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# Evaluability Assessment of Care for Child Development in Latin America and the Caribbean

## Peru Country Case Study Report

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# Evaluability Assessment of Care for Child Development in Latin America and the Caribbean – Peru Country Case Study Report

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Latin America and Caribbean Regional Office  
Building 102, Alberto Tejada St.  
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# Acronyms

<b>CCD</b>	Care for Child Development
<b>CCS</b>	Country Case Study
<b>CO</b>	Country Office
<b>COAR</b>	Country Office Annual Report
<b>CPD</b>	Country Programme Document
<b>EA</b>	Evaluability Assessment
<b>EAQ</b>	Evaluability Assessment Question
<b>ECD</b>	Early Childhood Development
<b>ECE</b>	Early Childhood Education
<b>GEROS</b>	Global Evaluation Reports Oversight System
<b>KII</b>	Key Informant Interview
<b>LAC</b>	Latin America and the Caribbean
<b>LACRO</b>	Latin America and the Caribbean Country Office
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NGO</b>	Non-Governmental Organization
<b>PAHO</b>	Pan American Health Organization

<b>QA</b>	Quality Assurance
<b>RO</b>	Regional Office
<b>SBC</b>	Social and Behavioural Change
<b>SGI</b>	Small Group Interview
<b>SDG</b>	Sustainable Development Goal
<b>TL</b>	Team Leader
<b>ToC</b>	Theory of Change
<b>TOR</b>	Terms of Reference
<b>UN</b>	United Nations
<b>UNEG</b>	United Nations Evaluation Group
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNICEF</b>	United Nations Children's Emergency Fund
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization

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# 1

## Introduction

This Country Case Study (CCS) was undertaken as part of the Evaluability Assessment of Care for Child Development (CCD) in Latin America and the Caribbean (LAC). An Evaluability Assessment (EA) is both an analytical and practical exercise designed to determine the overall readiness of an intervention for evaluation. EAs are particularly valuable when there is no prior precedent or when new programming approaches are being designed. To ensure the effectiveness and utility of

a future evaluation, this EA sought to determine the extent to which CCD in LAC can be evaluated in a reliable and credible manner. The CCS approach was applied to identify differences in the operationalisation of CCD, data availability, and institutional capacity, and subsequently to establish its evaluability at the regional level and make recommendations for scalability. This report presents the findings from the Peru CCS.

### 1.1. Background

#### 1.1.1. Care for Child Development Overview

CCD is an evidence-based package and approach aimed at improving child development outcomes for children aged 0–5 years by empowering their caregivers. The initiative was first developed in the late 1990s to provide families with information and guidance on cognitive stimulation and social support for young children during child health visits, as part of the joint WHO–UNICEF strategy on the Integrated Management of Childhood Illness (IMCI). The overall aim of the global CCD package is to support families in promoting early childhood development through health services, community providers, and professionals working with families and young children. CCD underscores the central importance of the caregiver–child relationship. Through play and communication, adults learn to

recognise children's needs and respond appropriately. The materials are designed to help families feel confident and positive about caregiving.

The core components of the CCD package include: (i) recommendations for caregivers emphasising play and communication; (ii) training materials for service providers focusing on practical skills and counselling techniques; and (iii) counselling tools such as cards and checklists.

A key advantage of CCD is its adaptability to diverse contexts, allowing for tailored implementation strategies that address country-specific challenges.

#### 1.1.2. CCD in LAC Region

CCD implementation in the LAC region began in 2012, following a comprehensive adaptation of

approach to address regional challenges. Several stakeholders participated in this process, including PAHO/WHO, and UNICEF, and ECD experts from ministries of health, hospitals, and institutions such as World Vision, FLACSO Argentina, the Catholic University of Chile, CONASS Brazil, and CARICHILD Jamaica.

The adaptations of CCD reflected the specific needs and contexts of the LAC region while preserving the core principles of the global package. The overall goal remained to improve early childhood development by supporting families and caregivers through counselling, play, and communication. Key adaptations included: (i) expanding and enhancing the provision of intersectoral ECD services through a multisectoral approach involving health, education, and social protection sectors; (ii) addressing high levels of home-based violence against young children in the region; and (iii) incorporating approaches to

## 1.2. Methodology

The EA focused on three core evaluability dimensions, plus one additional summative dimension:

- **Evaluability “in principle”:** the adequacy of programme design, including the underlying Theory of Change (ToC) and how it has been reflected in the intervention’s results framework, particularly for marginalised child groups.
- **Evaluability “in practice”:** the availability of relevant data, appropriately disaggregated for marginalised child groups, and the capacity of management systems to provide such data.
- **Institutional context:** the utility and practicality of conducting an evaluation, considering the perspectives and availability of relevant stakeholders, and opportunities for learning related to scaling to reach the most marginalised child groups.
- **Summative assessment:** the readiness of CCD for a future evaluation (including an impact evaluation), with a focus on marginalised child groups.

promote family-based activities supporting young children with developmental delays and/or disabilities.

The LAC CCD package offers more specific guidance, resources, and support for these families and caregivers, while emphasising children’s rights, early intervention, and social inclusion.

### 1.1.3. CCD in Peru

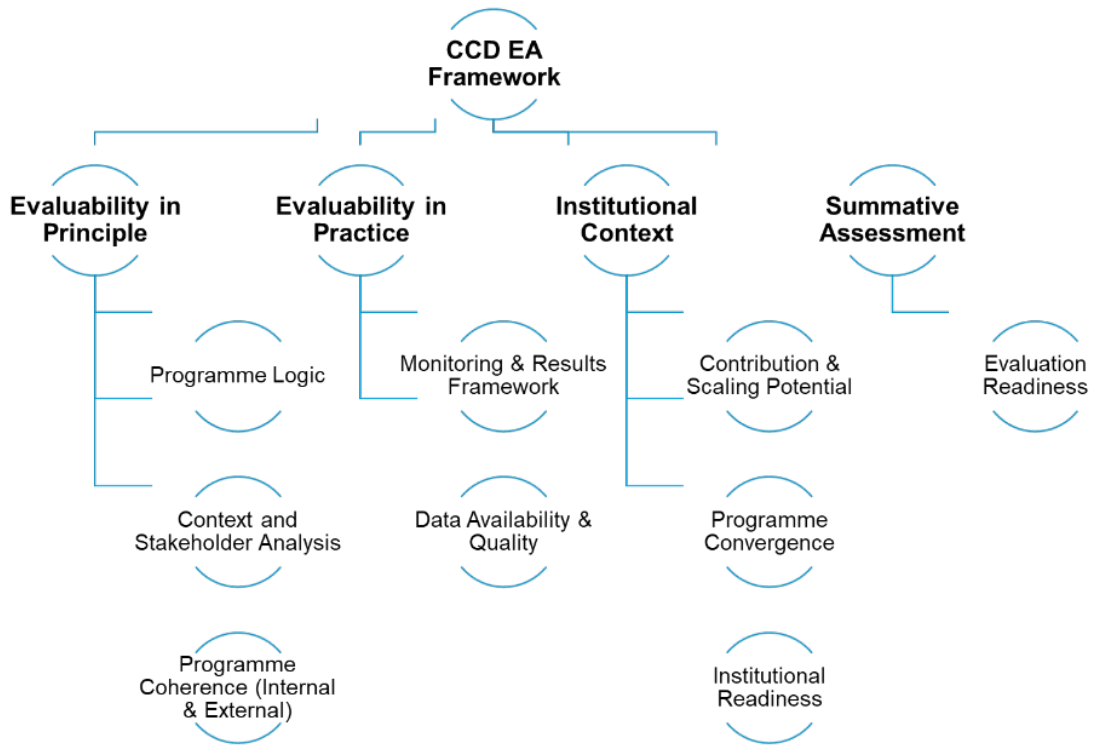
The CCD approach in Peru was introduced at a time when the country was advancing in promoting ECD through a range of regulatory, strategic, and budgetary initiatives with multisectoral implications. The CCD approach stimulated and enriched the country’s policies and services, aiming to improve the provision of early childhood care with an emphasis on the most vulnerable and excluded children and families. The CCD approach has been implemented to varying degrees across all of Peru’s administrative departments.

Specifically, the EA included an analysis of four dimensions and nine evaluability components (see Figure 1).

CCD evaluability within each CCS was determined using an EA Checklist and Rating Scale, with qualitative rankings for each case. The Checklist outlined the specific readiness criteria used to assess each dimension and sub-dimensions —such as programme logic, coherence, convergence, and data availability. Evidence was mapped against each criterion using three possible ratings: (1) criterion; (2) criterion not met; or (3) no data available. The Rating Scale provided an overall summary of evaluability according to each assessment question.

Both quantitative and qualitative, primary and secondary data were used to inform the EA. Within the Peru CCD, a total of 21 documents were reviewed. Additionally, 14 stakeholders participated in Key Informant Interviews (KIIs) and/or Small Group Interviews (SGIs), and an online validation workshop was held to confirm preliminary findings and validate the reconstructed ToC.

