

CARE PERU'S CONTRIBUTION TO THE MILLENNIUM DEVELOPMENT GOALS

CARE is a non-profit institution that has spent 36 years working in Peru seeking to contribute to a country of **hope, tolerance, and social justice, where poverty has been overcome and people live in dignity and security**. This vision is consistent with the one spelled out in the Millennium Declaration¹, and CARE Peru has adopted the Millennium Development Goals (MDGs) as important – if insufficient – milestones in the country's development, to which we seek to contribute through our programs, in collaboration with multiple public and private sector actors. Our programs are aligned with the MDGs and seek to demonstrate innovative ways of making significant progress towards their achievement, to help the government and other actors to replicate or adapt validated and successful strategies, and to influence changes in the design, implementation and institutionalization of public policy.

For this reason, we measure the success of our own efforts in terms of the progress made by the country as a whole towards these goals, as well as through the changes that we bring about in lives of the more than 500,000 women, men and children with whom we work directly, in terms of: increased household income, reduction of chronic malnutrition, improved quality of education, reduction of maternal and child morbidity and mortality, greater access to safe water and improved sanitation systems, and better governance at the local level. We target those areas that have the greatest difficulty in meeting these goals, giving particular attention to excluded populations, especially in the rural highlands, where accomplishing the MDGs and ensuring the fulfillment of rights will take much longer.

1. Poverty reduction

Progress in Peru's Development Goals (2004)²				
Goals and Indicators	1990	Recent year	2015 Goal	LAC Region³
Goal 1. Reduce by half, between 1990 and 2015, the proportion of people who live on less than a US\$1 a day.				
1. Population in extreme poverty according to national figures	25.0	19.2	12.5	18.6
1b. Population in chronic poverty according to national figures	54.4	51.6	27.2	
2. Poverty gap ratio		5.3		8.1
3. Share of poorest quintile in national consumption		4.3		4.3
3b. Gini coefficient ⁴	0.43	0.53		0.51
RED: Insufficient progress to reach goal.				

Through 12 projects in the area of economic development, in the last two years CARE Peru's main accomplishments have been to :

- ✓ Develop and validate successful models for linking poor producers to competitive national and international markets in more than 20 production chains, as well as developing private technical assistance services.
- ✓ We have helped 58,885 families to:
 - Reduce the extreme poverty gap by 7%, and its severity by 18.6%.
 - Reduce by 30% the percentage of families with incomes of less than US\$1.00 a day.
 - Increase household incomes by 87% (an average increase of US\$300 in annual incomes).
- ✓ Increase the value of the production of 31,929 families by 46% (an annual average increase of US\$387).
- ✓ Increase by US\$6,654,681 the sales of 61 companies in the highlands and jungle linked to poor producers.
- ✓ Generate 32,863 jobs.
- ✓ Directly benefit approximately 307,000 people.

EDPYME EDYFICAR, an independent micro-finance institution formed in 1998 from CARE Peru's credit programs, has provided access to financing for 65,000 clients in peri-urban and rural areas in 11 of the country's regions. At present (as of December 2005) it has a portfolio US\$57 million.

CARE's current economic development programs seek to:

¹ Resolution A/RES/55/2* adopted by the UN General Assembly on September 8, 2000.

² Data reported by INEI in 2005 from ECLAC *Millennium Development Goals: A Latin America and Caribbean Perspective*, June 2005 (statistics appendix – the data show progress up to 2004, 2003, 2002, 2001, or 2000) and the UN, Peru, [Hacia el cumplimiento de los Objetivos de Desarrollo del Milenio en el Perú Un compromiso del país para acabar con la pobreza, la desigualdad y la exclusión](#), November 2004.

³ LAC = Latin America and the Caribbean

⁴ The Gini coefficient measures inequality on a scale of zero to one; 1 being perfect inequality and 0, perfect equality.

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- Develop, validate, and systematize tried and tested sustainable economic development models, with a territorial approach, that are capable of achieving demonstrable impact on poverty reduction.
- Persuade government at the national and subnational (regional and local) levels to adopt lessons learned and validated economic development initiatives, with a view to their inclusion in their policies and programs.
- Promote institutional networks at national/regional/local levels in order to build up capacities, implement consensus-based plans, and stimulate sustainable, inclusive economic development processes.
- Provide technical assistance and advisory services to public and private entities in order to encourage widespread replication of validated models.

