donor agencies active in population in Peru, especially with USAID, UNDP, UNICEF, UNIFEM, WFP and other bilateral donor agencies and NGOs. Project activities will therefore be coordinated with these agencies.

UNFPA will provide US $ six million from its regular resources to Peru and will endeavour the make an additional three million US dollars available from other resources, including multi-bilateral funds. If UNFPA's funding situation permits, an additional amount of up to $ 1.5 million from regular resources will be provided by UNFPA to cover part of the $ three million from multi-bilateral resources.

1. BASIC INDICATORS

INDICATORS	YEAR 1970	1975	1980	1985
Total Population (000's)	13,192.8	15,161.2	17,295.3	19,697.5
Male	6,648.8	7 640 2	8,714.5	9,923.2
Female	6,544.0	7,521.0	8,580.8	9,774.3
Population age 0 - 4 yrs	2,261.5	2,487.8	2,696.1	2,999.7
Male	1,149.7	1,265.5	1,371.8	1,526.7
Female	1,111.8	1,222.3	1,324.3	1,473.0
Population age 5 - 14 yrs	3,544.4	4,068.4	4,529.2	4,971.1
Male	1,799.5	2,065.7	2,300.2	2,525.1
Female	1,744.9	2,002.7	2,229.0	2,446.0
Dependency Ratio	90.4	87.9	83.0	78.8
Urban Population (%)	58.1	61.2	64.2	67.1
Crude Birth Rate (o/oo)	42.4	39.4	37.9	35.9
Crude Death Rate (o/oo)	14.0	12.2	11.3	10.0
Infant Mortality (o/oo)	116.2	106.6	101.5	92.7
Life Expectancy (Total)	54.0	56.5	57.8	60.2
Male	52.5	54.8	56.1	58.3
Female	55.6	58.3	59.7	62.2
Total Fertility Rate	6.2	5.6	5.2	4.7
Illiteracy Rate (15+) Tot.	29.6	24.6	19.1	14.8
Male	18.3	14.6	10.6	7.4
Female	40.9	34.7	27.6	22.3
% EAP (15+)	31.7	31.9	32.3	33.3
GNP (per caput, 1979 US $)	849.5	943.1	938.3	812.1
Contraceptive use *	ENAF 1977-78		ENPA 1981	ENDES 1986
% Actual Users	31.0		41.0	45.8
% Using Modern Methods	35.5		43.0	50.2

* Women currently in union age 15 - 49 years

Source: Instituto Nacional de Estadísticas

II. BACKGROUND INFORMATION

1. Peru is one of the largest and most populous countries of Latin America, with contrasting physical, demographic, economic and social conditions. Peru is also one of the poorest countries of the hemisphere, having suffered serious socioeconomic and political crisis during the last two decades. Approximately one third of the country's population lives in conditions of extreme poverty and another 15 % is considered to be moderately poor. Extreme poverty is mainly found in the rural areas of the highland region, where peasants can barely make a living on subsistence farming and in the urban marginal areas of the large cities. Under nourishment and malnutrition are widespread among these groups.

2. In the late sixties during the first Military Government structural political, economic and social reforms were introduced, which greatly changed the economic and social structure of the country. Due to the world recession of the eighties and the rapid reduction of prices of the traditional Peruvian export commodities and products Peru's already weak economy suffered serious setbacks, resulting in a decrease of the national product and rampant inflation. Per capita gross national product grew about 2.6 % per year during the period 1960 - 1975, but decreased approximately with 1.6 % annually over the period 1975 - 1985. Purchasing power of salaried workers and employees decreased approximately 40 to 50 % during the period 1975 - 1985; internal inflation increased from around 25 % in 1975 to 165 % in 1985 and the percentage adequately employed persons in the labour force declined from about 53 % in the seventies to 34 % in 1985. The economic situation further deteriorated due to unexpected climatic mishaps, increasing activities of terrorists groups in certain parts of the country and the negative influence of drug trafficking also affected the social structure of the country.

3. In 1985 the present Government assumed power and immediately started an emergency economic programme to remedy the most pressing economic problems, giving priority to the lower income groups and the depressed rural areas. Through its short-term economic programme in the urban areas, it created programmes for temporary additional income through special employment programmes for the poorest urban marginal population, froze prices, increased the salaries and wages of employees and workers, reduced interest rates, restricted imports, controlled exchange rates and restricted serving of the external debts, relating the repayment to the country's export earnings. As a result in 1986 the rate of growth of the national economy increased 8.5 % reversing the trend of negative or low growth of the preceding period. The estimated rate of growth for 1987 is around 7%. In spite of these positive results long term economic growth prospects are uncertain.

4. Parallel to the economic policy, the Government implemented a social policy having as its targets, the underprivileged and the poor especially the andean rural and the urban marginal population. Efforts are being made to improve the living conditions of these

target groups through special programmes. Support is given to community based organizations to provide assistential aid to vulnerable groups such as infants, lactating mothers, etc. Budget allocation for health and education are increased. Special attention is given to the needs of the workers of the informal sector, a large proportion of which are women.

5. The Government places great emphasis on the improvement of the status and the conditions of women. Special programmes for women are being developed, including a programme to reduce or eradicate violence against women. Under the previous Administration the Office for Women Affairs was headed by a man and the Government now has appointed a women as Head. The Office is currently developing a national plan for developmental and promotional activities of women. The Government's concern for women is also demonstrated by the appointment of women in high public offices, e.g. two Ministers and the Controller General are women.

