

Profile of Peru

Strengthening the Capacity of SUN Countries to Scale Up Nutrition through 'Learning Routes': a Pioneer Project in Peru



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Background

In the last decade, Peru's Government has pursued various actions to reduce child chronic malnutrition. Despite the country's great economic growth for several years, in 2005 the child chronic malnutrition rate for children under age 5 was among the highest in Latin America. The Peruvian Government got to work and, in just six years, has reduced this rate by over 10 points, from 28.5% in 2007 to 18.1% in 2012 (WHO standard).

Some keys to success in Peru's experience may be found in a combination of various factors:

- High political commitment, which has survived changes in government administrations;
- Results-oriented management;
- Innovative public policy design based on scientific evidence;
- Efforts by civil society organizations to promote the inclusion of the issue of child chronic malnutrition on political and social agendas, and
- The implementation of concrete actions, involving multiple governmental and non-governmental stakeholders (international development organizations, United Nations agencies, civil society, private sector and academia) in promoting and financing joint work to address child chronic malnutrition.

This shared effort has created a favorable environment to implement national strategies as well as to design and implement social programs, results-based budgeting and integrated, inclusive development programs to reduce child chronic malnutrition.

Inter-governmental social programs coordinated by MIDIS

The "Program for Direct Support to the Poorest – JUNTOS", assists the most vulnerable families by transferring money conditioned on meeting commitments, as well as incentives, to access and use health-care, nutrition and educational services.

This approach focuses on restoring peoples' basic rights through organized participation and oversight by community's leaders. It encourages families with children under 36 months old to attend growth and development checkups, and expecting mothers to attend prenatal checkups.

The innovative structure of the JUNTOS Program promotes cooperation and mutual responsibility not only between sectors but also between households and the state. This helps to strengthen human capital within extremely poor families.



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The “Cradle Plus” National Program works to improve child development for children under the age of 3 in zones classified as poor and extremely poor. The program provides high-quality, comprehensive and appropriate care for children under the age of 3 to cultivate and carefully guide their intellectual, emotional, social and moral potential, from an inter-cultural, equity, rights and citizenship perspective, and grounded in co-management with the community.

These initiatives are currently being handled by different sectors that contribute to reducing malnutrition and have a high degree of participation of local people in addition to support by regional and local governments to achieve shared goals and outcomes.

Since 2011, with the creation of the Ministry of Development and Social Inclusion (MIDIS), Peru has institutionalized social inclusion as state policy and promoted the fight against chronic child malnutrition as one of its main thrusts.

MIDIS has developed guidelines to coordinate among sectors and among different levels of government, prioritizing the geographical areas most relevant in the fight against child chronic malnutrition, as well as effective interventions based on scientific evidence to achieve results.

What can we learn from Peru?

Peru's key achievements are a source of learning and inspiration to prepare and implement *strategies and mechanisms to promote inter-institutional, inter-sector and inter-governmental coordination for the design and coordination of multi-sector social policies to address child chronic malnutrition.*

The key elements of this framework are coordinating among different stakeholders to define common goals, establishing an appropriate institutional and legislative environment to implement inter-ministry public policies, and the institutional capacity to transform these policies into concrete actions and results, with the local population's active participation. This has enabled Peru to achieve successful results in fighting poverty and decreasing child chronic malnutrition.

What are the main areas of learning in Peru's experience?

Specifically, Peru's experience offers the opportunity to learn about:

Promoting and coordinating *inter-governmental, multi-sector social policies to reduce child chronic malnutrition, including the development of legal frameworks and national policy under the MIDIS' leadership and coordinating role.*

In 2007, the Budgeting by Results (BbR) Reform began, contributing to a systematic reduction of child chronic malnutrition. This involves:



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- Using evidence to determine and prioritize effective interventions to reduce child chronic malnutrition, and
- Budget allocation to the priority interventions.

Along with other processes, BbR helped to organize initiatives of the sector nationally and sub-nationally. One of the most important programs within this management model is the Coordinated Nutritional Program (PAN), which is oriented toward improving child nutrition by caring for children and mothers.

In 2012, the government adopted **“Guidelines for coordinated management of inter-sector and inter-governmental efforts for reducing chronic child malnutrition within policies for development and social inclusion”**

These guidelines include a list of effective interventions, based on scientific evaluations and evidence, to reduce chronic child malnutrition in priority districts nationwide.

In 2013, the government drafted and approved its **national development and social inclusion strategy “INCLUIR PARA CRECER”** targeting people living in poverty and exclusion. The reference population for this strategy involves 16% of Peru’s population (4.8 million persons).

This national development and social inclusion strategy, enacted and signed by 14 ministers of state, establishes a political and technical commitment to achieve key results, with clear indicators and goals, and acts as a management tool to coordinate and narrow gaps between the policies and programs across different sectors and levels of government.

One of the five final outcomes under the strategy is to reduce the prevalence of child chronic malnutrition nationwide, with specific indicators for the populations that are most excluded.

