



Peru

Nathan Bolster/CARE



Country Snapshot

Population:	27.9 million
Life expectancy at birth:	71 years
Adult literacy rate:	91%
Access to improved water source:	84%
GDP per capita:	US\$7,836*
Infant mortality rate:	17 per 1,000 live births
Maternal mortality rate:	98 per 100,000 live births
HIV prevalence:	0.50%

Sources: UNICEF State of the World's Children Report 2009, *UNDP Human Development Report 2009

Program Overview CARE first established its mission in Peru in 1952 and worked in the education sector until 1958. In 1970, activities resumed in response to the devastating earthquake in the Huaylas Mountains and have continued since. In response to the earthquake, CARE provided emergency relief and reconstructed water systems. This emergency response work turned into a longer-term focus on reforestation, natural resources, small business development and health promotion through the early 1990s.

Today, CARE Peru's programs are structured around empowering vulnerable groups, especially women, indigenous groups and rural populations, to exercise their rights. CARE is focused on supporting the achievement of the Millennium Development Goals through programs in the areas of climate change, economic development, education, emergency and disaster risk reduction, gender equality, governance and extractive industries, health, HIV & AIDS, nutrition and integrated water resource management. Specifically, CARE aims to increase household income, reduce chronic malnutrition, improve education quality, reduce maternal and infant mortality, improve access to water and sanitation and improve regional and local governance. CARE Peru is a registered as a Peruvian NGO and in the process of becoming a full member of CARE International.

Maternal Health

Maternal health interventions in Peru are focused on meeting the needs of the most vulnerable people and communities in the country. CARE works at the community, regional and national levels to promote a positive impact on maternal and newborn mortality and morbidity. Programs work closely with the Peru Ministries of Health and Finance to advocate for

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improved health management and national strategies for reproductive, maternal and neonatal health services. CARE's advocacy efforts have led to local and regional governments increasing commitments to: results-based health care management; reduced maternal mortality; and improved budget management. In Ayacucho for example, CARE worked with the Ministry of Health to develop a set of national guidelines for patient treatment in obstetric emergencies. These guidelines resulted in a significant decrease in maternal mortality in the region (from 224 deaths per 100,000 live births in 2000, to 122 deaths in 2007, to 50 in 2009) and are now serving as a model for the rest of the country, and are being adapted in neighboring Bolivia.

Nutrition

CARE Peru promotes food security and sustainable economic development initiatives to improve the nutrition, health and wellbeing of the most vulnerable communities in the country. CARE works at the community, regional and national levels to promote improved nutrition, especially for children under 5. At the national level, CARE and our partners in the advocacy coalition, the *Initiative Against Child Malnutrition*, managed during the 2006 presidential elections to get all 10 candidates to pledge to achieve a 5 percent reduction in chronic malnutrition in children during the 2006 – 2011 term. The *Initiative* then worked with the new government to create a joint cross-sectoral strategy to reduce malnutrition. CARE's Nutrition Program also advocates for a greater allocation of government resources to malnutrition programs. We understand that multiple factors contribute to malnutrition including: income; basic sanitation; access to safe water; household food production; and community and family power dynamics. This advocacy and technical support provided by CARE and our partners in the *Initiative* has contributed to the sustained reduction of malnutrition among children under 5 at the national level, from 23 percent to 18 percent between 2005 and 2009, representing 125,000 children who are no longer malnourished.

Extractive Industries Program

In Peru, CARE seeks to promote constructive relationships between communities, local governments and mining companies to mitigate potential conflicts, ensure good local governance and help all parties achieve development goals. Over ten years ago, CARE, local NGOs and some mining companies formed the *National Dialogue Group on Mining and Sustainable Development*, which successfully contributes to policy changes and conflict mitigation. Major accomplishments include: increased government revenue through an improved mining profits tax structure; the Mines and Energy Ministry's adoption of the social responsibility decree improving accountability to communities; and improved environmental responsibility. Leaders and institutions participating in the *National Dialogue Group on Mining and Sustainable Development* are also contributing to conflict mitigation and resolution by overseeing agreements between mining companies and communities, and promoting participatory water and environmental monitoring mechanisms.

Major Donors

ACE Foundation, Antamina Mining Fund, Bill & Melinda Gates Foundation, CAHUA, Canadian International Development Agency (CIDA), Clinton Foundation, Credit Suisse, European Union, Finnish International Development Agency (FININDA), Fund of the Americas (FONDAM), Global Fund to Fight AIDS, Tuberculosis and Malaria, MIN-SUR, Netherlands Directorate General of Development Cooperation (DGIS), Odebrecht, Peru Ministries of Agriculture and Housing, Construction and Sanitation, Société Générale, Swiss Agency for Development and Cooperation (SDC/COSUDE), United Kingdom Department for International Aid (DIFID), United Nations Environment Program (UNEP), United Nations Human Settlements Programme (UN HABITAT), United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), The Walmart Foundation and other private donors.

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