6. Peru's wealth is unevenly distributed among the different social and regional groups. Approximately 2 % of the Economically Active Population (EAP) earns 28 % of the national income, whereas the lower 75 % of the EAP obtains 23 %. Industrial and financial activities are mainly concentrated in the coastal area, Lima being the main area where these activities take place. In the Lima area 69 % of the Gross National Industrial Product is generated, 98% of the private investments is realized and 80% of the informal sector is located there. Distribution and access to basic services and health facilities is uneven, with the coastal and urban population having more access to services, and also the bulk of the better services being located in this region of the country, especially in Metropolitan Lima. Lima has 73 % of the medical doctors of the country, 48 % of the hospital beds, 62 % of university professors and 39 % of the teachers.

7. The social and economic problems of the country are further compounded by a process of rapid population growth, considerable rural urban migration which resulted in an uneven distribution of the population over the national territory and a limited amount of productive arable land. The total population for the country is estimated to be 20.7 million for 1987, with approximately 40 % of the population being below the age of 15 years and a life expectancy at birth of 61 years. Migration towards urban centers has resulted in a country with 68 % of its population living in urban conglomerates, with approximately 30 % located in the metropolitan area of Lima and Callao. Natural growth rate is estimated at 2. 6 %, with a crude birth rate of 36 and a crude death rate of 10 per 1,000 inhabitants.

8. Maternal and infant mortality rates are also relatively high in Peru, these being 30 per 100,000 live births and 90 per 1,000 live births respectively. There are wide inter and intra regional differences in the demographic indicators, e.g. the crude death rate for Lima is estimated at 6, whereas for some mountain regions it is calculated to be 18 per 1,000 inhabitants. Infant mortality is about 90 per 1,000 live births in Lima Metropolitan, while in some mountain regions it is in excess of 200 per 1,000 live births.

9. Fertility remains high. The Total Fertility Rate (TFR) was around 6.8 during the fifties and early sixties, and began to decline steadily in the late sixties, to reach the current level of 4.6 in 1986. The TFR for Lima and Callao is approximately 3.1, while in some mountain departments and in the jungle area TFR is in excess of 6 children per woman. Fertility reduction was achieved in absence of a national family planning programme. Private family planning organizations were active since the mid seventies, mainly in Lima. The Ministry of Health began providing family planning services around 1980 under its Maternal and Child Health Care Programme. Private doctors and commercial outlets have been the most popular sources for family planning supplies. At present about half of the women who are using contraceptives are using a non supply method.

III. POPULATION POLICY IN PERU

10. Since the early sixties some concern for population issues became noticeable and a Center for Population and Development Studies was created in 1964. A number of private family planning organizations, with foreign support began to operate, mainly in Lima and Callao. During the first Military Government of the late sixties and early seventies all family planning activities were prohibited and the private clinics closed down. After the Bucarest Conference of 1974 the Peruvian Government relaxed the prohibition of family planning activities and in 1976 guidelines on population were issued which reflected the Government's position of the population issue. In the Constitution of 1979 responsible parenthood is recognized as a right and in 1980 the newly elected Civilian Government created the National Population Council situated in the Office of the Prime Minister. In 1985 the previous Government approved the current Population Law, which established the basic framework for the population policy of the country.

11. According to the Population Law the National Population Council (NPC) is the coordinating agency of all population activities in the country. The NPC is responsible for the preparation of the proposal of the national population policy by coordinating the sectorial inputs. The National Planning Institute (NPI) is responsible for the formulation of the national plans and the proposal of the NPC will be incorporated by NPI in the national plans according to the overall planning objectives. Once a national population policy is defined in the national plans the supervision of its execution becomes the responsibility of NPC. With regard to technical assistance projects NPC acts as the initial screening agency for population projects. To be financed from international technical assistance resources a project needs the approval of NPC. The final decision as to whether a project will be included in the country's technical assistance programme rests with NPI.

12. In mid the 1985 the present Government assumed power and the National Population Council was transferred from the Office of the Prime Minister to the Ministry of Health. At the end of 1986 the President of the Republic announced that population including family planning should form part of the national development activities. A special Presidential Commission on Population (PCP) was appointed in February 1987 to advise the President on population issues. During 1987 a Directorate General for Family Planning was created in the Ministry of Health. The National Planning Institute included population policies in the national development plans and a Directorate of Population was created within NPI.

13. In early 1987 draft documents were prepared by the Directorate General of Social Planning of the National Planning Institute (NPI) with the assistance of some international and national experts. These were: "Guidelines of a Population Policy in Peru", and "A National Population Programme". They have been used by the PCP to prepare a document entitled " National Population Programme 1987 - 1990", which since the end of July 1987 is under consideration by the national authorities.

14. The document consists of two parts:

In part one a socio-demographic diagnosis of the country is presented, followed by an analysis of some population projections for the years 1990 and 2000. The aims and objectives of the National Population Programme are outlined, as well as a proposed strategy, organizational structure and system of finance.

In part two summaries are presented of the seven subprogrammes which form part of the national programme. These are:

(a). communication in population,
(b). education in population,
(c). family planning,
(d). research and statistics on population,
(e). population distribution,
(f). promotion of women and
(g). promotion of the family.

Objectives of National Population Programme

15. The general objective of the National Population Programme is stated as :

To contribute to the improvement of the quality of life of the Peruvian population by harmonizing growth and the distribution of the population with the socioeconomic development of the country.

Specific objectives of the national population policy are:

(a). Reduce the population growth rate by decreasing fertility to make it compatible with the available resources and national development.

(b). Reduce infant and maternal morbidity and mortality, thereby increasing life expectancy at birth.

(c). Create an (appropriate) cultural and social climate, provide the necessary information and education and access to health services to ensure that the population can freely decide on the number of children they wish to have.

(d). Achieve a better distribution of the population over the national territory.

Quantitative targets of the National Population Programme

16. The National Population Programme also provided some quantitative indications but there were certain inconsistencies between the figures presented in the different subprogrammes. At present the real targets for the Programme are being set by the different governmental agencies responsible for the implementation of the subprogrammes. With regard to population growth, it is expected that by the year 2,000 the annual growth rate will have been reduced to about 1.4 % from the current rate of 2.6%, with an intermediate target for 1990 of 2.2 %.