2. Reduction of hunger and chronic malnutrition

	1990	Recent year	2015 Goal	LAC Region
Goal 2. Reduce by half, between 1990 and 2015, the proportion of people who suffer from hunger				
4. Prevalence of underweight children under five years of age	10,1	7,1	5,05	7,5
4b. Chronic malnutrition in children under 5	36,5	26,7	18,25	15,8
5. Proportion of population below minimum level of dietary energy consumption	42	35,0	21	10
AMBER: The goal for reducing acute malnutrition (weight for age) is expected to be met; however, insufficient headway has been made for successfully reducing chronic malnutrition (height for age), where no progress has been made since 1995.				

From 2002 to 2005, CARE Peru's food security program, REDESA, has managed to bring about a nearly 10% reduction in chronic malnutrition (from 42% to 32.6%). REDESA works with 34,000 children under three in approximately 60,000 families living in 1,854 communities in chronic and extreme poverty, in 125 districts of the departments of Ancash, Apurimac, Ayacucho, Cajamarca, Huancavelica, La Libertad and Puno. The monthly cost per family has been US\$6.07.

Together with other NGOs and cooperation agencies, including UN programs, CARE has spearheaded the creation of the Child Malnutrition Initiative and in 2006 secured a commitment from 10 presidential candidates, and later from the current government, to reduce chronic malnutrition by 5 percentage points over the next five years, as well as to narrow the rural-urban gap and implement food security strategies. The Initiative is currently working with social sectors of the government and the World Bank to develop an operational plan to achieve this consensualized goal, based on strategies that have proven effective internationally and nationally, and founded on our proposal for 10 specific public-policy changes to ensure effective public administration in the reduction of child malnutrition.

3. Promotion of quality and equitable education

	1990	Recent year	2015 Goal	LAC Region
Goal 3. Ensure that, by 2015, all boys and girls complete a full course of primary schooling				
6. Net enrolment ratio in primary education	87,8	99,7	100	95,5
7. Proportion of pupils starting grade 1 who reach grade 5, according to CINE 1997	85,4	89,4	100	88,1
8. Literacy rate of 15-24 year-olds	94,5	96,6	100	94,8
Goal 4. Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015				
9. Ratio of girls to boys in				
▪ Primary education	0,97	1,00	1,00	1,00
▪ Secondary education		0,97	1,00	1,07
▪ Tertiary education		0,98	1,00	1,17
10. Women to men parity index, as ratio of literacy rates	2,53	1,00	1,00	1,01
AMBER: The goals with respect to coverage and gender equity are expected to be met; however, the problems as regards quality of education, particularly in rural highland and jungle populations where Spanish is not the mother tongue, are far from resolved.				

With four education projects, over the last two years we have managed to:

- ✓ Develop and systematize a comprehensive intercultural bilingual education proposal, centering in particular on Quechua-speaking areas.
- ✓ Improve scholastic achievement in 350 girls and boys, in Quechua and Spanish, by between 54% and 67%. The final evaluation of the EDUBIMA project in Puno reveals significant educational achievement differences in third and fourth grade students between schools where the project was implemented and comparable educational establishments: 90% better in reading comprehension and writing in Spanish

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(averaging 13.4 versus 7.1 on a scale of 1 -20); 1,162% better in quechua (average of 12.1 versus 1.0); and 132% better in mathematical reasoning (average of 13.4 versus 5.8).

- ✓ Increase by 5% the retention levels of 350 children, and reduce levels of overage students by 16% (in boys) and 27% (in girls).
- ✓ Improve literacy levels in 135 adults (74% women).

CARE's current education programs seek to:

- Promote, validate and systematize decentralized education management proposals (pedagogic, administrative and financial, in participation with the community), in the context of local and regional development processes.
- Advise and support education authorities and regional and local governments in the adoption and adaptation of plans and strategies that had been validated by CARE and our partners.
- Advocate the promotion, creation and harnessing of policies, strategies and resources of international financial agencies, and local, regional and national government authorities, in order to increase the pace of integration of bilingual intercultural education in the national education system and local development plans.
- Influence government authorities at the local, regional and national level to design and apply contextually appropriate interculturality policies and strategies to tackle linguistic, social, racial and ethnic discrimination, as well as gender inequity.

