Adolescent Health and Protection in Peru

Adolescents, especially girls, must be given 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. Significant inequities based on gender, age, geographical location, ethnicity and income persist for many Peruvian adolescents. Being an adolescent girl, indigenous and living in a rural area, makes these inequities even more significant.

Zonta International’s partnership with UNICEF USA’s Adolescent Health and Protection project in Ucayali and Huancavelica—regions of Peru—aims to improve the capacity of services to respond to the health needs of adolescents in a timely manner and prevent all kinds of violence in schools. UNICEF is working to develop the conditions required for adolescents to live in protective and healthy environments, with access to quality education and opportunities to be active community participants.

The project seeks to improve health and social protection service responses to adolescents’ health care and violence prevention needs. UNICEF and partners are providing technical assistance to health, education and protection authorities in the prioritized districts of Huancavelica and Acoria, in Huancavelica (focusing on five health establishments and 11 schools), and Calleria and Masisea, in Ucayali (focusing on four health establishments and 13 schools).

Huancavelica, a region where Quechua is the mother tongue and 69% of the population lives in rural areas, is in the highlands of Peru. In Ucayali, a region within the Peruvian Amazon, numerous native languages, including Ashaninka, are spoken as the mother tongue, and nearly two out of every 10 people live within a rural area. Despite these variations, both regions have levels of adolescent pregnancy that are greater than the national average of 12%; 14% in Huancavelica and 20% in Ucayali.

Prior to the pandemic, adolescents in Ucayali and Huancavelica had limited access to adolescent health care. In 2019, only 23,863 adolescents in Huancavelica and 34,458 adolescents in Ucayali received any type of health care services. Over the past year, the number of adolescents accessing health care services declined by 44% in Huancavelica and 40% in Ucayali, illustrating a critical and urgent need within the regions. Interventions aimed at promoting well-being and screening for mental health and violence are among the least delivered services for adolescents.

COVID-19 in Peru

Following Peru’s first case of COVID-19 on 6 March 2020, a national quarantine was imposed on 15 March. Shortly after, the first COVID-19 cases were reported in Ucayali and Huancavelica.

Rural and indigenous populations in Ucayali and Huancavelica have been particularly impacted by the pandemic due to poor connectivity, a weak health system, and lack of medicinal oxygen.

Given COVID-19’s enduring effects, UNICEF, in collaboration with subnational education and health authorities, has adjusted the project work plan and implementation modalities to meet the needs of Peru’s most vulnerable adolescents and their families.

46,320
Confirmed cases of COVID-19 in Ucayali, including 2,199 adolescent cases.*

28,019
Confirmed cases of COVID-19 in Huancavelica, including 1,102 adolescent cases.*

*As of 7 May 2021

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Results

- Supported the reactivation of primary adolescent health care services impacted by COVID-19, reaching 3,749 adolescents (2,689 girls).
- Progress on the development of technical guidelines for ensuring quality of care in adolescent health services, and for the prevention of and response to violence that occurs in health establishments.
- Trained 10 certified tutors, who will support the in-service training program for health personnel.
- Provided technical assistance to the Regional Health Directorate of Huancavelica on training health personnel from over 400 health establishments. Health personnel will be trained on the implementation of the technical guidelines for comprehensive adolescent health care in the context of COVID-19 in May 2021.
- Helped build the knowledge and skills of 19 principals and teachers on health promotion in secondary schools.
- 86 school principals and teachers have enhanced their knowledge on and awareness of violence prevention strategies and response protocols for in-school violence.
- Disseminated in-school violence reporting mechanisms among the education community in both regions.
- Designed methodologies for violence prevention in schools, with a specific emphasis on violence experienced by girls.

The Way Forward

While schools shuttered during the COVID-19 pandemic, the critical support provided to adolescents in Peru has not ceased. In collaboration with partners, UNICEF is working to ensure that adolescents in the Ucayali and Huancavelica have access to the comprehensive health care and protection services required for healthy growth and development. Utilizing new modalities of communication, UNICEF and partners are continuing to reach and train education and health personnel to better equip each with the tools required to respond to the evolving needs of adolescents.

Planned Activities

Continued support for the reactivation of critical primary adolescent health care services impacted by COVID-19.

Launch the in-service training program for health personnel.

Provide technical assistance for the implementation of the toolkit for health promotion in secondary schools in Ucayali and Huancavelica.

Provide socioemotional support to students, teachers and families given the uncertainty regarding the return to school, as well as limited progress on COVID-19 vaccine rollout.

Continue communication campaign to disseminate information about violence reporting channels.

Design and validate a gender-based violence prevention strategy to apply when schools re-open in Ucayali and Huancavelica.

Strengthen the violence prevention model in schools with the design of an instrument that schools can use to monitor progress on improvement of the reduction of violence.

Launch the diploma course on comprehensive adolescent development in Huancavelica.