17. Family planning services will be greatly increased. The preliminary quantitative targets are to increase coverage from 28 % of the women in reproductive age in 1986 to 32 % in 1991 and to achieve a coverage of 42 % in the year 2,000. At present new calculations are being made to ensure consistency between the prevalence rate and the population growth rate. A family planning delivery service will be established throughout the country at the rate of establishing the necessary infrastructure and training arrangements for the service delivery staff in 8 departments per year, achieving national coverage in three to four years.

18. With regard to population education the major objective is to consolidate population education in all teachers' training colleges, all primary and secondary schools and to introduce it in the curricula of the universities and to undertake a comprehensive programme in population education for the out-of-school youth, adolescents and parents groups. By 1990 it is expected that all teachers of the teachers' training colleges and 80 % of the teachers of primary and secondary education will have been trained in population . By 1990 2,000 youth promoters will have been trained to impart population education to out-of-school groups.

General Strategy of Government's National Population Programme

19. The Government proposes the following general strategy to implement the National Population Law, which has been approved by all political parties of the country and which has broad public support:

(a). Consolidate and increase the consensus on the Peruvian population problems, by providing information on the nature of the population problem and its implications for the country's development potentials with regard to available resources, and

(b). Increase the participation of all sectors and institutions of the public sector in population activities, through concrete activities in the sphere of their competence, and by coordinating activities with the institutions of the private sector and the basic social and communal organizations.

Considerations on strategy of the population policy

20. As the population policy forms an integral part of the overall development policy of the Government, the success of a population policy depends in part on the success of other components of the Government's policy and on the existence of certain developmental conditions. Present scientific evidence suggest that for population policies, including family planning programmes to be successful certain structural conditions need to be present. In this respect it is necessary that disparities in key economic and social indicators such as income, land, accessibility to basic social and health services be reduced, which will have a positive effect on the implementation of and the acceptance of population policies by the population. Government's development activities as presented in the national plans aim at reducing the existing disparities in wealth, access to basic services and credit facilities and generally to create a more democratic and homogeneous society.

21. To ensure acceptance by the population it is necessary to define specific targets groups for the population programme, as the social and cultural characteristics of these group will determine the approach that has to be taken to implement the policy envisaged. These groups should be defined taking into account their present conditions and their level of deprivation, the existence of basic conditions which are conducive to successful acceptance of the proposed policy and the degree of difficulty with which these groups can be approached. Once these groups have been established priority groups for actions can be determined. The Government has already broadly defined the priority groups for its developmental policies, these are the urban marginal poor and the population of the rural highland areas, especially those living in the Andean core area.

22. Population being multisectorial it is important that the different sectorial policies be carefully coordinated with each other and with the overall population objectives. Sectorial and sub-sectorial policies should be supportive of each other and work in the same direction. Uncoordinated policy actions often have a negative effect on stated population policies. As the stated policy is to obtain a better distribution of the population over the country by reducing rural urban migration, a policy of providing zero interest loans to informal urban marginal workers will tend to increase the migration to the main urban conglomerates. Providing

zero interest loans to peasant and for rural housing improvement will tend to reduce the rural urban flow and might even stop or reverse the migration flow. As zero interests loans are provided to both the urban marginal and the rural population, the result is an inconsistent population policy, with probably a negative net effect on the stated objective.

Main Lines of Action of Government's Policy

23. Given the wide range of the activities to be developed by the National Population Programme, the Government thinks it necessary to organize these activities in four basic lines of action:

(a). Provide information through the mass media on the population problems of the country taking into account the different social and cultural characteristics of the population.

(b). Provide population education throughout the formal educational system and create mechanisms to provide population education to the out of school population,

(c). Create the necessary services, through which the population upon request can be provided with education, information and services necessary to regulate their fertility.

(d). Encourage research, oriented towards increasing knowledge to improve the application of concrete actions, which should be carried out by research institutes through integrated population research programmes.

Medium term needs in population

24. On the basis of the National Population Programme and taking into account the National Development Plan 1986 - 1990 the Government has identified a number of urgent needs that require attention in the short and medium term to ensure that the objectives of the National Population Programme are met.

(a).Maternal and Child Health and Family Planning

25. The establishment of a comprehensive national maternal and child health and family planning service is an urgent necessity. Coordination of activities of all components of the public health sector (the Ministry of Health, the Institute for Social Security of Peru and the Health Services of the Armed and Police Forces) is envisaged. The activities of the public sector will be coordinated with those of the private sector. In the secondary cities where there are no services of the private sector, the Ministry will enter into agreements with private family planning agencies to start operation, using the existing infrastructure of the Ministry in collaboration with local Governments.

26. During the first years of the National Family Programme a vertical structure is foreseen to ensure operational implementation. The Directorate General of Family Planning of the Ministry of Health will be the coordinating and normative agency of the National Family Planning Programme. Activities will concentrate on the binomium mother - child and priority will be given to the preventive aspects of family planning, especially for youth and adolescents.

27. Impersonal dissemination of family planning messages through mass media only, is not an adequate way to induce the urban marginal and rural population to accept modern family planning methods. Therefore in addition to mass media campaigns for the general population, special face to face sensibilization programmes for the population of the urban marginal and rural areas are needed and they should take into account the existing cultural and religious belief systems of these populations.

28. For family planning services to be acceptable to the urban marginal and rural population it is considered necessary that they are presented within the frame of wider policies, either with regard to health or in general developmental programmes. As in all development activities of the Government communal participation will also be ensured in the family planning activities. Through their grass-root organizations the population will participate in all phases of the programme activities, including definition of the problem, programming, administration, execution and evaluation of activities. To enhance the acceptance of different family planning methods, including non supply and traditional methods, operations research is needed to establish acceptability and level of efficiency of the methods.