Figure 1. CCD Evaluability Assessment Framework





## 2 Peru CCD Theory of Change

The CCD approach in Peru has been implemented since 2019 at progressive stages of maturity<sup>1</sup>. Overall, it has focused on strengthening systems to integrate the package into relevant ECD service delivery platforms within the health, child/social protection, and education sectors. This section provides a summary narrative of Peru's CCD ToC

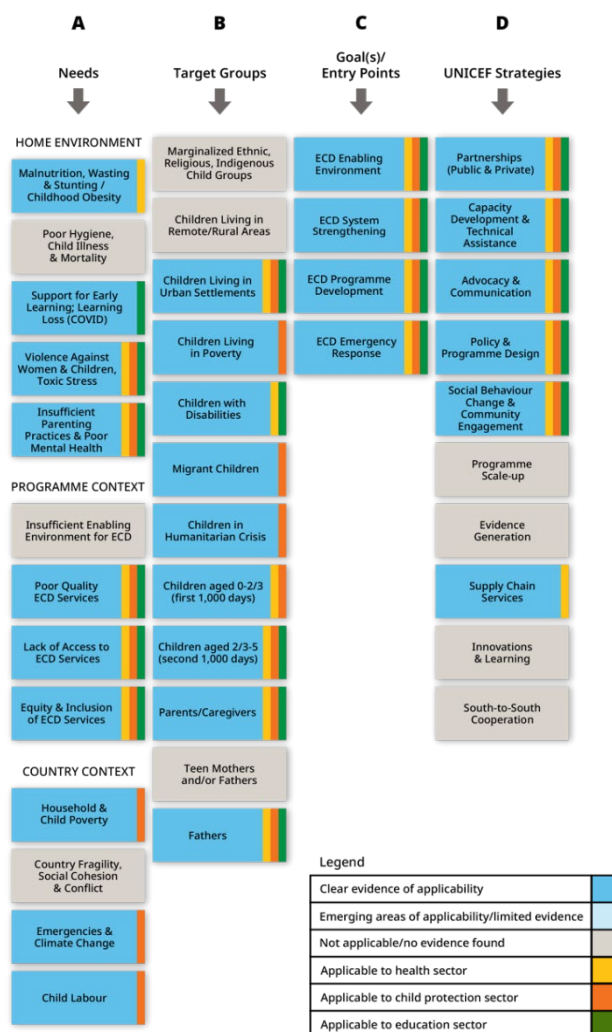
and accompanying visual diagrams of the applicable components (see Figures 2–4). Annex G provides detailed definitions of the ToC components, which are based on the recent UNICEF Global Evaluation of ECD and ECE [21]. Information about each component is expanded upon in the evaluability assessment results.

### 2.1. CCD Strategy

#### A. Needs

Multiple overlapping needs for nurturing care contributed to the adoption of the CCD approach in Peru (see Figure 2). Within the health sector, malnutrition, wasting, and stunting were key reasons for its adoption. In the child/social protection sector, household poverty, emergencies, climate change, and child labour were central drivers. In the education sector, support for early learning and the lack of ECD services were the main motivators. Five cross-cutting needs justified the use of CCD across all three sectors — violence against children and women, insufficient parenting practices, poor quality of ECD services, limited access to services, and a lack of equity and inclusion in ECD provision.

Figure 2. CCD Strategy in Peru



<sup>1</sup> The Evaluability Assessment's scope covers the years from 2012 to 2024. Hence, any developments after 2024 were not assessed.

## B. Target Groups

The child/social protection sector specifically targets children living in poverty, migrant children, and those with humanitarian needs. The health and child/social protection sectors jointly target children aged 0–3 years (the first 1,000 days), while the health and education sectors collaborate to reach children with disabilities. Collectively, the health, child/social protection, and education sectors target children aged 3–6 years (the second 1,000 days), children in urban settlements, parents and caregivers in general, and fathers specifically, to strengthen their participation. See Annex G for detailed definitions of these goal(s)/entry points.

## C. Goals / Entry Points

Four CCD goals or entry points were found in common across the health, education, and child/social protection sectors: creating an enabling environment for ECD, strengthening ECD systems, developing ECD programmes, and supporting ECD emergency response. See Annex G for detailed definitions of these goals and entry points.

## D. UNICEF Strategies

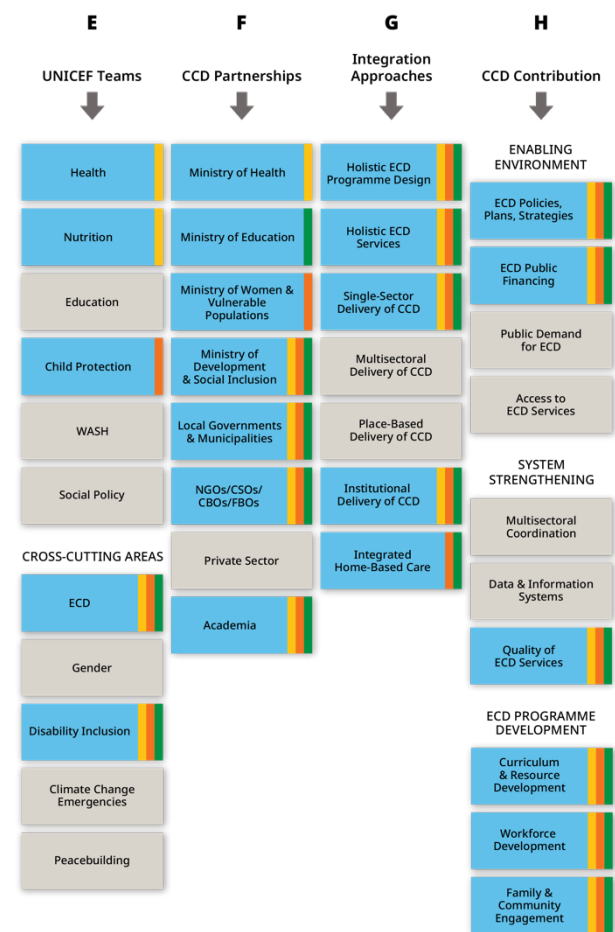
Five common UNICEF strategies were employed across the health, education, and child/social protection sectors: partnerships; capacity development and technical assistance; advocacy and communication; policy and programme design; and social behaviour change and community engagement. One unique UNICEF strategy was employed within the health sector — supply chain services. See Annex G for detailed definitions of these UNICEF strategies.

## 2.2. CCD Contribution to ECD

### E. UNICEF Teams (Inputs)

An intersectoral team of UNICEF specialists has contributed to the design, implementation, and monitoring of the CCD approach in Peru over time. The approach has been informed by the expertise of programme specialists in ECD, health, nutrition, child protection, and disability inclusion.

Figure 3. CCD Contribution in Peru



Legend	
Clear evidence of applicability	[Light Blue]
Emerging areas of applicability/limited evidence	[Light Blue]
Not applicable/no evidence found	[Grey]
Applicable to health sector	[Yellow]
Applicable to child protection sector	[Orange]
Applicable to education sector	[Green]

### F. CCD Partnerships (Inputs)

All UNICEF strategies for the CCD approach were implemented through partnerships with a wide range of stakeholders. These include the Ministry of Health (which encompasses the Department of Nutrition and the Child Life Stage Division), the Ministry of Education, the Ministry of Development and Social Inclusion, the Ministry of Women and Vulnerable Populations, and subnational governments. UNICEF has also collaborated with civil society organisations (NGOs) and academia in implementing the CCD approach.

## G. Integration Approaches (Policy and System Interventions)

Six integration approaches have been utilised by the UNICEF Peru Country Office and its partners to ensure holistic ECD service provision through the CCD approach. The health sector provides institutional delivery of CCD as a package, while the child/social protection and education sectors integrate CCD components into both home-based care and institutional delivery. The three sectors jointly promote holistic ECD programme design, holistic ECD services, and single-sector delivery of CCD, with the health sector serving as the primary delivery platform through which other sectors contribute. See Annex G for detailed definitions of these integration approaches.

## H. CCD Contribution (Outputs)

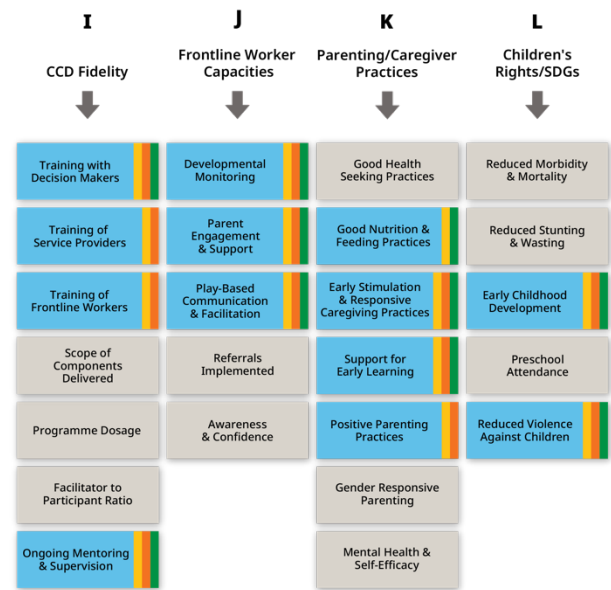
The CCD approach in Peru was designed to contribute to an enabling environment for ECD by promoting stronger ECD policies, plans, strategies, and public financing. It also aimed to strengthen systems to enhance the quality of ECD services. Finally, the approach sought to reinforce ECD programmes through contributions to curriculum and resource development for frontline workers, workforce development, and family and community engagement. See Annex G for detailed definitions of these contributions to the enabling environment, systems, and programmes.

### 2.3. CCD Delivery and Results

#### I. CCD Fidelity (Programme Delivery Interventions)

Implementation of the CCD approach focused on training various stakeholders, including decision-makers from the health, education, and social protection sectors, as well as service providers and frontline workers representing the health and child/social protection sectors. There is no available evidence regarding programme dosage, the scope of components delivered, or facilitator-to-participant ratios. Ongoing supervision and mentoring reportedly took place in areas receiving stronger support. See Annex G for detailed definitions of programme fidelity interventions.

