



National Strategy
for Development
and Social Inclusion



NATIONAL STRATEGY FOR DEVELOPMENT AND SOCIAL INCLUSION “INCLUDE TO GROW”

Approved by Supreme Decree N° 008-2013-MIDIS

Legal Deposit in the National Library of Peru N 2013-08273

Printed by:

Gráfica Diseños y Colores S.A.C., Jr. Ica 388 Of. 401

First Edition

Lima, December 2014

© Ministry of Development and Social Inclusion

Avenida Paseo de la República 3101, San Isidro / Lima-Perú

Telephone: 209-8000

www.midis.gob.pe

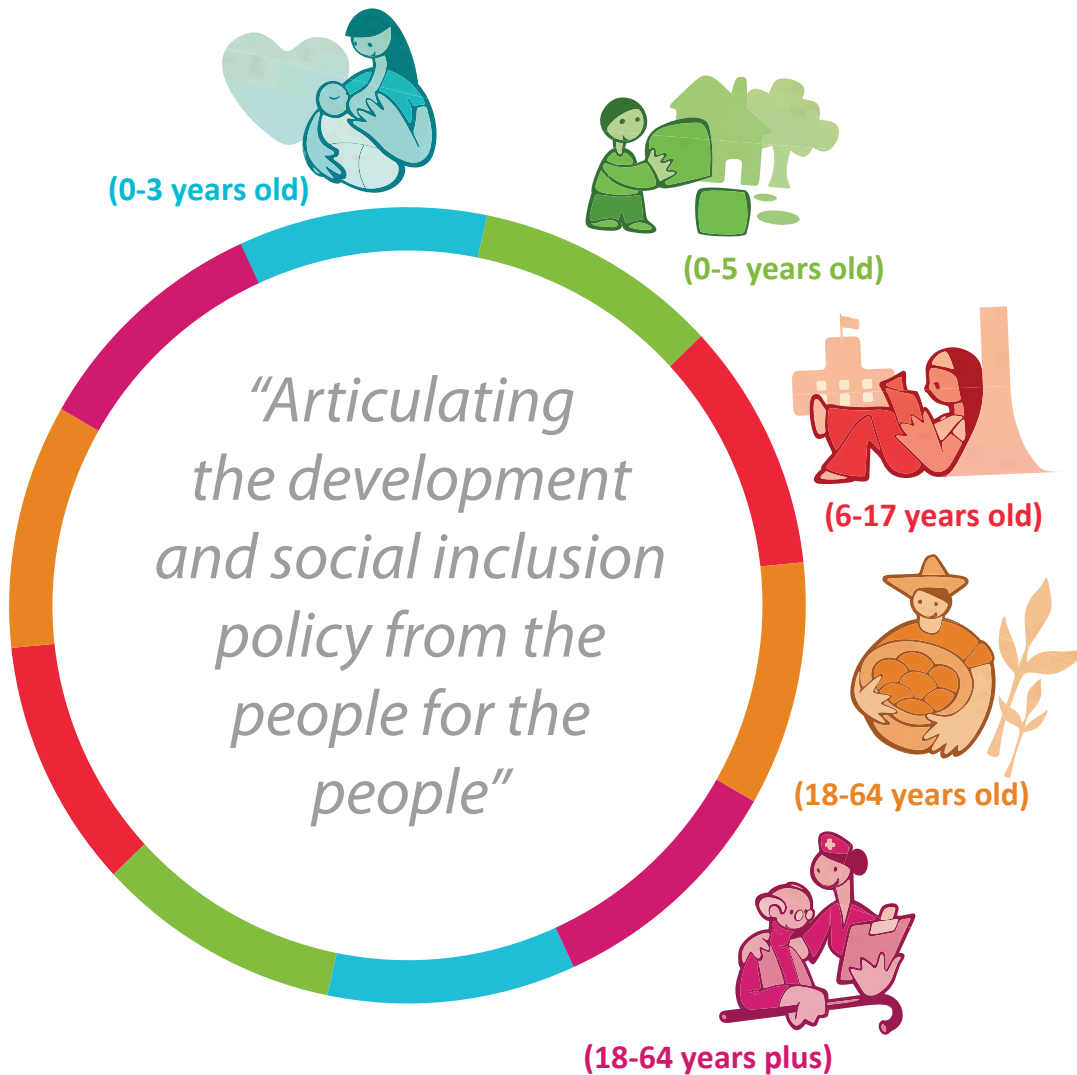
MIDIS

MINISTRY OF DEVELOPMENT AND SOCIAL INCLUSION



National Strategy for Development and Social Inclusion





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NATIONAL STRATEGY OF DEVELOPMENT AND SOCIAL INCLUSION “INCLUDE TO GROW”

During last decade, Peru has shown a continuous economical growth which has been reflected in a permanent reduction of poverty. Nevertheless this growth hasn't been homogeneous among the population, identifying groups of people that don't have access to the benefits of this growth.

In this context, the policy of social inclusion is remarked and becomes a priority of the national policy. Its goal is to include those groups of people that have not yet been favored by the economical growth of the country.

Under this framework, the National Strategy for Development and Social Inclusion “Include to Grow” involves process, specific and effective instruments to achieve outcomes on people, particularly those who hasn't benefited from the economic growth in the last few years.

The strategy “Include to Grow” is also a political management tool that serves inclusion, it is the first articulated effort among entities of the national, regional and local government that connects outcomes expected from the population with effective interventions in order to achieve the main changes that will lead to these outcomes.

The strategy has been constructed prioritizing groups of people in five core topics: (i) childhood nutrition, (ii) early childhood development, (iii) development of childhood and teenagers, (iv) economic inclusion and (v) protection for the elders, which respond to the life cycle of individuals. By doing this, we are guaranteeing that people are not isolated in any moment of their development.

It is important to highlight that the strategy and its elements have a binding role with the public administration cycle and particularly with the budget process, in this way we are assuring the attainment of outcomes on the population.

For all of this, the Ministry of Development and Social Inclusion offers to all citizens and the National Government a management instrument that is oriented to the achievement of outcomes under the framework of the social inclusion policy.

With the strategy "Include to Grow" we are contributing to the coordinated actions of all national departments and all different levels of government under the framework of their corresponding competencies for the implementation of their interventions. With these actions we are trying to accomplish the goal of reducing gaps and ameliorating opportunity access to the population that have been less favored from the growing process that the country is experiencing.

Paola Bustamante Suárez
Ministry of Development and Social Inclusion

Peru experienced an economic growth of more than 73% during the decade from 2001 to 2010 (IMF, 2011), one of the highest rates in the world. This has resulted in one of the lowest levels of country risk in the region (BBB+). However, the country’s development indicators have not advanced at the same rate. Some are amongst the lowest in the region. The World Bank’s Human Opportunity Index published in 2010 ranks Peru 14th among 18 countries in the region. Peru’s challenge is to grow through inclusion, or better still, include and grow.

Social inclusion is now at the center of public policy in Peru. The challenge is to take this opportunity beyond words and ground it in approaches, processes and tools that produce real results. The creation of the Peruvian Ministry of Development and Social Inclusion (MIDIS) in October 2011 therefore represented a milestone in the institutionalization of social inclusion as a Peruvian state policy. The consolidation of MIDIS marks the start of the reform of an evidence-based development and social inclusion policy that emphasizes interventions targeting, coordinates processes intersectorally and intergovernmentally.

MIDIS aims to reduce poverty and promote development and social inclusion by intervening along three complementary time horizons simultaneously. Short-term interventions —measures

to relieve extreme poverty— are necessary but not sufficient. To generate medium-term impact, it is essential to intervene by promoting economic opportunities and investments in basic infrastructure. In the long term, the priority is to create opportunities for the next generation, with emphasis on reducing severe malnutrition in children and promoting early infant development (EID) and comprehensive child and adolescent development. These interventions are all mainly focused on the population involved in the development and social inclusion process, based on the MIDIS guiding principle of creating a development and social inclusion policy of the people and for the people.

Today MIDIS is responsible for development and social inclusion policy in Peru. The Ministry has several instruments through which to exercise this responsibility based on the guidelines and procedures for the management of public policy. This task is framed by the National Development and Social Inclusion System (Sistema Nacional de Desarrollo e Inclusión Social, SINADIS), where the “rules of the game” for development and social inclusion policy are explained. SINADIS is a functional system designed to ensure fulfillment of public policies that guide the intervention of the state and that seek to reduce poverty, inequality, vulnerability and social risks. MIDIS fulfills this responsibility by

promoting the coordination of development and social inclusion policy and linking intersectoral and intergovernmental efforts. Within the SINADIS operational structure, MIDIS has developed the National Strategy for Development and Social Inclusion "Include to Grow" (hereafter referred to as the Strategy) as a management tool that serves as a framework document to organize interventions being carried out by system actors based on common results and goals.

The Strategy is based on a life cycle approach, in which five strategic goals have been prioritized: Infant Nutrition, Early Childhood Development, Comprehensive Child and Adolescent Development, Economic Inclusion and Protection for the Elderly. The Strategy aims to guide the coordination of development and social inclusion policy in the framework of managing for results and managing the phases and instruments of the public policy management cycle (planning and scheduling, implementation, monitoring, and evaluation) on the basis of the initiatives that each ministry, regional government and local government is undertaking. This strategy should be implemented in the regions, placing emphasis on MIDIS' decentralized work through its Regional Liaison Teams, to ensure that policy and social programs have a real impact on the population.

This document has been prepared by consolidating previous experiences and continuing dialogue with authorities, officials and technical staff from ministries, regional and local governments and civil society organizations. The important role of the different strategies and initiatives that ministries as well as regional and local governments have been implementing for closing gaps in favor of the most vulnerable should be recognized. This is because their experiences not only contribute to joint learning but also facilitate the conceptualization of different problems that are being addressed, providing concrete tools to achieve the desired goals. The Strategy will be adaptive: it will be in a constant process of validation and will be enriched by learning from the coordination of development and social inclusion policy at the regional level. The design of the Strategy included holding intersectoral and intergovernmental meetings and workshops with the presence of a diverse range of actors from the Peruvian Government and regional and local governments involved in achieving the results that the Strategy seeks. It also included macro-regional workshops during the final quarter of 2012 in Lima, Tarapoto, Trujillo and Cusco which were attended by approximately 200 representatives of all ministries and all regional governments. In addition, the document was delivered formally to 19 Vice Ministers from 13 ministries, so that their comments and contributions could be incorporated.

The Strategy seeks to be a tool linked to the public management cycle. It is directed towards the achievement of priority social inclusion results. It seeks to contribute to the coordination of the policies and social programs of different ministries and levels of government, in accordance with their respective competencies, so that gaps in access to quality universal public services and to the opportunities that economic growth provides, are closed.

The document is organized into three chapters which seek to answer three main questions about

development and social inclusion policy: To whom is it directed? What will be done? How will it be done? In the first, the general framework of the Strategy is described and the characteristics of the population in the process of development and social inclusion with whom MIDIS works is defined and presented. The second chapter presents the five strategic goals and includes the respective logic models, indicator matrices and targets to 2016, defining the actors involved in this work. The final chapter develops the basic concepts for coordinated management of the Strategy and the implementation action plans.

A young boy with dark hair, wearing a blue and white striped jacket, is smiling broadly as he washes his hands at a blue public water tap. The tap is decorated with colorful streamers. The background shows a dry, hilly landscape under a clear blue sky.

To whom is it directed?

1

**General Framework for the National
Development and Social Inclusion
Strategy “Include to Grow”**



The objective of the National Strategy for Development and Social Inclusion “Include to Grow” is to establish a general framework of development and social inclusion policy for coordinated interventions by the three levels of government linked to each sector. It will order and guide those interventions towards key development and social inclusion results, recognizing both skills and processes already at work.



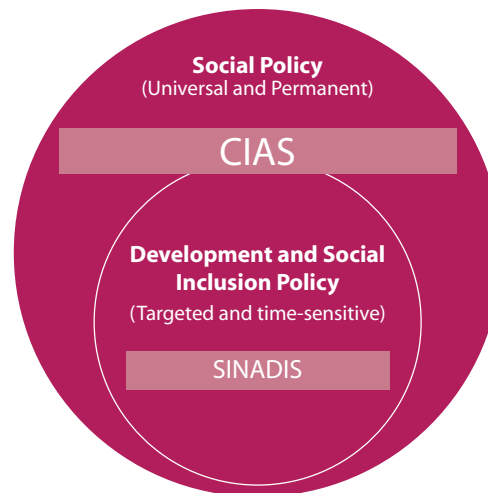
1.1. DEFINITION OF “SOCIAL INCLUSION”

In the context of the current economic growth, the Government of Peru is committed to closing the gaps in the population’s access to opportunities and capacity building. The creation of MIDIS, the country’s governing body for development and social inclusion policies, exemplifies this commitment.

MIDIS defines “social inclusion” as a situation in which all people can exercise their rights, use their skills and take advantage of opportunities in their environment.

In this sense, like health or education, development and social inclusion policy is part of the social policies implemented universally and sectorally by the Government. Development and social inclusion policy, for its part, prioritizes those facing the greatest poverty and vulnerability, the people that universal social policy is unable to reach. This means that development and social inclusion policy is targeted and temporary, since the goal is to ensure that everyone can be covered by universal and sectoral policies. As Diagram 1 shows, development and social inclusion policy can be understood as a subset of universal social policy, both acting under the coordination of the Inter-Ministerial Commission of Social Affairs (CIAS).

Diagram 1. Scope for Development and Social Inclusion Public Policy



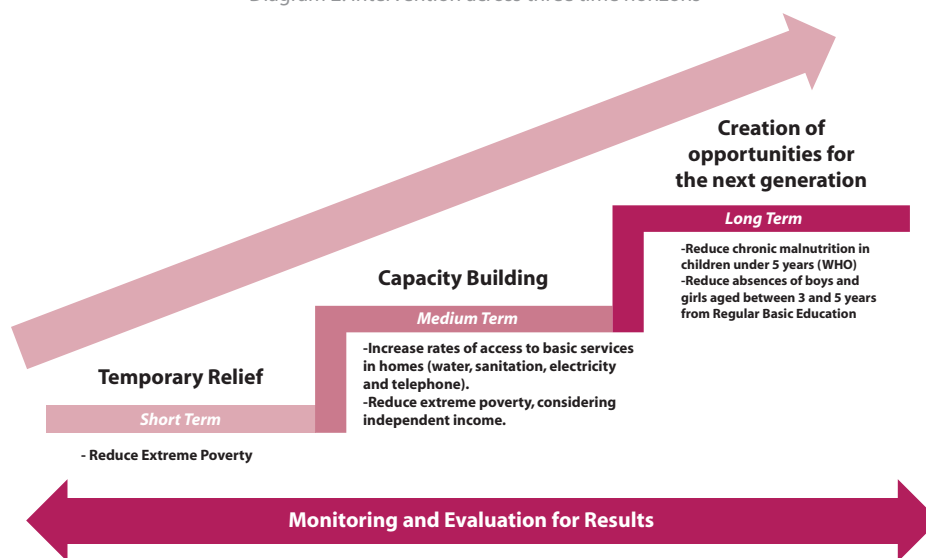
Preparation: MIDIS – General Directorate of Policy and Strategy

1.2. APPROACH OF THE DEVELOPMENT AND SOCIAL INCLUSION POLICY

In operational terms, development and social inclusion policy work should be guided by a model that covers three complementary time horizons —short, medium and long term (see Diagram 2)—, each with their respective indicators. In the short term, the effort is focused on temporary relief for households through direct assistance programs. In the medium term, the emphasis is placed on skill development designed to improve household access to services and basic infrastructure and to increase autonomy in terms of income generation and financial inclusion.

In the long term, interventions are aimed at creating opportunities for the next generation with an emphasis on promoting the protection and improvement of human capital —nutrition, health, and quality education—. Monitoring and results-based evaluation of this development and social inclusion policy with simultaneous interventions in the short, medium and long term is crucial to the work of MIDIS.

Diagram 2: Intervention across three time horizons



Preparation: MIDIS CIEN DIAS. January, 2012

1.3. REDUCING THE GAPS: POPULATIONS IN THE PROCESS OF DEVELOPMENT AND SOCIAL INCLUSION

The Development and Social Inclusion Policy commitment is to reduce the existing absolute and relative gaps between the populations with greatest and least needs, through coordinated policies and social programs, promoting access to social services so that they impact poverty alleviation¹ and guarantee that the populations with greatest needs and vulnerabilities are addressed as a priority. Therefore, the various coordinated interventions aim not only to reduce indicators at the national level but are also directed at easing shortages and promoting opportunities for the most excluded populations. Therefore, MIDIS focuses its interventions on the poorest populations, and particularly on the population referred to as the 'Population in the Process of Development and Social Inclusion' (PEPI).

This population is defined as that belonging to households which present at least three of the four circumstances historically associated with the process of exclusion in Peru, as shown in the following table:

Table 1. Circumstances which define PEPI

- **Rural households**, i.e. located in population centers of 400 dwellings (2,000 people) or fewer.
- **Female-headed households** with less than primary level education completion.
- **Households in which the head or spouse** speaks an indigenous language.
- **Households located in the first quintile** of the per capita national income distribution.

¹ It is important to emphasize that MIDIS uses a multidimensional approach to measuring poverty. That is, we incorporate monetary and non-monetary criteria that come together to define the population in the process of development and social inclusion.

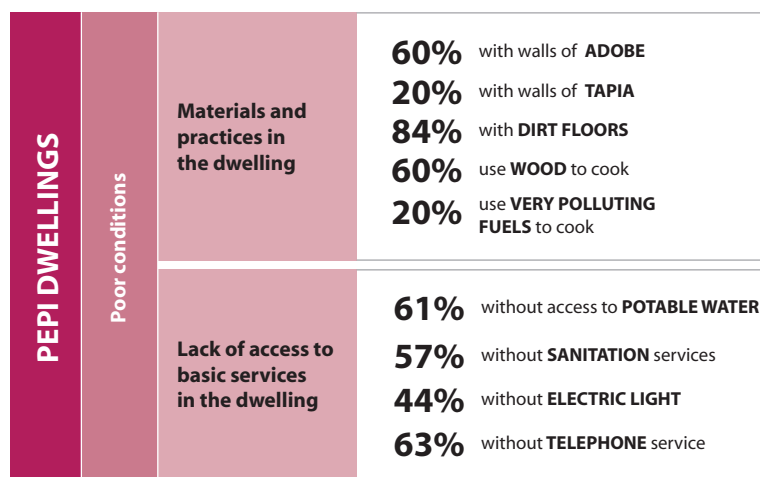
This population is 4.8 million people (16% of the total population), according to the National Household Survey (ENAH0), 2010.

Based on the survey criteria and review of the data, it appears that PEPI is predominantly rural (only 6.5% households are found in urban areas).

It therefore exhibits many of the characteristics associated with the rural population in general. A typical PEPI household inhabits an inadequate dwelling and lacks the public services to satisfy its basic needs. For example, around one PEPI household in ten is overcrowded (ENAH0 2010)². Diagram 3 summarizes the living conditions of PEPI households. It shows that floors are primarily dirt and one in every five uses polluting fuels such as animal manure for cooking. Significant gaps also exist in access to basic services such as water and sanitation, electric lighting, and telephone.