(b). Information, Education and Communication in Population.

29. There is a great need for education in population. With regards to the formal education system existing programmes will be extended to all the departments of the country. Population topics will be taught to all grades of the primary and secondary schools. Reading materials for all grades of the primary and secondary schools will be prepared to provide pupils with permanent material on population. Teaching materials will take regional and cultural differences of the target populations into account.

30. Measures need to be taken to provide population education to groups who are not in the formal schooling system. Mechanisms need to be created to reach other special groups such as parents and women in reproductive age, especially those living in urban marginal and rural areas and those who have had little or no formal schooling. Special educational materials needs to be prepared for these groups.

31. It is considered important that population be introduced as a special field of study and research in as many universities as possible, to ensure that future generations of academics and professionals are aware of population and its implications for the development of the country.

32. To ensure that future health workers including medical doctors, nurses, etc. are well versed in family planning as an integral part of the national health system, the Government gives high priority on the introduction of population and family planning in the curricula of the health science faculties of the universities of the country.

33. A nationwide communication campaign in population through the mass media is needed, with special emphasis on the use of radio for the urban marginal and rural areas. Special attention will be given to specific target groups, such as youths and adolescents.

34. A national network of information centers is needed to ensure that information on population is available throughout the country in a form which is easily understandable. A basic system has already been established by the National Population Council in collaboration with regional universities and other agencies.

(c). Basic Data Collection

35. The country urgently needs to update its population data. The last population census was carried out in 1982, but since then there have been considerable changes in the distribution of the population over the territory, caused by the economic crisis, the consequences of terrorist activities and lately as a result of the new development policy of the Government. A population and housing census in 1991 is of great importance.

36. To ensure that valid and precise data on elements of population growth are continuously available it is imperative that the National Civil Registration System be established soonest.

37. To monitor and evaluate the impact of the different population policies it is necessary that a system of periodic population and demographic surveys are carried out. A system of permanent demographic surveys should be established, in coordination with the regional planning and statistical bodies, to ensure that data are also useful for regional analysis and planning.

(d). Women, Population and Development

38. The Government places high value on the improvement of the position and status of women. A number of initiatives are being developed such as improvement of the legal position of women, with regard to access to credit, agricultural loans, social security services, etc. Also a campaign is envisaged to reduce or eradicate violence against women.

39. Of special interest is sensibilization of women on the needs for family planning services. Large numbers of rural and urban marginal women do not desire to continue procreation, but a very low percentage is using effective contraception. Special projects should be developed to educate women in the different family planning

methods, eradicate misinformation and unfounded fears of using modern methods and to enhance their disposition towards use of these methods. These projects are especially needed in urban marginal and rural areas.

40. To enhance women's possibilities in present day society a national literacy campaign for urban marginal and rural women will be organized. To make the literacy process more meaningful the material to be used will be based on elements of population and aspects of health, so that women will not only acquire reading and writing skills, but will also be educated in aspect of population and health.

(e). Population Dynamics, Formulation and Evaluation of Population Policies

41. To ensure that population will be integrated in the national development plans and programmes, it is necessary that the staff of the agencies and institutions involved with the planning process are knowledgeable with the methods and techniques of population analysis and projections and with the relationship between population and development. It is also necessary that staff working in the population field are also familiar with the methodology and techniques of population project development and evaluation. To ensure that correct use is made of the data in the planning process, socioeconomic models incorporating population data need to be developed or existing models need to be adapted to national conditions. Also policy makers, both at the national and the sub-national level should be made aware of the importance of population in the national and sub-national development plans and programmes.

IV. REVIEW OF PRESENT UNFPA ASSISTANCE

42. A First Country Programme for Peru was approved in 1984 covering the years 1984 - 1987. The Country Programme was partly based on the results of a Basic Needs Assessment Mission carried out in October 1983. This Country Programme considered support for Peru during the four year up to the amount of US $ 3,400,000 from regular UNFPA funds and an additional amount of US $ 836,000 of Italian multi-bi trusts funds. The country programme consisted of support for projects in the areas of Maternal and Child Health Care and Family Planning, Population Education and Communication, Basic Data Collection and Analysis and Population Dynamics and Formulation of Population Policies.

43. The First Country Programme for Peru was developed in a period in which there was no clarity on a national population policy. The National Population Council (NPC) had only been created in 1980 and sectorial offices were unfamiliar with the population theme and with UNFPA's mandate. Population was not a priority for the Government, and in view of the serious economic crisis of the early 1980s it is

not surprising that not all of the planned activities of the First Country Programme were carried out. Moreover, the Programme was approved in the last full year of the previous Government and following the installation of the new Government changes in orientation of policies were made. All these factors had mostly negative effects on all phases of programme development: project formulation, management, implementation, monitoring and evaluation. Moreover, lack of a clear understanding of women's issue also had a negative impact, although because of specific characteristics of the Peruvian situation women's concerns were not altogether absent from the projects executed. Nevertheless, UNFPA's support and presence has had some positive results which have contributed to the present positive position towards population of the Government.

44. Under the First Country Programme a total of ten projects with a total value of US $ 4,375,000 from regular UNFPA funds were carried out during the period 1984 - 1987. Peru had additional multi-bi funds from two bilateral donors who supported population activities: Italy (US $ 1,223,000) and Norway (US $ 265,000). The projects executed covered the following UNFPA work programme categories: Basic Data Collection, Population Dynamics, Formulation and Evaluation of Population Policies and Programmes, Implementation of Policies, Family Planning, Communication and Education and Women.