Figure 4. CCD Delivery and Results in Peru



#### Legend

Clear evidence of applicability	Blue
Emerging areas of applicability/limited evidence	Light Blue
Not applicable/no evidence found	Grey
Applicable to health sector	Yellow
Applicable to child protection sector	Orange
Applicable to education sector	Green

#### J. Frontline Worker Capacities (Outcomes)

Three outcomes of CCD training and implementation for frontline worker capacities were envisaged across all sectors: improved knowledge and skills to (1) conduct developmental monitoring; (2) engage and support parents; and (3) apply play-based communication and facilitation. While these are the expected contributions of CCD to frontline worker capacities, results have been only partially documented, with qualitative evidence suggesting that many trained workers have adopted the approach in their daily practice and serve as references in their regions. See Annex G for detailed definitions of frontline worker capacities.

#### K. Parenting / Caregiver Practices (Outcomes)

The CCD approach was designed to contribute to three common outcomes for parents and caregivers across all sectoral delivery platforms: (1) good nutrition and feeding practices; (2) early stimulation and responsive caregiving; and (3) support for early learning. The health and child/social protection sectors also viewed CCD as

contributing to positive parenting practices. While these are the expected contributions of CCD, results have been only partially documented. See Annex G for detailed definitions of parenting and caregiver practices.

## L. Children's Rights/SDGs (Impacts)

All three sectors identified holistic early childhood development and reduced violence

against children as the main intended outcomes of the CCD approach for children — ensuring their cognitive, social, emotional, and physical development and protection from violence. While these are the envisaged contributions of CCD to children's rights and the realisation of the SDGs, only partial data are currently available to demonstrate these results. See Annex G for detailed definitions of child impacts.



## 3 Evaluability Assessment Results

Overall, the assessment found the CCD approach in Peru to be sufficiently evaluable, although key gaps should be addressed to strengthen evaluability in practice. The CCD approach in Peru was at an advanced stage of evaluability in terms of adapting the approach to the context and engaging key stakeholders (EAQ2), programme

coherence (EAQ3), and institutional readiness for a future evaluation (EAQ8) (see Figure 1). The contribution and scaling potential (EAQ6) and evaluation readiness (EAQ9) were at an established stage, while programme logic (EAQ1), monitoring and results framework (EAQ4), data availability and quality (EAQ5), and programme convergence (EAQ7) were at an emerging stage.

**Figure 5.** Evaluability ratings from the CCD approach in Peru



**Legend:** 1=weak; 2=emerging; 3=established; 4=advanced

## 3.1. EAQ1 – Programme Logic

### 3.1.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no explicit CCD ToC to guide UNICEF's work with its partners; the ToC may be implicit, but it lacks coherence.	There is an ECD ToC that guides UNICEF's work with its partners, but CCD is not mentioned or coherently linked to this ToC; the link between CCD and ECD may be implicit and/or unclear.	There is an ECD ToC with explicit mention or reference to CCD to guide UNICEF's work with its partners.	There is an explicit CCD ToC to guide UNICEF's work with its partners; it is linked to the ECD ToC and is visualised in a way that effectively communicates its logic and use with partners and frontline workers.

### 3.1.2. Evaluability Checklist

For the programme logic component, the assessment confirmed sufficient evidence for two criteria (A and B), and no evidence for three criteria (C, D, and E).

Criteria	A	B	C	D	E
The design of CCD included: (a) identification of clear goals and objectives for the use of the package; (b) identification of the intended results from using the CCD package; (c) articulation of the pathways towards the intended results; (d) specification of the assumptions that must be met to reach the results; and (e) compilation of this information into a coherent ToC narrative and/or visual diagram.	Yes	Yes	No	No	No

### 3.1.3. Explanation of Results

Sufficient information was available on the goals, objectives, and intended results of the CCD approach in Peru; however, the pathways leading to these results and the underlying assumptions required to achieve them were not clearly articulated. The goals and objectives for using the CCD package in Peru are centred on enhancing early childhood development and ensuring that children receive adequate support from parents and caregivers for their growth and well-being.

#### a. Goals

- **Promote Optimal Child Development.** The primary goal of the CCD approach in Peru is to ensure that every child has the opportunity to develop to their fullest potential through nurturing care, responsive caregiving, and early learning opportunities.
- **Strengthen Parenting Practices.** The CCD approach seeks to empower parents and caregivers with the knowledge and skills required to provide responsive and nurturing care, which is essential for healthy child development.

#### b. Objectives/Entry Points (columns C and H in ToC)

##### *ECD Enabling Environment*

- **ECD Policies and Plans.** The CCD approach is designed to support line ministries in keeping ECD and CCD high on the political agenda through actions that sustain engagement—such as linking CCD to ECD policies and plans and sensitising policymakers and decision-makers within the ministries.
- **ECD Public Financing.** The CCD approach is intended to be integrated into existing national plans and fiscal budgets. UNICEF has collaborated with line ministries to anchor ECD in public budgetary programmes, such as the Results-Oriented ECD Budgetary Programme (*Programa Presupuestal orientado a Resultados para el Desarrollo Infantil Temprano, PPOrDIT*) [22].

##### *ECD System Strengthening*

- **Quality ECD Services.** The CCD approach aims to ensure that ECD services are inclusive and culturally appropriate, addressing the diverse needs of children and families across Peru.

### *ECD Programme Development*

- **Workforce Development.** The CCD approach aims to train and equip early childhood development providers—including health and social protection workers and educators—to effectively implement CCD and support families.
- **Curriculum and Resource Development.** CCD materials have been adapted to promote ECD, positive parenting practices, and family support within educational programmes delivered by Universidad Peruana Cayetano Heredia [8, 10, 18]. UNICEF has also adapted the counselling cards’ visual elements and language to the Peruvian context [20].
- **Family and Community Engagement.** The CCD approach is supported by a social mobilisation campaign designed to ensure consistent public and institutional messaging about ECD, raising awareness and understanding among families, children, and communities.

### *ECD Emergency Response*

- **COVID-19 Pandemic and Venezuela Migration Response.** UNICEF Peru’s response to the Venezuelan migration crisis integrated the CCD approach into existing services supporting migrant children and their families. This included providing technical assistance to national government initiatives and enhancing child protection, health, and education services. Vulnerable Venezuelan families were also specifically targeted during the COVID-19 response [11].

### **c. Intended Results for Caregivers (column K)**

- **Good Nutrition and Feeding Practices.** The CCD approach includes counselling messages on exclusive breastfeeding and recommended feeding for the early years, designed to strengthen parenting practices for adequate nutrition.
- **Early Stimulation and Responsive Care.** The CCD approach is intended to empower caregivers by equipping them with knowledge and skills related to nurturing care practices.
- **Support for Early Learning.** CCD promotes play-based communication between parents/caregivers and children to encourage learning and interaction.
- **Positive Parenting Practices.** CCD encourages the adoption of positive parenting techniques, fostering healthier family

dynamics and improved relationships between parents and children.

### **d. Intended Results for Children (column L)**

- **Enhanced Early Childhood Developmental Outcomes.** CCD aims to promote optimal physical, cognitive, and socio-emotional development among children aged 0–5 years, improving their ability to learn and interact positively with their environment.
- **Reduced Violence Against Children.** The approach includes strategies to reduce violence against children at home through the promotion of positive parenting practices.

### **e. Pathways and Assumptions**

Peru does not currently have a CCD ToC or a broader ECD ToC that articulates the pathways towards intended results or the assumptions underlying them. UNICEF’s Health Workplan 2022–2023 includes Output 1.1: “ECD programmes in priority territories improve the quality, relevance, resilience and accessibility of services for indigenous, refugee, migrant, displaced and disabled children and their families” [1]. This output contains relevant ECD activities but does not explicitly reference CCD as a core package. The Peruvian Government, under the leadership of the Ministry of Development and Social Inclusion, has established the Results-Oriented Budgetary Programme for ECD (PPORDIT), which includes a logical framework containing a growth and development outcome related to ECD. Similarly, the Child Protection Workplan 2022–2023 includes Activity 3.1.3: “Prevention of physical, psychological, sexual and gender-based violence through the promotion of sensitive care and positive parenting,” which closely aligns with the communication and problem-solving elements of CCD [3], though it does not explicitly mention the package. Neither workplan sets out the pathways towards change or the associated assumptions, nor do they link the CCD components cohesively. The limited explicit reference to CCD is due to its partial absorption into the Peruvian ECD system — incorporated as complementary components within a comprehensive ECD approach. While this

integration is not inherently problematic, it poses challenges in terms of evaluability<sup>2</sup>.

The Peruvian Government, under the leadership of the Ministry of Development and Social Inclusion, has established the Results-Oriented Budgetary Programme for ECD (PPoRDIT), which

includes a logical framework containing a growth and development outcome related to ECD [22]. However, it does not reference the CCD package directly or detail the underlying pathways and assumptions.

## 3.2. EAQ2 – Context and Stakeholder Analysis

### 3.2.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no evidence of UNICEF strategies or partnerships in the design of CCD, and it is unclear how CCD addresses the needs of children and their parents or caregivers within the context; none of the items in the evaluability checklist were considered.	There is limited evidence of UNICEF strategies and partnerships in the design of CCD, but the available information is insufficient to assess the relevance and appropriateness of these partnerships and strategies for children’s and caregiver’s needs in the context; one or two items in the evaluability checklist were considered.	There is sufficient evidence of UNICEF strategies and partnerships in the design of CCD, available data are moderately useful for assessing their relevance and appropriateness to children’s and caregiver’s needs in the context; however, some gaps remain. Three or four items in the evaluability checklist were considered.	There is ample evidence of UNICEF strategies and partnerships in the design of CCD, and the data indicate a high level of relevance and appropriateness of these partnerships and strategies for children’s and caregiver’s needs in the context; all items in the evaluability checklist were considered.

### 3.2.2. Evaluability Checklist

For the context and stakeholder analysis component, the assessment confirmed sufficient evidence for all criteria.