This situation reflects the precarious conditions in which these people live, with important gaps in access to basic public services, and housing structures of alarming fragility. Most PEPI have no access to basic services like water and sanitation and as such are exposed to irreparable threats to their health and even to their life, in the face of inadequate hygiene practices and the inhalation of smoke from unsafe fuel. Constant contact with

Diagram 3. Living conditions in PEPI household dwellings



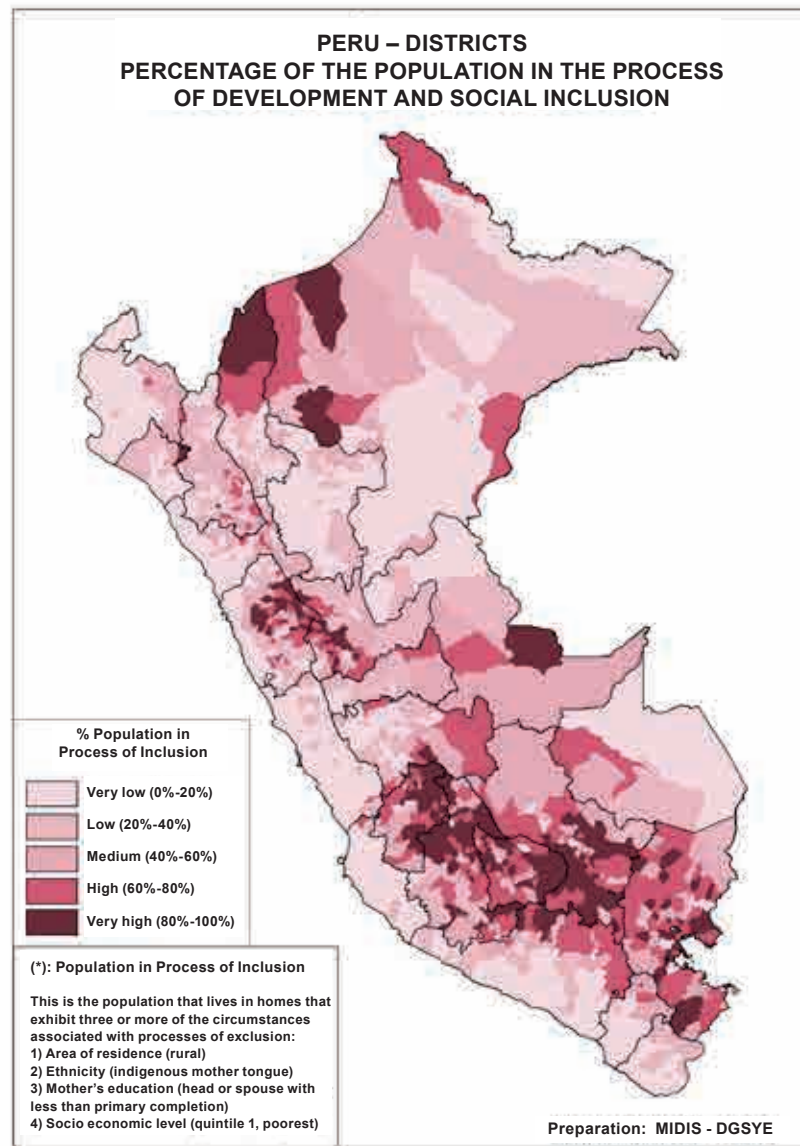
Source ENAH0 2010
Preparation: MIDIS, General Directorate of Policy and Strategy

²There are more than three people per bedroom in the house.

mud floors that may contain pathogens and dwellings that provide little protection from natural disasters or adverse climate events add to the risks.

PEPI is primarily concentrated in the southern highlands and jungle areas of the country, as shown in Diagram 4, which shows the distribution of this population at district level.

Diagram 4. Percentage of the Population in the Process of Development and Social Inclusion by District



PEPI exhibits serious disadvantages when compared to the rest of the average population. Analysis of the primary PEPI living condition indicators is a good starting point. According to ENAHO, the rate of extreme poverty has fallen sharply to a rate of 8 % nationwide in recent years. However, more than a third of the PEPI is extremely poor, i.e. there is high inequality. Something similar is found in the extreme poverty rate established by using autonomous household income (income exclusive of government transfers): one in ten people nationwide, but for PEPI nearly five in ten. The integrated package of basic public services such as water, sanitation, electricity and telephone coverage reaches six in ten households nationwide, while for PEPI it reaches only one in ten.

Access to quality education and health services is essential to the objectives of the Strategy. Accordingly, MIDIS also focuses its actions on supporting interventions in these strategic sectors, including assuring that all girls and boys, regardless of their origin, have access to these services. The situation of girls and boys who are part of PEPI is still a concern; in 2010 two of every ten children in the country aged 3-5 did not attend preschool, while for the PEPI group, the figure was four in ten. Similarly, gaps are evident towards the end of basic education. Of all young people aged 18 to 25 years, three out of every four completed high school and one in four attended a technical college or a university. However, among young people who are part of the PEPI, less than half completed high school while only one in ten had access to higher education. In the healthcare sector, caring for expectant mothers, infants, and children is a priority since according to the World Health Organisation measures, Chronic Child Malnutrition affects about one in four girls under 5 years nationwide, while for PEPI, it affects half of girls and boys³.

It should be noted that although PEPI is concentrated mostly in rural areas and represents the population of most interest for the Development and Social Inclusion Policy, MIDIS also pays progressive and gradual attention to people in poverty who face exclusion, vulnerability, and social risk in urban areas, and especially in marginal urban areas. Additional prioritization criteria for each strategic goal described later in this document can be incorporated in the design of instruments for coordinated management.

1.4. GUIDING PRINCIPLES

The Strategy’s guiding principles are the following:

1.4.1. The household approach from a life cycle perspective

Currently, the development and social inclusion policy promoted by MIDIS focuses on the household as the unit of design, analysis, and attention⁴. This approach is based on accumulated evidence⁵ which shows that public policy interventions have a greater impact when they incorporate the characteristics and peculiarities of households in their design and implementation and when they consider, as a fundamental requirement, that social relations between household members are based on respect for the rights of all. In this respect, the Strategy considers the individual to be the ultimate goal of its interventions, considering that he or she should be able to take full advantage of his or her potential. Nevertheless, the analysis recognizes the important role of the home⁶ as the space in which the various stages of the life cycle take place and as a natural recipient of government interventions.

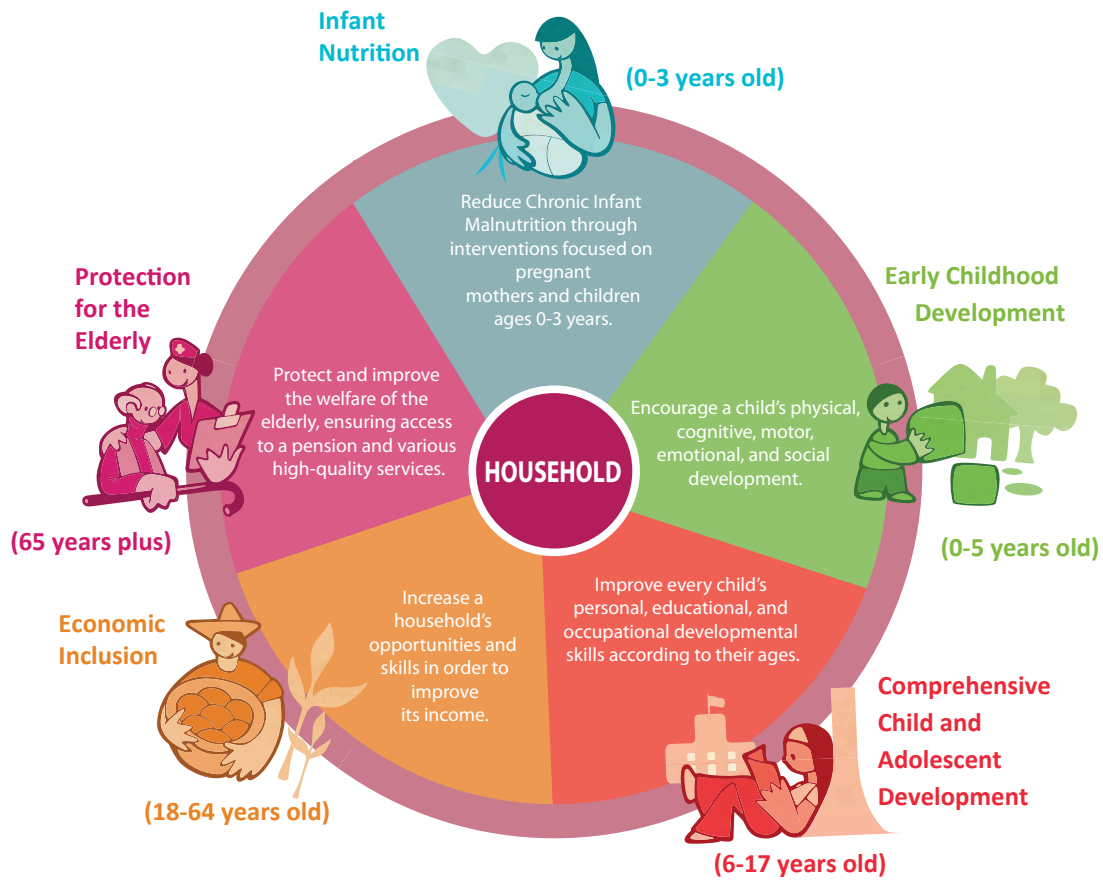
It is within the life cycle approach that the five strategic goals of “Include to Grow” are located - infant nutrition, early childhood development, comprehensive child and adolescent development, economic inclusion and protection for the elderly. (see Diagram 5). The approach responds to the need to create flexible and adaptable models that allow improvements to quality of life for households and risk reduction in the face of change. Under this policy approach, the state creates conditions for households as a whole to sustainably improve their current and future circumstances so that they can meet the lifecycle needs of their members through a combination of measures.

⁴The Strategy takes into account, among others, the approach and the experience of the Puente Program - Chile Solidario, based on households as units of the policy to overcome poverty from a life cycle perspective (ECLAC, 2005).

⁵Giddens, A, et al., 2003; Serrano, C., 2005; Attanasio, O. et al., 2008.

⁶In statistical terms, “household” is defined as “all people, related or not (parents, unmarried children, married sons, brothers, uncles etc.) that occupy the whole or part of a home, share meals, and take care of the essential needs of other household members. Those whom the head of the family considers to be members of the household for reasons of affection (godchildren, godparents, sponsors, etc.) are also included in this group. (ENAH0 Data Sheet, 2010).

Diagram 5. Life Cycle Strategic Goals



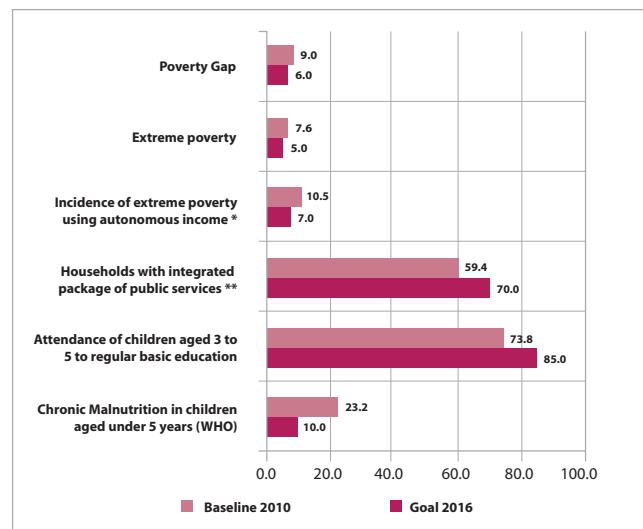
Preparation: MIDIS. General Directorate of Policy and Strategy

1.4.2. Results-Based Management

The new development and social inclusion policy is committed to achieving results. Results Based Management (RBM) emphasizes performance improvement across the management cycle to achieve the expected objectives. Specifically, RBM is composed of seven related criteria: (i) formulation of objectives (logic models), (ii) identification of performance indicators associated with the causal model, (iii) prioritization of goals, (iv) monitoring of results, (v) adjustment and reporting of results, (vi) assessment, and (vii) use of performance information in management. In addition, the RBM approach promotes effective interventions and identification of products, processes, accountability, capacity building, strategic stakeholder participation, partnerships strengthening, and adjustment of institutional arrangements.

Within the framework of the Strategy, the RBM approach is relevant for MIDIS to the extent to which it influences the initiatives and processes in order to achieve results. RBM is an approach that encompasses Outputs-Based Budgeting. As such, within the framework of SINADIS, the Strategy seeks to harmonize the logic of the intergovernmental and intersectoral interventions with the Strategic Budgeting Programs promoted by the Ministry of Economy and Finance (MEF), taking advantage of the tools and initiatives being developed by actors, in order to propose priority social inclusion results associated with the five strategic goals that are described in greater detail in the second chapter of this document ⁷.

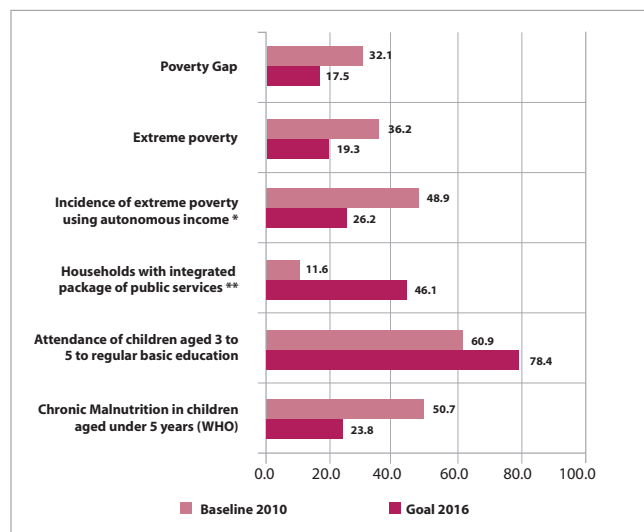
Diagram 6. MIDIS: Key Indicators and Goals to 2016



Preparation: MIDIS - General Directorate of Monitoring and Evaluation
 *Estimated from per capita expenditure report of net household transfers and public donations
 **Water, sanitation, electricity and telephone.

In order to guide its management and promote accountability, MIDIS developed an initial proposal for a set of key social inclusion indicators and their goals to 2016 at the national level and for PEPI (see Diagrams 6 and 7). These include the level of childhood chronic malnutrition, the rate of school attendance of children aged three to five, households with access to the integrated package of services (water, sanitation, electricity and telephone), household earned income, extreme poverty, and the poverty gap.

Diagram 7. MIDIS: Key Indicators and Objectives to 2016 for PEPI



Preparation: MIDIS - General Directorate of Monitoring and Evaluation

*Estimated from per capita expenditure report of net household transfers and public donations

**Water, sanitation, electricity and telephone.

1.4.3. Regional Approach

The development of Strategy activities involves the joint effort of various actors. The effective provision of goods and services to the population takes place in the regions at a progressively decentralized level. Thus, the important role of regional and local governments for the implementation of the Strategy and achievement of expected results is recognized, because they are responsible for the coordination of development and social inclusion policy within their jurisdictions.

In this context, the Strategy’s regional approach is manifest in various elements of intergovernmental coordination, such as SINADIS and MIDIS Regional Liaison Teams. This is discussed in more detail in the third chapter of this document.

1.5. CROSS-CUTTING ASPECTS OF THE STRATEGY

Defining PEPI is one of the first steps in the construction of a social inclusion policy. In addition, there are cross-cutting issues specific to PEPI that are relevant for MIDIS and for Strategy implementation. Multiculturalism, disability, and gender equality issues stand out.

Consistent with the Ministry’s commitment to intersectoral coordination, MIDIS recognizes the leadership of the corresponding ministries, such as the Ministry of Culture on the issue of multiculturalism, and the Ministry of Women and Vulnerable Populations on issues of people with disabilities and gender equality. Accordingly, based on the Strategy, MIDIS contributes to the consolidation of this leadership for the benefit of the expansion of opportunities to PEPI, paying special attention to people with disabilities and promoting the multicultural and gender approaches. In order to ensure that these efforts are integrated to allow adjustment of policies and social services, MIDIS will produce specific complementary instruments in close coordination with relevant ministries.

What to do?



2

Strategic goals

Considering the enormous challenge involved in closing the gaps that the poorest and most vulnerable populations face in Peru, MIDIS has designed the National Strategy for Development and Social Inclusion “Include to Grow”, a management tool that articulates development and social inclusion policy, linked to the public management cycle and oriented to the achievement of priority social inclusion results.

This task is undertaken by identifying Five Strategic Goals centered around the different stages of the life cycle, each containing specific results to be achieved to improve the living conditions of PEPI. The contents of each goal will be presented in detail in this chapter; each objective and the set of activities and institutions involved in their achievement will be discussed.

2.1 FIVE OBJECTIVES IN THE LIFE CYCLE

Achieving the objectives of the National Strategy for Development and Social Inclusion “Include to Grow” consists of taking existing interventions at the intersectoral and intergovernmental levels and orienting them to priority development and social inclusion results in order to deliver inclusion and close the gaps that PEPI faces. With this in mind, five strategic goals have been identified: Infant Nutrition, Early Childhood Development, Comprehensive Child and Adolescent Development, Economic Inclusion, and Protection for the Elderly.

It should be noted that these goals have been defined in accordance with the life cycle approach⁸ in order to span its entirety and focus on specific results that are considered a priority for the current government, such as the fight against Child Chronic Malnutrition and the commitment to invest in infancy and in rural development. These priorities therefore correlate with the definitions of each goal, facilitating the efforts of different ministries and levels of government so that they can orient themselves to the achievement of these objectives and seek to meet the different needs of each person, from conception to old age.

To begin with, it is important to recognize that for every child to reach its age-appropriate height and weight, to have good health in general, and to not suffer from respiratory infections or severe diarrhea, it is necessary to ensure adequate nutrition and diet during the first years of life. During pregnancy, the mother should have a diet rich in

calories, proteins, and iron, and should attend prenatal checkups from the first month of pregnancy. After birth and during the first six months of life, she should breastfeed exclusively, because breast milk contains all the nutrients required for growth and development. In addition, parents should take their children for all health checkups in a timely fashion. Finally, access to potable water and sanitation will prevent disease. All this will enable children to be healthy and ready to face the next stage of their development: they will begin to attend preschool and to interact with their surroundings. Therefore, Goal 1 of the Strategy focuses on Infant Nutrition.

Later, for every child to walk and run freely, to form phrases of two or more words, to recognize shapes and colors, and to have good health that enable him or her to enjoy childhood, it is important that families assume the responsibility for the child's upbringing, paying attention, taking care of them, and feeding them properly. Early education is the key to promoting motor skills and social and language development in early childhood. Comprehensive child development should be promoted inside homes, in early education centers, and in the community. All this will enable children to be healthy and alert, ready to face the next stage of their development. When they begin to attend elementary school, they will not find themselves disadvantaged when learning or doing their homework. Hence, the second goal of the Strategy is dedicated to the Early Childhood Development.

In later years, for every child and adolescent to understand what they read, to be able to solve math problems, to keep up in school and not fall behind, to stay at school rather than leave it to start work, to live without risking their health or having to face an early parenthood, it is important that each has access to quality education services. In addition, it is important to promote preventive health programs and awareness of the fundamental rights of children and adolescents. All this will permit them to take advantage of their time at school and be better prepared to access higher education, start working,



and develop the life projects they choose in order to generate their own income. Hence goal three focuses on Comprehensive Child and Adolescent Development.