(a). Basic Data Collection

45. Under this component two projects were carried out, one on the improvement of the civil registration system and another to train two national statisticians in population and housing census methodology. The last project is still under execution, trainees are expected to return in mid 1988 988 from abroad. The civil registration project has been very successful. It was well formulated, with clear objectives and sufficient background information. The quality of technical backstopping provided by the external consultant, the competence of the national staff, with access to the highest authority in the executing national agency made project management and implementation a problem free activities. Project objectives were all met. However, because the new law on civil registration is not yet past by Parliament institutionalization of the new procedures may be hampered. Also, because of a reduction in UNFPA's contribution the evaluation study has not been carried out, which greatly hinders generalization of project results.

(b). Population Dynamics

46. Only one small project was carried out under this component. Population training was carried out at the Federico Villareal University, one of the national universities based in Lima. Teaching material was developed and is available still for use in training on population. The project was implemented without any problems.

(c). Formulation and Evaluation of Population Policies

47. A mayor project was carried out in this component with the National Population Council. Under the project a number of

population activities were carried out according to a yearly established and approved work plan. Initially the project was implemented without any problem, but since mid 1985 serious problems in financial management were encountered. The implementing agency did not follow UNFPA financial rules and regulations and much time was spent by the Field Office to ensure that correct procedures were used. Also, the agency was not able to formulate consistent work plans for the years 1986 and 1987, in spite of support from the Field Office, national and international consultants. A noteworthy activity carried out under this project was the First Peruvian and First Latin American Family Planning Congress organized by the largest Peruvian family planning association. This congress clearly responded to a need. Approximately 2,000 persons attended and a large number of health professionals (medical doctors, midwives and nurses) from the interior of the country attended the the congress at their own expense.

(d). Maternal and Child Health Care and Family Planning

48. Under this component four projects were carried out. Two projects were directly implemented by the Ministry of Health, one by the Departmental Health Unit of a jungle department and one by the main Catholic affiliated family planning organization. The results of the projects have been varied. Whereas the projects with the Ministry of Health did not achieve their objectives, the other two projects were successful.

49. The main project on MCH/FP suffered from bad project formulation. The implementing agency was unable to correctly identify the objectives and priority needs of the sector, due to lack of adequate counterpart arrangements and insufficient awareness of the population policy. Basic data on the structure of the sector and its resources were not available, which made it impossible to indicate real quantitative targets and objectives. Lack of counterparts with sufficient rank in the implementing agency affected project management and coordination of activities. The responsible national officer had little or no access to higher authorities in the Ministry and was therefore unable to obtain support and collaboration from other parts of the Ministry. Changes in the policy of the sector, turnover of key personnel and technical staff all had a negative influence on project implementation. Lack of timely availability of multi-bi funds created problems, purchasing of equipment could not be realized timely.

50. In spite of high level commitment to a vigorous population policy, efficient project implementation was not achieved because of lack of motivation by senior and middle level staff, compounded by lack of a clear understanding of the population problems of the country. Although a Directorate General of Family Planning was created up now, it has no internal operational structure, no adequate staffing and little or no budgetary provisions for the implementation of the national family planning policy.

51. The project carried out by the Departmental Health Unit of Loreto, started in early 1987 and has been successfully implemented. The project entails provision of oral rehydration and family planning services through community based distribution. Success of the project is due two several factors. It has served as a catalyst for other activities in the health and family planning sector. The Municipality decided to increase its own health activities and to collaborate with the project increasing coverage dramatically. The CTA of the project and the national coordinator are first rate professionals and dedicated persons who have managed to inspire the voluntary promoters. These promoters in turn are a key elements for the success of the project as they are female community leaders in their own right. Furthermore, the project was developed at the request of and with the participation of the population.

52. Project on natural family planning by the Asociacion de Trabajo Laico Familiar has proved to be successful. Under the project a number of instructors in family planning methods have been trained. This organization is the most liberal of the Catholic Church affiliated agencies and has as policy to teach and train their promoters and clients in all family planning methods. In their clinics, five of which were established under the project, they provide only service for the methods approved by the Catholic Church. Clients who do not which to avail themselves of these methods are referred to other family planning agencies were they can obtain the methods the have chosen. This organization is also being used to provide support to the Ministry of Education's programme of training teachers in family planning and sex education. Some of the project activities could not be carried out because of a reduction in UNFPA's contribution.

(e). <u>Communication and Education in Population</u>

53. Under this component two projects were carried out, with the Ministry of Education financed from regular UNFPA funds and the other from multi-bi funds provided by the Government of Norway with the Ministry of Labour. Both projects have proven to be successful, albeit for different reasons.

54. The project with the Ministry of Education had as main objective to introduce population in the curricula of the national educational system and to prepare the necessary teaching materials. As Peru it a very heterogeneous country it was decided to implement the project first in 14 of the 25 departments of the country. The results of this project has been very positive. Of prime importance for the success of the project was a well defined and well developed project, with sufficient background information and clear objectives. A competent CTA and a well qualified and dedicated national coordinator also contributed to the success of the project. The policy of the Ministry to absorb the nationals trained under the project greatly increased the capability of the Ministry in population education.

55. The main results of this project are: the introduction of population in the curriculum of all the teachers colleges of the country and having trained 200 teachers of these colleges in population. Training of about 20,000 teachers of primary and secondary education, about 200 regional and zonal coordinators and other high level staff of the dependencies of the Ministry in the 14 Departments in population. Beginning a modest programme for population education for out of school youth and training about 500 young leaders of youth organizations to act as promoters in population. Didactical and methodological teaching guides have been prepared and validated for these 14 departments, and starting in the next scholastic year, March 1988, population will be taught in all grades of primary and secondary education. Another important factor for the success of the project has been and is support from the highest authorities in the Ministry and the political will to carry out the established policy.