Criteria	A	B	C	D	E
The design of CCD was: (a) based on evidence regarding the situation of children and their parents or caregivers; (b) responsive to the economic, social, and environmental context; (c) developed in collaboration with key partners, including government institutions; (d) clear on the strategies for implementing the package; and (e) adapted for use with parents and caregivers of vulnerable child populations relevant to the country (e.g., children with disabilities or at risk of developmental delays, migrant children, marginalised ethnic groups, and children living in poverty).	Yes	Yes	Yes	Yes	Yes

### 3.2.3. Explanation of Results

#### a. Needs (column A in ToC)

##### Home Environment

- Malnutrition, Wasting & Stunting.** Chronic malnutrition decreased from 19.5% in 2011 to 11.7% in 2023; however, it remains significantly higher in rural areas (23.9%), directly affecting children’s development. Anaemia among children aged 6–35 months increased from 38.8% in 2021 to 42.4% in 2023, with the poorest quintile affected at 55.6% [17]. The CCD approach seeks to address these issues by promoting better nutrition and feeding practices.
- Lack of Early Learning Opportunities / Learning Loss.** The COVID-19 pandemic exacerbated existing challenges, leading to the closure of healthcare and early education services, which negatively affected children’s mental health and development opportunities. The CCD approach emphasises the importance of play and communication to foster positive

<sup>2</sup> This is why the CCD approach is not commonly known under its official name in Peru but mostly called *CRED con enfoque DIT*, meaning “Child Growth and Development Control with ECD

approach.” This refers to the updated child growth and development monitoring norm which includes strong elements of the CCD package.

interactions between parents and children at home.

- **Violence Against Children.** Corporal punishment remains a commonly accepted disciplinary method in many households. Approximately 17% of children experience violent discipline, with higher rates observed in low-education and low-income households [15]. This practice represents a major threat to children's emotional and physical well-being. The CCD approach includes components aimed at preventing domestic violence.
- **Insufficient Parenting Practices & Poor Mental Health.** Many parents, caregivers, and communities lack access to information and services that can help them provide nurturing and sensitive care. This lack of knowledge often leads to undervaluing the importance of quality interactions with children. The CCD package aims to empower parents and caregivers with knowledge and skills to improve parenting practices.

#### ***Programme Context***

- **Access to ECD Services.** Attendance in early childhood education varies considerably by socioeconomic status, with substantial disparities. The Government has implemented the Childhood First policy to improve ECD services; however, coverage gaps persist. The CCD approach seeks to enhance access to early learning opportunities.
- **Poor Quality of ECD Services.** Frontline workers and early childhood service providers often lack the skills necessary to implement quality, comprehensive, and inclusive interventions. This training gap contributes to inadequate caregiving practices. The CCD approach includes training for these professionals to address such deficiencies.
- **Equity and Inclusion of ECD Services.** Peru is a multi-ethnic and multicultural society, and these characteristics influence parenting and child-rearing practices. The CCD programme was designed to be adaptable to diverse cultural contexts and family structures.

#### ***Country Context***

- **Household & Child Poverty.** Child poverty remains a pressing issue, reaching 39.7% in 2021 — a marked increase from previous years [11]. The economic effects of COVID-19 disproportionately affected rural children. This was an important factor in the design of CCD, as the economic context directly impacts

families' ability to provide adequate care and resources for their children.

- **Emergencies & Climate Change.** Peru has faced multiple climate emergencies, including floods and landslides, affecting more than 164,000 people, including 47,000 children, in 2023 [17]. The country is also the second largest host of Venezuelan migrants after Colombia, with over 1.3 million Venezuelans residing in Peru in 2021 [11]. The CCD package was designed to be integrated into emergency response efforts.
- **Child Labour.** Given the context of poverty and migration, children are vulnerable to labour exploitation. The CCD approach underscores the importance of early learning and aims to raise parents' awareness of the risks associated with child labour.

#### ***b. Target Groups (column B)***

- **Children in Urban Settlements.** Urban children, particularly those living in informal settlements, face challenges such as poor sanitation and limited access to quality education. The CCD approach targeted these children to ensure they received the necessary support.
- **Children Living in Poverty, at risk of homelessness.** Families living in poverty were specifically targeted to ensure access to essential support and services.
- **Children with Disabilities.** Special attention was given to children with disabilities, who often face additional barriers in accessing adequate care and developmental support.
- **Migrant Children.** Families who have relocated frequently experience instability and lack access to services. In Peru, this is particularly relevant for the Venezuelan population. The CCD approach was integrated into work with migrant families to address their specific needs.
- **Children Aged 0–3 Years.** This group was prioritised due to the critical importance of the first 1,000 days for early development.
- **Children Aged 3–5 Years.** This group was prioritised due to limited access to formal pre-school education among a large segment of the child population.
- **Parents/Caregivers (in general).** All parents and caregivers in Peru theoretically have access to CCD benefits; however, the depth of implementation varies depending on training coverage.
- **Fathers.** The erosion of paternal involvement and the prevalence of single-parent households

were identified as social factors influencing child development. The CCD package seeks to promote father participation in parenting programmes to advance gender equality and address gender-related barriers and norms.

### c. CCD Partnerships (column F)

UNICEF established and maintained partnerships with a broad range of stakeholders in implementing the CCD approach in Peru. Each group played a specific role in the design, implementation, monitoring, and evaluation of the initiative.

- **Ministry of Health.** Played a central role in integrating CCD into the national Growth and Development Check-ups programme (*Control de Crecimiento y Desarrollo*, CRED) as part of the Child Life Stage Strategy within the coordinated nutrition budget [24]. The updated CRED programme incorporates ECD and CCD principles, ensuring that health workers systematically support early childhood development.
- **Ministry of Education.** Collaborated in integrating CCD into the national ECD policy Childhood First (*Primero la Infancia*) and educational programmes [23]. The Early Intervention Programme (*Programa de Intervención Temprana*, PRITE) offers holistic ECD services with CCD elements for children under 36 months who have a disability or are at risk of developing one [25]. PRITE is an intersectoral programme led by the Ministry of Education.
- **Ministry Development and Social Inclusion.** Led the inclusion of CCD components in both the PPORDIT and the national Cuna Más programme for children under 36 months [22, 26].
- **Ministry of Women and Vulnerable Populations.** Engaged in promoting gender equality and addressing the needs of vulnerable populations, including children.
- **Sub-national Governments.** Involved in implementing the CCD approach at regional and community levels, ensuring that services were adapted to local realities.
- **Civil Society Organisations.** Several civil society organisations partnered with UNICEF to reach vulnerable populations and implement CCD interventions.
- **Academia.** Universidad Peruana Cayetano Heredia participated in a diploma course on CCD for professionals and developed academic curricula related to ECD [7, 8, 10].

### d. UNICEF Strategies (column D)

- **Partnerships.** UNICEF leveraged its strong collaboration with the Government and the above-mentioned stakeholders as a cross-cutting strategy for the design, implementation, monitoring, and evaluation of CCD over time.
- **Capacity Development and Technical Assistance.** UNICEF provided technical assistance and capacity-building on CCD for policymakers, ECD managers within line ministries, ECD service providers, and frontline workers, including nurses, psychologists, and educators.
- **Advocacy, Communications and Policy Design.** UNICEF conducted advocacy efforts to promote the importance of ECD and the CCD approach within national policies. Contributions included the National ECD Policy “Childhood First” (*Primero la Infancia*), the national ECD programme *Cuna Más*, and the child growth and development control programme CRED [23, 24, 26].
- **Social and Behaviour Change and Community Engagement.** UNICEF supported community-based initiatives for families, particularly in rural areas. These interventions aimed to reach vulnerable populations and strengthen positive parenting practices.
- **Supply Chain Services.** UNICEF distributed educational and recreational materials to vulnerable Venezuelan families to foster nurturing and sensitive care through the CCD approach, including play and learning materials for early childhood care services [11].

### e. Adaptations

Several adaptations were implemented to ensure the effectiveness of the CCD intervention:

- **Use of Local Resources.** The programme encouraged families to use easily accessible household items for play and learning activities, making participation feasible without the need for specialised materials.
- **Training Adaptations.** The CCD training package was tailored to the local capacity of ECD service providers. While the diploma course offered in-depth training, the duration of training for frontline workers was made flexible according to contextual needs and available resources.
- These targeted adaptations and strategies were designed to create a supportive environment for both children and caregivers,

enhancing early childhood development outcomes in Peru.

### 3.3. EAQ3 – Programme Coherence (Internal and External)

#### 3.3.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no internal or external coherence in the design of CCD; none of the items in the evaluability checklist were considered.	There is some evidence of internal and/or external coherence in the design of CCD, but the information is insufficient to clearly assess alignment with other ECD policies and programmes, as well as with children’s and women’s rights; one or two items in the evaluability checklist were considered.	There is sufficient evidence of internal and external coherence in the design of CCD to assess alignment with other ECD policies and programmes, and with children’s and women’s rights, though information gaps remain. Three or four items in the evaluability checklist were considered.	There is ample evidence of internal and external coherence in the design of CCD, clearly demonstrating alignment with other ECD policies and programmes, and with children’s and women’s rights; all items in the evaluability checklist were considered.

#### 3.3.2. Evaluability Checklist

For the programme coherence component, the assessment confirmed sufficient evidence for all criteria.

Criteria	A	B	C	D	E
The design of CCD considered: (a) how CCD aligns with other interventions carried out by UNICEF; (b) how CCD aligns with interventions implemented by the government; (c) whether CCD is consistent with children’s and women’s rights; (d) how CCD interventions align with and strengthen other ECD programmes; and (e) how CCD contributes to achieving national ECD goals and objectives, including the SDGs.	Yes	Yes	Yes	Yes	Yes

#### 3.3.3. Explanation of Results

There was clear evidence of alignment between UNICEF’s ECD goals and objectives, Peru’s national ECD goals and objectives, and the CCD approach implemented in the country.