Similarly, for families to be able to generate their own income and improve their quality of life, it is important to encourage skill development, promote small business development, and expand coverage of public services to improve access to goods, services, and labor markets. Families should receive technical assistance and training that will enable them to improve the use of their assets and boost the use of credit and savings services. Likewise, they must have equipment and training to increase their productivity. Furthermore, the state must invest in basic infrastructure like roads, water supply, sanitation, and electricity, as well as promote the expansion of financial services coverage and the formalization of property and business organizations so that families have more opportunities. All this will enable families to generate productive businesses, contribute to the development of their community, begin to get benefits from economic progress, and also have greater economic security to face old age. Therefore, goal 4 is focused on Economic Inclusion: creating opportunities for people throughout their working lives, with a priority on families in areas exhibiting high levels of poverty.

Finally, it is important that the elderly have income certainty through a pension and/or through work or small businesses which provides them income without much physical effort. Thus, each can live a life free of economic hardship and physically demanding activities, while also having access to treatment for any disease in specialized health centers, and in general, feeling protected and not alone. It is also important to have specialized health centers that offer quality services which the elderly can access through health insurance policy or a small payment. All this will enable the elderly to feel protected, with improved self-esteem, quality of life, and state of health. In this context, Goal 5 is about Protection for the Elderly, focusing on those aged 65 and older.

Each one of the goals and their respective results, focused on PEPI as a priority, is presented in summary in Diagram 8.

Diagram 8. Strategic Goals and Results in the Framework of the Life Cycle

Goals	Goal 1: Infant Nutrition Goal 2: Early Childhood Development	Goal 3: Comprehensive Child and Adolescent Development	Goal 4: Economic Inclusion	Goal 5: Protection for the Elderly
Results	Reduce chronic malnutrition in children Improve the physical, cognitive, motor, emotional and social development during early childhood	Improve skills for personal, educational and occupational development according to age	Increase autonomous household incomes	Improve welfare of the elderly



Prepared by: MIDIS –General Directorate of Policy and Strategy

As mentioned, interventions around each one of these goals require close coordination with ministries and with regional and local governments. MIDIS’ goal for targeted development and social inclusion policy should complement the roles of the other ministries for universal social policy. As the governing body for the Coordinated Nutrition Program (PAN), the important role of the Ministry of Health in all goals is recognized, most especially for goal 1. At the same time, coordination with the Ministry of Women and Vulnerable Populations is important, as the governing body of the National Comprehensive Care System for Children and Adolescents, as well as for the promotion and protection of the rights of elderly. Similarly, the importance of a coordinated effort with ministries such as Education, including direct intervention in the four first goals (from early education programs for children under 3 years old through to technical non-university training) is recognized.

The results associated with each goal and expected changes in living conditions are presented below.

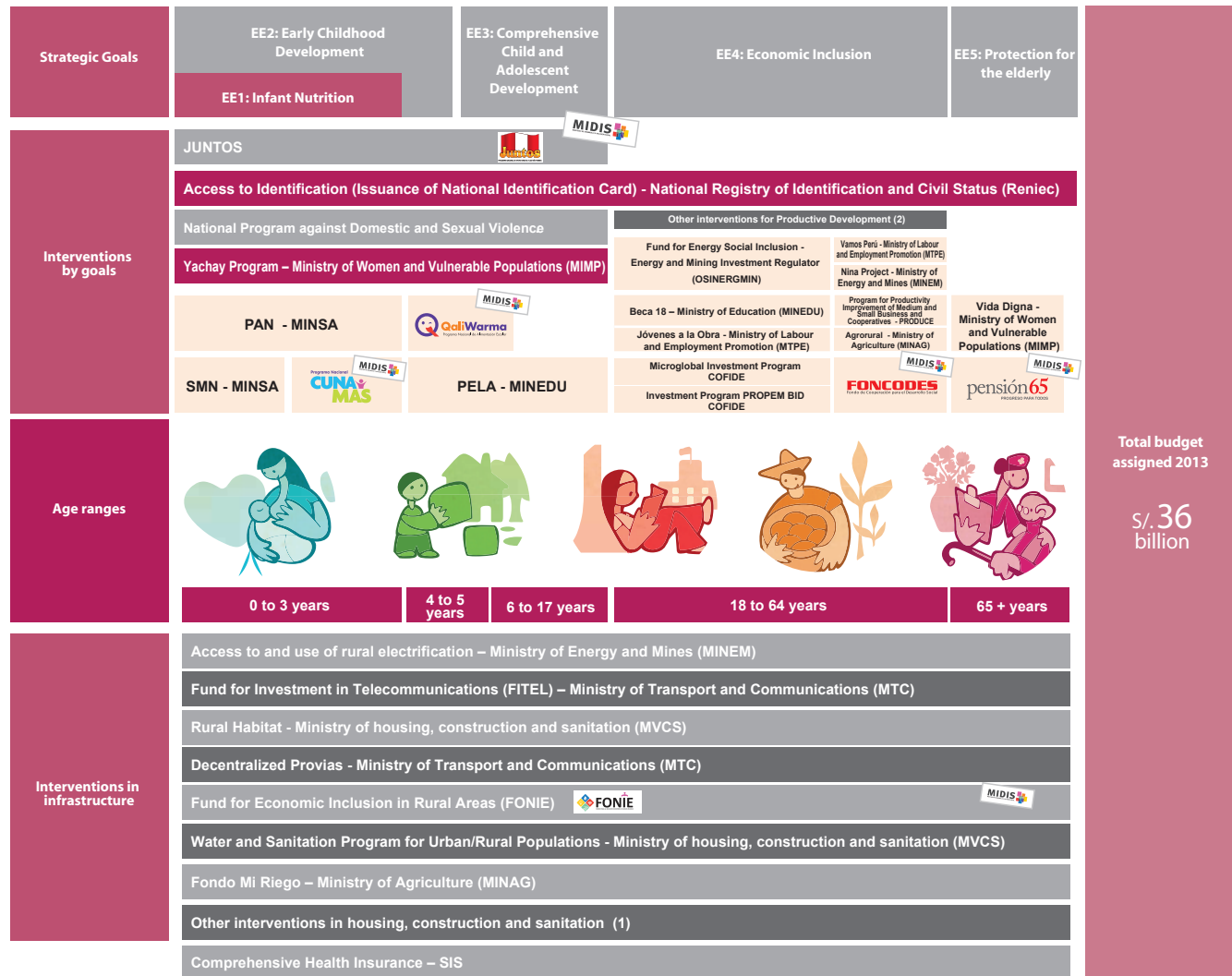
Diagram 9. PEPI household living conditions

	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
	Infant Nutrition	Early Childhood Development	Comprehensive Child and Adolescent Development	Economic Inclusion	Protection for the Elderly
Living conditions that hamper achievement of strategic goal	In general, the poorest mothers have limited access to education and information, and therefore do not know about appropriate practices of diet and hygiene. Likewise, the poorest families have limited access to quality neonatal and maternal health services and social protection.	The poorest populations have poor quality educational services, inadequate infrastructure, insufficient materials for learning, and teachers that need continuous training. Children live in environments or communities with a lack of basic infrastructure and limited attention to their early development.	The children and adolescents in poor environments have difficulties finishing high school due to lack of educational opportunities or to factors such as the need to work to contribute to family income and social risks (for example: early pregnancy).	The poorest households have limited access to public services in their houses, to physical assets, and to technical training. This impedes increasing productive activities, diversification and insertion to labor markets.	It is difficult for the poorest of the elderly to access quality health and social services due to deficits in the supply in the regions where they live or to a lack of economic resources. They do not have family and social protection networks and have very limited access to activities to earn their own income or pension.
Expected results in household living conditions per strategic goal	Interventions in this axis will allow children from the poorest areas to be well-nourished in order to have the potential to achieve an optimal cognitive, emotional and social development that enables them to make better use of future opportunities for education and employment.	The aim of this goal is that children in poor areas grow in suitable family environments and receive quality education and care that better develops their cognitive and socio-emotional skills that improves their results from future education.	It is expected that children and adolescents from areas of poverty and exclusion can finish school satisfactorily and can access higher education or get a decent and well-paying job.	Coordinated interventions in this goal will allow households from areas of poverty and exclusion to increase their productivity and capacity to generate their own income.	This goal targets the poorest and most excluded elderly, aiming to provide them with a social protection network that allows them access to quality services at health centers and community service centers in general.

Preparation: MIDIS – General Directorate of Policy and Strategy.

Interventions of the various ministries associated with the Development and Social Inclusion Policy are contained with the Strategic Goals as shown in Diagram 10.

Diagram 10: Programs and interventions associated with the Development and Social Inclusion Policy in accordance with the Strategic Goals



Total budget assigned 2013

S/. 36 billion

1. Includes the Housing Family Bond Program, Program for Urban Land Generation, Comprehensive Neighborhood Improvement Program and Our Cities Program.
 2. Includes Program for use of water resources for agriculture, Program for Improvement and Maintenance for Plant Health, Program for Improvement for Animal Health, Program for the Productive Development of Business, Program for Legislation and Development of Aquaculture, Program for Strengthening Small-scale Fishing, among others.
 Some examples of the ministries and programs related to the Development and Social Inclusion Policy are shown.

The following section presents each goal in detail, including in each case a logic model, an indicators matrix and objectives, also highlighting the actors involved. The logic model includes a brief summary of the more relevant literature on the subject, emphasizing, where appropriate, effective interventions (strategies and actions based on scientific evidence aimed at responding to the needs of a specific target population that have demonstrated significant and sustained effects) or the activities which consider PEPI as a priority. It also includes a list of public institutions associated with each intervention. It should be noted that these are dynamic models: they are likely to be updated to include additional actors and programs linked to the results of each goal. The matrix of indicators and objectives contains the baseline values and projections to 2016 for the results included in the causal model.

2.2. **DEVELOPMENT OF THE STRATEGIC GOALS**

2.2.1 Goal 1: Infant Nutrition

The Convention on the Rights of the Child ratifies the obligation of the state to take action to ensure the survival, development, and protection of children. Accordingly, one of the main courses of action is ensuring adequate nutrition for children, as one of the initial tools to break the vicious cycle of intergenerational transmission of poverty. Deficiencies in children's diet, especially for those under 3 years of age, not only lead to health problems but are also a limiting factor to the country's development.

Chronic Malnutrition in children is associated with physical and cognitive damage that is difficult to reverse and affects the health of children in the present and their social welfare and economic productivity in the future. The consequences of poor nutrition continue into adulthood and affect the next generation because malnourished girls and women have greater risk of having malnourished children.

In Peru, Chronic Child Malnutrition (DCI) is a persistent problem which affects 576,000 children (ENDES 2011, WHO standard). Even though Peru has undergone significant economic growth over the last 15 years, which is reflected in a significant reduction of poverty (from 42.4% in 2007 to 27.8% in 2011), DCI remains at worrying levels and has reduced by only 10% during the last decade (from 29.5% in 2000 to 19.5% in 2011). This is primarily explained by a drastic reduction of more than 8 % since 2007, with the establishment of a budget allocation mechanism for specific results to address child nutrition problem (The Coordinated Nutrition Program). At the same time, the prevalence of DCI reflects the enormous inequality in the country: in 2011, the DCI rate in rural areas (37%) was 26.9 and 17.5 percentage points higher than the rate in urban areas (10.1%) and the national average (19.5%) respectively, even though this gap has tended to decrease in recent years (in 2005, the gap between rural and urban areas was 33.6 points, and the gap between rural areas and the national average was 19.1 points).

2.2.1.1. Logic Model

The causes of DCI are multiple. Extensive research has shown that the incidence can be explained by various factors and social determinants. DCI (final result) is the consequence of factors directly related to food intake and the child’s health, prior to birth (during pregnancy), and during its early years of life. These factors (intermediate results) can be grouped into the following:

- Incidence of low weight at birth arising from the mother’s nutritional state during pregnancy, which is strongly associated with an increased risk of morbidity, mortality, and persistent low weight during infancy. The nutritional state of the mother is determined by various causes and factors, among them: ^{9, 10, 11}
 - Inadequate or insufficient food, given that a woman’s nutrition requirements increase during pregnancy: primarily calories and protein to meet the needs of the growing foetus, the placenta, and maternal tissue.

- Teenage pregnancy, given that the adolescent mother's own growth has not yet finished, leading to a competition between the needs of her own body and her capacity to sustain growth of the foetus.
 - Anaemia, given that during pregnancy iron requirements increase due to the growth of the foetus, the placenta, and the increased blood volume, and these requirements can exceed a woman's iron stores.
- High morbidity from infectious diseases (acute respiratory infection and acute diarrhoea). The frequency, duration, and severity of such infectious diseases and malnutrition account for inadequate child development and it is estimated that between a quarter and a third of the total growth deficit is attributable to gastrointestinal infectious diseases. Among the principal underlying causes or factors (immediate results) that explain the high incidence of infectious diseases are: (i) inadequate access to safe water and basic sanitation; (ii) inadequate hygiene practices in the home, and (iii) gaps in access to health services, service quality, motivation and capacity of health professionals and accessibility ¹².
- Inadequate infant feeding. During the first three years of life, children have accelerated growth and development (in the first year, height increases to between 23 and 25cm and in the second year by 12 cm) meaning nutritional requirements are greater and more specific.



Also, the feeding of children depends entirely on third parties (parents or caregivers) who may lack the resources and knowledge necessary to properly carry out this task.

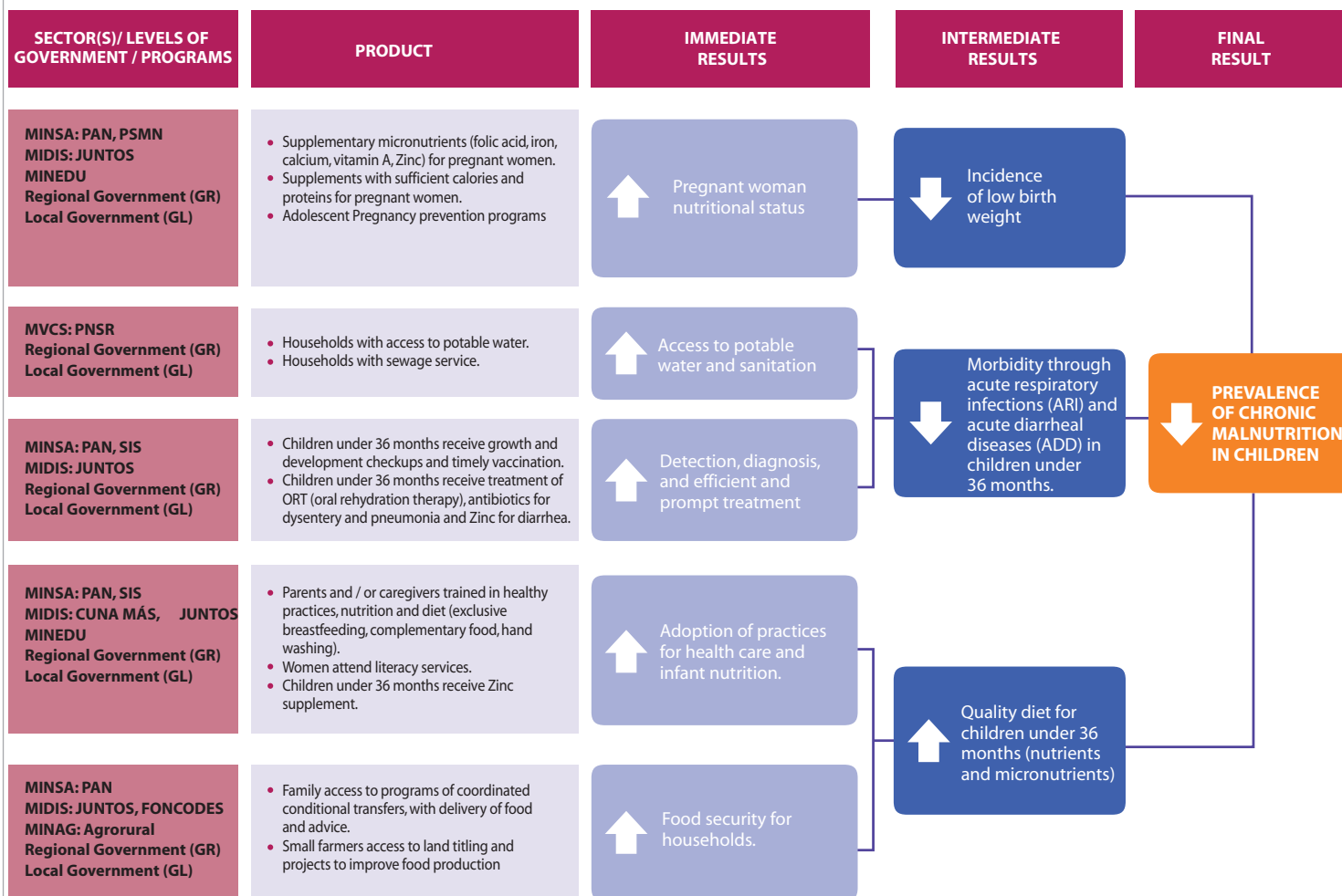
- Inadequate feeding and nutrition practices at home, including inadequate hygiene practices (hand washing) and diet (lack of exclusive breastfeeding for children under 6 months of age, no supplementary diet for children between 6 and 36 months of age, sub-optimal domestic distribution of food, low quality of food and lack of diversification, deficiency of micronutrient consumption: mainly iron, vitamin A, zinc)¹³.
 - An underlying determinant of DCI is the mother’s education. Illiteracy and an incomplete primary education level increase by two or four times, respectively, the risk of under nutrition ¹⁴. This means that as the mother’s schooling diminishes, the greater the child’s risk of suffering from DCI.¹⁵
 - Household food insecurity, which refers to insufficient food intake because households do not have physical, social, economic, geographical, or cultural access to sufficient safe and nutritious foods, which is associated with both the quality of food, and its production and availability.
- In addition, there is evidence to support the conclusion that the social determinants of DCI and food insecurity are varied, and include the physical and social conditions in the environment, the incidence of risky behavior in adolescents, education, access to information, the mother’s health, family income, and working conditions. It should also be noted that the existence of local development plans to organize the effective implementation of interventions in a coordinated and simultaneous way is important.

If international evidence indicates that these determinants directly involve implementation of effective health sector interventions, it also shows that the results are most effective and sustainable when coordinated with those of other ministries – Sanitation, Education, Social Development etc. ^{16, 17, 18, 19}



16 Holveck J. et al., 2007
17 Waddell S y D Brown, 1997
18 WHO, 1997a.
19 WHO, 1997b.

Logic Model– Goal 1: Infant Nutrition



These are examples of sectors, programs, levels of government, etc., which can be coordinated to unleash the achievement of products, immediate and intermediate results, and finally the desired change in the population. These examples do not constitute a definitive list of actors that should be involved, and more agencies could be included in and involved with the goal.

Source: Adaptation of the Nutrition Strategic Program model prepared by the Ministry of Economy and Finance, based in Jonsson (1993). UNICEF, Conceptual Framework of the Determinants of Nutritional Status. A UNICEF Policy Review. New York.