4. Promotion of the Right to Health

	1990	Recent year	2015 Goal	LAC Region
Goal 5. Reduce by two thirds, between 1990 and 2015, the mortality rate among children under five				
13. Children under five mortality rate per 1,000 live births	85,7	32	28,6	33,0
14. Infant mortality rate (0-1 year) per 1,000 live births	61,8	23	20,6	25,6
15. Proportion of 1 year-old children immunized against measles	64	95		93
Goal 6. Reduce by three quarters the maternal mortality ratio				
16. Maternal mortality ratio per 100,000 live births		185		87
17. Proportion of births attended by skilled health personnel		70,1		85
Goal 7: Halt and begin to reverse the spread of HIV/AIDS by 2015				
18a. HIV prevalence in the population aged 15-24 years		0,5		0,7
Goal 8. Halt and begin to reverse the incidence of malaria and other major diseases				
21a. Notified cases of malaria per 100,000 population		258		222
23a. Tuberculosis prevalence rate per 100,000 population		246		91
23b. Tuberculosis death rate per 100,000 population		24		9
AMBER: The goals for child mortality are expected to be met, but there has been insufficient progress in the area of maternal mortality,⁵ and the situation as regards perinatal mortality continues to cause concern. As for HIV/AIDS, TB and malaria, no goals have been set against which to chart progress.				

With four health projects, over the last two years we have managed to:

- ✓ Develop a model to improve the availability of emergency obstetric care in Ayacucho (FEMME Project), used as a point of reference by the MOH at the national level.
- ✓ Reduce the maternal mortality rate in Northern Ayacucho by 49%, between 2000 and 2005, compared to a reduction of 25% in the comparison region (Puno); the level of obstetric needs met rose from 30% to 75%, and the intra-hospital case fatality rate went down from 1.7 to 0.4 (compared to 5.1 in Puno).
- ✓ Reduce by 52% the prevalence of diarrhea in children under three in 34,290 families.
- ✓ Strengthen the country's coordination mechanism for the Global Fund to fight AIDS, TB and Malaria (CONAMUSA), helping HIV and TB programs to meet their goals and be expanded.⁶
- ✓ The programs of the Global Fund have provided access for 3,752 people living with HIV to highly active antiretroviral therapy and ensured that 2,875 people receive treatment for multi-drug resistant TB.
- ✓ Directly benefit 44,779 people.

CARE's current health programs seek to:

- Promote, validate and systematize innovative experiences at the local, regional, and national level that achieve demonstrable impact and contribute to the accomplishment of the MDGs in the area of health.

⁵ The MOH figures for the maternal mortality rate from 1990 to 2002 showed a drop of 30% (from 234.5 to 164.2), which is slower than the necessary rate of decline needed to achieve a reduction of 75% between 1990 and 2015.

⁶ CARE Peru operates as the Principal Recipient in Peru of the Global Fund's programs on HIV/AIDS and TB.

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- Stimulate public health policies that give greater attention to poor people, adopt a pro-equity approach and are combined with poverty alleviation strategies.
- Promote and protect the health rights and responsibilities of poor people.
- Support effective national and regional responses to prevent and control the spread of TB and HIV/AIDS.
- Provide technical assistance and support to the MOH and to regional and local governments in the adoption and/or adaptation of validated initiatives in health (for example, maternal mortality reduction strategies, local health management systems, community surveillance systems).

5. Promotion of access to safe water and sanitation and reduction in the loss of natural resources

Goals and indicators	1990	Recent year	2015 Goal	LAC Region
Goal 9. Integrate the principles of sustainable development into country policies and programs; reverse loss of environmental resources				
25. Proportion of land area covered by forest	53,0	50,9		47,4
26. Protected area as % of total surface area		5		10
Goal 10. Reduce by half the proportion of people without sustainable access to safe drinking water				
30a. Sustainable access to an improved water source, urban	88	87	94	95
30b. Sustainable access to an improved water source, rural	42	66	82,8	69
31a. Access to improved sanitation, urban	68	72	84	84
31a. Access to improved sanitation, rural	15	33	57.5	44
Goal 11: Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020				
32. Slum population, urban	60	68		32
RED: There are serious doubts over the reliability of data on access to sustainable water and sanitation services (in many localities that supposedly have drinking water systems, those systems have collapsed or are unsustainable). The loss of natural resources has not begun to be halted and there has been insufficient progress in solid waste management and sewage treatment.				