##### a. Internal Coherence

- Addressing Vulnerable Populations.** The CCD approach specifically targets vulnerable groups, including children with disabilities, low-income families, and migrant children. By integrating CCD into existing programmes, UNICEF supports the Government of Peru in providing comprehensive care that addresses the unique challenges faced by these populations.
- Capacity Building and Training.** UNICEF has supported the training of ECD providers—including health workers, social workers, and caregivers—to strengthen their ability to deliver CCD interventions effectively. This capacity-building effort forms part of a broader UNICEF strategy to improve ECD service delivery across multiple sectors, although engagement from the education and child protection sectors was stronger at the onset of CCD implementation.
- Behaviour Change and Community Engagement.** The CCD approach employs strategies to promote behaviour change among caregivers and communities, consistent with other UNICEF ECD interventions. These include campaigns to raise awareness about the importance of nurturing care and the harmful impacts of corporal punishment.
- Response to Emergencies.** The CCD approach has been adapted to respond to challenges arising from emergencies such as the COVID-19 pandemic and the Venezuelan migration crisis. This adaptability reflects UNICEF’s cross-sectoral ECD strategy, which prioritises continuity of support for families during crises.

## b. External Coherence

- **National ECD Policies and Plans.** The CCD approach has been incorporated into national ECD frameworks and plans, including contributions to the National ECD Policy “Childhood First” (*Primero la Infancia*) and the Child Growth and Development Check-ups (CRED) programme [23, 24]. The Early Intervention Programme (PRITE) for children under 36 months with, or at risk of, disabilities also integrates CCD elements into its holistic care model [25].
- **Intersectoral Collaboration.** UNICEF has supported the Ministry of Development and Social Inclusion in designing the Results-Oriented Budgetary Programme for ECD (PPoRDIT), which brings together eight ministries to align ECD-related efforts, including the integration of CCD elements [22].

## c. Collaboration with Other Initiatives

- **Strengthening Quality of ECD Programmes.** UNICEF has contributed to the national ECD programme *Cuna Más* by reinforcing the integration of CCD and nurturing care within existing government initiatives. The added value of the CCD approach lies in its inclusion of counselling guidance for holistic nurturing care, with greater emphasis on safety, responsive caregiving, and early learning. The CCD approach also complements existing parent engagement activities [26].
- **Humanitarian response.** CCD has been integrated into humanitarian interventions addressing crises such as the COVID-19 pandemic and the Venezuelan migration influx. This demonstrates the flexibility of the CCD package to complement broader interventions and maintain continuous family support in emergency contexts.

## d. Alignment with Human Rights and SDGs

The CCD approach in Peru is designed to uphold and promote both children’s and women’s rights, fostering an enabling environment for child development and caregiver empowerment. It contributes to advancing national ECD goals and aligns with the Sustainable Development Goals (SDGs), ensuring that children receive comprehensive support for healthy growth and well-being.

### *Child Rights Addressed*

- **Right to Development.** CCD promotes children’s right to develop to their fullest potential through nurturing care, early learning

opportunities, and responsive caregiving. This aligns with Article 6 of the Convention on the Rights of the Child, which emphasises the right to life, survival, and development.

- **Right to Protection from Violence.** The CCD approach includes components that aim to prevent physical, psychological, sexual, and gender-based violence against children—an urgent priority in a context where a significant percentage of children in Peru experience violent discipline.
- **Right to Education.** CCD promotes early learning through play and communication, which are essential for cognitive development. It also strengthens the training of educators and caregivers to enhance the quality of early childhood education.
- **Right to Participation.** The approach encourages parents and caregivers to actively participate in their children’s development, fostering environments where children’s voices are valued and taken into account in caregiving decisions.
- **Right to Health and Nutrition.** CCD emphasises the importance of health and nutrition in early childhood, ensuring that children receive the care and support necessary for optimal physical well-being.

### *Women’s Rights Addressed*

- **Empowerment of Caregivers.** CCD provides training and resources for mothers, fathers, and other caregivers, empowering them with the knowledge and skills to support their children’s development. This aligns with women’s rights to education and to participate in decision-making regarding their children’s care.
- **Support for Caregivers.** The initiative recognises the challenges faced by women—particularly single mothers and caregivers in vulnerable circumstances—and provides resources to strengthen their caregiving capacity, thereby supporting their own well-being.
- **Promotion of Gender Equality.** CCD promotes the engagement of men in caregiving roles, fostering shared parental responsibilities and challenging traditional gender norms to advance equitable caregiving practices.
- **Addressing Violence Against Women.** By promoting nurturing and non-violent caregiving practices, the CCD initiative seeks to reduce the acceptance of corporal punishment and other forms of domestic violence that

disproportionately affect women and children, contributing to broader efforts toward respectful parenting and gender equality.

#### **Sustainable Development Goals Addressed**

- **SDG 1: No Poverty.** By supporting vulnerable families and promoting early intervention, CCD contributes to breaking intergenerational cycles of poverty.
- **SDG 2 (Zero Hunger).** CCD strengthens nutritional interventions and access to health services, which are essential to reducing malnutrition among young children.
- **SDG 3: Good Health and Well-Being.** The approach promotes nurturing care and improved health outcomes through enhanced

nutrition, responsive caregiving, and early stimulation.

- **SDG 4: Quality Education.** CCD reinforces early learning and development, ensuring access to quality early education as a foundation for lifelong learning.
- **SDG 5: Gender Equality.** The approach promotes gender equality by empowering women and encouraging shared caregiving responsibilities between men and women.
- **SDG 10: Reduced Inequalities.** By prioritising marginalised groups—including indigenous, rural, and migrant children—the CCD approach contributes to reducing inequalities in access to services and developmental opportunities.

## 3.4. EAQ4 – Monitoring and Results Framework

### 3.4.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no CCD monitoring and results framework, and it is unclear what has been done to track progress and results; none of the items in the evaluability checklist were considered.	A CCD monitoring and results framework exists, but it lacks robustness, completeness, and contextual sensitivity. Monitoring has not been adequately implemented due to several factors; one or two items in the evaluability checklist were considered.	A CCD monitoring and results framework is in place and is moderately robust, complete, and context-sensitive, though some gaps remain. Monitoring has been implemented, but inconsistencies persist; three or four items in the evaluability checklist were considered.	The CCD monitoring and results framework is sufficiently robust, complete, and context-sensitive, and monitoring has been adequately implemented; all items in the evaluability checklist were considered.

### 3.4.2. Evaluability Checklist

For the monitoring and results framework component, the assessment confirmed partial evidence for two criteria (A and B), and no evidence for three criteria (C, D, and E).

Criteria	A	B	C	D	E
The CCD monitoring and results framework: (a) provides information on what is being assessed and tracked (i.e., intended results and KPIs); (b) identifies who is responsible for data collection; (c) explains how data are collected and at what frequency (i.e., methods and tools); (d) specifies the intended uses of the data; and (e) describes quality assurance procedures for data collection and analysis.	Partial	Partial	No	No	No

### 3.4.3. Explanation of Results

#### **a. Monitoring Frameworks**

The assessment found no formal or integrated monitoring framework for the CCD approach in Peru, either internally within UNICEF or jointly between UNICEF and the relevant line ministries. However, when examining the broader ECD programming landscape, several monitoring frameworks were identified that relate indirectly to CCD, although these relationships are not explicit. For instance, some information can be found within

individual project documents that incorporate CCD elements, as well as in UNICEF's 2022–2023 Workplans for Health and Education, which include indicators such as the percentage of children (aged 24 to 59 months) who receive early stimulation and care adapted to their needs from their parents [1, 3, 11]. However, the link between these indicators and the CCD approach is not clearly defined within these monitoring frameworks. Participation in the diploma course implemented with Universidad

Peruana Cayetano Heredia was closely monitored [10]; however, there is no follow-up system for participants or a mechanism to track subsequent CCD training cycles.

Additionally, government monitoring systems—such as the data tracking platform for Control de Crecimiento y Desarrollo (CRED)—are operational, yet there is no consolidated overview of indicators, monitoring systems, or data platforms used across the different line ministries and their respective programmes. It is also unclear to what extent the existing indicators can be classified as CCD-related. The Peru CCD Case Study (2020) recommended strengthening the monitoring and evaluation systems supporting the CCD package [20].

### b. Data Collection Responsibilities

In the absence of a formal monitoring framework for the CCD approach, the assessment could only identify which government agencies are responsible for ECD data collection in general. Nevertheless, the assessment found that UNICEF and its partners have a clear understanding of their respective data collection responsibilities. UNICEF collects data on activities it directly supports, such as workshops or the development of materials. The line ministries responsible for delivering CCD-related services collect their own monitoring data on training sessions, service provision, and programme implementation. However, these data are not regularly shared with UNICEF or among the involved ministries. There is no centralised repository or overview of CCD-related implementation data, and stakeholders have limited awareness of the information available from other sources.

### c. Data Collection Tools

The assessment could not identify which data collection tools are most relevant to the CCD approach in Peru, as there is no established monitoring framework. Each line ministry employs its own instruments for data collection related to CCD activities. Overall, it is not transparent what tools are being used or what data are collected across government systems and programmes.