Indicators and Objectives Matrix- Goal 1: Infant Nutrition

FINAL RESULT	Verifiable Indicator	Unit of measurement	National		PEPI		Verification Sources
			Baseline 2010	Goal for 2016	Baseline 2010	Goal for 2016	
Reduce prevalence of Chronic Malnutrition in Children under 3 years of age.	Rate of Chronic Malnutrition in Children according to WHO standard (children aged 0-5*)	%	23.2%	10.0%	50.0%	24.0%	ENDES
INTERMEDIATE RESULTS							
1. Reduce incidence of low birth weight	Percentage of children born with low weight (less than 2,5 kg)	%	7.2%	3.1%	12.5%	6.0%	ENDES
	Percentage of mothers who attend to 6 or more prenatal checkups	%	81.0%	90.0%	69.6%	85.0%	ENDES
2. Reduce index of morbidity through ARI and ADD in children under 36 months	Percentage of children under 36 months who had ARI in the last 15 days	%	18.3%	8.0%	19.3%	9.0%	ENDES
	Percentage of children under 36 months who had ADD in the last 15 days	%	16.6%	7.0%	17.3%	7.0%	ENDES
3. Diet quality (micronutrients) for children under 36 months	Percentage of children under 6 months who are exclusively breastfed	%	70.4%	90.0%	81.3%	95.0%	ENDES
	Percentage of children aged 6 to 59 months with anemia	%	37.7%	16.0%	46.2%	20.0%	ENDES
	Percentage of children aged 6 to 36 months who received Vitamin A doses	%	32.5%	50.0%	59.4%	65.0%	ENDES
	Percentage of children aged 6 to 36 months who received an iron supplement in the last 7 days	%	18.1%	50.0%	27.9%	55.0%	ENDES
	Food Insecurity Index MIDIS	VALUE	0.230	0.150	-	-	CENSO/ENAH0

To measure the incidence of child malnutrition in Peru the WHO standard is being considered in lieu of the NCHS. The change is because the NCHS standard does not adequately represent growth in early childhood, as it is based on studies that make use of different measurement methodologies and references were made based on growth patterns of North American children in State of Colorado (homogeneous ethnic origin), which reduce rigor. On the other hand the WHO standard was developed considering children from five continents, confirming that all the world's children who receive necessary care and treatment have the same potential for growth to the age of 5 years regardless of genetics or ethnicity.

* The range of 0-5 years is considered to be verifiable indicator of the incidence of DCI because this is the indicator that ENDES measures.

The strategic results of this goal coincide with those of the National Plan of Action for Children and Adolescents (PNAIA) 2012-2021, prepared by the Ministry of Women and Vulnerable Populations. They serve as a framework for policies developed for children and adolescents in the country, together with the Convention on the Rights of the Child (ratified by Peru in 1990). Likewise, Goal 1 is related to the first key objective of PNAIA, which aims to reduce DCI by 5 % by 2021. This shows that the goals established by ministries that formulate universal policies and the results proposed by MIDIS, whose policies and programs focus primarily on PEPI, are complementary.

2.2.1.2. Actors involved

Actions by the Health, Sanitation, Education, Agriculture, Development and Social Inclusion sectors are highly relevant to the achievement of results in child nutrition. In the case of the Development and Social Inclusion sector, the “Juntos” program directly influences and plays a key role alongside initiatives by regional and local governments, in the supply of foods and maternal and child health. It oversees the transfer of resources to beneficiaries fulfilling responsibilities, including those related to the care of pregnant women and of children under 36 months (via assistance for their health check-ups). It is also important to coordinate the actions of “Juntos” with RENIEC (National Registry of Identification and Civil Status) to obtain identities for children and mothers so that they can access program services. On the other hand, there are social programs such as “Cuna Más” that address intermediate results required to reduce DCI. “Cuna Más” targets children aged 0 to 36 months and includes counseling on healthy practices for families and monitoring of children’s health in coordination with the health care sector. Interventions made by FONCODES (Compensation and Social Development Fund) related to social infrastructure (water and sanitation) and productive projects contribute to improved food security in targeted areas. The following budgetary programs, among others, are also important: the Coordinated Nutrition Program, the Maternal and Newborn Health Program, the National Rural Water Supply and Sanitation Program (PRONASAR), and the National Identity Program.

2.2.2. Goal 2: Early Childhood Development

Before starting this section, it should be noted that although conceptually and operationally the goals of Infant Nutrition and Early Childhood Development (ECD) are closely linked, they have been kept separate for strategic reasons. This is because the country's enormous progress reducing DCI could eventually overshadow the progress of other results associated with ECD (housing security, care practices, community health, and quality of educational services) if they were to be integrated into one goal.

ECD is not directly observed, but is a theoretical construction inferred through children's behavior, expressed by motor skills, language, cognition, and the socio-emotional environment. However, there is a consensus as to the importance of proper early childhood care to ensure present and future welfare. It is during this stage that the largest biological and cerebral development occurs, affecting the skills, abilities, and potentialities that determine adult health status, educational attainment, and labor productivity.²⁰

Although Peru has made significant improvements in various aspects of ECD, such as cognitive development, motor development, health, education, and family environment, these national advances have not been enough and they mask important gaps. In the cognitive development field, an internationally validated instrument is the Peabody Picture Vocabulary Test, which measures the receptive or hearing vocabulary level of a child and shows significant gaps between urban and rural areas in the period 2006-2007. That is, if a child with a standard score below 100 is below the standard average for his age, then for urban and rural areas these scores are 100 and 70 respectively.²¹

In relation to childhood motor development, a recent study by PAHO/WHO Peru established the percentages of children



²⁰ MIMP, 2012.

²¹ Cuna Más National Program, 2012.

aged 0-24 months who have not yet achieved milestones in motor development (“Standing with support”, “Standing Alone” and “Walking alone”) even though they are old enough for these windows of achievement. The indicators showed a statistically significant higher percentage of non-achievement among rural children compared with urban children. In particular, 5.1 % of children in urban areas and 10.4 % of children in rural areas cannot stand without support by the last month of the age window, 7.3 % and 14.5% of children will not stand by the final month of the age window in urban and rural areas, respectively, and 5.6 % and 12.6 % of children do not walk alone by the last month of the age window in urban and rural areas, respectively.²²

In the field of health, in addition to the DCI indicators presented in the previous section, there have been improvements over the last decade in coverage of prenatal care (at least six checkups) and institutional delivery (81 % and 84 % by 2010, respectively) in the last decade. In addition, infant mortality has decreased from 31 per thousand live births under 1 year in 2000 to 16 in 2011 and from 41 per thousand live births under 5 years to 21 in the same period (ENDES 2011). However, population-specific inequalities in these indicators persist: in rural areas 64% of deliveries are attended by specialists, while this figure reaches 96% in urban areas, and infant and newborn mortality reaches 35 and 13 per thousand live births respectively in rural areas and 14 and 6 respectively in urban areas.

On the other hand, indicators for early stimulation that allows motor, social, and language development in children, just as quality early childhood education promotes physical and psychological development, are alarming. In 2011 the net rate of preschool education enrollment for children aged 0-2 years was just 2.82% and for children aged 3-5 years 73%.²³ There are problems of inequality in the net preschool enrollment rate, not merely between rural and urban areas, but also between different provinces in the country: while in General Sánchez Cerro (Moquegua) the preschool enrollment rate of children aged 0-2 years reaches 34%, in 46 of Peru’s 195 provinces the rate is 0%. While in San Antonio de Putina (Puno) and Chanchamayo or Satipo (Junin) the preschool enrollment net rate of children aged 3-5 years was less than 40%, in other provinces like Nazca (Ica), Jorge Basadre (Tacna), Ilo (Moquegua) and Tumbes (Tumbes) the rate exceeded 90%. The quality of preschool education given in public schools is lower than that provided in private schools and the educational curriculum requires adjustment to the characteristics and needs of the population.²⁴

2.2.2.1. Logic Model

ECD is directly linked to the right of children to have a “good start in life” (be physically healthy, mentally alert, emotionally secure, socially competent, and able to learn)²⁵. Childhood care and development services and access to preschool education, recognized universally²⁶ as drivers of a virtuous circle of educational and emotional development, are fundamental aspects that ECD seeks to emphasize.

The achievement of ECD results is associated with access to future opportunities for personal development, and highlights the role of households as the responsible nuclei for the upbringing, care and promotion of values in children. Like the achievement of results in DCI, promoting ECD requires intersectoral and intergovernmental efforts that reflect the timely coordination of effective intervention²⁷.

In general, the literature indicates that opportunities for the ECD are activated through a set of determinants, including the following:

- The health status of the infant, which is expressed by the absence of chronic malnutrition (a strategic objective of Goal 1), and is generated from access to adequate health services that allow reduction in the incidence of acute respiratory infections and acute diarrheal diseases and the intake of a quality diet that has the nutrients necessary to maintain the child's health (as shown in the logic model of Goal 1).
- Family access to high-quality educational services, both in-and out-of-school, understood as a real opportunity for the family to receive services, which together with a component of working with families can potentially translate into standards of care and attention for children.



²⁵ UNICEF, 2005

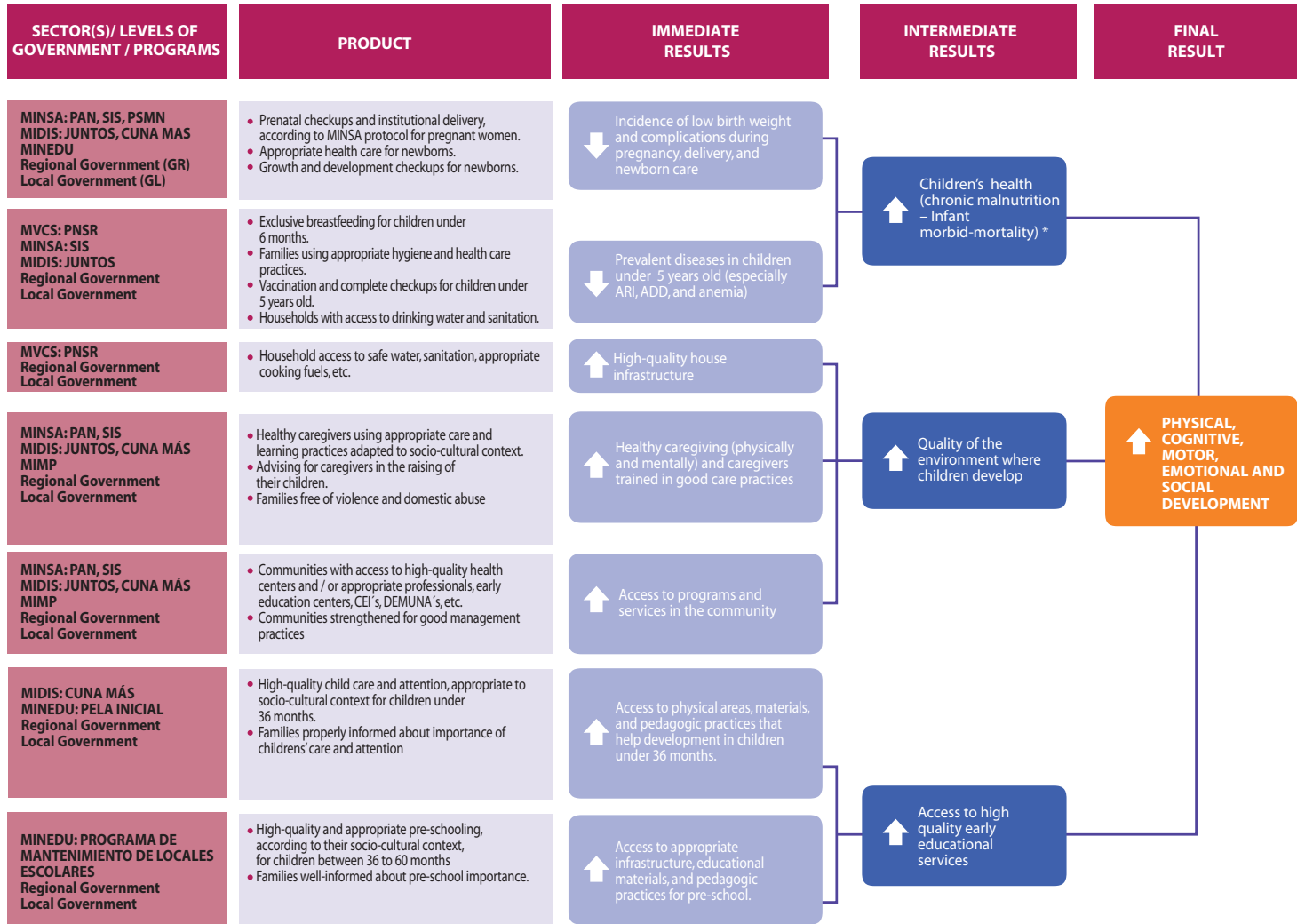
²⁶ Currie y Thomas, 2000; Myers, 1992; Berlinski, et al., 2006; Cueto y Diaz, 1999; Beltrán y Seinfeld, 2011.

²⁷ Young M. E., 2010.

This involves not only having appropriate infrastructure and educational materials, but also pedagogical practices that support child development. This access is measured by the availability and quality of these services.²⁸

- Quality of family care, understood as the key characteristic of adult behavior patterns focused on meeting children's needs (health, nutrition, and physical and psychological development) and which expresses cultural models and expectations regarding the skill development of children.²⁹
- Community and institutional support for families, linked to conditions of guidance, assistance, and support for the creation of favorable conditions for the development of children and their families; and beyond to the importance of support networks that facilitate, among other things, the exchange of information, experiences, and practices,³⁰ and social health and nutrition programs.
- In a complementary way, there are other determinants associated with context, such as the health and educational level of the mother, household income, and working conditions, among others. The achievement of ECD results requires effective interventions by the Ministries of Health, Education, Development and Social Inclusion, and Women and Vulnerable Populations. It is also important to emphasize the need to coordinate actions that facilitate access to identity since people at this stage of the life cycle represent a large part of the undocumented population and cannot perform their duties or access their rights in an optimum way.

Logic Model – Goal 2: Early Childhood Development



These are examples of sectors, programs, levels of government, etc., which can be coordinated toward the achievement of products, immediate and intermediate results, and finally the desired change in the population. These examples do not constitute a definitive list of actors that should be involved, and more agencies could be included in and involved with the Goal.

* Logic chain of this intermediate result is totally covered in the Logic Model of Goal 1

Source: MIDIS – General Directorate of Policy and Strategy

Chart of Indicators and Goals – Goal 2: Early Childhood Development

FINAL RESULT	Verifiable Indicator	Units of Measurement	National		PEPI		Verification Sources
			Baseline 2010	Goal by 2016	Baseline 2010	Goal by 2016	
Increase levels of physic, cognitive, motor, emotional, and social development in children aged 0 to 5.	Percentage of children aged 0 a 36 months who accomplish motor milestones (standing, running, going up and down the stairs) according to "Age and Stage" questionnaires	%	Not available yet	-	Not available yet	-	Survey of Early Childhood Health and Development
	Percentage of children aged 0 to 36 months who accomplish language milestones (a vocabulary of more than 50 words, ability to create a two-words phrase) according to "Age and Stage" test.	%					Survey of Early Childhood Health and Development
	Percentage of children aged 3 to 5 years who get the required score in the Picture Vocabulary Test "PPVT"	%					Survey of Early Childhood Health and Development
INTERMEDIATE RESULTS							
1. Improvement in Children's Health (chronic Malnutrition and infant morbid-mortality)	Rate of Chronic Malnutrition in children according to WHO standard (children aged 0-5)	%	23.2%	10.0%	50.0%	24.0%	ENDES
	Children mortality rate (in each thousand live births)	Value	17.0	13.0	18.0	14.0	ENDES
	Percentage of mothers who had institutional deliveries	%	84.4%	93.0%	51.4%	77.0%	ENDES
2. Quality of the environment where children develop	Number of families receiving orientation on children's care and development practices through Cuna Más	Number of families	-	89,720	-	-	Cuna Más
	Percentage of households with access to safe water.	%	76.8%	85.0%	40.1%	67.0%	ENAHO
	Percentage of households with drainage services	%	77.0%	85.0%	44.3%	70.0%	ENAHO
	Municipality member of the Project for Healthy Municipalities and Communities	Number of scheduled municipalities	249	500	-	-	Records of Project for Healthy Municipalities
4. Improvement in access to educative and quality early childhood services	Cuna Más* users: children aged 0 to 36 months	Number of users	64,040	240,000	-	-	Cuna Más
	Attendance of children aged 3 to 5 to Basic Regular Education.	%	73.8%	85.0%	60.9%	78.4%	ENAHO
	Number of users of the day care program Cuna Más	Value	6,061	6,900	-	-	Cuna Más

* Nationwide up to December, 2012

As in Goal 1, ECD results, established having PEPI as priority, are defined by the National Plan of Action for Children and Adolescents (PNAIA) 2012-2021. The second key objective of that Plan is to reach a level of 85% attendance at a primary school center by 2016 (and universal access to preschool education for children aged three to five by 2021).

2.2.2.2. Actors involved

Actions of the Health, Education, Women and Vulnerable Populations, and Development and Social Inclusion Ministries are highly relevant to the achievement ECD results. In the case of Development and Social Inclusion sector, the “Juntos”, “Cuna Más” and “Qali Warma” programs, along with regional and local government initiatives, play a key role in promotion, support and advice for suitable care of children, in the delivery of incentives for attendance at preschool and health centers, and in ensuring access for preschool children to a proper diet. Among budgeted programs, it is also important to highlight the Coordinated Nutrition Program, the Maternal and Newborn Health Program and the Learning Achievement Program.

2.2.3. Goal 3: Comprehensive Child and Adolescent Development

The search for high-quality universal education and protection from social risks is fundamental for the cognitive and socio-emotional skills development of children and adolescents. This becomes more important considering the significant impact that these skills have in the long term, as recognized by specialized literature.³¹ Although there is improvement in learning achievement (evidenced in the percentage of children with sufficiency in reading comprehension, which increased from 15.9% to 28.7% between 2007 and 2010 while the sufficiency in math increased from 7.2% to 13.8% in the same period), the gaps in achievement reached by students in rural areas (7.6% of sufficiency in reading comprehension and 5.8% in math in 2010) and one-teacher schools (9.3% of sufficiency in reading comprehension and 6.2% in math in 2010) are still glaring.

These alarming learning figures are associated with phenomena such as repetition and early exit from school, which increase the incidence of child labor (currently reaching 19.2% for children aged 6 to 12, and 35.9% for adolescents aged 13 to 17, according to ENAHO 2010).

Similarly, different risk behaviors such as teenage pregnancy (13.5% of women aged 15 to 19 nationally, with an incidence of 26.2% in the jungle, according to ENDES 2010) or legal and illegal drug consumption by high school students (28.9% and 4.6% of students, respectively), are thought to hinder the skill development.

2.2.3.1. Logic Model

Skill acquisition - the knowledge and skills that result from learning achievement - is directly associated with access to future opportunities for personal, educational, and occupational development³². Nevertheless, the process of skill acquisition faces restrictions. Among these restrictions, the literature highlights those that are directly linked to the educational system - quality, equality and supply - as well as those related to the exposure to health problems and risk behaviors, and the early entry to hazardous forms of child labor.