56. The project with the Ministry of Labour entails introduction of population education in community centers. The project is carried out in two areas in Peru reflecting the two main priority target groups of the Government's development activities. Part of the project is carried out in the marginal urban areas (slum areas) of Lima among informal vendors and the other part of the project is executed in the southern rural highland areas among poor and partly landless peasants.

57. In spite of lack of Government support for infra structure arrangements and deficient office and transport facilities, the project has a very good implementation record. Due to delays in the availability of multi-bi funds the start of the project had to be delayed. Activities center around training of promoters and strengthen the community capability for self analysis and training in health and population related topics. In Lima the project has been implemented without major problem, while in the rural highland areas because of the complex political situation some project activities have been delayed.

(f). Women, Population and Development

58. One project has recently started under this component. The project is providing motivational information for women of the urban marginal sector of part of Lima. The project is successfully implemented by a national feminist NGO who has succeeded in also interesting the staff of the health sector working in the area to participate actively in the project. At the request of the Director of the Health Area, a special training course was given to all female staff of the hospital and health centers dealing with population and family planning.

Project Coordination

59. Coordination among projects is considered to be of the utmost importance to ensure that programme objectives are met in a cost-effective way. The Field Office periodically organized meetings in which all projects were represented, to discuss topics of mutual interest, to encourage interchange of ideas and experiences and to coordinate activities. Nevertheless, coordination of activities between projects has not been achieved yet, although a number of projects are developing similar materials.

60. Projects have been able to coordinate their activities with other Government agencies working in the same area or field. Local governments and other public sector agencies have repeatedly requested support from UNFPA projects. Some projects have also achieved cooperation and coordination with NGOs active in their field of competence.

61. There has been no adequate coordination with other donor agencies active in population due to lack of Government's interest. The UNFPA Field Office has continued holding informal coordination meetings with representatives of bilateral donor agencies, international NGOs and other United Nations agencies. This has resulted in bilateral donor agencies expressing an interest in financing population related projects within their programmes for technical cooperation with Peru.

62. Acting upon instructions of the President, the Minister of Planning requested UNFPA in April 1987 to become the lead agency for population in Peru and together with NPI coordinate all technical and financial assistance the country will receive for population.

Monitoring and Evaluation

63. In general monitoring of projects with a local scope has been satisfactory. However, due to defective project formulation and lack of budgetary provisions national level projects were insufficiently monitored. As a result of monitoring in the population education project, changes in the content of the educational guides could be made, to better reflect the national situation.

Women's Concern

64. Originally no specific project responding to women's concerns were planned, nor were these taken into account in the Programme. However, given the situation of women in Peru and the existence of active women's organizations a number of projects were developed that specifically addressed this issue. Due to lack of funds some of these projects could not be considered for UNFPA financing. However, in the projects currently in execution women's concerns are being addressed. In three UNFPA financed projects women organizations played a prominent role in the definition of the problem to be solved and are actively involved in their execution.

Achievements of UNFPA's support

65. As a result of UNFPA's support to Peru at the end of the First Country Programme the following achievements of UNFPA's involvement with the country can be mentioned. The need for a comprehensive population policy as part as the national development policies is generally accepted and the country has made a beginning with the implementation of a national population policy. Certain institutional arrangements have been made and others are under consideration to ensure that the Government will be able to carry out its intended policy. A Population Unit has been created in the National Planning Institute and long term plans are being revised to include population. In the Ministry of Health a Directorate General for Family Planning has been created which will be responsible for the national family planning programme. The National Population Council will regain its former independence and will be transferred to the Ministry of the Presidency as soon as legal arrangements are finalized. A considerable number of national experts in population trained under a UNFPA financed project have been incorporated into the Ministry of Education. Population has been included in the curriculum of the teachers' training colleges. A large number of teachers of primary and secondary education in 14 of 25 departments of the country have been trained in population, didactical and methodological guides have been prepared and population will be included in the curriculum of primary and secondary education.

V. OTHER DONORS IN THE POPULATION FIELD

66. The main donor for family planning activities in Peru is the Agency for International Development of the United States of America (USAID). For the period from 1979 USAID has allocated US $ 44.5 million, and since July 1985 it has committed US $ 36,500,000. At present USAID has the following projects in execution :

1. *Integrated health and family planning services US $ 6,800,000*
2. *Social marketing of contraceptives $ 4,100,000*
3. *Support to the Private Sector Pathfinder/SPF $ 13,000,000*

67. The Pathfinder/SPF project is of special importance for the country, as it intends to organize the private family associations operating in the 13 main cities of the country into a coordinated body.

68. USAID has recently approved a $ 19,000,000 child survival support project, which includes $ 4,500,000 for family planning services for the next five years. Under this project USAID will finance the following:1) contraceptive supplies; 2) family planning audio visual and laboratory equipment; 3) short-term training outside Peru; 4) long-term in-country training in reproductive health, family planning and public health; and 5) related technical assistance under the integrated health communications, epidemiological surveillance and statistical reporting programmes.

69. UNDP is also providing some modest support for population activities, whereas UNICEF will include birth spacing in its projects for training of promoters/instructors in support of the improvement of the situation of women and children. The Netherlands has expressed an interest in providing financial and technical assistance for some projects in the social sector including family planning. Informal discussions are being held between the Dutch Embassy, the Government, some national NGOs and the UNFPA Field Office.

VI. OBJECTIVES AND STRATEGY OF SECOND COUNTRY PROGRAMME

A. Objectives

70. The objectives of the Second Country Programme for Peru have been identified through an analysis of the stated long term objectives for the year 2,000, the National Development Plan 1986-1990, the objectives of the National Population Programme 1987-1990, and the objectives of other technical assistance agencies providing support for population in Peru.

Long Range Objectives

71. The long range objectives of the second Country Programme for Peru 1988 - 1991 have been defined as follows:

(a). Integration of a national population policy in the national planning process of the country;

(b). Self-sufficiency in the identification, implementation, monitoring and evaluation of a comprehensive national population programme.