### d. Data Utilisation

Due to the absence of a dedicated monitoring framework for CCD, no evidence was found regarding how data are being used for programme planning or improvement. However, when considering the broader ECD ecosystem, there are potential uses of existing monitoring data for such purposes. The Peru CCD Case Study suggests that available data have been used to inform annual progress and results reporting on CCD for resource mobilisation, advocacy, programme enhancement, and organisational learning [20]. The study also presents conclusions and recommendations on data use, including:

- **Policy Development.** The CCD approach was introduced at a strategic moment during reforms promoting ECD policy advancement in Peru. The documentation of CCD experiences increased visibility for family- and caregiver-focused interventions and highlighted the value of simple, play-based strategies to enhance the responsiveness of primary caregivers.
- **Service Delivery Improvement.** The Peru Case Study [20] includes data and recommendations to strengthen CCD service delivery; however, there is limited evidence on the extent to which these recommendations have been implemented.
- **Advocacy and Resource Development.** UNICEF Peru used monitoring data to inform advocacy and training strategies that strengthened CCD implementation across multiple government sectors and administrative levels. These efforts contributed to greater commitment among public programme managers to the CCD approach and to the broader promotion of ECD.

### e. Data Quality

No specific information was found on data quality assurance procedures, as the indicators currently being tracked for CCD have not been clearly defined. While some datasets may include internal quality controls, these are not systematically documented or standardised across institutions.

## 3.5. EAQ5 Data Availability and Quality

### 3.5.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no data available to monitor CCD; none of the items in the evaluability checklist were considered.	Some data are available to monitor CCD, but the information is not aligned with the LAC CCD monitoring framework and/or lacks sufficient quality (i.e., disaggregation, frequency, coverage, or reliability); one or two items in the evaluability checklist were considered.	Sufficient data are available to monitor CCD, and the information is mostly aligned with the LAC CCD monitoring framework and of reasonable quality (i.e., sufficiently disaggregated, frequent, and reliable), though some gaps remain. Three or four items in the evaluability checklist were considered.	Ample data are available to monitor CCD, fully aligned with the LAC CCD monitoring framework and of high quality (i.e., disaggregated, frequent, comprehensive, and reliable); all items in the evaluability checklist were considered.

### 3.5.2. Evaluability Checklist

For the data availability and quality component, the assessment confirmed sufficient evidence for one criterion (A), partial evidence for two criteria (B and D), and no evidence for two criteria (C and E).

Criteria	A	B	C	D	E
The data available to monitor CCD: (a) are aligned with the LAC CCD monitoring framework; (b) are sufficiently disaggregated; (c) are collected at appropriate frequency to assess both progress and results (with baselines and targets established); (d) are representative of the appropriate geographic scale and/or have adequate sampling coverage; and (e) have been independently validated.	Yes	Partial	No	Partial	No

### 3.5.3. Explanation of Results

#### a. Data Alignment

The assessment found some evidence that the data available to monitor the CCD approach in Peru were mostly aligned with the LAC CCD monitoring framework, although notable gaps remain (see Table 1). Almost all key performance indicators (KPIs) related to the impact of CCD on parents/caregivers and children in Peru are available through MICS. However, the tracking of indicators on implementation status, quality of inputs, equity, and impact on service providers was inconsistent—some indicators within these categories were monitored, while others were not.

#### b. Data Disaggregation

UNICEF facilitates the collection of disaggregated data, which is critical for understanding the reach and impact of CCD training and implementation across different population groups in Peru. Table 1 indicates that government data are also disaggregated to varying degrees.

- **Province and District.** Data from line ministries include the number of children under five who were screened through the Control de Crecimiento y Desarrollo (CRED)

system or participated in government programmes such as Cuna Más, allowing for geographic analysis by district and municipality.

- **Gender.** Data include the number of boys and girls receiving ECD services incorporating CCD elements, enabling gender-based disaggregation.

Despite these strengths, significant gaps remain in data disaggregation by disability, household wealth, and ethnicity. Moreover, the CRED system does not identify which children specifically received CCD-related services, limiting the ability to measure coverage accurately.

#### c. Data Collection Frequency

The assessment did not find evidence on the frequency or regularity of data collection, nor on reporting or information-sharing mechanisms regarding CCD implementation between the Government and UNICEF. There has been no baseline assessment to establish benchmark values, although some administrative data could retrospectively serve this purpose. Aside from the targets defined in UNICEF's Health and Education Workplans 2022–2023 and in the Results-Oriented

Budgetary Programme for ECD (PPoRDIT), no comprehensive national targets have been set for the implementation of the CCD approach [1, 3, 22].

#### d. Data Sample

Evidence indicates that CCD-related interventions in Peru cover all provinces through national initiatives such as CRED, Cuna Más, and PRITE sessions. Consequently, the monitoring samples are of sufficient size at the national level. However, since CCD service delivery within these interventions is not tracked separately, the usefulness of the data samples is limited. Training-related data are confined mainly to the diploma

course implemented in 2018 and 2019. The provinces that received targeted support from UNICEF in CCD implementation—Loreto, Ucayali, Huancavelica, and the district of Carabayllo (Lima)—possess rich qualitative data describing the experiences of trained service providers, changes in their practices, and the observed impacts on parents, caregivers, and children.

#### e. Data Validation

The assessment found no evidence of independent validation processes for CCD-related monitoring data.

**Table 1.** Key performance measures for CCD tracked by Peru

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
<b>Implementation Status</b>				
Policy conducive to integrated early childhood development implemented.	Yes/No	Yes	National ECD Policy Framework	There is an ECD policy framework aligned with CCD.
Orientation workshop for policymakers on CCD conducted.	Yes/No	Yes	UNICEF COARs, Peru Case Study	UNICEF monitors this KPI, as the organisation provides this training.
Plan to strengthen existing programmes with CCD prepared and costed.	Yes/No	Partial	Health Workplan	Does not make a direct reference to CCD.
Adaptation of CCD intervention and materials completed.	Yes/No	Yes	UNICEF COARs, Peru Case Study	UNICEF has led the materials adaptation and development process for CCD in collaboration with the Government.
Training of master trainers and initial course completed.	Yes/No	Yes	UNICEF COARs, Peru Case Study	
Baseline and final evaluations conducted in target districts.	Yes/No	No		
Progress of implementation (number of districts covered/targeted).	Number/Percentage	Partial	2022- 2023 Peru Work Plan Programme Effectiveness	

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
Training courses completed (number completed/planned).	Number/Percentage	Partial	University database	Completion of the diploma course with Universidad Peruana Cayetano Heredia is registered; however, national trainings (in various formats) are not fully recorded, as some took place without UNICEF's involvement. Cuna Más training data are not available.
Training coverage of supervisors and providers in targeted districts (number trained/total number).	Number/Percentage	No		
<b>Quality of Inputs</b>				
Course duration (classroom and field practice) for introductory training.	Minimum/Recommended	Partial	Initial report on university training	Duration of the university diploma is documented. Other trainings last 2–3 days, but this is not systematically tracked.
CCD field practice during introductory training (hours and number of caregivers).	Minimum/Recommended	Partial	Initial report on university training	The format of field practice is clear for the university diploma. For other trainings, it is approximately half a day, but not systematically tracked.
Facilitator to participant ratio.	Minimum/Recommended	No		Depends on the implementing partner.
Intensity of supervision (hours, frequency).	Continuous	Yes	Follow-up in accompanied areas	Includes all CRED.
Duration of the orientation workshop for policymakers.	Minimum/Recommended	Yes	UNICEF COARs, Peru Case Study	
Refresher training frequency and duration.	Minimum/Recommended	Yes	UNICEF COARs, Peru Case Study	Refresher sessions were held after COVID-19 in specific areas; the Ministry of

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
				Health (MINSAs) also conducted some webinars.
Type of supervision.	Categorical	No		
<b>Equity</b>				
Disaggregated data on coverage (by region, district, income, ethnicity, gender, disability).	Number/Percentage	Partial	Ministry of Health data	CRED covers all children, and data are disaggregated at least by province, district, and gender; however, the use of CCD is not specifically recorded.
Proportion of marginalised communities or children receiving the intervention.	Percentage	Partial	Ministry of Health data	CRED covers all children, and data are disaggregated at least by province, district, and gender; however, the use of CCD is not specifically recorded.
<b>Impact on Service Providers</b>				
Caregiver-child interactions assessed by provider.	Checklist	No		Not structured — there is no tool (although one has been suggested).
Recommendations for play and/or communication given.	Checklist	Yes	UNICEF COARs, Peru Case Study	Additional guidance on how to monitor this would be appreciated.
Recommendations to address CCD-related challenges provided.	Checklist	Yes	UNICEF COARs, Peru Case Study	Additional guidance on how to monitor this would be appreciated.
Referrals to specialised services organised.	Checklist	No	Ministry data	Registered, but effectiveness remains questionable.
<b>Impact on Caregivers</b>				
Support for learning in the home: availability of play materials.	Percentage	No		
Support for learning in the home: adult play and communication	Percentage	Yes	Health Workplan	A chatbot was implemented, and data exist on how many parents used

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
activities with the child.				it; also applies to municipal spaces.
<b>Impact on Children</b>				
Early Childhood Development.	Percentage	Yes		
Reduced Violence Against Children.	Percentage	Yes	Administrative data	
Reduced Morbidity and Mortality.	Percentage	Yes	Administrative data	
Reduced Stunting and Wasting.	Percentage	Yes	Administrative data	
Preschool Attendance.	Percentage	No		

## 3.6. EAQ6 – Contribution and Scaling Potential

### 3.6.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no common understanding among stakeholders regarding the CCD strategy, its contribution to the broader ECD vision and objectives, or its potential for scaling; none of the items in the evaluability checklist were found.	A common understanding exists among some, but not all stakeholders, regarding the CCD strategy and its contribution to the wider ECD vision and objectives; one or two items in the evaluability checklist were found.	Most stakeholders share a common understanding of the CCD strategy and its contribution to the broader ECD vision and objectives, though differing views remain on its potential for scaling; three or four items in the evaluability checklist were found.	All stakeholders share a common understanding of the CCD strategy, its contribution to the national ECD vision and objectives, and agree on its potential for scaling; all items in the evaluability checklist were found.