A systematic review of evidence suggests that it is necessary to articulate an interagency response focused on the following key aspects:

- Quality, equality, and educational opportunities are fundamental elements to promote retention in the school system and enable learning achievement. Equality is associated with situations in which circumstances such as gender, ethnicity, or family background are not obstacles to the learning achievement. Thus, the achievement of at least the minimum level of competences is a relevant inclusion indicator.³³ In order to achieve this, interventions in education centers are required (infrastructure, teaching quality, educational materials, educational opportunities associated with demand for labor). In addition, on the public policy side, it is essential to articulate

efforts to define quality standards and measure learning at each educational level, to implement an integrated information system for more efficient management with best results and to strengthen capacities.³⁴

- Reduced risk behaviors by children and adolescents through promoting health programs to prevent the risks associated with exposure to HIV - AIDS, sexually transmitted diseases and teenage pregnancy³⁵, alcohol and drug consumption, violence expressed in such phenomena as “bullying” and the formation of youth gangs. To achieve this, the interventions to be promoted involve the design of information strategies, education and communication, the support and awareness of families, the consolidation of services for children and adolescents, complemented by preventive and healing interventions for victims of school and youth violence and for social reintegration, as appropriate.
- Reduction of child labor: in so far as participation in economic activities competes with school activities, it is necessary to promote mechanisms that encourage non-participation of children and adolescents in activities that put their school attendance and their health at risk. Hence the importance of interventions such as conditional transfers and access to productive opportunities that contribute to the generation of household incomes. It is also necessary to consolidate efforts to prevent and reduce child labor. An emphasis must be placed on the elimination of dangerous and exploitative forms, as well as labor below the permitted minimum age, and



³⁴ World Bank, 2011a

³⁵ Pan-American Health Organization, 2008a

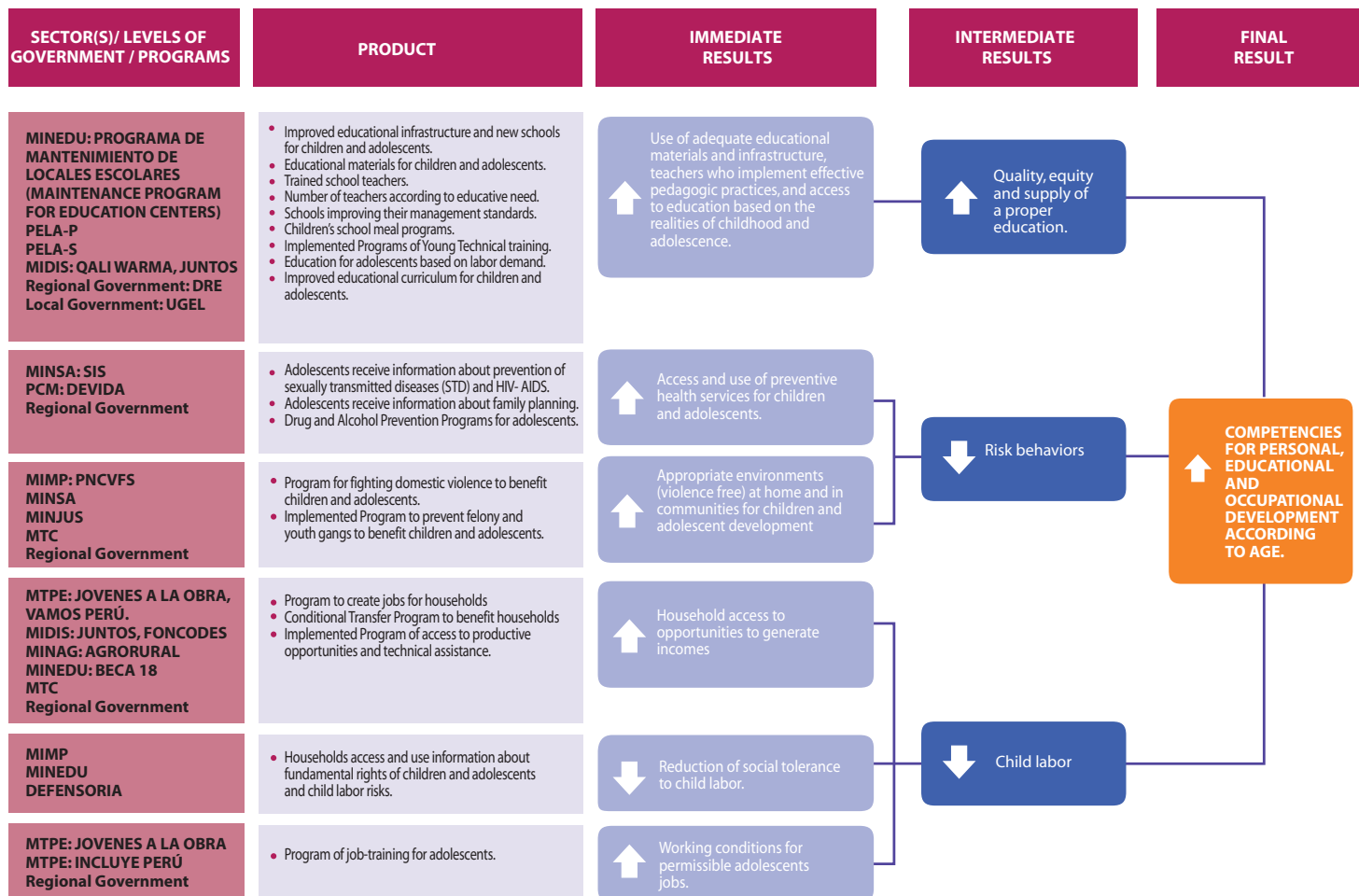


recognition must be given to the need to improve working conditions for permissible teenage employment.

- Finally, as is the case with Child Nutrition and ECD strategic goals, the achievement of results of the Comprehensive Childhood and Adolescent Development Goal involves coordination of effective interventions from ministries of Health, Education, Development and Social Inclusion, Labor, and Women and Vulnerable Populations.



Logic Model– Goal 3: Comprehensive Childhood and Adolescent Development



These are examples of sectors, programs, levels of government, etc., which can be coordinated toward the achievement of products, immediate and intermediate results, and finally the desired change in the population. These examples do not constitute a definitive list of actors that should be involved, and more agencies could be included in and involved with the Goal.

Source: MIDIS – General Directorate of Policy and Strategy

Chart of Indicators and Goals – Goal 3: Comprehensive Childhood and Adolescent Development

FINAL RESULT	Verifiable Indicator	Unit of Measurement	National		PEPI		Verification Sources
			Baseline 2010	Goal by 2016	Baseline 2010	Goal by 2016	
Increase competencies for personal, educational and occupational development of children and adolescents according to age.	Percentage of elementary students who achieve the expected level in reading comprehension in the ECE.	%	28.7%	51.0%	-	-	ECE (Evaluación Censal de Estudiantes - Student Census Evaluation)
	Percentage of elementary students who achieve the expected level in math in the ECE.	%	13.8%	44.0%	-	-	ECE
	Percentage of high-school students who achieve the expected level (level 3) in reading comprehension of PISA. *	%	10.1%	32.0%	-	-	PISA
	Percentage of high-school students who achieve the expected level (level 3) in math of PISA. *	%	6.8%	31.0%	-	-	PISA
	Percentage of high-school students who achieve the expected level (level 3) in Science tests PISA. *	%	8.0%	31.0%	-	-	PISA
	Percentage of young people between 18 to 25 years who have finished high-school.	%	75.3%	85.0%	46.0%	60.0%	ENAH0
INTERMEDIATE RESULTS							
1. Improve quality, equality and supply of appropriate education for children and adolescents.	Percentage of children aged 6 to 11 who attend elementary school.	%	90.9%	96.0%	88.2%	89.0%	ENAH0
	Percentage of adolescents aged 12 to 17 who attend high-school.	%	69.5%	86.0%	57.3%	63.0%	ENAH0
2. Reduce incidence of risk behaviors in children and adolescents.	Incidence of pregnancy in adolescents aged 15 to 19	%	13.5%	9.0%	20.5%	16.0%	ENDES
	Incidence of illegal drug consumption by high-school students *	%	4.6%	4.0%	-	-	III National Survey: Prevention and Use of Drugs among secondary students
	Incidence of legal drug consumption by high-school students *	%	28.9%	27.0%	-	-	III National Survey: Prevention and Use of Drugs among secondary students
3. Reduce child and adolescent labor	Percentage of children aged 6 to 13 who work during school time.	%	18.8%	9.0%	47.8%	34.0%	ENAH0
	Percentage of adolescents aged 14 to 17 who work during school time.	%	38.8%	16.0%	60.6%	48.0%	ENAH0

* Baseline data from 2009

As with the two previous goals results, the strategic results of this goal are closely related to PNAIA and cover four of the six key objectives of that plan.

2.2.3.2. Actors involved

To achieve the results of the Comprehensive Child and Adolescent Development Goal, actions of the Ministries of Health, Education, Labor and Promotion of Employment, Development and Social Inclusion, and Women and Vulnerable Populations are highly relevant. In the case of the Development and Social Inclusion sector, the “Juntos” and “Qali Warma” programs, along with regional and local government initiatives, play a key role ensuring that children and adolescents have access to and finish school through economic incentives for families and through the delivery of nutritious and high-quality food to schools for optimal student performance. Among budgeted programs, it is important to highlight the Learning Achievement Program for Elementary and High School.

2.2.4. Goal 4: Economic Inclusion

The strategy developed by MIDIS defines Economic Inclusion as the process that broadens the structure of economic opportunities for families in regions of high-poverty and thus increases independent household incomes under a regional rural development approach. The aim is to establish guidelines and criteria to guide the implementation of targeted interventions that help vulnerable people join the dynamism of the national and regional economies through activities that promote productive development and the creation and diversification of incomes. Economic Inclusion will be a situation in which all people have basic services, public goods, and skills that allow them to contribute to and get benefits from economic dynamism, generating sustainable incomes for households without the need for direct government cash transfers.

During the past five years Peru’s economic growth has contributed to a reduction in poverty by 14.6 percentage points, falling to 27.8% by the end of 2011. However, there still exist noticeable differences between Peru’s regions, with some exhibiting financial poverty in more than half of the population and rates of access to basic services well below the universal goal. For example, 22% of households nationwide do not have potable water

and about 12% do not have access to electricity. This situation is even worse in rural areas, especially in the highlands (ENAH0 2010). On the other hand, 65% of the country's districts, where 16% of the total population lives, do not have access to financial services: since there are only two offices per 1,000 km², whereas the average in other regions is nearly seven. In addition, less than 10% of adults save in formal financial institutions, less than the regional average of 11 %.³⁶

The paradox is that economic growth in the last decade and increases in available public resources have not been enough to reduce the gaps in access to various public services and formal markets for many homes. Therefore, the proposed strategy of economic inclusion prioritizes populations from territories that have been left behind: those with significant gaps in infrastructure, low financial depth, difficulty accessing labor and product markets, as well as limited economic opportunities.

2.2.4.1. Logic Model

The achievement of Economic Inclusion results, in support of the remaining strategic goals, similarly requires the coordination of intersectoral and intergovernmental efforts in order to increase household incomes. The Strategy recognizes that households have different sources of income according to the available household assets, the profitability of which depends on access to public goods and services and collective action. Thus, based on the systematization of the existing evidence, this goal focuses on reducing gaps in the following respects:

- In the provision of household assets. The aim is to increase the tangible assets (physical assets, natural capital, financial assets) and intangible assets (human capital, social capital, cultural capital) for households, which are defined as the capacities for households to increase labor productivity by creating their own businesses, and those necessary to improve access to better-paid labor markets. Among the interventions that allow the transfer of intangible assets in households in the process of economic inclusion are those that provide technical assistance and training and services to improve productivity; make changes in the portfolio of crops and livestock; and

develop new business. It also involves actions to promote access to and use of quality financial services for the development of technologies that ensure the land sustainability (prevent loss by erosion and improve soil fertility), for improving the efficiency of irrigation, for the incorporation of technologies that allow the access to niche markets (organic, ecological, fair, etc.), and for ensuring the sustainable use of forest resources. It also includes interventions for job training to improve the employability of people who have insufficient incomes.

Among the interventions that enable households in the process of economic inclusion to increase their provision of tangible assets are those that provide or facilitate access to equipment for farm irrigation systems, or for expanding of the availability of land through rehabilitation of terraces and slope protection. The effectiveness of introducing greenhouses and the benefits of building stables and the transfer of modules to produce small livestock has also been demonstrated.

- In access to goods and services that raise the profitability of household assets. The aim is to ensure that all basic public goods are available to rural villages in order to access markets and improve rural businesses (rural roads, telecommunication, and electricity, either networked or through alternative energy sources). Interventions that make family assets profitable also expand the availability of irrigation water (reservoirs) particularly in the highlands, the implementation of cattle dip vat and veterinarian centers in the livestock farming areas, and the development of infrastructure that improves commercialization (fairgrounds, small farmers' markets, wholesale or producers markets). Those interventions that make

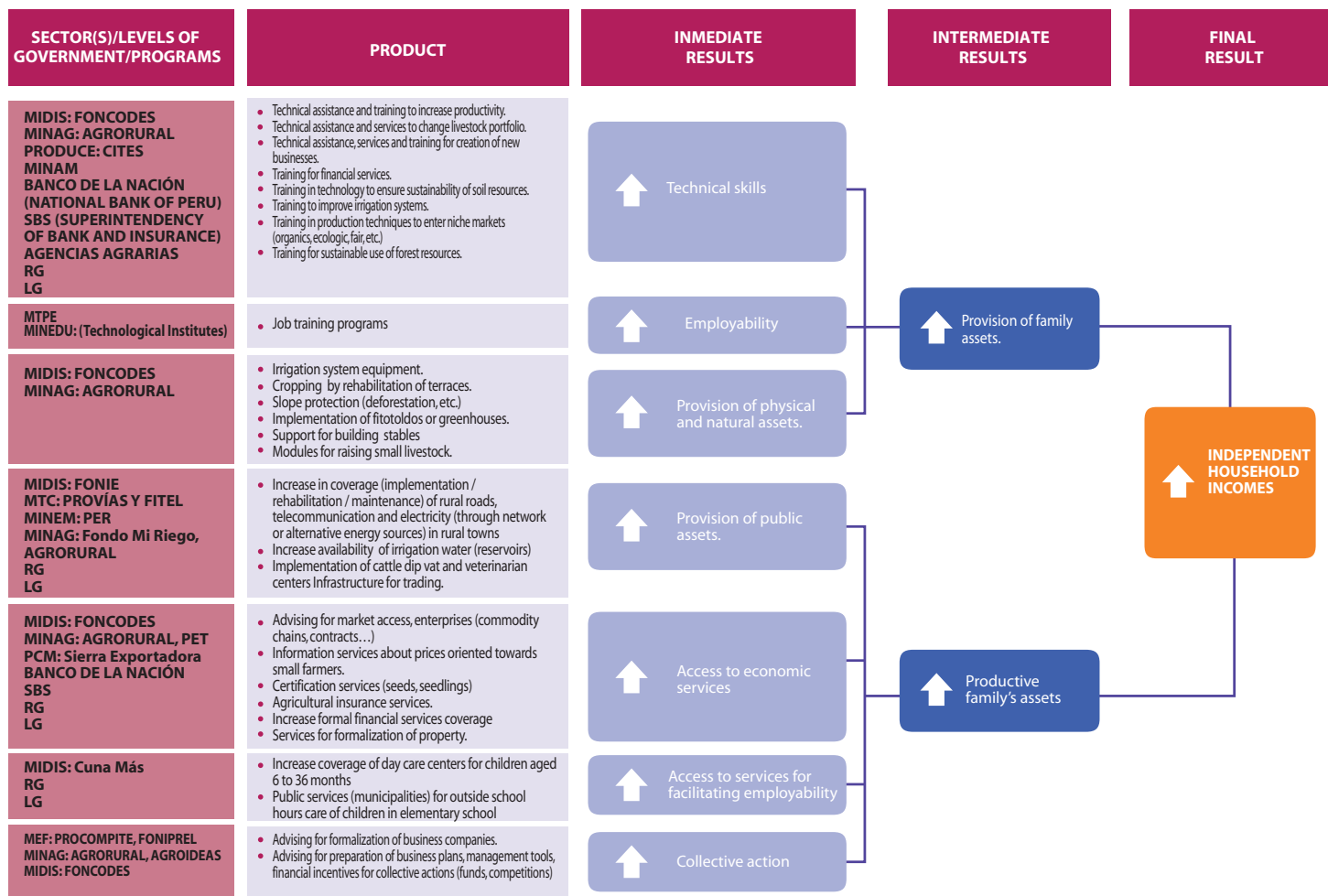


household assets more profitable also allow access to public economic services: advising for access to markets and companies (commodity chains, contracts), market information services, certification services (seeds, seedlings), and systems of agricultural insurance, expanding coverage of financial services and services for formalization of individual and collective property. In urban areas (including intermediate cities or “rural towns”) the evidence suggests that there exist interventions that facilitate employability, particularly for women, due to the expansion of coverage of child day care services for children aged 6 to 36 months, as well as municipal services for outside school hours care for children in elementary school.

Within the factors that combine to increase profitability of household assets, the Strategy includes the extension of collective action through advising for formalization of businesses and / or for the development of business plans and management tools, as well as the implementation of financial incentives (funds, competitions) for collective action.

- Other determinants of economic inclusion are associated with the context, the available natural resource base, and the institutionalization of rural organizations. Thus, achieving the desired economic inclusion results involves effective interventions from the ministries of Agriculture, Environment, Production, Development and Social Inclusion, Labor and Promotion of Employment, Energy and Mines, Foreign Trade and Tourism, Housing, Construction and Sanitation, Transport and Communications, and Economy and Finance.

Logic Model– Goal 4: Economic Inclusion



These are examples of sectors, programs, levels of government, etc., which can be coordinated towards the achievement of products, immediate and intermediate results, and finally the desired change in the population. These examples do not constitute a definitive list of actors that should be involved, and more agencies could be included in and involved with the Goal.

Source: MIDIS – General Directorate of Policy and Strategy

Chart of Indicators and Goals – Goal 4: Economic Inclusion

FINAL RESULT	Verifiable Indicator	Unit of Measurement	National		PEPI		Sources of verification
			Baseline 2010	Goal by 2016	Baseline 2010	Goal by 2016	
Increase household income	Incidence of extreme poverty based on income (population aged 18 to 64).	%	7.3%	4.0%	42.7%	22.0%	ENAH0
	Incidence of poverty based on income (population aged 18 to 64).	%					ENAH0
INTERMEDIATE RESULTS							
1. Increase provision of family's assets	Percentage of farming units (households) in districts with more than 50 % rate of extreme poverty that receive technical assistance (training, technical assistance or business advising).	%	n.d		n.d		Agricultural Survey 2012
	Amount of crops and livestock produced by households in process of extreme social inclusion (PEPIEx)	Number of crops and livestock	-	-	Crops:6.8; Livestock:3.5	Crops:7; Livestock:5	ENAH0
	Percentage of incomes from non-agricultural income sources for households not in extreme poverty (PEPIE no extremo)	%	-	-	39.0%	45.0%	ENAH0
	Hectares under irrigation (as % of total amount of households in extreme poverty)	Number of hectares	-	-	6.0%	20.0%	ENAH0
	Cattle value at baseline year 2011 prices (household average)	Value in soles; 2011 prices	-	-	575	1060	ENAH0
2. Increase productivity of family's assets.	Percentage of households accessing the integrated package of services	%	59.4%	70.0%	11.6%	46.1%	ENAH0
	Offices of financial institutions for every 100,000 adult inhabitants	Value	96.0	150.0	30.0	110.0	SBS
	Percentage of adult population with saving accounts.	%	42.0%	60.0%	n.d	-	SBS
	% farming units (households) in districts with more than 50 % of their population in poverty and extreme poverty that access farming information by phone, radio, television, internet, or written publications.	%	n.d	-	n.d	-	Agricultural Survey 2012
	Percentage of children aged 6 to 36 months who access day care services in prioritized districts.	%	-	-	11.5	16.0	Records of Cuna Más
	% of farming units in districts with more than 50 % extreme poverty who belong to an association, committee or cooperative of producers.	%	n.d		n.d		Agricultural Survey 2012

Source: ENAH0 2010; MIMP; ESSALUD.