Immediate Objectives

72. The immediate objectives of the programme are defined as follows:

(a). To assist the Government in the creation of the necessary infrastructure to organize and implement an effective family planning programme; at the end of the programme period it is expected that an operational Directorate General with five Directorates will be functioning in the Ministry of Health in Lima, in each of the 25 Departments officers responsible for the execution of the family planning programme will be appointed, health centres and clinics will receive equipment and supplies, and staff will be trained in family planning technology.

(b). To assist the Government to establish a comprehensive programme of information, education and communication in population (including family planning); 2,400 specialists of the Ministry of Education and 100,000 teachers will be

trained in population, methodological guides will be prepared to cover the remaining 11 departments of the country, ensuring that at the end of the programme period the whole country has adequately developed and tested teaching material; audio visual aids on population will be prepared for general use.

(c). To increase the position of women, their participation in, and their share in the results of socioeconomic development;

(d). To increase the national capability to carry out the necessary planning and programming activities to ensure that population forms an integral part of the national planning activities, by providing technical assistance and training.

B. Strategy

73. To achieve the above mentioned objectives, UNFPA should continue to support the population activities of Peru, and strenghtening and augment its support for key institutions to increase their planning, programming and implementing capacities and skills to adequate carry out the country's population policy.

74. UNFPA's support should follow four main lines of action:

(a). Support the Government's efforts to make family planning services available throughout the country, with special emphasis on services for the urban marginal and rural areas.

UNFPA should support the Government's efforts to establish an adequate organizational structure for the Directorate General of Family Planning in the Ministry of Health as the central and normative unit of the National Family Planning Programme, in which both the public and private sector will participate.

Support will be needed to ensure both sufficient resources to establish a central coordinating unit in the Ministry in Lima, as well as decentralized service delivery structures in the different departments of the country.

Support is also needed to ensure that the service delivery staff of all levels is adequately trained in family planning technology and in motivation of clients to adopt family planning. There is also a need to train the staff in the establishment and maintenance of acceptable client relations. Efforts of the Ministry in preventive family planning for adolescents, together with the efforts of the Ministry of Education should be supported.

(b). provide continued support for the Government's policy on education in population, by:

(i) providing technical and financial support for the formal educational sector to consolidate the achievements of project PER/83/P07 and to ensure that all departments of the country have access to the necessary educational materials for population education;

(ii) providing support to the Ministry of Education and other agencies to develop the relevant capabilities, skills and materials to undertake teaching of population issues in an informal setting, with special emphasize on out of school youths and adolescents.

(iii) providing support to introduce population and family planning in the curricula of the specialized schools of the Medical Faculties of the Universities and to promote population related research in the Population Centres of the Universities;

(c) Provide support for the Government's policy to improve the situation of women. Also, support will be required to increase literacy among women and to introduce a family planning component in a number of ongoing and planned activities to improve the social and economic conditions of women in urban marginal and rural areas, financed by other agencies. Special attention will be given to illiterate urban marginal and rural women.

(d). Strengthen the Government infrastructure for population planning and programming activities, through support for the NPC,NPI and the sectorial ministries, notably the Ministry of Education and Health. Support will also be required for other ministries to enable them to integrate a population component in their sectorial activities.

75. The above mentioned main lines of actions will be supported by secondary lines of actions which will include the establishment of a national monitoring and data management system, increasing national capabilities and skills in programme development and analysis through training of national staff, support for basic data collection especially to the forthcoming population census and the specialized population and demographic surveys, encouraging population awareness among opinion leaders and journalists, the provision of urgently needed equipment and materials and by providing the services of national and international technical experts.

Operations research on the improvement of co acceptability and efficiency of methods could activities of this project should be closely financed by USAID funds.

81. Funds will be provided to allow a na research, training and services with the s planning methods, in continuation of a on-going

82. Funds will be made available for the c Rehydration and Family Planning project Loreto during 1988. After 1988 this project the general project of the Ministry of Health.

(b). Information, Education and Communicatio

83. UNFPA proposes to provide US $ 1,700,000 to support projects in this component.

84. Support will be provided to the Ministry the introduction of population in educat departments of the country, ensuring that public schools in the country, will have tr necessary teaching guides to impart educati grades of primary and secondary education. provided to develop reading materials on taking into account regional and cultural aspec

85. Funds will be made available to enable the to prepare, in coordination with the Natio material on population issues for diffusion thr

86. Funds will be provided to the Ministry training materials and to train teachers impart population education to out of sc adolescents, parent associations and other out

87. To ensure that future generations of acad have sufficient awareness and knowledge o relations to development, support will be population teaching and research in the uni and paramedical students courses on family p techniques are envisaged.

88. Funds can be provided to help the Governme network for bibliographic and quantitative info

(c). Basic Data collection

89. UNFPA proposes to provide US $ 200,00 component.

Government's posi

76. Due to the has a very pos now an integral main Government population activ development acti policy of the political partie entrepreneurs, population. Th Government towar Second Country Pr

VII. PROP

77. In the view policy as expres the First Count are included in Child Health Communication, Formulation and Population and De

78. UNFPA will p Peru and will dollars availabl funds. If UNFPA up to $ 1.5 mil to cover part resources. T the following p Peru for 1988 - 1

(a). Maternal

79. UNFPA propos US $ 2,850,000 fr

80. Support will Health to streng the National activities at h project will al staff, equipment components of t activities. F information and of services, es

90. Peru has a great need for statistical data on population. After carefully reviewing the needs of the country, UNFPA will support some of the statistical needs of the country, including some support for the next population census, specialized demographic surveys to provide baseline and evaluation data and training of national staff.