Budget and Inter-Governmental Social Programs under other Ministries

Ministry of Health (MINSA)

- Coordinated Nutritional Program (PAN)
- Mother and Newborn Health Program (PSMN)

Ministry of Housing, Construction and Sanitation (MVCS)

- National Rural Sanitation Program (PNSR) and National Urban Sanitation Program (PNSU)

Ministry of Economy and Finance (MEF)

- Municipal Incentives Plan





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This initiative is in addition to the **“Fund for Economic Inclusion in Rural Zones (FONIE)”** created to improve access to basic service infrastructure (water and basic sanitation, rural electrification, rural roadways and telecommunications) in the poorest, most excluded districts that are priorities for MIDIS.

2 Strategies to operationalize decentralized social programs with a local territorial approach, where regional and local governments drive action.

MIDIS works with regional and local governments to implement social programs through different management instruments, in addition to providing tools to organize and orient regional efforts, integrate existing regional and local coordination initiatives, and consolidate the role of regional and local governments within their territories.

On the basis of the “Guidelines for Coordinated Management”, effective interventions have reduced child chronic malnutrition, including:

- Micronutrient supplementation for children and expecting mothers;
- Nutritional counseling for breast-feeding;
- Complementary food and hand-washing;
- Installing of home water and sanitation systems, and
- Education for mothers.

Under these efforts, a document has been prepared to orient local governments entitled **“Let’s Get to Work: Local Governments Against Chronic Child Malnutrition”**. This document provides guidance for local governments to coordinate jurisdictional action in order to implement effective interventions.

Other multi-sector initiatives

Under the **‘Qali Warma’ National School Nutrition Program, the National “Adopt a School Kitchen” Campaign**, in coordination with the Ministry of Education (MINEDU), is assisting kitchens in public schools located in zones of poverty and extreme poverty.

In October 2013, the Inter-sector and **Inter-governmental Commitment to promote early childhood development (ECD)** was endorsed by five Ministers of State (MIDIS, MVCS, MISA, MINEDU and MIMP) and by the Presidents of the National Assembly of Regional Governments (ANGR), Association of Municipalities of Peru (AMPE), and the Network of Urban and Rural Municipalities of Peru (REMURPE).

The signatories promised to achieve specific goals involving child nutrition and development.

The **“Papeao and Apapachao” Communication Campaign**, launched by MIDIS, MINSA and MINEDU, seeks to sensitize mothers and fathers to the importance of early childhood development, from pregnancy through the first five years of life.

Since August 2012, the central government has involved decentralized levels of government through the “**National Commitment for Coordinated Action against Child Malnutrition**”.

3

Measures to coordinate and implement *financial incentive mechanisms* to link public resource allocation systems with goals and outputs through ‘Management by Results’ and the promotion of incentive funds for achieving social goals.

Since 2007, Peru has been working on “**Management by Results (MbR)**” for social inclusion and food security. Accordingly, “**Budgeting by Results (BbR)**” began, a new, successful public budgeting approach governed by the Ministry of Economy and Finance (MEF), in collaboration with other government entities, linking resource allocation to measurable outputs and results favoring the public.

Under decentralization, one BbR tool is the “**Plan for Incentives to Improve Municipal Management and Modernization (PI)**”. This tool was created for local governments to achieve their implementation goals in relation to Community Centers to Promote and Oversee Integrated Care for Mothers and Children; maintenance and use of district-level beneficiary registers of children under the age six, and provision of food service infrastructure and equipment in educational institutions.

Peru’s orientation toward results requires an optimal monitoring and evaluation system. Therefore, the country has developed mechanisms to improve handling of evidence and decision-making.

Along these lines, Peruvian authorities have set a national goal to reduce chronic child malnutrition by 10 per cent by the year 2016 and have also agreed to establish goals to increase coverage of effective interventions on the basis of evidence. These goals have also been established for the country’s 24 departments.



The Multi-sector Commission to propose the “**Childhood First**” Guidelines and the Integrated Action Plan for 2014–2016, led by MIDIS, includes 10 sectors: health, education, women and vulnerable populations, housing, construction and sanitation, economy, labor, justice, culture and energy and mines. Its members must propose inter-sector guidelines, within 90 days, to promote early childhood development (Supreme Resolution N° 413-2013-PCM).

MINSA, in coordination with MIDIS, has prepared a “**Plan for Universal Supplementation with MMN**” to prevent anemia in children ages 6–36 months. The plan has an approved budget for 2014, to serve 1,418,595 children by 2016.



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MIDIS has also designed dashboards and regional reports that monitor progress in reducing chronic child malnutrition through review of coverage rates of effective interventions and through assessments of budget allocations to these interventions.

4 Organizing *multi-sector spaces to coordinate and implement initiatives in collaboration with civil society, international development organizations and the private sector.*

The “**Consensus-building Group to Fight Poverty (MCLCP)**”, established in 2001, involves government institutions and civil-society organizations to coordinate actions to reduce child chronic malnutrition.

One of the main contributions by the Consensus-Building Group to the country's decentralization process has been their role in participatory budgeting in coordination with the MEF to improve the situation for children and public education and health care. The MCLCP is part of the JUNTOS Program Supervision Committee.



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