2.2.4.2. Actors involved

To achieve the desired economic inclusion results, interventions are focused on: the expansion of basic infrastructure in a simultaneous and coordinated way; productive development projects and creation and diversification of incomes through the availability of assets; access to economic opportunities; the strengthening of skill-sets; and the improvement of the access to and use of quality financial services for PEPI. The actions of the following ministries are highly relevant: Agriculture, Production, Environment, Labor and Promotion of Employment, Development and Social Inclusion, Energy and Mines, Housing, Construction and Sanitation, Transport and Communications, and Economy and Finance. In the case of the Development and Social Inclusion sector, the FONCODES program, together with initiatives of regional and local governments, plays a key role. In particular, FONCODES is redirecting its interventions to productive development projects, gradually passing infrastructure projects to other ministries. The Fund for Economic Inclusion of Rural Areas was created with the aim of helping to close the gap in basic services in districts located in the poorest areas, such as the Valley of the Apurimac River, Ene and Mantaro (VRAEM), Alto Huallaga and other border areas, where over 50% of households are in the process of inclusion. Among budgeted programs, the Rural Water Supply and Sanitation Program, the Reduction of Road Cost Program, Time and Insecurity in the Terrestrial Transport System, and the Access to and Use of Rural Electrification Program are important to highlight.

2.2.5. Goal 5: Protection for the Elderly

This goal of the Strategy is focused primarily on elderly adults aged 65 years or older who are part of PEPI. The elderly are physically, economically, and emotionally vulnerable and at risk. This affects their independence and welfare. In Peru, this population is characterized by low levels of education, a high incidence of poverty, and the absence of health insurance or a contributory pension. According to ENAHO 2010, 57% of people aged 65 or older nation-wide have attained an incomplete elementary educational, and 28% are in poverty. The situation in rural areas, where the poverty rate reaches 58%, is even more critical: 30% have no health insurance³⁷ and 72% do not have a contributory pension.³⁸

37 29% do not have health insurance in urban areas and 33%, in rural areas
38 In rural areas only 5% have some contributory pension.

The principal risk faced by adults 65 and over is health. They present a higher prevalence of diseases and it is unusual for them to seek treatment. In 2010, 60% of elderly adults who had an illness or disease did not seek care at any kind of health center. The situation is more critical when measured by area and poverty level. For example, 67% of elderly adults did not receive medical attention in rural areas, compared to 43% in urban areas. Reasons that elderly adults did not attend health centers were: lack of money (16%), preference for home remedies (16%), and medical self-prescription (9%).

This strategic goal considers 65 years as the age threshold for someone to be considered elderly, given that the National Pension System (SNP), the Private Pension System (SPP), and the Pensión 65 Program provide benefits according to employment status and physical health to those who are at or exceed that age. The goal is also part of the National Policy regarding the elderly (approved by Supreme Decree N° 011 -2011-MIMDES).

2.2.5.1. Logic Model

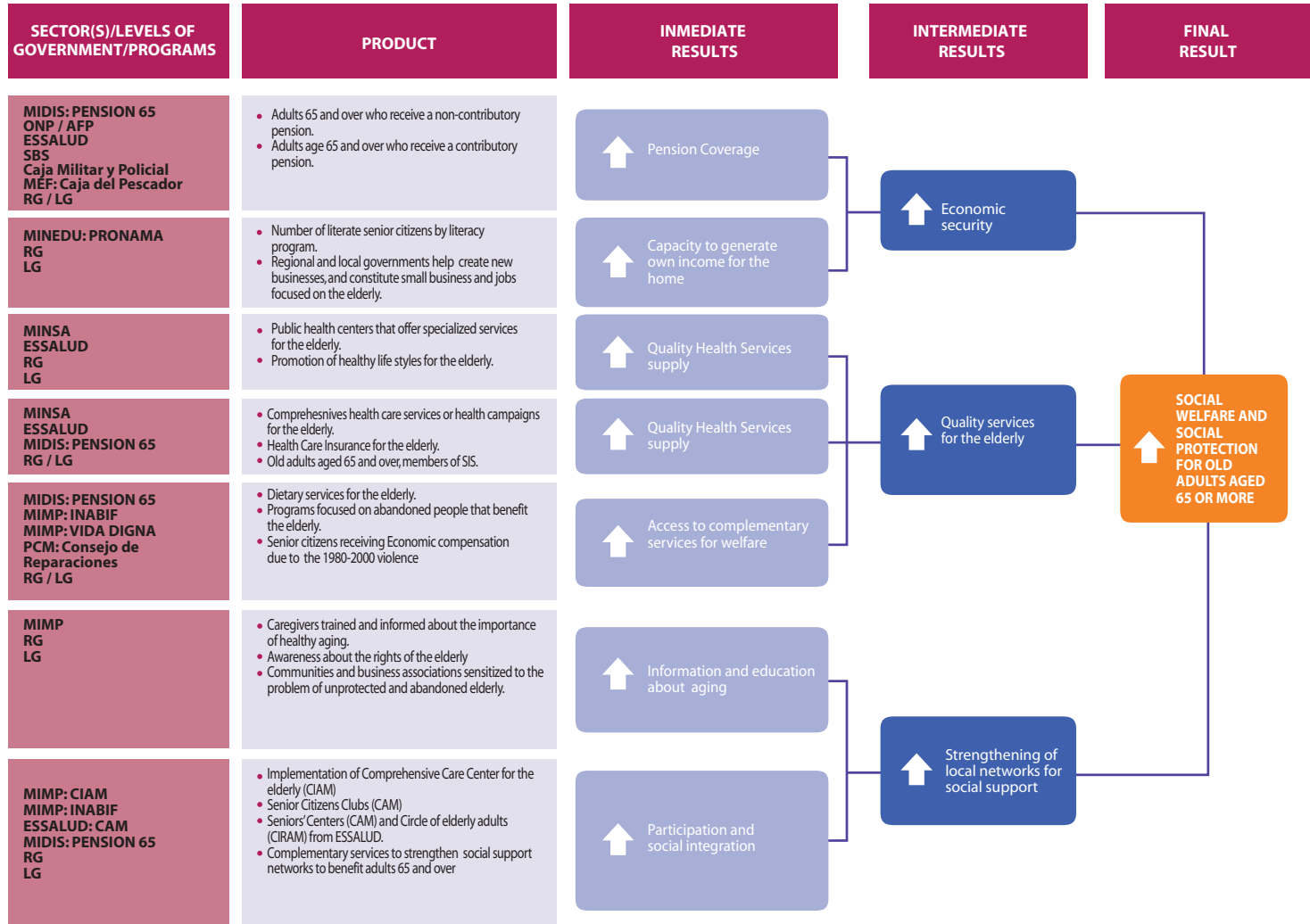
Protection for people 65 years and over is closely related to three factors: achieving economic security (for example, through access to a pension), accessing quality health care services, and increasing social support networks. Like the other goals, promoting protection for the elderly requires intersectoral and intergovernmental efforts that reflect prompt coordination for effective interventions. Based on a review of the evidence, it is necessary to work in a coordinated way to ensure the following:

- Access to quality health services, especially geriatric care, for the elderly because they have higher prevalence of diseases. The creation of centers for the elderly and training of staff is also vital to improve preventative treatment, control, and mitigation of diseases.
- The provision of financial resources, such as a pension, enables older adults to reduce anxiety about income generation to meet their needs. The pension indirectly affects their decisions about participation in the labor market. Since they receive an income, it is not necessary for them to increase their working hours and they therefore avoid the physical stress they would otherwise suffer.

- Promotion and strengthening of local networks of social, emotional, and affective support for the elderly. In addition, the development of workshops to promote integration of the elderly into the community and into productive and artistic work, improving their self-esteem and welfare.
- To complement this, there are indirect effects on the other household members' income produced by an elderly person's pension. On one hand, income may decline if household members stop working because of a steady income (pension) from the elderly adult. On the other hand, incomes may increase if other household members start looking for work when an elderly adult wants to stay at home to take care of children. Thus, the delivery of results in protection for the elderly involves effective interventions by Development and Social Inclusion sector and the Health and Women and Vulnerable Populations sector. It is also necessary to improve access to identification for people at this stage of the life cycle, since many of them are undocumented, and cannot optimally perform their obligations nor exercise their rights optimally.



Logic Model – Goal 5: Protection for the Aged



These are examples of sectors, programs, levels of government, etc., which can be coordinated to unleash the achievement of products, immediate and intermediate results, and finally the desired change in the population. These examples do not constitute a definitive list of actors that should be involved, and more agencies could be included in and involved with the Goal.

Source: MIDIS – General Directorate of Policy and Strategy

Chart of Indicators and Goals – Goal 5: Protection for the Aged

FINAL RESULT	Verifiable Indicator	Unit of Measurement	National		PEPI		Sources of verification
			Baseline 2010	Goal by 2016	Baseline 2010	Goal by 2016	
Increase welfare and protection for the elderly	Extreme poverty rate of the elderly aged 65 or more	%	8.3%	7.0%	34.6%	21.0%	ENAHO
	Poverty gap in households with adult members age 65 and over	%	7.1%	5.0%	25.2%	15.0%	ENAHO
	Subjective poverty rate in households with adult members age 65 and over	%	48.2%	34.0%	77.6%	50.0%	ENAHO
INTERMEDIATE RESULTS							
1. Increase economic security for the elderly in poverty	Percentage of adults age 65 or more who receive a pension, including non contributory pension.	%	23.0%	40.0%	3.2%	30.0%	ENAHO
	Number of literate people, age 60 and over by literacy programs.	Number of people	n.d	11,000	-	-	MINEDU
2. Improve the access to quality health services for the elderly	Percentage of adults age 65 and over who have diseases, malaises, relapses and / or accidents and have not received medical treatment.	%	63.8%	40.0%	71.4%	45.0%	ENAHO
	Percentage of adults aged 65 or more who have health insurance.	%	69.29%	85.0%	70.5%	85.0%	ENAHO
	Older adult beneficiaries of the Oral Health Program "Vuelve a sonreír" (Smile again)	Number of people	n.d	56,000	-	-	MINSA
	Number of homeless people age 60 and over who receive benefits of the National Program for Decent Life	Number of people	n.d	1,050	-	-	MIMP
3. Strengthen local networks of social support for the elderly.	Number of Local governments that implement Elderly Care Centers (CIAM)	Number of local governments	120	420	-	-	MIMP
	Number of people aged 60 and over who access to Elderly Care Centers (CIAM)	Number of people	n.d	110,000	-	-	MIMP
	Number of Elderly Centers (CAM) in Provincial Municipalities.	Nº CAMs	112	125	-	-	ESSALUD

Source: ENAHO 2010; MIMP; ESSALUD.

2.2.5.2. Actors involved

To achieve the desired results in protection for the elderly, actions of the ministries of Development and Social Inclusion, Health, Women and Vulnerable Populations, and Labor and Promotion of Employment, are highly relevant. In the case of the Development and Social Inclusion Ministry, the Pension 65 Program plays a key role alongside the initiatives of regional and local governments. Among budgeted programs, it is important to highlight the Identification and Civil Registration Program for the elderly, and the cooperation agreement between MINSA, the SIS, and MIDIS signed on 29 April 2012. In this agreement, the parties agree to develop joint coordinated actions for the purpose of helping to improve the quality of life for elderly clients of the Pensión 65 Program as assigned to MIDIS in the framework of its institutional competencies.

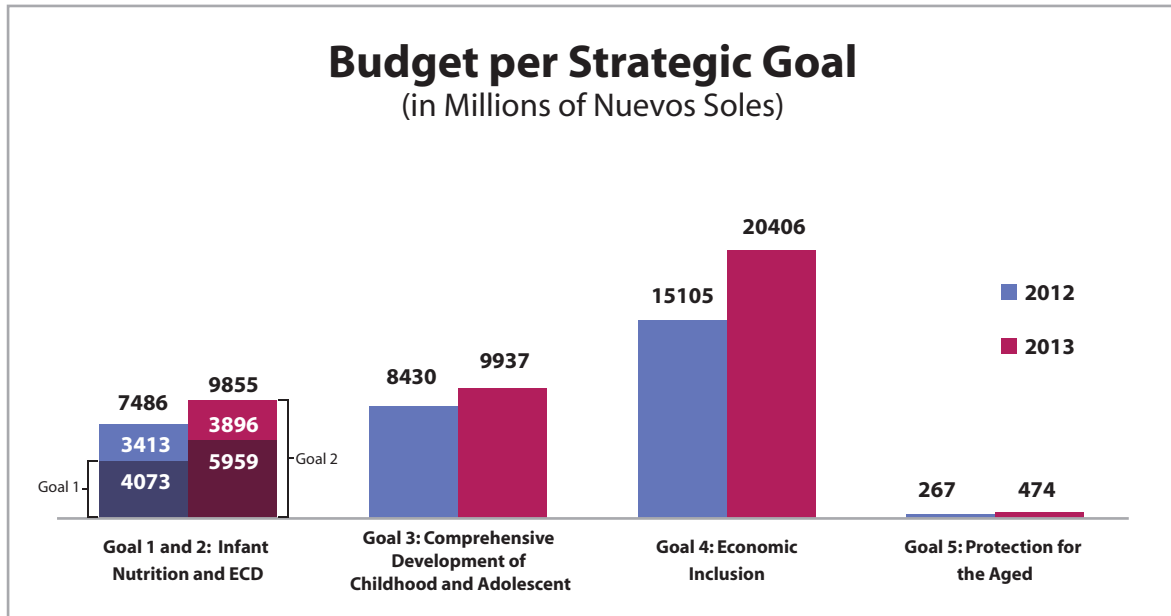
2.3. AVAILABLE BUDGET FOR PROGRAMS AND INTERVENTIONS ASSOCIATED WITH THE FIVE GOALS. PERIOD 2012-2013.

Diagram 11 shows the available budget for interventions associated with each goal of the Strategy for 2012 and 2013. This shows that the budget related to the objectives of all goals increases in 2013. The budget for infant nutrition increased by 46%, for early childhood development by 14%, for comprehensive child and adolescent development by 18%, for economic inclusion by 35% and, finally, an increase in the budget for the protection of the elderly by 78%.

The total budget for the five goals reached S/. 28,669,000 New Soles in 2012 and S/. 35,941,000 million New Soles in 2013, representing a growth of 25%.³⁹

³⁹ Current preliminary calculation from May 2013.

Diagram 11. Budget 2012-2013 related to each Goal



Source: SIAF. Preparation: MIDIS – General Directorate of Policy and Strategy. Preliminary estimation updated in May, 2013.

Table 2 shows a preliminary budget estimate for each goal, with the details of the associated budgetary programs and interventions. It is notable that the list of interventions is not restricted only to those that have evidence of effectiveness, but also to all interventions and programs whose design is related to the objectives of each goal. It should also be noted that some budgetary programs are associated with more than one goal.

Chart 2. Budget 2012 – 2013 of Programs and Interventions related to each Goal

AGE GROUP	STRATEGIC GOAL	MINISTRY	BUDGETING PROGRAM ACRONYMS	BUDGETING PROGRAMS AND INTERVENTIONS	STRATEGIC GOAL	2012 (Millions of Soles)	2013 (Millions of Soles)	Total Goal 2012 (Millions of Soles)	Total Goal 2013 (Millions of Soles)
0 to 5 years old	Infant Nutrition	DEVELOPMENT AND SOCIAL INCLUSION	JUNTOS	National Support Program for the Poorest Citizens	NI-DIT-DINA	137	194	4,073	5,959
		HEALTH	PAN	Coordinated Nutrition Program	NI-DIT	1,212	1,132		
		HEALTH	PSMN	Maternal and Neonatal Health Program	NI-DIT	143	114		
		HOUSING, CONSTRUCTION AND SANITATION	PNSPU	Water and Sanitation for Urban Populations Program	NI-IE	1,334	2,475		
		HOUSING, CONSTRUCTION AND SANITATION	PNSR	Water and Sanitation for Rural Populations Program	NI-IE	1,247	1,868		
	Early Infant Development	DEVELOPMENT AND SOCIAL INCLUSION	PNCM - CUNA MAS	PNCM (Cuna Más National Program)	NI-DIT	0	175	3,413	3,897
			PNCM - CUNA MAS	PNCM (Cuna Más National Program)	NI-DIT	0	66		
			JUNTOS	National Support Program for the Poorest Citizens	DIT	101	159		
			QALI WARMA	National Food Assistance Program/School Feeding Program Qali Warma	DIT-DINA	0	168		
			PELA-I	Learning Achievements Program for II Cycle Regular Basic Education Students	DIT	2,219	2,250		
EDUCATION		PIASEP	Program for improvement in access to regular basic public educational services for the population aged 3 to 16	DIT-DINA		289			
		PSMN	Maternal and Neonatal Health Program	NI-DIT	949	821			
		PNCVFS	National Program against Domestic and Sexual Violence	DIT-DINA	37	49			
		IDEN	Program for Access of Population to Identity	DIT-DINA-IE-PAM	107	94			
		6 to 17 years old	Comprehensive Child and Adolescent Development	JUNTOS	National Support Program for the Poorest Citizens	NI-DIT-DINA	563		
QALI WARMA	National Food Assistance Program/School Feeding Program Qali Warma			DIT-DINA	0	676			
PELA-P	Learning Achievements Program for Basic Elementary Education Students			DINA	4,450	4,850			
PELA-S	Learning Achievements Program for Basic Secondary Education Students			DINA	3,000	3,055			
PIASEP	Program for improvement in access to regular basic public educational services for the population aged 3 to 16			DIT-DINA		289			
EDUCATION	PAFDP		Physical Activity/Sports Program for Peruvian Population / Practice Improvement	DINA	316	300			
	PMFCD			DINA	10	41			
	PINJET			DINA - DIT		31			
	TBC- VIH/SIDA		Tuberculosis HIV/AIDS Prevention Program	DINA	21	17			
	PNCVFS		National Program against Domestic and Sexual Violence	DIT-DINA	37	49			
18 to 64 years old	Economic Inclusion	DEVELOPMENT AND SOCIAL INCLUSION	FONCODES	Cooperation Fund for Social Development	IE	652	175	15,105	20,406
		DEVELOPMENT AND SOCIAL INCLUSION	FONIE	Fund for Economic Inclusion in Rural Areas	IE	-	600		
		AGRICULTURE	PARHUA	Program for Rational Use of Water Resources in Agriculture	IE	809	1,248		
		AGRICULTURE	AGRORURAL	Development Program of Agricultural Products in Rural Areas	IE	111	194		
		AGRICULTURE	PMSV	Improvement and Maintenance of Plant Health Program	IE	128	152		
		AGRICULTURE	PMSA	Improvement for Animal Health Program	IE	31	36		
		ENERGY AND MINES	PAUER	Access to and Use of Rural Electrification Program	IE	457	673		
		HOUSING, CONSTRUCTION AND SANITATION	PASPR	Water and Sanitation Program for Rural Populations	NI-IE	1,247	1,868		
		HOUSING, CONSTRUCTION AND SANITATION	PASPU	Water and Sanitation Program for Urban Populations	NI-IE	1,334	2,576		
		HOUSING, CONSTRUCTION AND SANITATION	PHR	Rural Habitat Program	IE	1	214		
HOUSING, CONSTRUCTION AND SANITATION		PBH	Housing Family Bond Program	IE	366	367			
HOUSING, CONSTRUCTION AND SANITATION		PGSU	Program for Urban Land Generation	IE	12	38			
HOUSING, CONSTRUCTION AND SANITATION		PMIB	Comprehensive Neighborhood Improvement Program	IE	562	877			
HOUSING, CONSTRUCTION AND SANITATION		PNCIU	Our Cities Program	IE	4	60			
PRODUCTION		PIPMC	Program for Productivity Improvement of Medium and Small Businesses and Cooperatives	IE	23	-			
PRODUCTION		PDPE	Program for Productive Development of Businesses	IE	-	42			
PRODUCTION		PODA	Program for Legislation and Development of Aquaculture	IE	2	24			
PRODUCTION		PPFA	Program for Strengthening Small-scale Fishing	IE	23	54			
FOREIGN TRADE AND TOURISM		IPSA	Program for Productivity Improvement of Artisan Industry	IE	-	4			
TRANSPORT AND COMMUNICATIONS		PRCTYSTT	Program for Reduction of Time, Cost and Insecurity in the Road Transport System	IE	6,859	8,402			
TRANSPORT AND COMMUNICATIONS		PAUSPT	Program for Access and Proper Use of Public Telecommunication Services and Related Information	IE	151	172			
LABOR		Jóvenes a la Obra	National Youth Employment Program	IE	24	28			
LABOR		TRABAJA PERÚ	Program for the Creation of Socially Inclusive Employment	IE	50	63			
EDUCATION		PFUP	Program for University Undergraduate Education	IE	1624	2003			
EDUCATION		BECA 18	National Scholarship Program	IE	136	324			
SUNARP		PIRP	Public Registry Registration and Publication Program	IE	232				
COFOPRI		PAPF	Program for Access of Population to Formalized Registered Property	IE	60	43			
SENASA		PMIA	Program for Agrofood Safety Improvement	IE	13	22			
DEVIDA		PIRDAIS	Alternative, Comprehensive and Sustainable Development Program	IE	178	133			
RENIEC		IDEN	Program for Access of Population to Identity	DIT-DINA-IE-PAM	16	14			
65 years old and over	Protection for the Elderly	DEVELOPMENT AND SOCIAL INCLUSION	PNAS65	National Solidarity Assistance Program 'Pension 65'	PAM	264	445	267	474
		WOMEN AND VULNERABLE POPULATIONS	Vida Digna	National Program for a Dignified Life	PAM	-	26		
		RENIEC	IDEN	Program for Access of Population to Identity	DIT-DINA-IE-PAM	3	3		