(d). Population Dynamics

91. UNFPA proposes to provide US $ 200,000 for projects of this component .

92. The country's capability to carry out projects of population dynamics will be reviewed. Support can be provided to efforts to develop (or adapt existing) socioeconomic and demographic models for national and sub-national planning and to train staff in the methodologies and techniques to develop and maintain these models. To ensure that these planning tools are used, seminars and workshop should be organized between planners, policy makers, and politicians to discuss the nature of the models and their contribution to the national and sub-national planning process.

(e). Formulation and Evaluation of Population Policies

93. UNFPA proposes to provide US $ 200,000 for projects of this component.

94. A careful review of the Government's institutional capability to formulate and implement population policies is needed. UNFPA funds could be used to assist in the establishment of a comprehensive national system for monitoring and evaluation of the implementation of the National Population Programme. Ensuring training of staff and the establishment of the necessary data bases.

(f). Women, Population and Development

95. UNFPA proposes to provide US $ 600,000 for projects of this component.

96. Funds will be available to support the Government's efforts to improve and enhance the position and situation of women, further improve the legal status of women, especially with regard to employment, income and access to credit, land and social security services and to support a nationwide campaign on violence against women. Projects will be developed to enhance knowledge of urban marginal and rural women on health and population and to sensitize them to the need of using effective contraceptives. Special efforts will be made to increase the use of effective family planning methods by women of the urban marginal and rural areas.

(g) Programme Reserve

97. US $ 250,000 has been set aside as programme reserve.

Coordination with other agencies

98. To enhance the efficiency of the developmental support of the United Nations' System, the Peru Office will continue coordinating population activities with other United Nations, Bilateral and Non-Governmental Agencies, and will endeavour to develop suitable projects for joint financing with the above mentioned agencies. Special attention will be given to the coordination of activities with UNDP, UNICEF, UNIFEM, WFP and WHO. The UNFPA Field Office will continue to coordinate its activities with other bilateral donor agencies and international and national NGOs.

Evaluation and Monitoring

99. Each of the projects of the country programme will contain a detailed plan for monitoring and evaluation. Special attention will be paid as to how each project contributes to the achievement of the programme objectives. A comprehensive plan to monitor and evaluate the Programme will be developed and regularly updated to ensure that both the Government and UNFPA can assess implementation.

Use of NGOs and Technical Corporation Among Developing Countries

100. To increase the efficiency and the relevance of the UNFPA supported projects and following Government's policy efforts will be made to use the services of national and regional non-governmental agencies and experts in the implementation of Programme.

Women's concern

101. As the key to immediate and future fertility reduction depends on the enhanced status of women, special attention will be given to include a women's component in all UNFPA supported projects and to ensure adequate participation of women in the projects.

VIII. FINANCIAL SUMMARY

102. UNFPA will provide US $ six million from its regular resources to Peru and will endeavour the make an additional three million US dollars available from other resources, including multi-bilateral funds. If UNFPA's funding situation permits, an additional amount of up to $ 1.5 million from regular resources will be provided by UNFPA to cover part of the $ three million from multi-bilateral resources.

103. The distribution of funds by Governing Council category and by source of funding is given below.

Component	Regular UNFPA	Multi-bi	Total
		(000's US $)	
Maternal and Child Health and Family Planning	2,850	1,000	3,850
Information, Education and Communication	1,700	1,000	2,700
Basic Data Collection	200	500	700
Population Dynamics	200	300	500
Formulation and Evaluation of Population Policies	200		200
Women, Population and Development	600	200	800
Programme Reserve	250		250
TOTAL	6,000	3,000	9,000

ANNEX I

DETAILS OF POSSIBLE PROJECTS TO BE INCLUDED IN

SECOND COUNTRY PROGRAMME OF PERU 1988 - 1991

I. *Maternal and Child Health Care and Family Planning*

Funds available: Regular UNFPA funds US $ 2,850,000
Multi-bi Funds US $ 1,000,000

Distribution of regular UNFPA funds as follows:

1). A new Maternal and Child Health Care and Family Planning project with the Ministry of Health US $ 2,645,000 for four years.

2). An extension of project PER/85/P05 Development of Natural Family Planning Methods with the Asociación de Trabajo Laico Familiar (ATLF) US $ 150,000 for four years.

3). A one year extension of project PER/85/P04 Oral Rehydration and Family Planning with the Departmental Unit of Loreto of the Ministry of Health US $ 55,000.

II. *Information, Education and Communication in Population*

Funds available: Regular UNFPA funds US $ 1,700,000
Multi-bi Funds US $ 1,000,000

Distribution of regular UNFPA funds to be determined :

1). An extension of project PER/83/P07 Education in Population with the Ministry of Education, for two years.

2). A new project Population Education for the Informal Sector with the Ministry of Education, for four years.

3). A new project to support the National Communication Programme with the National Population Council, for four years.

4). A new project to support the introduction of population, development and family planning in the curricula of the universities of the country, for four years.

5). A new project to support the installation of a national information network with the National Population Council, for four years.

III. Basic Data Collection

Funds available: Regular UNFPA funds US $ 200,000
Multi-bi Funds US $ 500,000

Distribution of regular UNFPA funds to be determined.

1). Already allocated to PER/87/P03 Training of Nationals in Population Censuses for 1988 US $ 10,505.

No project proposals received yet.

IV. Population Dynamics

Funds available: Regular UNFPA funds US $ 200,000
Multi-bi Funds US $ 300,000

Distribution of regular UNFPA funds to be determined.

No project proposals received yet.

V. Preparation and Evaluation of Population Policies

Funds available: Regular UNFPA funds US $ 200,000

Distribution of regular UNFPA funds to be determined.

No project proposals received yet.

VI. Women, Population and Development

Funds available: Regular UNFPA funds US $ 600,000
Multi-bi Funds US $ 200,000

Distribution of regular UNFPA funds to be determined.

No project proposals received yet.