Through our 12 water, sanitation and environmental projects, over the last two years we have managed to:

- ✓ Develop, validate, and systematize a local-government led comprehensive model to provide sustainable water and sanitation services in rural areas.
- ✓ Establish successful initiatives in solid-waste management in mid-size provincial towns, and in sewage treatment in small district capitals.
- ✓ Develop and validate a credit scheme for the rehabilitation and construction of water distribution systems.
- ✓ Arrange the certification of water and sanitation professionals (diplomas) in partnership with the National University of Cajamarca.
- ✓ Provide access to safe water for 35,539 people.
- ✓ Provide access to better sanitation for 36,666 people.
- ✓ Develop and strengthen the capacities of 156 JASS to sustainably manage, operate and maintain their water and sanitation systems.
- ✓ Improve the hygiene practices of 77,972 people.
- ✓ Reduce by 20 tons per day the amounts of solid waste left on streets or dumped in river beds.
- ✓ Directly benefit 111,226 people.

CARE's current water, sanitation and environmental projects seek to:

- Develop and disseminate validated models for provision and management of water and sanitation systems for isolated rural communities, district capitals and small cities.
- Develop and validate new initiatives, for sanitation as a business, for solid waste management and for sewage treatment in small towns.
- Help the government to effectively implement the National Rural Water and Sanitation Program (PRONASAR) and the Lima Water Authority (SEDAPAL) to provide condominal water and sanitation services.
- Promote and identify new practices for the sustainable development of natural resources that reverse the degradation of those resources and generate economic and social benefits for poor families.
- Develop a participatory and consensualized system for designing regional and provincial water and sanitation policies, strengthening the sanitation sector in the new decentralized government framework.
- Develop models for payment for environmental services.

6. Promotion of good governance, decentralization and risk management

According to Millennium Development Goal 12, Peru and the international community have promised to "Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Includes a commitment to good governance, development and poverty reduction both nationally and internationally"; however, there are no agreed indicators to measure progress towards this part of the goal.

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Through our nine projects on good governance and risk management, over the last two years we have managed to:

- ✓ Institutionally strengthen regional and municipal governments and civil society organizations, generating and/or strengthening public-private consensualization forums in more than a 100 districts and provinces.
- ✓ Develop successful strategies for capacity building and training local leaders.
- ✓ Facilitate access to identity documents for 402 people from the Chopcca communities, in Huancavelica.
- ✓ Secure consensus among Peru-Ecuador border communities on the need to maintain coordinated multi-sectoral emergency prevention and response strategies.
- ✓ Improve the use of participatory budgets through active community participation in 125 rural districts
- ✓ Directly benefit 46,536 persons.

CARE's current programs on good governance seek to:

- Develop new initiatives to facilitate effective good governance at the local and regional level and that have a demonstrable impact in reducing poverty and accomplishing the MDGs.
- Replicate initiatives through which CARE has achieved demonstrable impact (local participatory food security management, methodologies and strategies for providing excluded populations with identity documents).
- Foster improvements in the rules governing participatory budget planning, mining canon, etc.
- Systematize "good practices" and lessons learned from pilot interventions, in order to include them in public policy proposals.
- Encourage and facilitate dialogue between civil society, government and the private sector in areas of influence of large mining companies, developing strategic and practical partnerships to promote sustainable local economic development, and harnessing opportunities directly and indirectly linked to mining investment.

From July 2004 to December 2005, CARE Peru implemented 41 projects in the regions of Ancash, Apurimac, Ayacucho, Cajamarca, Cusco, Huancavelica, Huánuco, La Libertad, Lima, Piura, Puno, Tumbes and Ucayali, with a total expenditure of US\$37,500,524 (US\$14,181,803 not including the Global Fund programs). We spent only 8.3% of our budget on administrative support expenditure, using 91.7% for project expenses.

CARE Peru's programs are financed by bilateral donors (Canada, France, Germany, Japan, Switzerland United Kingdom and United States), multilateral agencies (European Commission, Global Fund to fight AIDS, Tuberculosis and Malaria, United Nations and World Bank), private donors and foundations, the Peruvian government and national institutions.