Adolescent Girls’ Health and Protection in Peru

The overall objective of this project is to improve the capacity of services in Ucayali and Huancavelica to respond to the health needs of adolescents, especially girls, in a timely manner and prevent all kinds of violence in schools and other services. Adolescents, especially girls, must have opportunities to empower themselves and develop the self-confidence and autonomy needed to take control of their lives and bodies, and to speak up for their rights.

With Zonta International’s support, UNICEF Peru has been working to develop conditions for adolescents to live in protective and healthy environments, with quality education and with an active participation in the development of their community.

This project will improve the response of health and social-protection services to adolescents’ health care and violence prevention needs, providing technical assistance to health, education and protection authorities in the prioritized districts of Huancavelica and Acoria, in Huancavelica (focusing on 5 health establishments and 11 schools), and Cafferia and Masisea, in Ucayali (focusing on four health establishments and 13 schools).

Huancavelica is in the highlands of Peru, a region with a significant proportion of the population living in rural areas (69.5%) and with Quechua as their mother tongue (65.2%), while Ucayali is in the Peruvian Amazon with a rural population of 18.9% and with Ashaninka and other native languages as the mother tongue for 11%.

Despite these differences, both regions have levels of adolescent pregnancy above the national average of 8.3% with 11.2% in Huancavelica and 14.6% in Ucayali, and have limited access to adolescent health care. Before the pandemic, in 2019, 23,863 adolescents in Huancavelica and 34,458 adolescents in Ucayali received any type of health care.

These numbers declined by 44% in Huancavelica and 40% in Ucayali in 2020 due to the pandemic. Both regions have high rates of violence against adolescent girls and women. As per the 2019 National Demographic and Family Health Survey, 35.7% of adolescent girls and women in Huancavelica have been victims of violence committed by their male partners and in Ucayali, the figure stands at 28%.

COVID-19 in Peru*

Peru has reported more than 3.5 million confirmed cases of COVID-19 and has the highest number of deaths per capita: 646, and one of the highest fatality rates in the world: 5.9%.

Students did not attend school during the 2020 and 2021 school years. Although some rural schools opened (including some in Ucayali and Huancavelica), less than 10% of students were covered. Non-emergency primary health care services were suspended during the national lockdown and were progressively opened in the second semester of 2020. However, second and third waves in 2021 and 2022 stretched health services and health personnel, limiting access to primary health care services.

54,572
Confirmed cases of COVID-19 in Ucayali, including 2,263 adolescents.

43,426
Confirmed cases of COVID-19 in Huancavelica, including 1,320 adolescents.

*As of 4 March 2022
Planned Activities

Develop a user-friendly version of the school health promotion toolbox adapted to the Amazonian context, which will be used to strengthen the skills of the members of the educational community of Ucayali and provide input for its institutionalization into school management instruments.

Complete the diploma course on comprehensive adolescent development.

Launch the online course, “Positive Discipline and Development of Socio-Emotional Skills” for the school and the family.

Establish a monitoring system to follow the violence prevention activities included in the National School Coexistence Plan to measure their impact over two years.

Implement the comprehensive violence prevention guide in UNICEF-targeted schools in Ucayali and Huancavelica.

Progress

• Strengthened essential adolescent health care services impacted by COVID-19, reaching 13,408 adolescents (8,534 girls) between January and December 2021.

• Developed technical guidelines for the prevention and response to cases of violence that occur in health establishments.

• Launched a virtual course for health personnel on the provision of online mental health counseling for children, adolescents and their caregivers in the context of school reopening and the return to face-to-face classes. The course includes five modules:
  • Psychosocial development of children and adolescents.
  • Characteristics of mental health problems in children and adolescents.
  • General considerations for providing counseling care to children, adolescents and their relatives.
  • Specific considerations on care and counseling for prioritized mental health problems in children and adolescents.
  • Referral and coordination with other support services, according to the needs identified in children, adolescents and their families.

• Completed the virtual phase of the in-service training program for health personnel in December 2021.

• Provided remote support to 169 participants to improve their plans to strengthen comprehensive adolescent health care in their establishments. The plans will be implemented in 32 health establishments, eight of which are in Huancavelica and seven in Ucayali.

• Developed a plan to improve the reporting system for school violence cases to ensure access to better data.

• Launched the diploma course on comprehensive adolescent development in November 2021; by February 2022, 82 participants had completed the third module.

• Designed an instrument that schools can use to monitor progress on improvements in school coexistence and the reduction of violence.

• Promoted the improvement of the mobile application used to report cases of violence at school and planned to disseminate a child-friendly version of the app.

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