### 3.6.2. Evaluability Checklist

For the contribution and scaling potential component, the assessment confirmed sufficient evidence for three criteria (A, B, and C), and partial evidence for two criteria (D and E).

Criteria	A	B	C	D	E
Stakeholders share a common understanding of: (a) the goals and objectives of CCD; (b) the approaches to implementation; (c) the intended contribution of CCD to national ECD programming; (d) the requirements for scaling CCD (e.g., human and financial resources, clearly codified intervention, etc.); and (e) the scaling approaches (e.g., integration with existing government systems, frontline workforce development for community-based ECD programmes, etc.).	Yes	Yes	Yes	Partial	Partial

### 3.6.3. Explanation of Results

#### a. Common Understandings

Key stakeholders, including UNICEF and government partners, share a common understanding of the goals and objectives of CCD (see EAQ1), the approaches to implementation (EAQ2), and the intended contribution of CCD to national ECD programming (EAQ3) (see also the [Theory of Change Diagram](#)). Core documents such as the CCD Concept Note, the National ECD Policy, and the Results-Oriented Budgetary Programme for ECD (PPoRDIT) framework also provide evidence of a shared understanding of the CCD approach [21, 22, 23]. However, some stakeholders held only a partial understanding or limited awareness of CCD, often due to their engagement being confined to a single sector or specific delivery modality.

#### b. Requirements and Approaches for Scaling

While key stakeholders recognised the need for increased human and financial resources to scale up the CCD intervention, available documentation does not specify the actual investments required. Furthermore, there was limited evidence of

strategic discussion on how to expand CCD coverage beyond its existing reach, suggesting that conversations among stakeholders have largely focused on resource constraints rather than comprehensive scaling strategies. There is evidence of prior discussions about the necessary elements for scalability—such as those included in the CCD Concept Note and the planned national roll-out of the updated Control de Crecimiento y Desarrollo (CRED) system—but these are now outdated and require renewed dialogue [21]. This need for renewed planning is particularly relevant given that the momentum of the CCD approach declined during the COVID-19 pandemic, as institutional priorities shifted, in-person CCD service delivery was disrupted, and staff turnover further hindered continuity.

## 3.7. EAQ7 – Programme Convergence

### 3.7.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no evidence in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach; none of the items in the evaluability checklist were considered.	Some evidence exists in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach, but it is insufficient to assess implementation and coordination; one or two items in the evaluability checklist were considered.	Sufficient evidence exists in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach, as well as information to assess implementation and coordination, though some gaps remain; three or four items in the evaluability checklist were considered.	Ample evidence exists in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach and to assess implementation and coordination; all items in the evaluability checklist were considered.

### 3.7.2. Evaluability Checklist

For the programme convergence component, the assessment confirmed sufficient evidence for one criterion (B), partial evidence for three criteria (A, C, and E), and no evidence for one criterion (D).

Criteria	A	B	C	D	E
The design of CCD: (a) considers the diversity of sectors relevant to ECD in each country; (b) identifies entry points and approaches for cross-sectoral integration; (c) defines the roles and responsibilities of each sector; (d) establishes coordination and communication mechanisms; and (e) identifies the intended collective outcomes and impacts of CCD.	Partial	Yes	Partial	No	Partial

### 3.7.3. Explanation of Results

#### a. Sector Engagement, Roles and Responsibilities

Peru is at an emerging stage of maturity in the design, implementation, monitoring, and evaluation of its multisectoral or integrated ECD approach. Each column of the Theory of Change reflects areas where the three main sectors—health, child/social protection, and education—converge in practice towards collective outcomes and impacts (see [Theory of Change Diagram](#)). Within UNICEF, leadership for the CCD approach rests primarily with the Health Team. On the government side, the Ministry of Health remains the strongest proponent of the approach, playing a central role in integrating CCD into health services, particularly through the Control de Crecimiento y Desarrollo (CRED) programme (see EAQ2 – CCD Partnerships). UNICEF’s Education Team has not been actively involved in CCD since the initial training cycles, leaving sectoral engagement largely to the ECD focal point within the Health Team. This is relevant to ongoing collaboration with the Ministry of Education, particularly in integrating CCD and nurturing care elements into early learning programmes such as Programa de Intervención Temprana (PRITE). Furthermore, there is limited communication between the Child Protection and Health Teams regarding their CCD-related activities—for instance, UNICEF’s support to the Ministry of Development and Social Inclusion in integrating CCD into the Cuna Más programme. Overall, intersectoral coordination and communication mechanisms related to CCD remain underdeveloped.

#### b. Integration Approaches

A range of entry points and approaches for cross-sectoral integration were identified.

- **Holistic Programme Design.** Evidence shows that the CCD approach has facilitated the design of ECD systems and programmes—such as PRITE and home visiting schemes—to align more closely with the principles of the Nurturing Care Framework.
- **Holistic ECD Services.** The CCD approach has helped integrate ECD services to ensure they are holistic and comprehensive under the Nurturing Care Framework. Examples include the incorporation of CCD into the updated

CRED child development monitoring system, preschool parent-teacher engagement activities, and initiatives promoting father involvement.

- **Single-Sector Delivery of CCD.** CCD delivery is primarily led by the health sector, with contributions from education and social protection—mainly through referral mechanisms—while the health system remains the central delivery platform.
- **Institutional Delivery of CCD.** Evidence indicates that CCD is being delivered through institutional channels, such as health-care centres.
- **Integrated Home-based Care.** There is also evidence that CCD is provided within home settings as part of integrated service packages for families, including home visits conducted under education and protection sector initiatives.

#### c. Coordination Mechanisms

The assessment found no government-led intersectoral coordination or communication platform dedicated to CCD implementation. Consequently, while interventions across sectors are complementary, they remain insufficiently integrated. Within UNICEF, coordination is led by the CCD focal point under the Health Team. However, there is no evidence of systematic coordination mechanisms with other internal teams, apart from occasional ad hoc meetings.

#### d. Intended Collective Outcomes and Impacts

The absence of a CCD-specific Theory of Change explains the lack of explicit evidence on intended collective outcomes and impacts for CCD implementation. Nevertheless, there is an emerging shared commitment among stakeholders to pursue joint ECD outcomes and impacts, as demonstrated by the intersectoral design of the Results-Oriented Budgetary Programme for ECD (PPoRDIT), which involved eight ministries and incorporated CCD-related elements [22].

## 3.8. EAQ8 – Institutional Readiness

### 3.8.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no support or commitment from key stakeholders to conduct a future evaluation of CCD; none of the items in the evaluability checklist were found.	Some support and commitment exist among key stakeholders to conduct the evaluation, but current data and alignment with stakeholder needs are insufficient; one or two items in the evaluability checklist were found.	Sufficient support and commitment exist among key stakeholders to conduct the evaluation, along with adequate data and alignment with stakeholder needs, though some gaps remain; three or four items in the evaluability checklist were found.	Strong support and commitment exist among all key stakeholders to conduct the evaluation, with sufficient data and clear alignment with stakeholder needs; all items in the evaluability checklist were found.

### 3.8.2. Evaluability Checklist

For the institutional readiness component, the assessment confirmed sufficient evidence for all criteria.

Criteria	A	B	C	D	E
For a future evaluation of CCD: (a) there is support and commitment from key stakeholders to conduct the evaluation; (b) stakeholder interests align with the intended uses of the evaluation; (c) stakeholders identify clear roles for their participation in the evaluation process; (d) stakeholders express interest in learning about the impact of CCD on parents, caregivers, and children; and (e) stakeholders are interested in learning from implementation experiences, including challenges and good practices.	Yes	Yes	Yes	Yes	Yes

### 3.8.3. Explanation Utility and Focus Areas

#### a. Evaluation Utility and Focus Areas

There is broad agreement among most stakeholders regarding the overall utility of conducting an evaluation. The findings from an evaluation of the CCD approach in Peru could be used by key stakeholders in several impactful ways:

##### *Policy Development and Advocacy*

- **Informed Decision-Making.** Stakeholders, including government ministries and NGOs, could use evaluation findings to inform policy decisions and advocate for necessary reforms in ECD policies and plans. This would help ensure that these frameworks are evidence-based and address the specific needs identified through the evaluation.
- **Resource Allocation.** Evaluation results could guide the allocation of public resources to areas requiring additional support, such as caregiver training or improved service delivery in underserved communities.
- **Stronger Engagement.** Evidence from the evaluation could be leveraged to advocate for

greater participation from ministries that have been less involved to date—such as the Ministry of Education—thereby strengthening their commitment to the CCD approach.

##### *Programme Improvement and Scaling*

- **Identifying Strengths and Weaknesses.** The evaluation could highlight both effective components of the CCD approach and areas needing improvement. Stakeholders could use this evidence to refine ongoing programmes, enhance training for service providers, and design targeted interventions.
- **Best Practices:** Sharing successful strategies identified through the evaluation could facilitate replication of effective practices across regions and programmes, leading to improved outcomes for children. Comparisons with other countries in the LAC region could also help identify promising practices applicable to the Peruvian context.

##### *Monitoring and Evaluation Framework Enhancement*

- **Refining Indicators.** The evaluation could support stakeholders in refining existing monitoring and evaluation frameworks to ensure that relevant child development outcomes and indicators are effectively captured.
- **Data sharing.** Recommendations could also address how regular reporting and data sharing through common monitoring systems might improve intersectoral CCD implementation.
- **Continuous Improvement.** Establishing a culture of continuous improvement based on evaluation findings could lead to sustained enhancements in service delivery and child outcomes.