Source: SIAF. Preparation: MIDIS - General Directorate of Policy and Strategy.

Note: In each case, the Institutional Opening Budget (PIA) is reported. Preliminary calculation updated in May 2013.

As evident by the above charts, each goal's interventions involves the combined efforts of various government sectors as well as regional and local governments. Undoubtedly, the coordination of these efforts (those in progress and those that will be developed in the future) along the entire public management cycle is the key to achieving the expected results. It is therefore valuable to use different instruments and coordination spaces that can facilitate coordinated management required to improve the living conditions of the population's poorest and most vulnerable.

How will it be done?



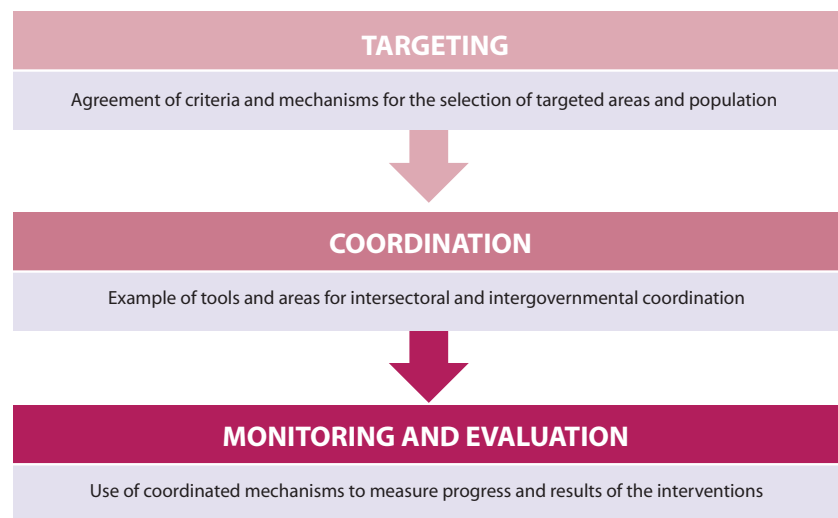
3

Intersectoral and Intergovernmental
Coordinated Management

Throughout this chapter, the key elements of the guidelines for intersectoral and intergovernmental coordinated management will be presented. The main instruments associated with each stage will be discussed, with an emphasis on the stages of targeting, coordination and monitoring, and evaluation, as indicated in Diagram 12. These instruments will allow the arrangement of interventions made by different actors according to the public management cycle and thus achieve a greater impact on the expected results of development and social inclusion policy. The need for targeting criteria to be used by all actors in a coordinated way is set out first, followed by the instruments that facilitate coordination at an operational level, and finally, the mechanisms for monitoring and evaluation.

It is important to emphasize that the implementation of the National Strategy for Development and Social Inclusion “Include to Grow” will be developed under the SINADIS framework and will be led by the General Directorate of Policies and Strategies of MIDIS in close liaison with system members.

Diagram 12. Principal Stages of Coordinated Management



Prepared by: MIDIS - General Directorate of Policy and Strategy

MIDIS defines three crucial stages for coordinated management. These should be framed within the cycle of public management, specifically in the process of planning, program budgeting, implementation, and monitoring and evaluation of prior activities and effective interventions.

3.1. TARGETING

3.1.1. Agreement on criteria for the selection of priority geographic areas

One of the indispensable processes for proper coordinated management is the targeting at a collective level (geographical) and at an individual level, to ensure a higher impact in achieving positive results with the best use of the public resources.

The selection process of geographical areas for coordinated management is based on the implementation of socio-economic and absolute targeting criteria. MIDIS, through the General Directorate of User Management (DGGU), is responsible for designing and guiding the implementation of policies for targeting and identifying the population for social programs, considering parameters of unmet needs and exclusion. One of the socio-economic criteria used for defining prior geographical areas is the delimitation of PEPI.

Targeting Criteria*	
Socio-economic criteria	Absolute criteria
Referring to the poverty status of the population or individual. This information can be found for individuals and households in the General Household Registry (PGH) managed by the Central Unit of Targeting (UCF) of the Household Targeting System (SISFOH).	Referring to other characteristics of the population or individual related to the objectives of the intervention.

Targeting Mechanisms		
Geographical	Individual	Mixed
Used to prioritize areas of intervention. It requires reaching a consensus on which current poverty maps will be used and on a formula for the allocation of resources. Both absolute and socio-economic criteria can be used. The relevant information collected and processed from the General Household Registry will be available to agencies by the DGGU of MIDIS.	Applied when the allocation of resources is performed on households or individuals using eligibility criteria for each. Both socioeconomic (The Central Unit of Targeting - UCF - SISFOH provides socio-economic classification at individual level) and absolute criteria can be used.	The joint and sequential use of both geographical and individual mechanisms. First the prior area is selected and then individual targeting mechanisms are applied.

* To use them, each one should have a quantifiable indicator for the target population

3.1.2. Targeting for strategic goals

Targeting by strategic goal is a fundamental part of the coordinated management for the implementation of the Strategy. MIDIS, through DGGU, will publish lists of priority geographic areas (districts or towns) for each strategic goal⁴⁰, taking into consideration socio-economic and categorical criteria that correspond to each, according to their objectives and particularities. These areas will be periodically updated by MIDIS.

The aim of this prioritization is to have correctly identified the areas where interventions will have a higher impact on the poor and excluded population. Thus, ministries, regional and local governments, and social programs related to the Strategy goals will select the priority districts and / or towns according to the relevant lists, in order to coordinate actions and allocate resources.

3.2. INTERSECTORAL AND INTERGOVERNMENTAL COORDINATION

The targeting and prioritization of areas opens up a series of coordination tasks that involves intersectoral (among Ministries) and intergovernmental (national -regional- local) coordination. This Strategy also serves as a framework for coordination with private institutions, international cooperation organizations, and civil society for the five intervention goals in order to ensure adequate provision of goods and services and the closing of gaps for PEPI.

Within the public management cycle, and as part of the coordination process, in the planning phase it is indispensable to establish sectoral and regional goals for the expected results and for the coverage of effective interventions. It should be noted that this process of goal setting should include a limitation analysis that evaluates the major bottlenecks in order to carry out actions to correct them and reduce existing difficulties in achieving the established goals.

As the next step, effective interventions and associated actions for each strategic goal will be programmed, allowing achievement of the established goals within the necessary timeframe and budget.

⁴⁰ The lists of priority areas will be published as part of the Policy Guidelines for Coordinated Management to be developed for each goal of the Strategy.

It is important to define the prioritization of activities and actions, considering those interventions programmed in previous periods and that have shown greater effectiveness in their impact on the strategic goal results. Programming will consider the national government's existing budgetary and social programs and will be able to establish strategies to guide programming and budgetary allocation of different sectors and levels of government (for example, through mechanisms of resource transfers to other sectors), management agreements with regional governments, and incentive mechanisms to guide budgetary programming towards effective interventions.

After programming priority activities and developing a budget, effective interventions will be undertaken according to the competencies of the various ministries and levels of government. In particular, MIDIS will work in coordination with regional and local governments through technical assistance activities and capacity building, especially to facilitate operational processes such as the development of public investment projects aimed at the implementation of prioritized effective interventions.

The result of MIDIS' coordination role will be expressed in the alignment of the main management tools, laid out in the Strategy, such as sectoral and institutional plans, agreed development plans of agencies from the three levels of government, participatory budgeting, institutional budgeting, and budgetary programs, as well as in the different intervention strategies of the private sector, civil society, and international cooperation with regard to the actions for the benefit of the poorest and more vulnerable populations in the country.

The existence of spaces and coordination instruments that facilitate the achievement of results is important in the process coordinating the development and social inclusion policy within the context of the cycle of public management.

3.2.1. Coordination spaces

3.2.1.1. Intersectoral coordination - Multisectoral mechanisms for achieving results

The Inter-ministerial Commission for Social Affairs (CIAS) is the principal space for intersectoral social policy agreements, where the most relevant intersectoral aspects (as proposed by the Technical Secretariat of CIAS) associated with implementation of the goals of the Strategy will be discussed and decided. Additionally, MIDIS, as lead agency of SINADIS, must regulate the coordination processes of the system members across the entire management cycle in respect to the development and social inclusion policy. It is worth mentioning that this task should be undertaken both for the identification of development and social inclusion policy priorities and for planning, programming, implementation, and monitoring and evaluation.

At the same time, temporary or permanent multisectoral mechanisms will be established in the Strategy's implementation framework for the coordination of sectoral actors directly responsible for achieving the results of each goal. The creation of the Plan for Development of Households in Process of Inclusion under Goal 4 (Economic Inclusion) by the Temporary Multisectoral Commission for Development of Households in Process of Inclusion that was implemented under the Fund for Economic Inclusion in Rural Areas- FONIE (see Chart 2), is an example.

3.2.1.2. Intergovernmental Coordination

Regional Coordination

The Strategy is expected to generate the commitment of regional and local governments to its implementation and to also facilitate various management tools that will plan, organize, and guide regional efforts, integrate existing regional and local coordination initiatives, consolidate the regional and local governments' role as responsible for the coordination of development and social inclusion policy within their respective territories, and provide guidelines to improve intergovernmental coordination around priority results.

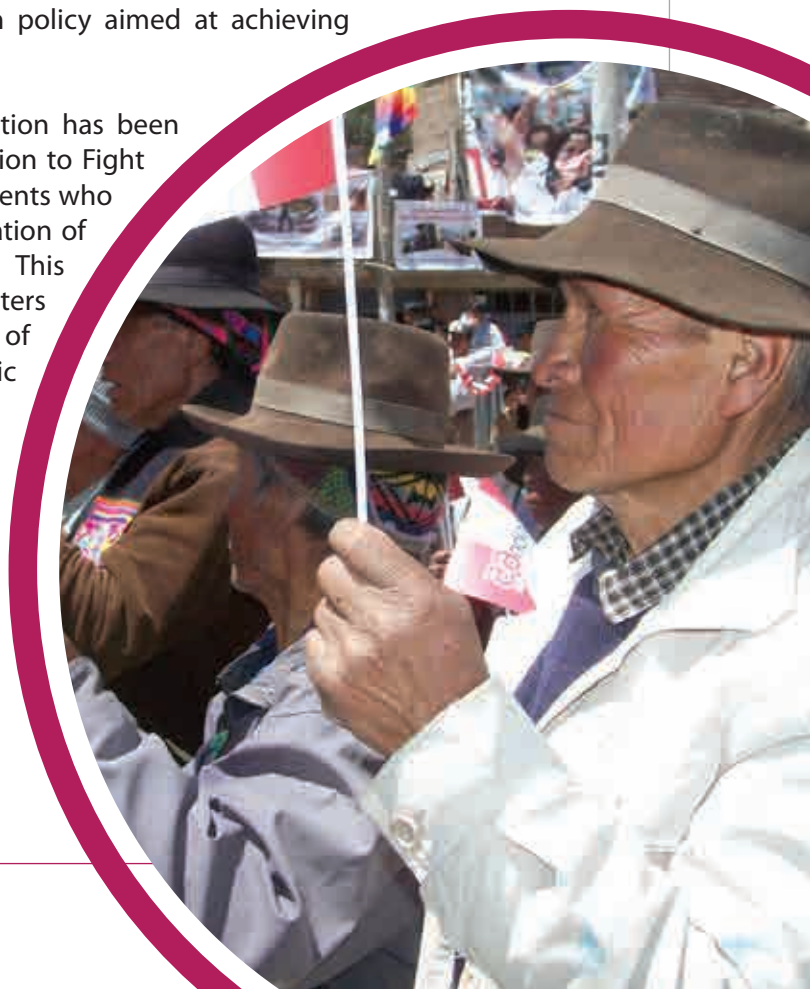
In order to implement the Strategy, inter-institutional framework cooperation agreements were signed between MIDIS and the National Assembly of Regional Governments (ANGR) in February 2013, the Network of Urban and Rural Municipalities of Peru in October 2012, and the Association of Peruvian Municipalities in January 2013.

Regional and local governments will choose the most appropriate management model according to their reality, linking existing initiatives with the Strategy's guidelines. This is important since the strategy's aim is to harmonize existing efforts and not compete with regional agendas and priorities. The Strategy will support the consolidation of regional initiatives that have already been launched to drive the coordination of the development and social inclusion policy aimed at achieving priority results.

One of the first steps for intergovernmental coordination has been the signing of the "National Commitment for Cooperation to Fight Chronic Malnutrition in Children" by the Regional Presidents who are members of ANGR. They have declared the eradication of DCI in the country as a priority for the social agenda. This document, similar in structure to one signed by the Ministers of CIAS (see Chart 1), complemented the definition of specific regional goals for the reduction of Chronic Malnutrition in Children by 2016.

Dialogue spaces for regional coordination of Development and Social Inclusion Policy

Within the framework of SINADIS, the implementation of the Strategy at the regional level requires spaces of dialogue for its introduction and review, as well as for



the evaluation of results achieved. Therefore, it is necessary for there to be consolidation (or creation) of local and regional spaces for coordination of development and social inclusion policy that guide implementation of the intersectoral and intergovernmental coordinated management and that facilitate coordination between the public and private sectors involved in achieving the results.

For regional Strategy implementation, taking advantage of existing spaces that address each goal of the Strategy is proposed, recognizing their competence and institutionality in relation to each goal; for example, the Coordination Committees for the Fight against Poverty.

MIDIS Regional Liaison Teams

In order to support regional and local governments in the implementation of development and social inclusion policies, MIDIS Regional Liaison Teams have been created in all regions of the country, in addition to VRAEM. With these teams, MIDIS Social Programs plan and participate in a coordinated fashion and under a regional development approach that promotes intergovernmental collaboration. These teams are responsible for directing technical assistance required by regional actors for the implementation of each goal of the National Strategy for Development and Social Inclusion “Including to Grow”, and promoting coordinated intervention in regions, between sectors and levels of government, under the direction of regional or local government, as appropriate.

3.2.2. Coordinated Management Tools

Among the main instruments, the following can be highlighted:

3.2.2.1. Budgetary Policy and Programming Directions for the Coordinated Management of Strategic Goals

The Strategy will be successful if the interventions required for achieving results are complementary and timely, considering their intersectoral and intergovernmental nature. Guidelines for intersectoral and intergovernmental coordinated management aimed at achieving positive results will be developed for each goal of the Strategy. These guidelines will contain the interventions identified as effective (using scientific evidence) to achieve immediate, intermediate and final results, this being the timeframe necessary for the institutional arrangements and interventions that facilitate coordinated management. As mentioned previously, on the basis of effective interventions and identified geographic areas, coverage goals will be established aimed at accomplishing priority results that define the required budgetary programming, the implementation of actions and the indicators for monitoring and evaluation.

As a first step, “Guidelines for intersectoral and intergovernmental coordinated management aimed at reducing chronic malnutrition in children under the framework of development and social inclusion policies” (Ministerial Resolution N° 131-2012-MIDIS, modified by Ministerial Resolution 151-2012-MIDIS) were published. Their main features are listed in Chart 1. They establish priority areas and effective interventions for reducing DCI. In a complementary and coordinated way, the Ministry of Economy and Finance published its investment guidelines (Directorial Resolution N° 010-2012-EF/63.01) and MINSA its guidelines for sectoral interventions (Ministerial Resolution No. 983-2012/MINSA).

Chart 1: Guidelines for Coordinated Management to reduce Chronic Malnutrition in Children

Background

To reduce Chronic Malnutrition in Children (Strategic Goal 1), MIDIS is leading a strategy of intersectoral and intergovernmental intervention. Accordingly, "Guidelines for Intersectoral and Intergovernmental Coordinated Management, aimed at reducing Chronic Malnutrition in Children in the context of development and social inclusion policies" were approved by Ministerial Resolution N° 131-2012-MIDIS.