#### ***Collaboration and Coordination***

- **Strengthening Partnerships.** Evaluation results could foster dialogue among stakeholders—including government agencies, NGOs, and community organisations—to strengthen collaboration and coordination in delivering CCD services.
- **Shared Goals.** Aligning around evaluation findings could enable stakeholders to work collectively towards common ECD objectives, promoting a unified, system-wide approach.

#### **b. Participation in Evaluation**

All key informants from UNICEF and government institutions expressed strong interest in participating in a future evaluation of the CCD approach. Identified areas for engagement included: (a) sharing relevant documentation and monitoring data; (b) serving as key informants; (c) supporting the engagement of intended recipients and rights holders in the evaluation process; and (d) contributing to the evaluation design to ensure contextual appropriateness.

#### **c. Challenges and Good Practices**

Stakeholders also expressed interest in identifying and learning from both challenges and good practices through a potential CCD evaluation. The evidence suggests that, while there are persistent implementation challenges, there are also notable strengths that can be leveraged to enhance the effectiveness of ECD services in Peru.

#### ***Challenges***

- **Political and socioeconomic context.** Political and Socioeconomic Context: Peru has experienced frequent government transitions, resulting in administrative instability and staff turnover that have affected consistent CCD implementation. At one point, a change in

government even led to a temporary discontinuation of the approach. Limited financial and human resources further constrain the sustainability and scalability of CCD, affecting the capacity to provide regular training and support to service providers.

- **Impact of the COVID-19 epidemic.** Impact of the COVID-19 Pandemic: As CCD delivery in Peru relies heavily on in-person modalities, restrictions on mobility and gatherings during the pandemic nearly halted implementation. As public priorities shifted, UNICEF faced challenges in reactivating the previous momentum after 2020.
- **Varying capacity between sectors.** The incorporation of CCD into each sector has revealed differing institutional capacities, driven by financial, administrative, and geographic constraints. Regional disparities and staff turnover continue to impede consistent delivery and scaling.
- **Coordination and Collaboration.** Achieving effective coordination among ministries involved in ECD—and by extension, CCD—remains a challenge.
- **Data Collection and Monitoring.** Despite the availability of rich qualitative data, gaps persist in the collection, sharing, and analysis of quantitative monitoring data, limiting the ability to comprehensively assess effectiveness.

#### ***Good Practices***

- **Active Participation of Families.** Peru has effectively mobilised families, caregivers, and communities in the CCD approach, recognising their central role in early childhood development. The specific emphasis on engaging fathers has helped address a key gap in family participation.
- **Incorporation of CCD in National Norms.** By embedding CCD within national policies and regulatory frameworks, UNICEF has contributed to a solid foundation for sustainability and coherence in implementation. This institutional integration strengthens long-term public commitment to children's well-being and development.
- **Multi-Level Government Commitment.** UNICEF Peru has successfully reinforced commitment to the CCD approach among officials at various governmental and non-governmental levels, offering an opportunity to sustain and scale implementation.
- **Results-Oriented Budget Programme for ECD.** The establishment of the Results-Oriented

Budgetary Programme for Early Childhood Development (PPoRDIT) provides an opportunity for CCD to continue enriching central government policy commitments. This

intersectoral programme prioritises comprehensive early childhood development as a key national objective.

## 3.9. EAQ9 – Evaluation Readiness

### 3.9.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
It is not feasible to evaluate CCD interventions across different contexts on the criteria of relevance, coherence, effectiveness, efficiency, sustainability, and impact; none of the items in the evaluability checklist were found.	It is possible to evaluate CCD interventions across different contexts against at least two evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, and impact); one or two items in the evaluability checklist were found.	It is possible to evaluate CCD interventions across different contexts against at least three evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, and impact); three or four items in the evaluability checklist were found.	It is possible to evaluate CCD interventions across different contexts against all evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, and impact); all items in the evaluability checklist were found.

### 3.9.2. Evaluability Checklist

For the evaluation readiness component, the assessment confirmed sufficient evidence for three criteria (A, B and D), partial evidence for one criterion (C), and no evidence for one criterion (E).

Criteria	A	B	C	D	E
The CCD intervention: (a) contains sufficient information for evaluating relevance and coherence; (b) provides sufficient information for assessing effectiveness; (c) provides sufficient information for assessing efficiency; (d) contains sufficient information for assessing sustainability; and (e) provides sufficient information for assessing impact.	Yes	Yes	Partial	Yes	No

### 3.9.3. Explanation of Results

The assessment found sufficient evidence to evaluate the relevance, coherence, and sustainability of the CCD approach in Peru. However, only partial evidence was available to assess efficiency, and insufficient evidence was identified to evaluate impact at this stage.

#### a. Relevance

Relevance refers to the extent to which the objectives and design of the CCD approach respond to beneficiaries' needs and priorities, as well as their alignment with national, global, and partner or institutional policies and priorities.

- **Focus on Vulnerable Populations.** The CCD approach prioritises the most vulnerable children, particularly those aged 0–5 years, migrant children, and children with disabilities. This focus is crucial in a context where many children face barriers related to poverty and limited access to quality early childhood services.
- **Alignment with National Policies.** The Nurturing Care Framework significantly

influenced Peru's *Primero la Infancia* ECD Policy, which, like the CCD package, emphasises nurturing care and responsive caregiving for young children [23]. The Results-Oriented Budgetary Programme for Early Childhood Development (PPoRDIT) also demonstrates alignment between CCD and national priorities [22].

- **Capacity Building and Training.** The CCD approach involves substantial capacity building for service providers and frontline workers, ensuring that they are equipped to deliver relevant and high-quality services aligned with CCD principles.

#### b. Coherence

Coherence examines the extent to which the CCD approach aligns with other national ECD interventions and vice versa, including internal coherence (within UNICEF) and external coherence (with government systems). Examples of coherence include:

- **Unified Policy and Funding Framework.** UNICEF has facilitated the CCD approach to promote a unified vision among the three ministries involved in ECD. This coherence is evident in the adoption of the PPORDIT and in the development of national ECD policy frameworks and plans.
- **Alignment with Human Rights.** The CCD approach is consistent with international standards and UNICEF's mandate for human rights, as reflected in children's and women's rights conventions, as well as in the relevant Sustainable Development Goals (SDGs).

### c. Effectiveness

Effectiveness refers to the extent to which the CCD approach achieves, or is expected to achieve, its objectives and results. The assessment identified several data sources that would allow for evaluating CCD effectiveness in enhancing ECD outcomes through examples such as integrated policy frameworks, capacity-building efforts, and a focus on vulnerable populations. The existing monitoring and evaluation framework remains at an emerging stage but could be strengthened by consolidating available government monitoring data into a comprehensive overview. Nevertheless, limitations in monitoring data—particularly concerning frontline worker capacities—restrict a complete analysis of effectiveness across outputs and outcomes of the CCD approach.

### d. Efficiency

Efficiency refers to the extent to which the CCD approach delivers, or is likely to deliver, results in an economical and timely manner. While there is some

information on the costs associated with CCD and the public results-based budget under PPORDIT, the specific line items linked to CCD activities are not clearly defined. Based on the available information, it is currently difficult to estimate scaling costs, as there is no costed action plan specifically for CCD.

### e. Sustainability

Sustainability refers to the likelihood that the benefits of the CCD approach will continue over time. This may include: (1) integration of CCD into policy mandates; (2) integration into frontline worker training systems; (3) inclusion in public financing for ECD services; (4) development of public goods, such as curricula or advocacy materials; and (5) building community resilience to sustain nurturing care during shocks such as natural disasters or other emergencies. The CCD approach demonstrates progress across most of these sustainability mechanisms, with the main limitation being its integration into public financing structures.

### f. Impact

Impact refers to the extent to which the CCD approach has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects—such as the realisation of women's and children's rights. While administrative data provide national and district-level coverage on key impact indicators, information on implementation coverage and dosage remains insufficient to enable a robust evaluation of CCD's overall impact in Peru.



## 4

### Areas for Action

To **strengthen evaluability in principle**, the following actions are recommended:

- **Action 1:** Build upon, align, and utilise the existing Theory of Change elements to clarify the logic, result pathways, and underlying assumptions of the CCD approach as part of UNICEF's broader Early Childhood Development (ECD) strategy in Peru.

To **strengthen evaluability in practice**, the following actions are recommended:

- **Action 2:** Refine and strengthen the CCD monitoring framework, integrating data collected by both UNICEF and the line ministries. This should enhance transparency regarding data availability, collection responsibilities, frequency, use, and quality assurance.
- **Action 3:** Improve the availability of disaggregated data, as well as data on implementation coverage and dosage, to inform scaling strategies and assess impact more effectively.
- **Action 4:** Develop an intersectoral monitoring platform to facilitate regular data sharing between UNICEF and the line ministries. This platform should integrate information across ministries while also

reflecting their unique contributions to CCD implementation.

To **strengthen institutional context for scaling and an impact evaluation**, the following actions are recommended:

- **Action 5:** Develop a costed action plan for scaling up the CCD approach across all relevant sectors.
- **Action 6:** Advocate for clear and transparent identification of CCD interventions within public budgets to ensure adequate human and financial resources for scale-up.
- **Action 7:** Facilitate discussions among stakeholders to develop a shared understanding of scaling approaches and requirements, supporting coordinated and sustainable expansion.
- **Action 8:** Strengthen supervision and mentoring systems to ensure frontline workers are equipped to collect reliable data on implementation quality.
- **Action 9:** Establish an intersectoral coordination mechanism involving line ministries, civil society, academia, and other relevant actors to foster synergies, enhance sustainability, and maintain a shared vision for the CCD approach.

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