Content

It is a useful tool for decision-makers at local, regional, and national levels, since it establishes 12 effective interventions which, based on scientific evidence, have shown favorable results in reducing chronic malnutrition in children. Additionally, it presents a list of prioritized districts based on four criteria related to: i) higher prevalence of malnutrition (over 20 %), ii) vulnerability to food insecurity (high or very high), iii) percentage of the population in the process of development and social inclusion (above 50 %) and iv) total number of children with chronic malnutrition (equal to or more than 1000 children).

Intersectoral and Intergovernmental Commitment

In August 2012 the social sectors (CIAS) and the regional governments signed the "National Commitment for Cooperation to Fight Chronic Malnutrition in Children", where they agreed to establish coverage goals for effective interventions, at both sectoral and regional level, with the aim of contributing to the national goal of reducing to 10% the Chronic Malnutrition in Children by 2016.

Action Plan

Within the framework of the cycle of public management, it is expected that on the basis of a coordinated process, the coverage of these interventions in critical areas of the country will increase, facilitating the budgetary program and allocation by results by the different levels of government and sectors involved, followed by a continuous process of monitoring and evaluation that allows decision-making based on evidence.

Similarly, “Guidelines for targeting interventions for productive development and generation and diversification of incomes for populations in the process of inclusion” were published and approved by Ministerial Resolution N° 190-2012-MIDIS. This document contains the prioritized areas (rural towns with at least 40 households in districts with more than 40% poverty, or in prioritized districts for the implementation of effective interventions to reduce Chronic Malnutrition in Children, established in Directive No. 004-2012-MIDIS) for promoting productive development and the generation and diversification of incomes through asset availability, access to opportunities, capacity building, and the improvement of food security for PEPI. In addition and in coordinated fashion, MEF published its Guidelines for the formulation of Public Investment Projects to Support Productive Development and Public Investment Projects that include the Approach for Disaster Prevention and Mitigation (Directorial Resolution N° 009-2012-EF/63.01).

3.2.2.2. Funds for Development and Social Inclusion Policy Coordination

Another key element for coordination is the use of funds to facilitate coordinated management for interventions and to provide incentives to ministries and levels of government to guide part of their efforts towards the achievement of positive development and social inclusion results.

An example of these funds is the Fund for Economic Inclusion in Rural Areas (FONIE), which is a product of the Plan for Development of Households in the Process of Inclusion, approved by CIAS. The 2013 Public Budgetary Law established a Fund controlled by MIDIS to finance basic infrastructure projects in the most marginalized districts of the country. The Fund is a tool to coordinate ministry interventions in order to guide those to areas of greatest poverty and exclusion. In the case of FONIE these are: Housing, Construction and Sanitation; Energy and Mines; Transport and Communications. In this way, the FONIE experience (part of Goal 4) will allow the collection of experiences and knowledge for the utilization of similar coordination mechanisms in the other goals. The following chart summarizes the main characteristics of this fund.

Chart 2: Fund for Economic Inclusion in Rural Areas (FONIE)



Background

The Temporary Multi-Sectoral Commission for Development of Households in the Process of Inclusion, of which MIDIS is a member, was established through Supreme Resolution N° 133-2012-PCM to propose the design and implementation of multi-sectoral and intergovernmental policies aimed at contributing to rural development in the country by closing access gaps for the rural population from the Peruvian highlands and jungle through opportunities that create economic growth.

Plan for Development of Households in Process of Inclusion

According to the obligations conferred by Law N° 29792, MIDIS led the elaboration of the "Plan for Development of Households in Process of Inclusion 2016", approved by the Inter-ministerial Commission of Social Affairs (CIAS), on November 8th 2012. The Plan recognised that is important to create a fund to finance infrastructure designed to close the gaps in roads, water and sanitation, electrification, and telecommunications, mainly in historically overlooked regions with difficulties accessing market and economic opportunities.

Creation of FONIE

The Fund for Economic Inclusion in Rural Areas (FONIE) was created through Article 23 of Law N° 29951, Budget Act for Fiscal Year 2013, published on December 4, 2012. It was created with an initial budget of 600 million Nuevos Soles in order to finance the elaboration of pre-investment studies, the implementation of projects of public investment and / or maintenance by national agencies and / or private companies to the implementation of basic services infrastructure.

Areas targeted by FONIE

The districts are targeted based on: i) quintiles I and II of incomes and with more than 50 % of households in process of inclusion according to MIDIS, ii) Area of the Valley of Apurímac, Ene and Mantaro (VRAEM), iii) Alto Huallaga area, iv) Border zones, and v) Zones influenced by border zones.

FONIE Regulation

FONIE was approved through Supreme Decree N° 004-2013-MIDIS, published on March 1st 2013. It establishes a FONIE management mechanism based on a multi-sectoral agreement. According to the document, FONIE's management is based on: i) Coordinated Management of interventions, with a Technical Secretariat of management composed of multi-sectoral teams and a Directive Committee formed by MEF and ministries in charge of basic infrastructure, ii) Process of identifying, targeting, planning, implementing and evaluating interventions, alongside sectors, iii) Process of allocation, transfer and monitoring of FONIE resources, and iv) System of incentives and management of FONIE resources. There is a Help Desk to receive funding and intervention requests from regional and local governments; these requests, after a technical review, are sent by the sectors to MIDIS in order to prioritize them and process the allocation of resources before the MEF.

3.3. MONITORING AND EVALUATION

Finally, as to the final stages of the cycle of governance, MIDIS, through the Directorate General of Monitoring and Evaluation (DGSYE) and DGGU, is developing the “Knowledge to Include” strategy, which consists of a set of actions to develop a continuous learning that seeks to connect people with social programs and evidence to the design and implementation of public policies. As a result of these actions the MIDIS achieved: (i) Update the General Register of Homes in 15 departments (SISFOH), (ii) build the first National Register of Users of social programs (iii) design guidelines for monitoring, evaluation and evidence management policies, plans, programs and projects MIDIS and (iv) propose the guidelines of the monitoring and evaluation of development policy and social inclusion “Evidence”⁴¹.

The mechanisms for monitoring and evaluation to measure progress of interventions fall within the guidelines of the monitoring and evaluation of development policy and social inclusion “Evidence” and will be designed and implemented by the DGSYE of MIDIS, in coordination with sectors and regional governments.

3.3.1. Monitoring

DGSYE is responsible for monitoring the performance of policies, plans, projects and programs of MIDIS through dashboards that include goals, products, and process indicators defined in each goal of the Strategy. MIDIS, together with the ministries associated with each goal, will be responsible for preparing reports of the results by region, age group, and other relevant features. The national government ministries and regional and local governments will send information about the coverage of effective interventions in their prioritized areas and will have their administrative records as an information source. DGSYE will establish mechanisms for identification and registration of these indicators. Annually, a report will be prepared to inform the Congress and the Executive Branch about the progress of results, the coverage of effective interventions for each of the goals of the Strategy, the closure of gaps for the national population,

⁴¹The monitoring and evaluation system of development and social inclusion policy “Evidence” is a SINADIS subsystem.

PEPI, and the rural and poor population. Result indicators, users, and coverage of effective interventions will be displayed in a geo-referenced information system.⁴²

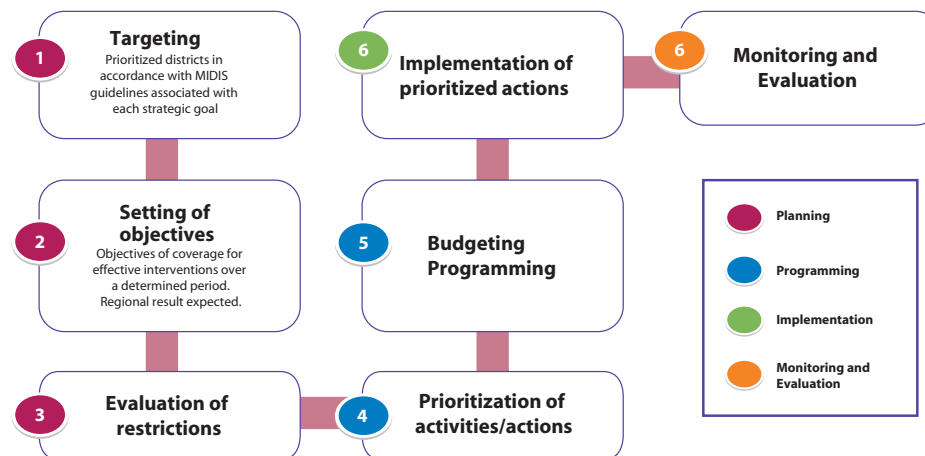
3.3.2 Evaluation

Finally, evaluation activities will be conducted in accordance with the technical norms that establish standards, methodologies, tools, and responsibilities to guide the process of evaluation and generation of evidence and recommendations for the interventions by the Strategy, with the appropriate quality standards. DGSYE will issue, in the framework of “Evidence”, the required regulation and technical documents.

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This chapter has explained the main aspects of the coordinated management process, as illustrated in Diagram 13.

Diagram 13 – Coordinated Intersectoral Management in the Framework of Public Management Cycle



Preparation: MIDIS – General Directorate of Policy and Strategy

On the basis of coordinated management in each of the steps of the public management cycle (planning, programming, implementation, and monitoring and evaluation) and the use of the various tools described in this chapter, it will be possible to implement the Strategy objectives indicated for each of the five goals, drawing on experiences that show initiatives developed by different actors which serve the population in process of development and social inclusion.



Working in coordination is essential to reducing the large gaps in our country and to improving the living conditions of millions of Peruvians living in poverty and exclusion. Targeted and temporary development and social inclusion policy that complements the social and universal policies of other ministries requires a high level of coordination between national government and regional and local governments, within the framework of SINADIS implementation.

MIDIS assumes the challenge of promoting sectoral and regional coordination around the goals that are defined in this strategy based on the life cycle, with a focus on results directed to the nearly 5 million people who constitute the PEPI.

It is only when the gaps that separate this group from the average population disappear that the ultimate goal pursued by MIDIS and the aim of this Strategy will be accomplished: that all Peruvians can exercise their rights, develop and use their skills, and take advantage of the opportunities in their environment.

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AFP	Administradoras de Fondos de Pensiones (Pension Fund Administrators)
AMPE	Asociación de Municipalidades del Perú (Association of Municipalities of Peru)
ANGR	Asamblea Nacional de Gobiernos regionales (National Assembly of Regional Governments)
BECA 18	Programa Nacional Beca 18 (National Scholarship Program for Adolescents)
WB	World Bank
CAM	Centro del Adulto Mayor – ESSALUD (Elderly Center)
CIAS	Comisión Interministerial de Asuntos Sociales (Inter-Ministerial Committee of Social Affairs)
CIAM	Centros Integrales de Atención a la Persona Adulta Mayor –MIMP (Comprehensive Center for the Elderly)
CIES	Consortio de Investigación Económica y Social (Center of Social and Economic Research)
CULTURA	Ministerio de Cultura (Ministry of Culture)
CUNA MÁS	Programa Nacional Cuna Más (National Program Cuna Más)
DCI	Desnutrición Crónica Infantil (Chronic Malnutrition in Children)
DEFENSORIA	Defensoría del Pueblo (Office for Defense of Peruvian Population Rights)
DEVIDA	Comisión Nacional para el Desarrollo y Vida sin Drogas (National Commission for Development and Life without Drugs)
DGER	Dirección General de Electrificación Rural del MINEM (General Direction of Rural Electrification of MINEM)
DRE	Dirección Regional de Educación (Regional Directorate of Education)
DIRESA	Dirección Regional de Salud (Regional Directorate of Health)
DGGU	Dirección General de Gestión de Usuarios –MIDIS (General Directorate for the Management of Users)
DGPE	Dirección General de Políticas y Estrategias – MIDIS (General Directorate of Policies and Strategies)
DGSYE	Dirección General de Seguimiento y Evaluación – MIDIS (General Directorate of Monitoring and Evaluation)
ECD	Early Childhood Development
ADD	Acute Diarrheal Diseases
ENAHO	Encuesta Nacional de Hogares (National Household Survey)
ENDES	Encuesta Demográfica y de Salud Familiar (Demographic and Family Health Survey)
ESSALUD	Seguro Social de Salud (Health Care Social Insurance)
FITEL	Fondo de Inversión en Telecomunicaciones (Fund for Investment in Telecommunications)
IMF	International Monetary Fund
FONIPREL	Fondo de Promoción a la Inversión Pública Regional y Local (Regional and Local Public Investment Promotion Fund)
FONCODES	Fondo de Cooperación para el Desarrollo Social (National Cooperation Fund for Development)
RG	Regional Government

Acronyms

LG	Local Government
MBR	Management by results
GRADE	Grupo de Análisis para el Desarrollo (Group for the Analysis of Development)
IDEN	Programa de Acceso de la Población a la Identidad (Program for Population Access to Identification)
IEP	Instituto de Estudios Peruanos (Institute for Peruvian Studies)
INCLUYE PERÚ	Pilot project for eradication of Child Labor
INEI	Instituto Nacional de Estadística e Informática (National Institute of Statistics and Informatics)
ARI	Acute Respiratory Infection
JÓVENES A LA OBRA	National Program for Youth Employment
JUNTOS	National Program for Direct Support for the Poor
MEF	Ministry of Economy and Finance
MCLCP	Mesa de Concertación de Lucha Contra la Pobreza (Coordination Committee for the Fight against Poverty)
MIDIS	Ministerio de Desarrollo e Inclusión Social (Ministry of Development and Social Inclusion)
MIMP	Ministerio de la Mujer y Poblaciones Vulnerables (Ministry of Women and Vulnerable Populations)
MINAG	Ministerio de Agricultura (Ministry of Agriculture)
MINEDU	Ministerio de Educación (Ministry of Education)
MINEM	Ministerio de Energía y Minas (Ministry of Energy and Mines)
MINJUS	Ministerio de Justicia (Ministry of Justice)
MTC	Ministerio de Transportes y Comunicaciones (Ministry of Transports and Telecommunication)
MINSA	Ministerio de Salud (Ministry of Health)
MMM	Marco Macroeconómico Multianual (Multi-year Macroeconomic Framework)
MTPE	Ministerio de Trabajo y Promoción del Empleo (Ministry of Labour and Employment Promotion)
MDG	Millennium Development Goals
MVCS	Ministerio de Vivienda, Construcción y Saneamiento (Ministry of Housing, Construction, and Sanitation)
WHO	World Health Organization
ONP	Oficina de Normalización Previsional (Pension Normalization Office)
PAHO	Pan American Health Organization
OSINERGMIN	Organismo Supervisor de la Inversión en Energía y Minería (Energy and Mining Investment Regulator)
OSIPTEL	Organismo Supervisor de la Inversión Privada en Telecomunicaciones (Supervisory Agency for Private Investment in Telecommunications)

OSITRAN	Organismo Supervisor de la Inversión en Infraestructura de Transporte de Uso Público (Supervising Agency of Investment in Public Transport)
PAN	Programa Articulado Nutricional (Coordinated Nutrition Program)
PAPF	Programa de Acceso de la Población a la Propiedad Predial Formalizada (Program Population Access to formalized property taxation)
PASPR	Programa Agua y Saneamiento para la Población Rural (Program for Water Supply and Sanitation in Rural Areas)
PARHUA	Programa de Aprovechamiento de los Recursos Hídricos para Uso Agrario (Program of use of water resources for Agriculture)
PAUER	Programa de Acceso y Uso de la Electrificación Rural (Program for Access to and Use of Rural Electrification)
PAFDP	Programa de Actividad Física y Deportiva de la Población Peruana (Program of Physical Activity and Sports for Peruvian Population)
PELA-I	Programa Logros de Aprendizaje de los Estudiantes del II Ciclo de Educación Básica Regular (Learning Achievements Program for Students of Cycle II of Regular Basic Education)
PELA-P	Programa Logros de Aprendizaje de los Estudiantes de Primaria de Educación Básica Regular (Learning Achievements Program for Students of Elementary school of Regular Basic Education)
PELA-S	Programa Logros de Aprendizaje de los Estudiantes de Secundaria de Educación Básica Regular (Learning Achievements Program for Students of High school of Regular Basic Education)
PENSIÓN 65	Programa Pensión 65 (Pension Program for the Elderly)
PEPI	Población en Proceso de Desarrollo e Inclusión Social (Population in Process of Development and Social Inclusion)
PCM	Presidencia del Consejo de Ministros (Presidency of the Council of Ministers)
PIPMC	Programa Incremento de la Productividad de MYPE y Cooperativas (Program to Increase Productivity in Small Businesses and Cooperatives)
PIP	Proyecto de Inversión Pública (Project for Public Investment)
PIM	Presupuesto Institucional Modificado (Modified Institutional Budget)
PIPR	Programa de Inscripción y Publicación Registral (Program for Property Registration and Inscription)
PMSV	Programa Mejora y Mantenimiento de la Sanidad Vegetal (Program for Improvement and Maintenance of Plant Health)
PNAIA	Plan Nacional de Acción por la Infancia y la Adolescencia (National Action Plan for Children and Adolescents)
PNCVFS	Programa Nacional Contra la Violencia Familiar y Sexual (National Program against Domestic and Sexual Violence)

PNSR	Programa Nacional de Saneamiento Rural (National Program for Rural Sanitation)
UNDP	United Nations Development Programme
PSMN	Programa Salud Materno Neonatal (Maternal and Newborn Health Program)
PROCOMPITE	Iniciativa de Apoyo a la Competitividad Productiva (Initiative of Support for Productive Competitiveness)
PRODUCE	Ministerio de la Producción (Ministry of Production)
PRCTYSTT	Programa de Reducción del Costo, Tiempo e Inseguridad Vial en el Sistema de Transporte Terrestre (Program of Reduction of Road Costs, Time, and Insecurity in the Land Transport System)
P-20	Piloto de articulación territorial en veinte provincias del Perú (Pilot of Territorial coordination in 20 provinces of Peru)
QALI WARMA	Programa Nacional de Alimentación Escolar Qali Warma (School food National Program Qali Warma)
REMURPE	Red de Municipalidades Rurales del Perú (Network of Rural Municipalities of Peru)
RENIEC	Registro Nacional de Identificación y Estado Civil (National Registry of Identification and Civil Status)
SINADIS	Sistema Nacional de Desarrollo e Inclusión Social (National System of Development and Social Inclusion)
SIS	Seguro Integral de Salud (Integral Health Insurance)
SNIP	Sistema Nacional de Inversión Pública (National System for Public Investment)
ST-CIAS	Secretaría Técnica de la Comisión Interministerial de Asuntos Sociales (Technical Secretariat of the Inter-ministerial Committee of Social Affairs)
SUNARP	Superintendencia Nacional de los Registros Públicos (National Superintendency of Public Registries)
SUNASS	Superintendencia Nacional de Servicios y Saneamiento (National Superintendency of Services and Sanitation)
TBC-VIH/SIDA	Programa Prevención de la Tuberculosis -VIH/SIDA (Program of TB- HIV/AIDS Prevention)
TRABAJA PERÚ	Programa para la Generación del Empleo Social Inclusivo (Program of Creation of Social Inclusive Employment)
UGEL	Unidad de Gestión Educativa Local (Local Education Management Unit)
UNICEF	United Nations Children’s Fund
VIDA DIGNA	Programa Nacional Vida Digna (National Program for a Decent Life)



Av. Paseo de la República 3101
San Isidro, Lima-Perú

Telephone: 631-8000
MIDIS Line: 0800-10222
www.midis.gob.pe



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